

# Learning about “Progression” – How to make a difference! (October 2017)

## Introduction:

Local Authorities and their partners are constantly seeking to make a difference to the lives of the people they support by enabling them to achieve better outcomes and greater levels of control over their lives. Since 2011, many have based parts of their efforts to do this on the “Progression” model.

The “Progression” model was first used to underpin a programme aimed at improving the cost effectiveness of learning disability services in England for the Department of Health. Soon afterwards it also underpinned a similar programme, “Transforming Learning Disability Services in Wales” for Welsh Government/WLGA delivered through the Social Services Improvement Agency.

These two programmes led to our original, October 2012, *Think Piece* <http://www.alderadvice.co.uk/news-article.html?id=1> . It outlined a holistic, strengths and person-centred approach that has the seven key components as per the figure below. Since then Alder Advice has worked with many local authorities where the “Progression Model” has been used to improve outcomes for people with a learning disability and to reduce unnecessary costs including several of the learning disability projects included in LGA Adult Social Care Efficiency Programme. **This paper shares our key learning from these last 5 years of giving support.**

## Summary of the main components of the “Progression Model”



**Learning 1:** To maximise the impact/benefits of “Progression” requires a holistic change. This means all components of the “Progression Model” need to be implemented.

**Evidence:** Many authorities have only part implemented the “Progression” model e.g. perhaps focusing on practice development only or targeting transitions only. Others, we find, have only looked to develop the market. In most cases some progress has been made and some benefits have been realised in the short term. However, quite often the overall benefits achieved are lower than anticipated and the piece meal approach is highlighted by sceptics as evidence of a short term and overly finance driven approach.

**Learning 2:** To sustain “Progression” in the long run so called “soft people” issues need to be given at least as much weight as so called “hard systems and market” issues as all impact on cultural change.

**Evidence:** Some local authorities have achieved significant improvements in individual outcomes and made cost savings in the short term by adopting a targeted project based approach to pilot the “Progression Model”, with selected individuals. However, a few months later we often find that “Progression” is not benefitting the wider service user population and practice and commissioning, for many people, remains unchanged since before the “Progression” project was undertaken.

**Learning 3:** Progression was originally developed to guide how people with learning disabilities are supported, but with some tailoring it can guide how other client groups are supported equally well.

**Evidence:** In the last 5 years, we have developed specific practice frameworks for older people’s and for learning disability services and have also worked across all other client groups. This work has shown that the principles of “Progression” can be applied to support people from each client group to achieve their highest possible levels of independence. For some people, such as people with a learning disability, this requires a developmental approach. For others, incl. those with progressive conditions such as dementia, the emphasis is on skills retention, confidence building and assuring quick responses when they are needed.

If you put this learning together it is clear that **to maximise the benefits from using “Progression” and to sustain the benefits** requires “Whole System” change covering **ALL** components in figure 1. This requires (1) changes to practice and commissioning approaches, (2) Significant market development activity and new relationships with providers, and (3) A culture shift for staff and for other stakeholders.

## So how do you achieve the “Whole System” transformational change needed?

Figure 1 shows “What” needs to change, but there is evidence that “How” the change is managed is equally as important. We have learned that the successful delivery of the transformation needed to embed “Progression” effectively in a local area has six key ingredients. They are to:

- **Have brave, inspiring and consistent leadership** - All levels of leadership within the system need to be seen to understand and support “Progression” focused working and risk management principles. They should demonstrate this by personal example, and reinforce it via feedback and supervision.
- **Engage with stakeholders/partners** - Families, lobbyists, volunteers, communities, Police, NHS, Housing and many others need to be fully engaged so they fully understand, can shape and ultimately will support “Progression” focused working and risk management approaches.
- **Develop staff capabilities and professional practice**- Social workers, health practitioners, commissioners, contract officers, managers all need to think and work with a “Progression” mindset and have the necessary skills, knowledge and organisational support to deliver it.
- **Redesign systems** – Processes, roles, responsibilities and paperwork from across the “whole” system all need to inter connect and align to enable “Progression” and remove all systemic barriers. Strong formal and systematic links between practice, commissioning and contracts are also vital.
- **Transform contracting arrangements** – Contracts need to reflect outcome based working and be transparent about costs. It is important that providers are contractually obliged to:
  - Support service users to work towards agreed individualised outcomes.
  - Report on progress being made towards the agreed outcomes.
  - Accept that full payment is dependent on evidence they have worked to deliver outcomes.
  - Expect and co-operate with monitoring activity by the commissioner that will look at all this.
  - Be accountable through effective contract monitoring aligned to professional case reviews.
- **Develop the Market** – Ensure that there is an adequate supply of “Progression” focused accommodation and support models available in the local market to meet needs affordably

## What happens if any of the six key “How” ingredients are missing?

All six ingredients are equally important. As shown in the table below, ignoring, or paying insufficient attention to any one will adversely affect the success of the transformation. It follows, therefore, that if two, three or more of the ingredients are missing the transformation will totally fail.

### Likely effect if any one of the key transformation ingredients is missing

Leader-ship	Staff Dev	Redesign Systems.	Transform Contracts	Develop Market	Engage-ment	Likely Outcome
X	✓	✓	✓	✓	✓	Staff/stakeholders lack belief the change will be sustained.
✓	X	✓	✓	✓	✓	Staff want to change, but lack skills needed i.e. limited impact.
✓	✓	X	✓	✓	✓	Staff want to change, but systems block/frustrate them.
✓	✓	✓	X	✓	✓	Impact is limited by lack of leverage over providers.
✓	✓	✓	✓	X	✓	Support plans not implemented as Providers lack the knowhow.
✓	✓	✓	✓	✓	X	Progressive change viewed with suspicion. More complaints etc.
✓	✓	✓	✓	✓	✓	Systems, structures and skills all align with values and beliefs.

**Learning 4: How the six key ingredients are delivered and consistency between them is critically important to achieving the cultural change needed. Three things that we have learned are important “Golden Threads” that it is particularly important to consistently focus on and to emphasise are:**

- **Improving the “Outcomes” of individuals.** This is crucial as it engages/motivates most stakeholders and better outcomes ultimately lead to lower support costs in the long run. Whereas having a focus on or emphasising savings often alienates stakeholders and makes them sceptical. This makes gaining their engagement and winning their “*hearts and minds*” very challenging.
- **Use strengths based as opposed to deficit based approaches.** This is crucial as it is the key to enabling greater independence rather than “creating higher levels of dependency” and is often what people who have support want and what social work and care staff would like to achieve.
- **That dips/relapses in an individual’s “progression” are a normal consequence of lives being lived in a more empowered way.** A dip/relapse is NOT evidence that “Progression” has failed for that individual. We must acknowledge this or we risk failing to manage expectations.

#### Evidence:

Many staff comment that the “Progression” approach reconnects them to the reasons they trained in social work. This we find is often a key cultural lever to achieving sustainable change.

We have observed that risk averse reactions to a dip in “Progression” are common. These reactions often revert to previous support arrangements that, in effect, discount any “Progression” achieved prior to the dip. We find that the acknowledgement of peaks / troughs / unexpected life events is especially vital when the model is applied to young adults and to people living with or recovering from mental ill health.

Finally, if the transformation process is effective the rigor and standard of assessment, support planning and review will all be improved. This should give managers greater confidence when resource allocation decisions are made. This is because strong “belief systems”, common values etc. will have developed. These along with the training undertaken will ensure that workers do the right things, within the agreed boundaries, first time most times. That said, depending on the starting point at each authority, the level of change proposed is potentially high and there is a risk the impact will not be as planned. To mitigate this, on-going surveillance of the actual impact of the transformation compared to what was planned is vitally important.

**Learning 5: On-going surveillance of the impact of the transformation is important. This should include:**

- **Interactive activity and cost measures** - Monitored every week these tell you what is happening on a day to day basis. They could include new placements versus the target, the progress of individuals expected to progress, complaints etc. Quick detection triggers quick remedial action.
- **High level performance indicators** - Monitored every six months or annually these show the long-term direction of travel. Examples include changes in the balance between residential care versus community based support, percentage of disabled people in work, user satisfaction levels etc. They aid accountability and demonstrate if the impact of the changes is positive or negative?

## What our customers say

We have spent the last few months supporting Moray to implement a service transformation underpinned by “Progression”. Our support has been based on the learning reported in this article and our client Joyce Lorimer (Integrated Services Manager at Health and Social Care Moray) says:

*“Before we worked with Alder Advice we had undertaken a Learning Disabilities Accommodation Review. It sought to understand in detail what was important to each individual and to use this understanding to review the suitability/value for money of where they lived and how they were supported. It identified much scope for improvement, but significant barriers limited what could be achieved in many cases. We learned that to overcome these barriers we needed to look in detail across our **whole learning disability care and support system** i.e. from assessment through to commissioning, contract monitoring and market development.*

*Determined to overcome these barriers, we felt that the formal integration of Health and Social Care in Scotland at a local level offered a unique opportunity to develop sound operating models and processes that were truly integrated and to undertake an ambitious, system wide transformational change programme. We sought an external adviser and appointed Alder Advice. Working with them we have developed a programme that places “Progression” at the centre of our organisational mental model, what we do and how we do it. The programme has three key and overlapping work streams, namely:*

- *Integrated learning disability team working including development of skills, processes and systems,*
- *Commissioning, contract monitoring and market development; and*
- *Using the enhanced skills and knowledge of our in-house services to support people with learning disabilities develop skills for independence.*

*This programme has addressed many of the barriers previously identified and we now have the opportunity to make a real positive difference in the lives of the people we provide care and support for.”*

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