

City of London Adult Social Care Review of Early Intervention Pilot

1. Background

Under the Care Act (2014) Local Authorities must actively promote individual wellbeing and independence and intervene early to support adults and carers in order to prevent, delay or reduce needs wherever possible. The City of London has been meeting this duty in a variety of ways including Occupational Therapy, Reablement, Commissioning and Social Work practice.

Following an Adult Social Care team workshop in April 2021 a new innovative approach to delivering this duty was designed and piloted. The Early Intervention Pilot ran from July 2021 to April 2022 supporting a wider strengths-based approach across the service.

2. Project Overview

The premise of the pilot is to trust in the expertise of the practitioner and the expressed outcomes of the adult with care and support needs to identify low-cost one-off interventions which may improve their independence and wellbeing.

A budget of £10k was identified which any ASC practitioner could draw upon if, together with the adult resident, they identified a low-cost one-off intervention which could help improve the adults Wellbeing and in turn prevent, reduce, or delay needs.

For interventions of £200 or less practitioners did not need to seek management authorisation. Any higher cost interventions would need to be agreed with relevant managers.

It was made clear to all practitioners that the money was not to be viewed as an individual budget, is not an entitlement for residents, and the money was not to be discussed with residents as such. Instead, it was viewed as a resource that workers could tap into should a potential intervention arise through their work with the resident.

3. Interventions

The project ran for 8 months ending in March 2022 during which,

- 26 individuals were supported by the pilot,
- 2 additional non-adult specific interventions were made,
- 46 purchases were made costing a total of £5,288.

The following table shows a breakdown of usage by role.

Role	Interventions	Percentage
Social Workers (ASC)	12	43%
Social Worker (Homeless)	6	21%
Strengths Based Practitioners	6	21%
Occupational Therapy	3	11%
Other	1	4%

The following are examples of purchases made for residents as part of the project,

Microwave / Mobile Phone / Hair clippers / Swimming Vouchers / Door locks / Flight to Italy / Headphones / Portable lights / Zoom license / Massage Gun / Boxing Gloves / Highway Code /

Cooking Starter Kit / Vacuum Cleaner / Winter Boots / Curtains / Fridge Freezer/ Telephone / Poster for room/ Fishing equipment/ Television / Narrow boat equipment /Kettle / Bedding/ Mattress

4. Impact

Practitioners were asked to record all interventions on a spreadsheet at the time of the intervention including,

- The desired impact of the intervention
- Cost of the intervention
- the cost of any current care
- The views of the resident and of the practitioners

They were then asked to revisit this at the end of the pilot noting any changes.

An analysis of the data showed that the interventions broadly fitted within the following categories,

Easy Operation Devices

These included easy to operate large-buttoned phones and a dial operated microwave for someone who was visually impaired. Feedback from residents was positive around the difference the items made for them in terms of independence, although one resident fed-back that they would have preferred a touch screen phone.

Leisure Activities

The purchase of fishing equipment was adjudged by the practitioner to be *'a really useful intervention for (a man) who was feeling suicidal and low and who recognised himself that going fishing would give him a distraction and something meaningful to do.'*

Sports equipment and a massage gun were purchased for a man with mental health disorder. He continues to engage with sport related community activities which are related to his long-term goals.

Swimming vouchers were purchased for a man with an opiate addiction. He reported that if he had more reasons to get out of the hostel this would reduce his temptation to use, and said he'd like to swim as a way to help his mental and physical health. He initially reported the intervention as very helpful but left the area prior to the end of the pilot.

Home Safety

Several interventions were made to improve safety at home for residents known to Adult Social Care. New locks were installed for one person who otherwise would have been *at immediate and significant risk*, while another had a fridge replaced which was broken and leaking water onto the floor creating a slip- hazard.

Following an accident while lifting a large kettle of boiling water, a resident was provided with a small cordless kettle.

A resident sleeping on a mattress on the floor was experiencing back pain and difficulty getting up. A bed frame was provided and when later asked for his feedback, he thanked the worker saying his back felt better and he was no longer struggling to get up off the floor.

Accessing the Community

Winter boots were provided to 2 people. One was a former rough sleeper who liked to walk every day. He expressed gratitude and said the boots enabled him to return to his accommodation at night, whereas previously he would sleep rough because his feet hurt too much to return home.

The other person was supported to choose the boots but for the rest of the pilot period chose not to wear them. Professional opinion suggested this was a behaviour indicative of the adult's mental health condition rather than anything specific with the boots.

Hair clippers were purchase for one man who could not afford to get his hair cut. He had been developing sores on his head, his mental health was affected, and he did not want to leave his accommodation. He was very grateful for the clippers - repeatedly said thank you, became more engaged and more optimistic in his life. He continues to use them.

Moving and Accommodation

General equipment was provided to several people who were either, moving into independent accommodation for the first time, returning to accommodation after being homeless, or to maintain their existing accommodation.

A flight to Italy was bought for one person who wished to return to his country of origin but did not have the means. He was discharged from a mental health section into hotel accommodation paid for by the City of London as he had no recourse to public funds. He wanted to say thank you to all involved and for enabling him to return to Italy and restart his life.

A homeless man who had been given a boat by a friend was provided with essential equipment to enable him to live in the boat, including recommended fire safety equipment.

Non adult specific Interventions

There were 2 interventions that were not specific to any individual. The first of these was to fund 2 year Zoom licenses to support connectivity of informal carers. While difficult to assess the individual impact of this, it enabled a group of people with similar needs to stay connected during the Coronavirus pandemic.

The other intervention was purchasing a stock of long handled equipment for distribution by Strengths Based Practitioners. This is a collection of low-level equipment that can be given out quickly and easily at the front door for those not going through formal equipment assessment routes. This results in greater number of people receiving independence maintaining equipment, immediate availability, reduction in cost per item and delivery costs.

Safeguarding

As mentioned above several interventions were made to keep people safe at home while it is also worth noting that many of the interventions were for adults had recently been discharged from hospital, whether recovering from physical or mental health issues.

In terms of formal safeguarding, of the 26 adults involved 5 have since been subject of a safeguarding concern, all 5 meeting the criteria for a s42 Enquiry.

Four out of twenty-six had been the subject of previous safeguarding concerns including 2 s42 enquiries. None of these have been a subject of a concern since the intervention.

Cost Analysis

While it is recognised that a cost analysis over such a short period may be of limited significance, the results are relatively positive. At the time of the review there were no increases and one decrease in costs of care. It is worth noting that the expediting of a flight out of the country represented significant savings in accommodation and subsistence costs.

Cost of Care at time of intervention	Number of residents	Number whose care had increased	Number whose care had decreased	Number whose care had stayed the same
0	16	0	0	16
< 200 pw	3	0	0	3
>200 pw	7	0	1	6

5. Conclusions

While it is difficult to draw meaningful conclusions from the quantitative data, the overall feedback from social care staff and the adults themselves has proved to be positive with one social worker commenting that the *'Early intervention fund meant I could look to offer support to clients in creative ways.'*

Assessing impact is always difficult in terms of preventative work but it is reasonable to conclude that interventions around home safety have reduced risk, while others have provided a means to maintain or increase independence.

Some of the feedback from residents clearly identifies positive impact, such as the example of the person with the hair clippers, but the feedback received was often limited and relied on the workers recording of verbal conversations. A more systematic and consistent approach to gathering feedback would be of greater use in assessing impact.

All the people supported in the pilot had identified social care needs although the many could be considered to be 'at the edge of care', where needs were either not judged to be significant within the meaning of the Care Act or who only had one significant need. Of the 26 people supported during the pilot 18 were not receiving a costed adult social care service, although some had needs met through accommodation provision.

It is interesting to note that in the early months of the pilot there was very low uptake from the Adult Social Care team. Although practitioners were very positive and engaged in the development of the project, they found it difficult to apply to case work, reverting to regular practice interventions. When the fund was used, practitioners almost always sought management approval for interventions less than £200.

Similar findings were highlighted by Tanya Moore (2021) following a project undertaken in Hertfordshire where she concluded that,

'Autotomy requires trust, confidence and an ability to tolerate a level of anxiety. It has been highlighted that in some teams, the removal of management endorsement from assessments has proved to be a sticking point.'

By contrast the Social Worker for Homelessness and Rough Sleeping consistently engaged with the project and used more of the budget than any other single worker. While it is easy to draw

conclusions that this is due to the needs of the client group, further reflections suggest other factors may include the worker being to an extent outside of formal Adult Social Care systems and influences, and that as the role itself is innovative this may foster an environment more conducive to new approaches.

The overall workforce view on the pilot was, without exception, positive and is summed up from the following feedback received from a practitioner,

‘Having the support from management to use my initiative and listen to what would be actually helpful to the service user led to improved outcomes for clients and improved relationships. I could show to clients that we actually do want to help in a person centred way, and prioritise what they need to make meaningful change.’

6. Moving Forward

Following positive feedback from the Adult Social Care team a decision was made to continue with the project within the service for 2022/23. Monitoring continues to be in place which will be reviewed by the service and a more consistent approach to gathering service user feedback is being developed.

A successful bid was made for funds under the Rough Sleeping Initiative for a separate budget to be made available to the Social Worker for Rough Sleeping and Homelessness. Oversight and monitoring will now come from within the Homelessness and Rough Sleeping service.

This year will see an additional pressures within the context of the cost of living and energy crisis especially over the winter period. The Adult Social Care Strengths-based Practitioners are putting together cold weather packs to be offered to all Adult Social Care service users. Fire prevention will also be a focus during the winter with an offer to replace any portable fan heaters or old-style gas heaters with electric oil heaters which are more economical and recommended by the London Fire brigade as lower risk options.

Ian Tweedie

Head of Service, Adult Social care

References

Tanya Moore (2021) Complex and conscious. Case study of a change programme in a UK local authority adult care service through a complexity and psychoanalytical lens, Journal of Social Work Practice, 35:1, 39-50, DOI: 10.1080/02650533.2019.1692806

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