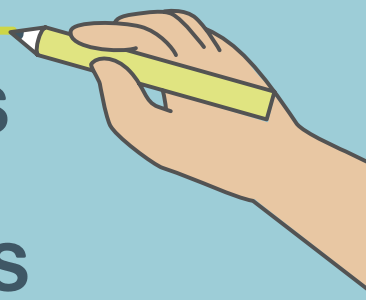
Greater Manchester Health and Social Care Partnership

"GLORIOUSLY ORDINARY LIVES"

MAKING COMPLEX SYSTEMS WORK FOR ALL PEOPLE WITH LEARNING DISABILITIES



GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

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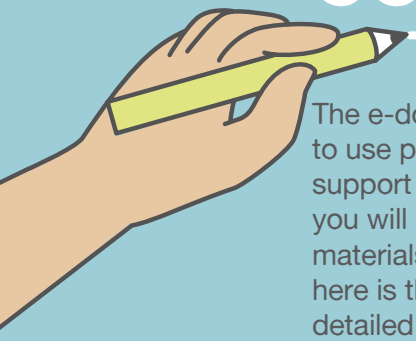

The e-document provides detail of work in 4 areas of Greater Manchester to use person centred approaches to improve the planning and delivery of support for people with a learning disability. If you are reading this online you will see that there are many links off from the main paper to examples, materials and the detail of approaches being developed. Our intention here is that readers are able to get a useful overview and then link to more detailed help in areas of particular relevance to them. Linked resources are indicated by this icon 🔗

INTRODUCTION

Between May 2018 and May 2019 teams from four Greater Manchester localities worked as part of an 'Innovation' programme.

Quite simply, the programme aimed to come back to listen to what is important to people and families and through that, find energy and ideas for solutions to some of the 'knotty' issues that get in the way of supporting people to lead good lives in the community. It was particularly centred on people with a learning disability most at risk of institutionalisation and aimed to help people get high quality resilient support, and to provide practical models and ways of working that could be shared across Greater Manchester. This programme was set up by the Person and Community Centred Approaches (PCCA) programme of the **Greater Manchester Health and Social Care Partnership (GMHSCP)** supported by resource from **NHS England's Personalised Care programme**.

This interactive publication describes what the four places have started to do and shares their learning to date and a range of practical materials and products that others will find useful in their own local efforts. We don't have all the answers, and there is still much more to do, but those working in the 4 localities did generate real energy for change, and developed and have started to test some practical approaches that we are pleased to share.

We'd like to thank all those who have contributed to this programme including:

- The four localities:
  - **Bolton:** Sine Hall, Kath Farrell, Gill Murphy, Nan Cooper, Laura Naylor, social workers, health colleagues, young people and their families.
  - **Rochdale:** Glenys Jacks, Helen Heaton, Debbie Simister, Nancy Doyle John Cullen, Marie Wilson, Jane Gilbert, Reece Taylor, Mike O'Keeffe, Paul Lonergan, Heather Scott
  - **Salford**: Young people and their families, Amy Tinker, Nichola Picken, Caitlin Chapman, Debbie Blackburn and all the transition team, children's staff and health staff 0-25.
  - **Wigan:** Transition Steering group, Learning Disability Partnership Board, Wigan Carer Parent Forum, Wigan and Leigh Embrace Charity, young people and families, Autism Partnership Board, Kathryn Anthon and Leah Edwards.
- Gareth Welford and Debbie Jones who brought their lived experience to the programme
- Key support partners, including Julie Stansfield and John Waters (both In Control), Simon Stockton and Tricia Nicoll
- Colleagues from NHS England including Angela Boyle and Di Domenico

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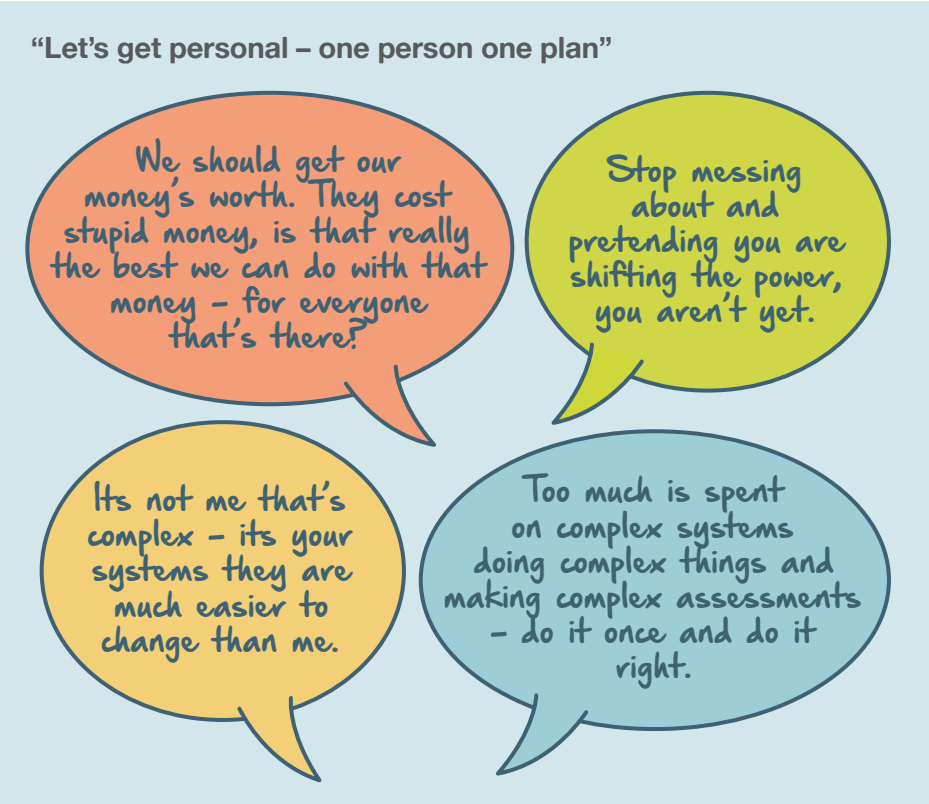
ABOUT THE PROGRAMME - WHY AND HOW?

Many of the most innovative and person and community centred approaches to getting people with a learning disability good lives of the last 20 years were developed in the North West and in Greater Manchester we have come a long way in reducing the number of people in services that feel like institutions, and having higher expectations for their lives.

There is a wealth of expertise, commitment and passion here for supporting all people with a learning disability and their families to have the best life they can, based on what is most important to them.

However people and families tell us we still do not always get it right, particularly for people who are deemed to have the most significant support needs. People involved in work led by the North West Training and Development Team (NWTDT) and Pathways Associates to help develop the **Greater Manchester Learning Disability Plan** told us this, including:



WHAT DID WE DO?

We had an opportunity to complement the work happening through the Greater Manchester Learning Disabilities Plan to rise to the challenge set by self-advocates and families. We were able to give some localities a chance to identify a particular area where they were committed to doing something better, and provide a small amount of resource, and some additional help and support so that they could accelerate their work on this.

Every locality in Greater Manchester was given the chance to bid to be part of the project, and 4 areas were chosen – Bolton, Rochdale, Salford and Wigan. These areas received a small amount of funding to free up some time and invest in co-production, they came together to share and learn from each other, had some additional support from external partners where helpful and access to a development programme run by In Control called **Rights of Passage**.

Each area chose a slightly different challenge, as you would expect, but common themes emerged. Wigan, Bolton and Salford had a strong focus on young people preparing for adulthood and the 'transition' processes. Salford also had growing expertise in improving

SEND process for younger people. As well as the information in this publication you can find many more resources on preparing for adulthood including **here** and **here**.

Rochdale was bringing people back home from out of area and wanted to design really good bespoke support with the individuals, families and providers.

This is what they said they would do:

WIGAN

Preparing for Adulthood is a complex landscape with many stakeholders and specialisms. Working with parents, young people, Children's, Adult Social Care, health, SEND, education partners, voluntary and community sector, Wigan has developed a shared vision of good transition: "Preparing for Adulthood is a positive experience for young people and their families, which takes place throughout childhood, laying the foundations for a fulfilled and purposeful life". Building on strong core design deal principles, the strengths of individuals' families and communities, Wigan are working with 10 young people (age 14-25) and testing new innovations to improve their experience of transition. There is an exploration of life coaching, new technology to help with support planning, innovative supported employment models and a housing development model that captures the aspirations of young people.

ROCHDALE

Most of us know from experience what a stressful time moving home can be – and for people with a learning disability and autism who need a lot of support there is even more at stake. Rochdale is working with people and families who are moving back into the area in the near future so that all of the planning and service design is based on real co-production. They are going to further develop their Individual Service Fund model to make sure that people get excellent person-centred support from providers. They are working first with 10 people with learning disabilities and autism that they are already engaged with, then will work with a further 20 people who are starting to plan for the future, as well as embedding the learning and changes they make for all people with high support needs in Rochdale long term. They want to see people getting great lives in their new homes, with close relationships and a sense of belonging in their new communities.

BOLTON

…like everywhere else, has a hardworking workforce who were originally trained to assess people based on meeting eligible social care needs, and supporting planning using available resources to support people with learning disabilities (This can be limited). Due to the restricted availability, staff may use residential provision, rather than community based services.

They will refocus on person centred principles and invest in their frontline social care and health staff to ensure they become more confident and skilled in having strength based conversations with young people that leads to creative support planning when preparing for adulthood.

They will work closely with young people, families, commissioners and providers to develop new models of support. They are building a new relationship with people who will become more than just their care needs – they will be experts, in charge of their own lives.

SALFORD

…understand that the start we get in life makes a massive difference to our opportunities and life chances. They are working with disabled children and young people to help them and their families get good lives, with person centred, co-ordinated support where they need it, and exploring digital solutions and other innovative approaches. This will be supported by taking an integrated personal budgets approach which they are developing across Children's and Adult health, social care and education. They are particularly looking at supporting young people and families who are moving from children's to adult services. They will work with young people and families and listen to what they tell them is needed locally so they can change what is available for young people and families. Their work builds on excellent partnerships with parents' groups and the Teenage to Adult Group plus a grants programme that has enabled the local voluntary sector to provide excellent flexible support to families and young people.

More broadly everyone was committed to shifting from a "professional gift" model where people and families are asked to describe their deficits for the professional to assess and decide eligibility and appropriate service response – to a "citizenship" approach – that focusses on what it takes to get a good life, and more inclusively values and invests in the potential of family, friends and communities to help build and support that (**see here** 🔗).

This was not a new concept, but this programme gave us the time and opportunity to refocus on bridging the gap between policy – what 'the system' says it is committed to making happen – and the reality experienced by people and families seeking help from hard-stretched services. This was to be done "live" - working directly with some people and families to start to show what could be done and point the way to doing much more of it. The ask of the localities was that we capture the learning and practical 'products' from their work and share them.

As is always the case with work to change culture and practice, the work often felt frustratingly slow and tough for those leading it in localities – in particular it took longer than anticipated to get the capacity in place to dedicate to the projects, or to get the 'real work' underway. For every positive outcome, story and celebration there was also an example of learning the hard way where an approach was not as initially successful as had been hoped. However, as stronger relationships developed between people families and different parts of the system, real trust and collaboration started to grow. It is this trust and appetite for collaboration that led to the successes, and will continue to deliver real change over time. Those working on the projects were helped where they worked in a system that genuinely gave them permission to be creative and follow through on what was important to people, rather than holding them back. Different models were explored, learnt from and developed. A whole range of practical 'products' from videos, job descriptions, training programmes and approaches to planning and designing support will help embed emerging changes and, we hope, start to spread them to other areas.

CO-PRODUCTION – THE VITAL INGREDIENT

Core to the programme and individual projects is serious co-production with people and families. It is becoming increasingly understood that 21st century public services must emerge via co-production. For more on co-production, with a focus on commissioning see **Think Local Act Personal materials**. It would not have been possible to make any progress on this programme without a real investment in co-production.

This co-production has been practically modelled and given energy by In Control's 'Rights of Passage' course which all 4 localities took part in. This has brought teams of young people, family members, professionals and managers from the four places together as equals to develop think, learn and plan together – inspired by the best national and international examples. It has included disabled people showing that such lives are possible.

In the first **Rights of Passage** session, an exercise laid bare the difference in experiences for people labelled "complex" and children and young people who are not so labelled. Some of the professionals attending described this as a stark and even shocking experience. They listened to families speaking of their children's experiences and many made comparisons to the usually better experiences of their own non-disabled children. It showed how life paths typically diverge, making it very hard for people to have lives like others. It also built solidarity between the professionals and the young people and families.

One involved professional later stated to regional commissioners: "This course is not just changing my work, its changing my life"

Another said: "Rights of Passage is the most positive thing that I have ever done around the topic of 'disability' because it focuses on enablement and what we can do to work together to make a difference. Seeing people like Tara Flood talk about the importance of inclusion, and Andy Walker on over-coming the odds has been inspirational".

RIGHTS OF PASSAGE

If serious change is going to happen it has to start from people using public services and the professionals and managers running them coming together as equal people to understand what is working and not working as the starting point for making things different and being inspired by images and examples of possibility.

On this programme we put on a course that has run over six, two day sessions. Broad content included:

- Jointly understanding current systems and services in order to make the best of them
- Images of possibility – positive but practical examples of how people have created good lives including in difficult circumstances – how local professionals helped
- Practical and effective tools for families, professionals and managers to use when planning and designing for good lives as people move into adulthood, including most effective use of resources and "non-service" solutions
- Building and sustaining relationships between families and professionals and across agencies
- Live planning for participants and modelling examples
- Taking approaches and learning back into your locality

For more detail of similar courses **see here**

The young people and families on Rights of Passage have been clear that they cannot and will not accept lives that are less than those of other people or service responses that don't hear and respond to what a good life means to them. The professionals have taken this seriously despite operating inside systems that often make this hard. There is only so much that can be done in the short term about the resource situation that public services face but that doesn't mean nothing can be done. We can use existing resources differently and better, we can change how we work, we can encourage and support others to do so too.

Meaningful co-production has been a key feature of the work in all four localities. Again this was not new for these areas, but the conscious rooting of this work in co-production has been critical and led to different approaches and outcomes than would have been possible without. In addition to the Rights of Passage course:

In **Wigan** the **Transition Steering group** has, as formal members, alongside the statutory agencies, providers, young people, parents and the voluntary and third sector. The meetings have been a fresh space to think innovatively and develop new ways of working with 10 families. Steering group members have helped co-design Preparing for Adulthood workshops, focusing on person centred planning and **other key areas**. A number of transition engagement events and informal drop-ins for parents have been developed to ensure meaningful co-production.

Salford have arranged opportunities for families to join with professionals to discuss how preparing for adulthood can be improved and how they want to influence this. Ideas for how to use person and community centred approaches have been shared and discussed at coffee mornings, evening receptions, through newsletters and on an individual basis. Some families have joined "Planning Live" sessions. Young People have had opportunity to have their say, through their Person Centred Annual EHCP Reviews and through the Teenage to Adult Group (TAG) which is a group that meets once a month for young people (14-25) with additional needs. The TAG group created a PATH (a plan that starts with a vision, and then works out realistic steps to get there) about what was important to them in the future and what was important to them. Key goals were:

- To be supported to be as independent as possible
- To have opportunity to leave home
- To get a job
- To keep in touch with friends and family
- To have a good social life, and do things they liked.

In **Bolton** the Transition Steering Group across Children's, Adults and Mental Health services has focussed on developing a future transition offer through consulting with young people and families and hearing about their experiences. They have aimed for young people to have a seamless experiences across service boundaries, where aspirations and formal needs are supported and where people will be empowered to maximise their independence within supportive communities.

In **Rochdale** the initiative has emerged directly from conversations and joint planning between families and services. Families of people living away from Rochdale or at risk of this have co-designed support at all stages, including selecting the support provider and designing the support.

A CLEAR FOCUS ON WHAT NEEDS TO CHANGE

Each of the localities were clear about the change they wanted to make, informed by systematically listening to people and families and really digging into what they heard to understand it properly.

They articulated this strongly, for example:

Bolton say:

We have identified the areas where transition was not working well, looking at how we can address this to encourage young people to have meaningful and fulfilled lives, with opportunities for meaningful employment, helping them become connected to their community, making friends and achieving maximised good health and/ or maximised independence, choice and control in their lives. We have developed the local strategy to address these priorities.

Young people's experience is not sufficiently person centred in planning for the future or in the life outcomes. These should be much more designed around and with individual young people and families with services and supports flowing from these designs not currently available options. Families should have the chance to be more aspirational and have "images of possibility" to inspire planning. Young people should have choice "Where I Live, What I do, and the Support I need". **See here**.

Rochdale:

In Rochdale the systematic use of the Personal Outcomes Evaluation Tool (POET) tool (**see here**) in reviews provided rich information about what was and wasn't working for people getting support, and a clear set of priorities for change. The POET outcome areas align closely with the domains of wellbeing as defined in the Care Act and so provide a way for the local authority to determine the extent to which it is discharging its primary duty under the Act.

They learnt that people were far more satisfied with the support they were getting when they also reported feeling properly involved in the planning process, and where they had genuine choice and control over designing that support, including what their personal budgets could be spent on. These then also correlated to self-reported positive outcomes, particularly around 'feeling safe', 'work or learning' and 'taking part in the community'. For a more detailed report (**see here**). The principles emerging from this influenced their project:

- Listen to people and making sure they feel heard.
- Keeping things clear and simple is essential;
- Allow people to control their support, avoid restricting creative use of budgets and look beyond core services.

Detailed review of this information enabled the council to develop a clear understanding among all parties (managers, practitioners, family members, people who need support, local providers and politicians) of how personal budgets could be used to promote better outcomes and ensure efficient use of resources

Wigan:

Wigan undertook a number of consultations with young people and families to understand their experience of transition. Learning also emerged following an intense period of immersive, appreciative enquiry across the place. This allowed them to pinpoint what is working and not working, in turning local strategy into operational practice. They had cross-agency strategy that seemed to tick all the boxes, but when they dug into people's experiences they found gaps and disconnections. In a number of key aspects, system and process was not working, leading to

duplication of services, and disruptive experience, lateness in commencing transition process and having to tell a life story repeatedly, with multiple plans in place focusing on educational objectives and not fully supporting broader life planning. These insights were then used to develop a range of the approaches and support discussed in this publication. Hence a stronger feedback loop between experience, practice and strategy was built.

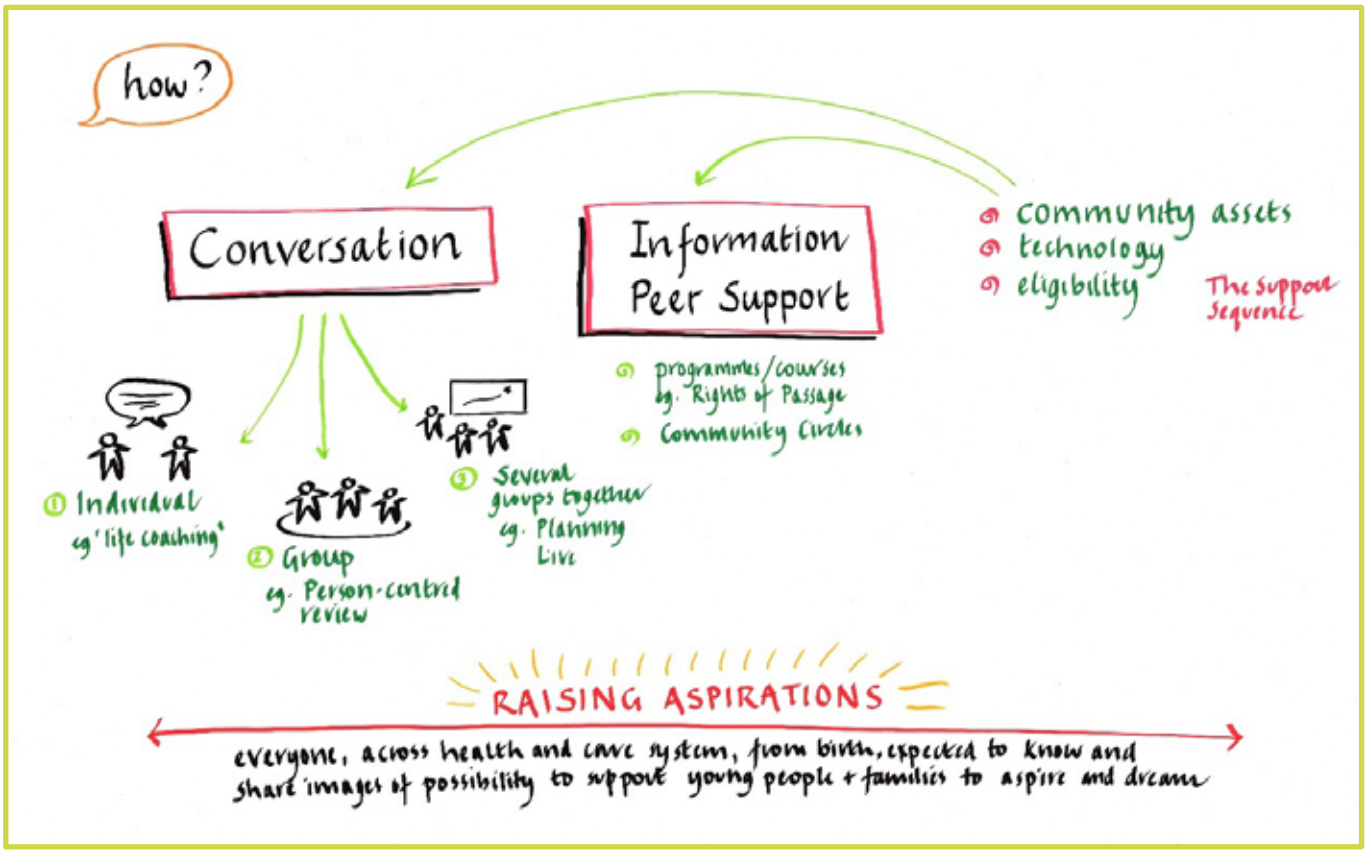
Salford:

Salford has had a Transition Support Team for 3 years, with a well-established joint transition policy and processes, which covers all young people coming through transition who have an EHCP and or a disability or impairment. The team consist of a Transition Coordinator, 3 Social Workers, Person Centred Quality Officer and a Multi-agency Panel coordinator. With big changes happening across Salford's health and care system it felt like a good time to review what they do and update the operational and strategic model in which they work, and most importantly check what the young people's and families actual experience of transition was. To do this they reflected with young people families and professionals about what was working and not working. They identified some brilliant examples of things working well for young people and families in transition, but also differences in the way children's and adults' services work which meant there were young people and families who weren't accessing personalised support planning across all age groups. Families often found it difficult to find the time to attend sessions and people needed very different "ways in" to planning that worked for them depending on their age, need and capacity. Some young people and families said that help with things that are important to them was not in place – with jobs being a prominent example. A general reflection of those involved with the project is that Salford has good approaches that could work to help develop better personalised support for everyone who needs it. Although there were joint working protocols across children's and adult's, and a 16–25 Multi-agency Hub, there were differences in approaches, practices and priorities. They agreed there was a need for more cross-agency strategic approaches to underpin how professionals in different service areas join up to personalise care for families who have neuro-diversity support needs. The vision for young people preparing for adulthood in Salford of the Multi-Agency Hub is that there is not "Transition", but a natural development of skills and independence with support being person centred and outcome focused and going with the person (i.e. if the support is right, it should not need to change because a person becomes 18). To achieve this Salford recognised they needed to ensure capacity and resources were in the right places.

PLANNING WITH PEOPLE

The localities have all been putting in place systems and practices for more effective person centred planning and better provision of information to raise aspirations and help people get better lives.

They used a range of different approaches to learn how best to have that conversation, and also backed this up with approaches to help people support each other to be confident and informed.



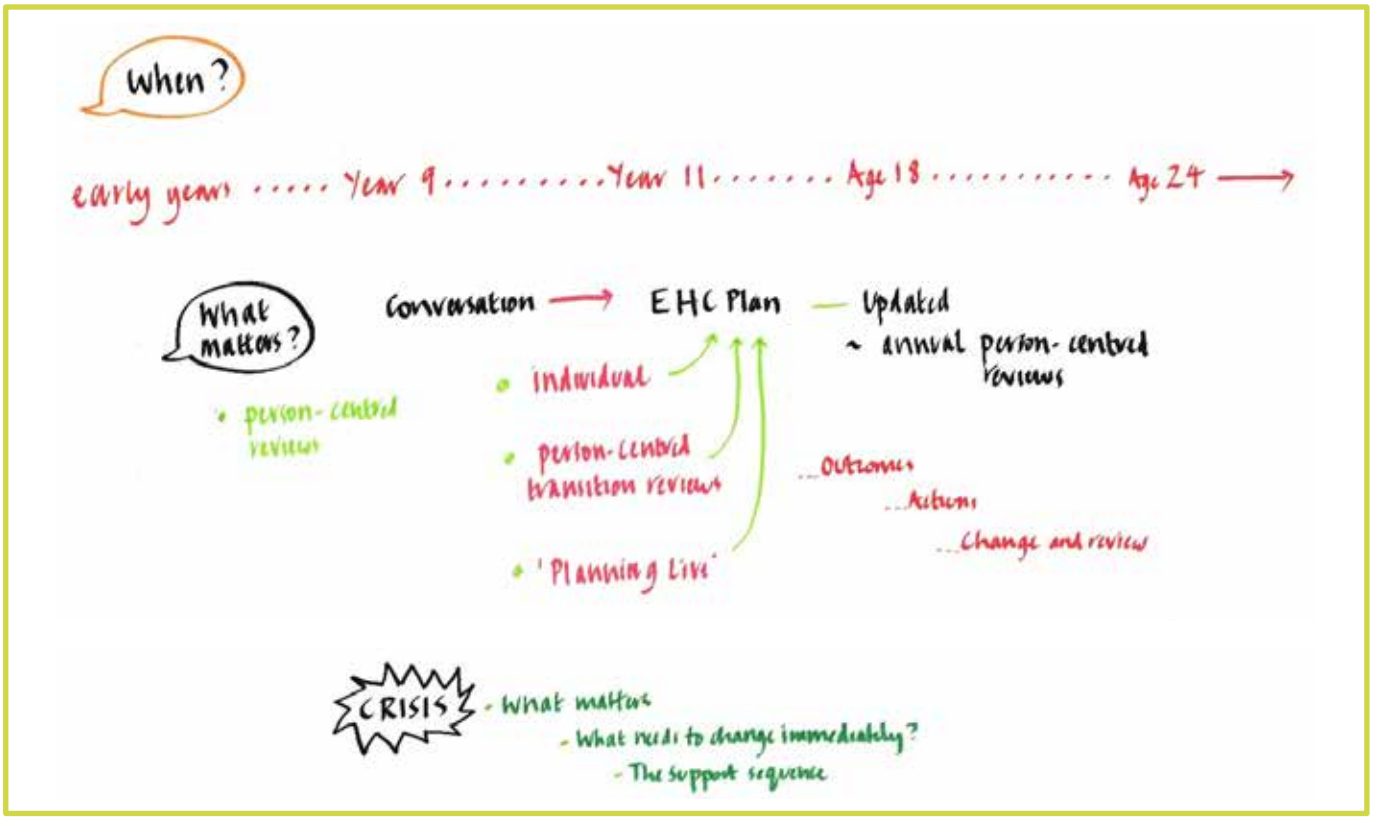
The four projects are all operating in different contexts and therefore are designed somewhat differently but something like the framework above has started to emerge from their work. The three emerging themes for this area have been:

- **STARTING EARLY**
- **BETTER CONVERSATIONS**
- **GOOD INFORMATION**

The next few sections illustrate some of the approaches that have been tried and tested.

STARTING EARLY

It was clear from the efforts and learning of the four localities that to give people the best chance of a good life, relationships must be built from the earliest age, via person centred, consistent and coherent support. This can help people build ambitious aspirations for a good life and connect support to these aspirations throughout childhood and early adulthood



There was increasing understanding that this has to start very early. In Salford, a significant Pathfinder project in part of the borough demonstrated how the aspirations of education, health and social care policy can be really brought to life at a very early stage – through paying attention to trust, relationships and moving towards open and light touch processes.

The project demonstrated how to improve achievement of the SEN Code of Practice principles to help children with special educational needs achieve well in their early years, at school and college and go on to lead happy fulfilled lives. It operationalised the requirements of the Code through identifying special educational needs and disabilities and putting support into place early on. This included sharing better information with families and involving them much more in decisions about support linked to their aspirations. They worked hard to develop less formal, more trusting, more "asset-focussed" relationships, making resource decisions much more transparent and joined up. Aware of the scarcity of professionals' time, but the real value in everyone coming together to have one good conversation, the project tried to use professional contributions more effectively and efficiently through better links, communication, coordination and collective working.

Key elements of the approach

Core to the approach were:

- Children, young people and families taking charge of planning for their lives as they grow up and fully involved in decisions about use of support and resources
- Multi-agency connections right from the start, with plans and reviews with families flowing from these. Helping families get on to the track of a good life with advice, support and links to "non-service" opportunities
- Where appropriate, multi-agency consideration of individual funding for support – a transparent, open forum – unlike the dreaded "panels"

- 3 key senior staff across the main service agencies playing a project co-ordinating role to support staff to make the joined approach work
- The introduction of an "engagement" role to maintain consistent contact and relationships with families. A function rather than a professional job, that could be carried out by different nominated professionals. Training for the function was developed and delivered.
- Close engagement with early years settings for referrals and to facilitate development of early plans
- Use of the process at other key transition points – to primary school, high school and college
- Clear link and representation on the 16-25 Multi-agency Hub

During the Pathfinder 154 children and young people under 18 were referred and all of them were the subject of at least one multi-agency meeting. Parents were invited to all meetings and the children and young people were also invited. The Engagement Officer was identified in each case and took on role of keeping parents updated. Resources were allocated from the multi-agency panel based on evidential documents and clarifications, emails and phone calls.

The main outcome questions explored were:

- Was there greater choice and control for parents and children over their support?
- Did families feel more engaged and involved in the process?
- Was there collaboration between education, health and social care services to provide support?
- Was the Local Offer useful in supporting families?
- Was an asset-based approach used successfully?
- Were the outcomes eventually achieved the right ones?
- What were the gaps/issues in the process?
- Was there successful preparation for adulthood?

"Hard and soft" data was mostly encouraging. Families fed back largely positive experiences – strong involvement was appreciated, transparency welcomed, transitions smoothed, and relationships positive and less formal. Support was put in place in a timely and co-ordinated way. During the

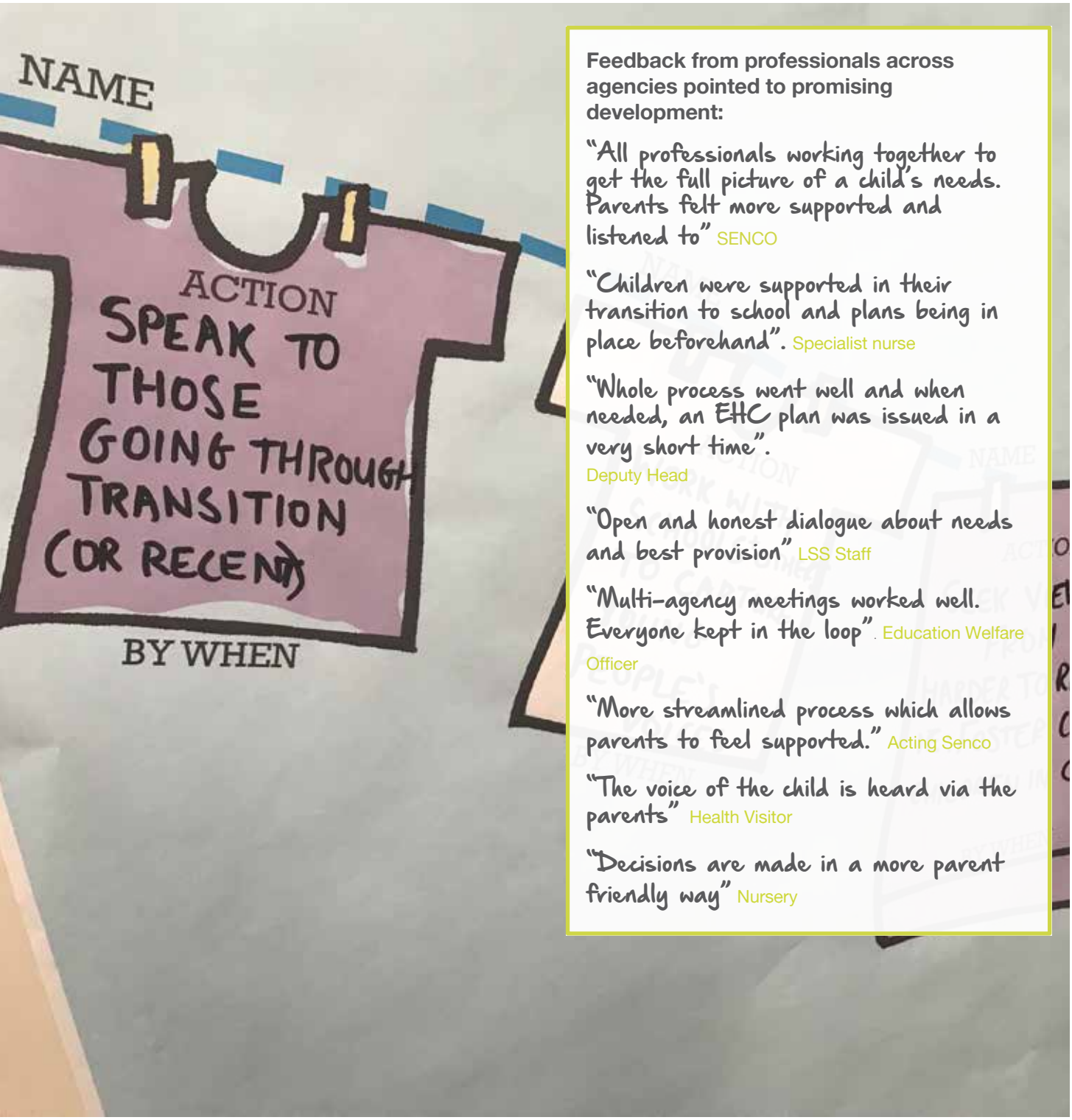
period of the pilot there were no complaints and no tribunals.

"I couldn't have got through without these meetings and decisions. I felt really part of it all"

Key learning was the building of key relationships very early, to help families build good lives from the start. Notable was the enthusiastic involvement of early years providers, with 17 nurseries engaged.

The evaluation also explored challenges and analysis pointed to changes to helpful practice and process, the training, development and capacity required to sustain and expand the approach.

To find out more about the project, read stories, watch a video and download some of the paperwork visit the **Partners in Salford website**.



Feedback from professionals across agencies pointed to promising development:

"All professionals working together to get the full picture of a child's needs. Parents felt more supported and listened to" SENCO

"Children were supported in their transition to school and plans being in place beforehand". Specialist nurse

"Whole process went well and when needed, an EHC plan was issued in a very short time".
Deputy Head

"Open and honest dialogue about needs and best provision" LSS Staff

"Multi-agency meetings worked well. Everyone kept in the loop". Education Welfare Officer

"More streamlined process which allows parents to feel supported." Acting Senco

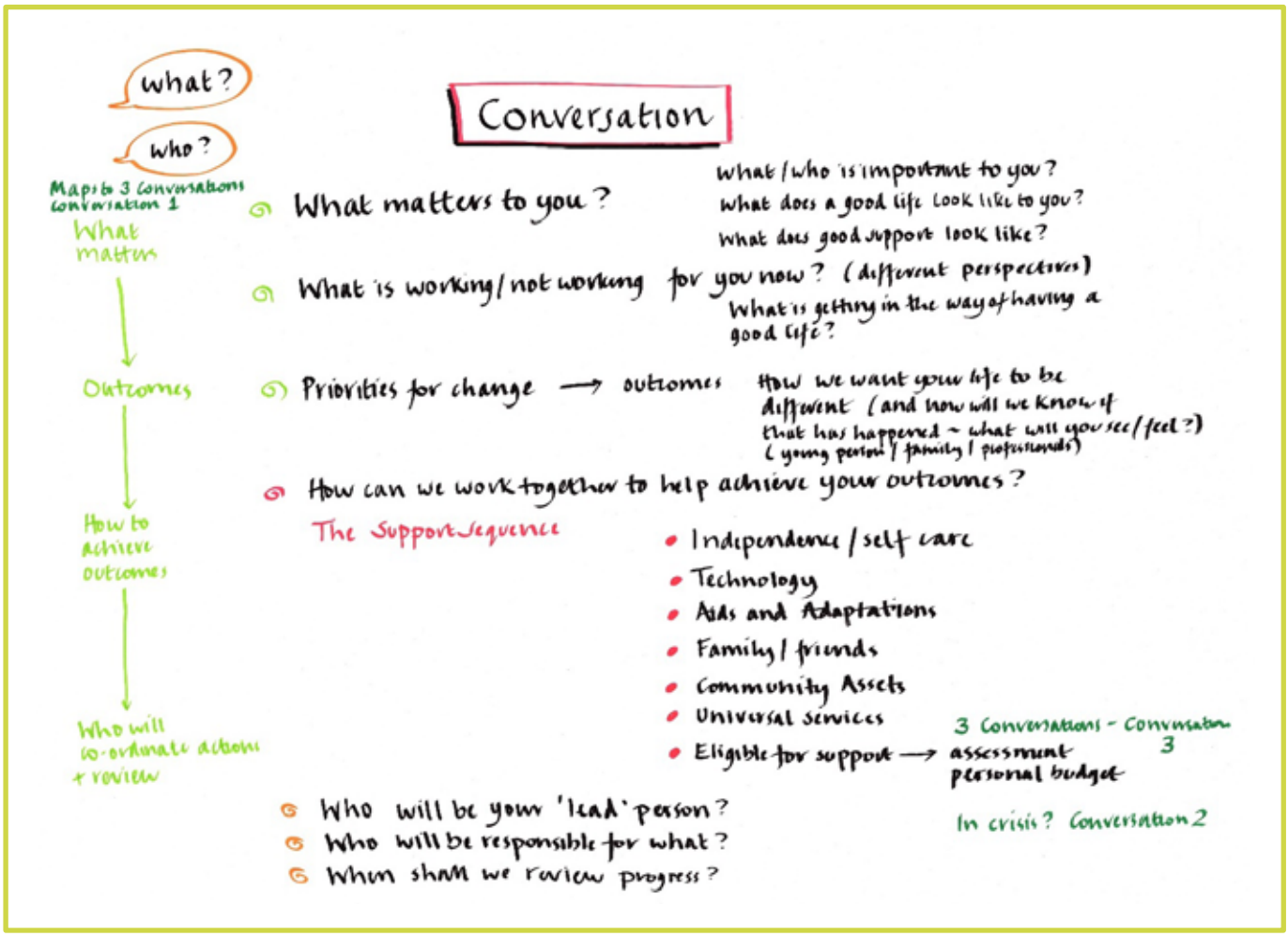
"The voice of the child is heard via the parents" Health Visitor

"Decisions are made in a more parent friendly way" Nursery

BETTER CONVERSATIONS

The four projects have invested significantly in better conversations within families and between families and professionals as a key underpinning of plans and decisions. There is a wealth of expertise and experience across Greater Manchester in different person-centred planning approaches, and approaches such as the **3 Conversation model** that embed these into social work practice. The four localities tested a range of ways to enhance these with technology, collective planning and new roles.

Bolton and Salford agreed a common structure for planning, aligned to **Helen Sanderson Associates practices**. This approach includes the 'support sequence' as a way of considering different ways of someone achieving the things they want to in life. See a short video on this **here**. There is absolutely no doubt or question that the people supported in these projects need support. The point of the support sequence is to avoid jumping to pre-determined (often pre-purchased) support solutions. It deliberately starts therefore, with exploration of a wide range of ways people can move towards their desired life, only then considering how to best direct use of formal resources. This is similar to planning approaches embedded in Wigan through 'the Deal' and the 3 Conversation model which has been adapted as **'Let's Talk' in Trafford** and other areas:



The local projects explored, in a range of ways, how to shift planning approaches to get different results and how they can fit these new approaches and processes into key formal assessment and decision-making points and processes. Salford, for example, are working to redesign their transition assessment to underpin strengths-based assessment and planning.

As in the diagram, the key points are:

- What matters to you?
- Outcomes
- How to achieve outcomes
- Co-ordination of action and reviews

In broadly adopting this approach, localities experimented with a range of practical methods:

Bringing people together to plan, to learn and support each other live

Planning Live was undertaken in Bolton and Salford, based on the established model.

The two sites were supported to explore different ways of person-centred thinking and planning with a small group of young people and their families. An initial session was held with a large group of workers and families to share examples of person-centred thinking and challenge the culture needed to work in this way. Three sessions were then held over three months in each authority, bringing families and workers together to think and plan together – focussing on getting the young people "gloriously ordinary lives". They explored issues around school, getting a job, making friends and moving on from the family home. The idea was that working together as a large group, planning with different people at the same time would help everyone think of new ideas, and help families develop some supportive networks. They wanted to test a way of working that would result in really good plans for people, and would feel accessible and inclusive. A detailed report is available **here**.

Preparation session

Initial 2 hour sessions were held to launch the approach. They aimed to leave everyone:

- Feeling enthusiastic about and committed to the work
- Having a shared understanding of what's involved and what they need to commit to – that is not a passive process
- Understanding what will happen next

You can see videos from the Launch event on the following subjects:

- The concept of citizenship
- Real wealth
- Important to - important for
- Changing the conversations we have

Following the December events they then hosted three live planning together sessions in Bolton and Salford, where they brought together the families and staff working with them to join them in developing their plans. These sessions were based on the Helen Sanderson **planning live model** but with the sessions spread over 6 weeks to enable some work between sessions and some reflection by workers. To facilitate the planning process they shared information about Wikis that they can use as part of the planning process to host their plan. This allows young people and their family to have an online plan which they can control and grant different types of access to for different people (e.g. read only, read and edit etc. Permissions can be further varied to restrict access to certain sections).

Session one:

- Great things about me
- Things that are important to me and that I love
- What makes a good family life?
- What's working and not working at the moment in our lives?
- What are our dreams and aspirations?

Homework: try something you've never tried before, using your real wealth .

Session two:

- Check in – stories of what you did
- Who's in my life; people and places
- What you need to know to support me well
- Draft some outcomes and agree one solution for each

Homework: test drive some of your solutions? Or find out more about how you could make the solutions happen.

Session three:

- Check in – how has it been since last time?
- Revisit outcomes – are they right? Anything to add/change?
- Agreeing solutions and who is going to do what
- Next steps from today and keeping things going

What we learned about the planning live process:

- Families need to be involved from the start in planning how and when group planning happens
- Families need to be committed to the concept of planning together
- Not everyone feels comfortable working together in a group, over with a common format over a number of set days and not everyone can make the same times
- It is important to offer a choice of planning together or direct one-to-one work to plan with families
- So it is clear there is no one size fits all approach that will work for all families – sites are clear that they have to find out what works for individual families and tailor their approach.

Salford found that planning live works really well when there is a significant change happening in a young person life, and that families and young people have a commonality, such as all leaving education at the same time. Planning live has been used successfully in Salford, to support young people and families, who are experiencing a significant life event, plan for themselves and then collaboratively. Through this they have shaped services by developing service specifications and pooling budgets to develop day provision, share support and set up bespoke supported tenancies.

A checklist has been developed for anyone organising this form of support planning in the future – but this could equally be useful advice for all forms of **person-centred support planning**.

Making sure that the critical actions agreed through planning to prepare for adulthood happen and young people and families are fully ready and supported at 'transition'

In Wigan, Plan, Prepare, Progress was developed to make sure that young people and their families have what they need to plan the life they want. It is an approach that is being piloted in schools that systematically checks in with young people and families at key points, in order to steer support and planning in a timely manner. This has helped to define young people's assets, skills and talents and look how these can be harnessed as well as making clear lines of accountability. This works at three stages across the year before people leave school and areas covered include: practical skills for independent living, further and higher education, work and volunteering, health, friendships, interests. For more detail **see here**.

For a video showing all the work Wigan have been doing with families **see here**.

Let's Connect Plus has been offering young people an alternative to traditional models of care. Taking a strengths-based approach, the service works alongside individuals to develop the skills they need to live an independent life. This develops confidence, increases self-esteem, and the number of young people entering paid or voluntary employment. The primary focus of the service is around empowering young people to develop skills to enter voluntary work, paid employment or start their own social enterprise. The intervention is task-specific and time-limited; and an exit strategy is included in all plans.

Using web based technology to help young people plan and record their plans accessibly

Young people and families have asked for more control over their care and would like to see more creativity when support planning. In Wigan **My Quality of Life** is enabling people to be more independent, linking them into community initiatives, enhancing social care assessment and enabling young people's aspirations and expected outcomes to be recorded in real time, and helping with communication between services. It is web-based planning technology that uses interactive software, to be used on a tablet or large screen, that offers a series of designed applications based specifically for people with Learning Disabilities and Autism. The apps are built in a format and language that is appropriate to the person's cognitive and developmental needs. For more information about MyQol and how its been used in Wigan **see here**.

New roles, skills training and development to help people plan and to help their plans happen

The **engagement lead** function was developed at part of the Salford 0-25 Pathfinder to maintain consistent contact and relationships with families over time. A function rather than a professional role it can be carried out by different nominated professionals. Training for the function was developed and delivered.

In Bolton a transition team is being piloted. It is overseeing a set of coordinated activities to support people from year 9 through to year 14, using this coordinated approach has enabled some young people to realise their aspirations. It includes key roles and activities bringing formal agency policy requirements into alignment with action and approaches likely to help people build the lives they want, including via use of public service resources.

Bolton are also commissioning a refreshed brokerage offer that would link assistance to families who have been developing plans with support from the Transition team. The role would involve helping the young person and their family bring their plan to life by helping them find support that could help deliver it. For more information on Bolton's plans for young people as they prepare for adulthood **see here**.

Working collaboratively with young people and families Wigan learned about gaps with their current approach to Preparing for Adulthood. As part of their response to this, Wigan developed a **Life Coach** role to help young people turn aspirations into reality. The job description says:

"Using an asset based approach you will have different conversations to help children and young people to identify achievable and creative outcomes, focusing on strengths, hopes, and dreams, ensuring these are clearly demonstrated in Education, Health and Care plans".

As well as helping with planning and design, the role is about helping people navigate and manage the multiple relationships involved and make the connections they need.

"You will provide wrap-around support to ensure transitional arrangements achieve positive outcomes for young people, enabling them to reach their aspirations. To deliver this, you will co-produce the improvement of services with children, young people and families and invest in community options." For more detail **see here**.

In Salford – The Person-centred Quality Officer is broadening their remit to work across Multi-agency teams in part reflecting that inter-professional relationships are key to good joint work. The Person-centred Quality Officer is building on their current skills base to be able to train key staff in each agency who will be operating key roles in person-centred planning approaches and the support sequence approach. They have developed a practitioner's guide and redeveloped the training package for front line staff around transition, with 3 programmes:

- Preparing for adulthood – for statutory organisations – 1 day
- Preparing for adulthood – for non-statutory organisations – 1 day
- The Multi-agency Hub – 30 minute 'team meeting' overview

Clearly existing roles and staff are critical to supporting people well, and the four areas have been thinking about how to better support their colleagues to plan with people, recognising that while there are areas of expertise, not all of the important professionals in peoples' lives have had a chance to become confident in these approaches. Some of the sites are now being supported to develop a training programme based

on the overall framework with a focus on the support sequence. A draft model of what could be covered in this training can be found here. The goal is to target training to key professionals and staff working with people throughout from early years through to young adulthood in order to ensure they are supporting people to maximise control and creativity, building towards good lives.

It's also important to note that it is not just professional roles that can support people. Family and friends are obviously important, but where people could benefit from more natural support around them there are routes to build this, not least Advocacy approaches including Citizen Advocacy.

Wigan are exploring Circles of Support which help people identify what is important to them and enable those who want to play a part in their lives get organised to make these things happen. They have enabled young people to build a support network and identify issues/concerns, explore a range of possible solutions, help to achieve ambitions and goals, whilst building up a network of people to provide continuous support. Working with a facilitator, the Circle will create and carry out a plan for the future, in order to achieve the best possible outcomes.

GOOD INFORMATION

People and families need good and detailed information in order to be able to plan, design and direct the lives they want. For people to have the chance to take charge of their own planning and direct their own preparation for adulthood, people need a combination of practical information relating to support, resources, timing etc. and information that can help them have and achieve higher aspirations. They were also clear that it isn't just the **what** of information that is important, but **how** people get it and are supported to use it.

So the four localities have been exploring the "what, when and how" of information. They have started to develop a range of ways of supporting people to get and use the information they need – mapping this on to key stages in people's lives and linking to local systems and practices. As well as activity and approaches directly with people and families, the localities have been looking at the information professionals need to share, the means and skills associated with this and the means of acquiring them.

Learning together – approaches that bring people together to prepare and get better informed

Preparing for adulthood parent workshops – Wigan developed and tested six half day sessions covering:

- Getting to know you, person centred approaches and communication;
- Personal budget, support plan, Care Act, travel training and media safety;
- Independent living, friendships, relationships and sexuality;
- EHC plans, college courses, apprenticeships, internships, employment, volunteering;
- Finances, guardianship wills and trusts;
- Health, contingency planning, Circles of Support.

For more information see here.

In Salford TAG is the Teenage to Adult Group which is commissioned by Children's Services and is run by the Transition Support Team. The TAG Team have built this year on their summer school programme that supports young people to look to the future and develop skills and has been going for 10 years. TAG have developed the Passport to Independence with each module running for six weeks. The modules include:

- Module 1: Understanding your disability and the impact of leisure, exercise and food on your well being
- Module 2: Developing skills for live
- Module 3: Moving to independent living
- Module 4: Work, learning and volunteering

There are two programmes running concurrently, one for young people with disabilities and one for young people with ADHD and ASD. Embedded into the programme are the outcome stars to enable young people to work towards their own personal goals. Module 1 is currently being run for young people with ADHD and ASD. The programme is only ½ way through but the outcomes of engagement, motivation and increased community activity are already being achieved with 100% attendance and young people participating in the art group, kayaking, radio, boxing, walking and other social activities. Young people are already choosing what they are going

to continue with, once the course finishes. This programme will be rolled out to young people with disabilities over the summer holiday.

From September the Transition Support Team will be going into schools and colleges to run the Growing Up in Salford workshops, which inform young people and families of the formalities of the transition process, and is based on the Keys to Citizenship. They also run an information road show, and provide preparing for adulthood packs.

Better information resources

"How to" videos are detailing how person-centred planning works and how families and professionals can work together to get the best results for young people in Salford. They have also developed person centred transition planning books and preparing for adulthood transition packs

Community book in Wigan – is a free, online directory allowing Wigan Borough residents to connect with local services, activities and events in their community, available 24 hours a day, 7 days a week. "Transition" has been tagged so that families and young people can (with staff help if needed) find relevant information and opportunities. A transition poster has been designed for schools, young people and their families, to be shared at EHC planning meetings, equipping people with knowledge of community resources and other initiatives. To see the resource **click here**.

DESIGNING BETTER SUPPORT

All of the localities have been exploring links to commissioning and provider change.

BETTER PERSONAL BUDGET OPTIONS

One of the ways the localities are trying to support the power shift and enable more creative and designed supports is to develop their personal budget and personal health budget approaches. As the Rochdale POET results showed, good personal budget planning and support that help people take control can result in much better satisfaction from people and families, and better self-reported outcomes. As well as material in this publication you can find useful material about personal budgets **here** and **here**

Rochdale are using **Individual Service Funds** to support live planning between young people, families and providers. This is a means by which young people and families can steer decisions about use of resources. They introduced Individual Service Funds (ISF) for Supported Living in 2014 to offer more flexibility of how a commissioned personal budget can be utilised and therefore more choice and control for the individual. It works by having ISF agreement in place between the person and the provider. The agreement describes how the service provider will support the individual, what the responsibilities are on either side, and how the agreement could be ended. It's an annual budget and is reconciled at the end of the year. Individual Service Funds mean that: the money is held by the provider on the individual's behalf; the person decides how to spend the money; the provider is accountable to the person; the provider commits to only spend the money on the individual's service and the management and support necessary to provide that service. Rochdale think it works well but wanted to expand the model so it works better for people with more complex needs – their aim is to have a **real** model. (**TLAP resource**)

Salford have supported families and young people, using "planning live" to set up a **bespoke service** for people with high support needs (using direct payments). They have supported young people and families to develop a bespoke day provision when they leave college, and have this year supported them to get a new provider (using managed pooled direct payments). Salford have also reviewed the Moving on Up project (service for young people with attention deficit hyperactivity disorder/autism spectrum disorder) with the young people who use it, and developed a new service specification, ensuring young people were fully involved in the tender of the service. Salford have also developed a new supported tenancy for young people with health needs

Bolton and Salford are developing their **personal budgets and integrated personal budgets** offers. This will enable young people and families to have greater choice and control. In Salford, following a major event, strategy for Direct Payments is being developed to support a strong shift towards choice and control.

Personalisation is at the heart of the **Wigan Deal**. Personal budgets are used creatively to ensure people have a sense of purpose, feel valued and have a greater interest in life. Individuals feel they have more control over their lives, by doing things that matter to them. This has led to a significant shift in service delivery, culture and thinking. It has achieved its aim to move from traditional deficit-based services, towards a focus on well-being, centred on skills, attributes and ambitions. For the past five years, the deal has enabled a reconnection with people, getting to know them better and working in a way that acknowledges hopes, talents and potential. To find out more about the Wigan Deal **see here**. For Tom's story about what he did after college **see here**.

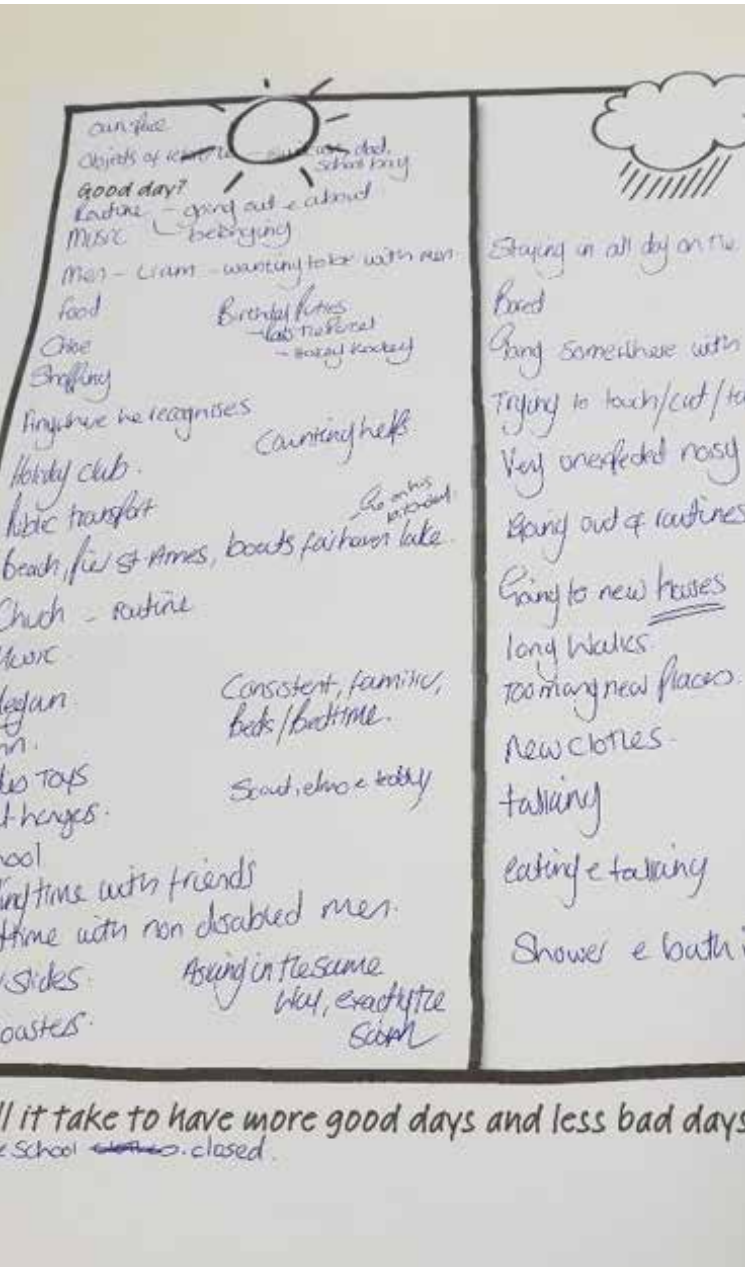
Salford have also worked with the Voluntary and Community Sector to increase what is available for local young people. Salford Local Authority commissioned Salford CVS to deliver a small grants programme for community and voluntary groups to deliver local activities for children and young people with disabilities.

A total of 348 children with disabilities have benefitted from activities funded through this grant. An additional 50 children without disabilities (typically siblings) have been reported as benefitting from the activities. This has enabled family groups to take part in activities as equals. The grants programme supported a wide range of activities for children with disabilities including arts and craft, cooking, health and beauty, indoor games, drama and physical activity (cycling, boxing training, high-impact training etc) and day trips.

The reporting of benefits for children attending activities have included:

- Reduced experience of pain when undertaking art and physical activities
- Greater self-confidence and self esteem
- Increased social interaction, friendship circles (esp for the home schooled) and evidence of peer support and role models
- Improved language and communication skills
- Better sleep, reduced anxiety and more calm periods at home
- Better food choices

"It's helped me to improve my social networks, in terms of meeting people I know. Before I was just by myself, I didn't know many people, but since the project came into my life, it's given me the ability to speak to people" (Project member)



BESPOKE COMMISSIONING

Rochdale focussed on bringing people home from out of area placements. A major part of the Rochdale project is called "Commissioning Live". They are modelling, initially with about ten people, bespoke commissioning which brings together people and their families with key professionals and managers and their chosen provider. Facilitated, collective planning helps all parties develop strong and resilient relationships with each other. They come together around a common goal of "a good life" which encompasses family life, social, fun, home, work, relationships, security. They spend time agreeing clear roles and expectations about how this will be achieved. Their first testing of this has been with people who are planning to come home to Rochdale soon.

There is a strong focus on shifting from a traditional commissioning relationship purchaser and provider where the local authority determines the required service and the provider is charged with delivering it, to a broader consensus approach. The intention is to establish and work towards areas of shared interest, between three parties; the person their family and friends, the support provider, and the council.

The approach recognises that existing commissioning arrangements can fail to harness the things that people who need support most value, including the knowledge, commitment and time of family and friends, and ability of providers to innovate and respond to meet changing needs. It seeks to establish a different kind of relationship,

one characterised by partnership, where each party's role is valued and enabled to thrive. To form this new tri-partite relationship it has been necessary to look again at traditional relationships and ask some challenging questions.

What support is made of and how is the support itself best cared for?

Everyone involved: the provider, family and person and the authority spending time agreeing key outcomes that are important to people, and what kind of support is required to help people achieve the goals that are important to them. This includes the use of personalised job descriptions that match the characteristics skills gifts interests and abilities of supports with the needs and interests of people being supported.

How can providers work alongside family and friends to enable the person to be active and engaged in their local community?

This means family and staff being together with the person and doing things together.

How do people connect and communicate around what is happening?

Everybody involved in supporting the person needs to be linked, to have clear expectations and ongoing relationships need to be sustained. It is these links between people involved that will give strength to the support and maintain the partnership.

Backing up the planning are refreshed forms of contract between the commissioner and the provider, with the person and the family at their heart. Here is a link to a draft 3-way agreement between a family, provider and commissioner (**see here**).

- For an easy read support worker job description used in Rochdale **see here**.
- For an easy read person specification **see here**.

They have divided their process into 4 stages:

1

New forms of contract – These start with flexible contracting and ensure a full suite of assessments are available and maybe summarised so people can contextualise the professional complexities involved in the assessment world. The Care Act 2014 assessment, which will generate the care budget and probably a Mental Capacity Act and Best Interests assessments are the essentials – but any behavioural or risk management assessments that have been completed recently along with assessments the relate to the persons physical health will be necessary. They then need to:

- Identify the key roles and players at this contracting stage – the person, health, social care, family, the provider and crucially the commissioning officer who will make sense of things and draft a contract based on a workshop style conversation covering the key elements of who will do what, in what circumstances.
- Write a bespoke contract - with all the resources tabled.
- Say who controls how much money and consider giving the family control over a specified amount

2

Excellent person-centred planning, with a clear focus on all the factors that will make a good life, including building friends and connections, and the unique role of family, with the provider paying special attention not to displace this. They have also been thinking about the characteristics skills and interests of people paid to provide support so that they are carefully tailored to the personality, interests and goals of the person being supported. Care and attention is given as to how people involved in support are themselves supported and cared for.

3

Resilience and specialist support – encompassing contingency planning needed to enable the person to stay at home when things get tough. This enables everyone to think about the things that might happen and how they can prepare, both to avoid these, and to respond well when they do. This includes clear roles for specialist support, such as challenging behaviour specialists or mental health services; out of hours arrangements; bespoke training for staff. It puts particular emphasis on nurturing the relationships between all parties, so that when things get difficult, they are able to come together and support each other.

4

Coming back to review regularly make sure it stays bespoke; have a check list of essentials to keep it bespoke. Agree review times and make sure the commissioning officer pulls everyone together and reports on successes and issues to be supported with.

Rochdale will use the learning from this modelling to make more strategic decisions about the use of resources and professional skills to support other people in similar circumstances. Rochdale say:

We have often found support arrangements don't work as hoped and even break down, leading to crisis and far from perfect outcomes for people. Support providers often feel left on their own, without the support they feel they need in these situations. Through working with John Waters from In Control as part of the GM Innovation project we have developed our thinking about how to make support arrangements more resilient. So we are taking an approach to build in arrangements for sustainability and response to potential crisis at the first planning stage. So we anticipate things that might happen – and plan how to reduce risks of various contingencies and respond better if difficulties arise. The principle for this is "the person stays at home". In practical terms this involves bringing people who can help design and deliver additional support in at the initial planning stage. This includes a range of health specialists setting up a range of supports, including "out of hours". These specialists, including people with experience of working with people under s117 orders, in effect become part of the contract. The focussing of these very specialist resources to the people and situations they are most needed to support is part of local strategic development, informed by this project.

So we are learning from the design around the first ten people that we are working with in this way. In part this will help us make the best of specific mechanisms such as individual service funds, personal health budgets, bespoke contracts, person centred job and role specifications. Beyond this it will inform a larger and longer-term strategy for others who need this type and level of support. This learning will be taken into strategic decisions about how to deploy key resources across the health and care system

More info here

FROM PROMISING PROJECTS TO MAJOR CHANGE

As we know current policy and system complexity make it very difficult to offer person centred, consistent and sustained support which helps people have a good life.

The four localities are working hard to find ways to manage complexity and improve support. Some of these involve more strategic tackling of the barriers to change such as:

- Persistence of a deficit assessment approach and culture.
- Disconnected and insufficiently coherent "pathways" as young people move through different life stages
- Workforce issues including capacity in the right places, appropriate roles and training development and mentoring in person centred approaches
- A limited range of "traditional" service options, challenges in growing the market for better options
- Low ambitions for people with significant support needs and not enough awareness of what might be possible
- Lack of underpinning strategy and operational structure to drive and sustain better "transition". Crucially this needs to be system level strategy and structure, not limited to individual agencies or parts of their operation.

These system challenges and complexities can make things really difficult for young people and families trying to navigate them but are also very challenging for the professionals doing their best to support people to help people plan and access the right support.

The energy of the operational staff and managers and the determination of young people and families on these projects can go a long way, but longer-term change will be dependent on how the learning and realities of people and families informs broader decision making and priority setting. The four sites have been carefully thinking through how the goal of good lives can be supported by underpinning local system strategies. All are at different stages and tackling different challenges.

Hopeful examples of this include:

Bolton have undertaken a detailed analysis of how they are doing to ensure "All young people with SEND will have equal life chances as they move into adulthood. These will include paid employment and higher education, housing options and independent living, good health, friends, relationships and community inclusion - with real choice and control over their lives and support". They have 1181 young people from age 14 who are in receipt of an Education Health and Care Plan (EHCP). The Transition team will work with young people who are likely to need social care support as an adult. They are clear that "This can only be achieved by working in partnership with key stakeholders who share this sense of ownerships and embed this within their individual operational day to day practice". Elements to be included in the next stage strategy include:

- Developing the Preparing for Adulthood element of Bolton's SEND strategy
- Incorporating activity required at Year 9 across:
    1) Health and Social Care: as per Ages and Stages pathway /transition team.
    2) Commissioning: across CCG, children adults and education. Developing the local market.
    3) Housing: developing the housing market
    4) Education: adapting the approach of schools and post 16/19 provision in the review of EHC plans. Focused on holistic outcomes and not just academic progress.

- To offer more person centred and asset-based approach training to all schools and colleges.
- Considering kite mark for inclusive good practice across education provision.
- Using intelligence and insights to inform changes to commissioning in post 16 provision at individual, operational and strategic levels.
- Effective commissioning to enable a more flexible range of possibilities and options reflective of young people's needs and choices.

To find out more about the Bolton Preparing for Adulthood plan **see here**.

In **Wigan** **SEND Transformation** is delivering change across four key areas: Integrated Services, Support for Families, Increasing Inclusion and Improving Provision. Preparing for Adulthood is a key strand of this work which includes all elements of a valued life, from family to independent living and housing, from paediatric healthcare to adult healthcare, from education to employment or other community purposeful activity. Wigan are continuing to embed the deal throughout the person's transition experience, upscaling Supported Employment and further accelerating personalisation and personal budgets. Transition will continue to be structured around people and outcomes and the Preparing Adulthood vision embedded across all services.

In **Rochdale** as they develop very individual support arrangements based on person centred support plans and using the "Commissioning Live" process they are reviewing what this means for how very specialist resources are deployed. For example, they are ensuring that very specialist health resources can be deployed to help design and then support the individual plans (**see here**).

Salford have consolidated the learning that has been achieved through this project to update the Multi-agency transition policy, process and pathways, which brings together all the work regarding transition in Salford into one strategic vision and work-plan. Longstanding meetings have been amalgamated and re-launched to become the Multi-agency Hub – which provides an operational and strategic steer, as well as monitoring risk and quality. Now the strategic infrastructure is in place, Salford will be concentrating on further developing:

- A person-centred strengths-based approach to transition assessment and support planning, with emphasis on 'conversation' 'skill building' 'aspiration' through the use of Multi–agency Support Sequence meetings

- Promoting independence of the young people they support in Salford through the roll out of the passport to independence and developing their understanding of how aids and adaptations and everyday technology can maximise a young person resilience and safety.
- Redesigning and developing services for young people which are based on aspirations, enablement and offer more choice and control
- Developing the workforce, so that all agencies and organisations are all working on the premise of a person-centred conversation and joined up working. Developing a common understanding that support/provision is not an outcome, and that an outcome belongs to the individual.

Helping each other across Greater Manchester

Change is easier with allies and partners and collaboration made possible through the Devolution agenda in Greater Manchester can really help us share the challenges and spread the positive innovations. The next stage of this work will be co-designed with localities and people and families, but possibilities include:

- Network opportunities for those leading changes locally to come together to support each other and share learning
- Support to commissioners who might take forward bespoke commissioning approaches and market development on behalf of colleagues from other localities
- Development of common standards – possibly following up the idea of a GM Mandate for transition that Rights of Passage participants have discussed

Conclusion

Across Greater Manchester there is a clear commitment to all people with a learning disability enjoying independence, living as close to home as possible in communities where they feel valued, enjoying and having purpose in how they spend their time and contributing to their local neighbourhood. This project aimed to help with the move beyond words and intentions into real change and delivery for people and families, particularly for those people who, when things don't work, can end up in institutional settings. No-one should ever end up in a service that is dehumanising and damages them.

We started with where people and systems were at. We built on excellent leadership and pre-existing work, but were also very honest about what was happening that wasn't good enough for people and families, and needed to change. Through spending time and real effort listening to people and families and their real experiences, and working with them as true partners, and through coming together across agencies with a common purpose we found energy, passion and ideas to push forward in making real change happen for the people and families involved. The key things that we paid attention to were:

- Real co-production
- Starting early – in childhood
- Making sure that as young people enter adulthood they and their families get to help plan the best lives possible, and are connected, informed and confident
- Changing 'transition' support around people and families, and helping the workforce be confident in person centred thinking and skills
- Changing how good support for people is planned, contracted and reviewed, and how it is sustained when things get tough.

The learning we gained is helping make changes to the way we do things everyday, so that what is 'best practice' now, with fancy titles like 'person-centred' and 'strengths-based' becomes just what happens every day, for everyone. Every community, and every locality is on its own journey, and we share these resources to help others take what is useful, and add it to their own work with people and families to create better systems that enable people to thrive and be happy.

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