

# Building collaboration and compassion for integrated working



A booklet of stories from the  
social service workforce

'The SSSC created that space for us to become  
vulnerable ... We were able to be really honest  
and it was transformational stuff.'



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## Foreword

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Lorraine Gray, Interim Chief Executive, SSSC

For so many years, we have been talking about how important integrated working is for those who use our public services. So I'm really pleased to share these stories of how teams and organisations across health and social care have been working with us to develop skills and knowledge in this area of work. Each story shows how many workers are committed to finding different and innovative ways to help people using support to identify and achieve what matters to them. In doing this we know the impact of support improves outcomes and wellbeing for people and uses our resources effectively.

We know the challenges people are facing in this work; the learning activities and resources signposted in this booklet have all been designed

with staff. They recognise and build on the great work already carried out by many social service and health care workers who strive every day to deliver high quality integrated care and support.

Collaboration and compassion are at the heart of integrated working and shine through the stories in this booklet. I would especially like to thank the authors of the stories; for their contribution to our shared learning and for being willing to share their experiences so we can learn and share together. I hope you are as inspired by these stories as I have been and encourage you to contact the team if you want to know more about our learning activities and resources.

# Introduction

Legislation to implement health and social care integration, self-directed support and support for carers is changing the purpose and structure of health and social care; this change is centred on human rights approaches, personalisation, choice and control. The same themes of relationship-based support are also threaded through strategies for mental health, dementia and palliative and end of life care and are reflected in the new Health and Social Care Standards

This means the social service workforce is being asked to take on multi-functional roles; to be collaborative, responsive, person-centred and strengths based in their practice. This is

reflected in what people told us about the key knowledge and skills for adult social care<sup>1</sup>.

We know from research that workers are better equipped to work in this way when they are trusted and supported to be decision makers; that real leadership emerges when people who use and who work in services feel confident in each other and in their own capabilities. This has informed the testing of new ways of working such as community led support and neighbourhood models of care which promote self-organising teams and collective leadership.

<sup>1</sup> Scottish Social Services Council (2017) Workforce Skills Report 2016-17



Action Inquiry principles have underpinned all our activity to build workforce confidence and capacity for integrated working. People consistently tell us they value the safe, trusting space within our activities in which they have discovered new and more collaborative ways of thinking and acting on challenges.

The following table gives a brief description of some of the activities and resources we are offering to support this. The people who have shared their stories in this booklet have been working with us on these projects and have described the difference it has made for them and their practice. You can use the links in the boxes or contact **[sdsandintegration@sssc.uk.com](mailto:sdsandintegration@sssc.uk.com)** for more information about any of these activities.

|   |   |  |
|---|---|--|
| <p><b>1</b></p> <p><b>Personal Outcomes Network</b></p> <p>A Scotland wide cross sector group seeking to develop a wider and more consistent understanding of personal outcomes across diverse service settings</p> <p><a href="#">Find out more</a></p>                | <p><b>2</b></p> <p><b>Promoting Excellence</b></p> <p>A learning framework and resources helping you develop the right knowledge and skills for working with people living with dementia</p> <p><a href="#">Find out more</a></p>                             | <p><b>3</b></p> <p><b>Action Learning Sets</b></p> <p>An approach to collaborative learning and action offered by the SSSC to support integrated working</p> <p><a href="#">Find out more</a></p>          |
| <p><b>4</b></p> <p><b>Palliative and End of Life Care</b></p> <p>A knowledge and skills framework and resources helping you feel confident to deliver palliative and end of life care</p> <p><a href="#">Find out more</a></p>  | <p><b>5</b></p> <p><b>Forum Theatre</b></p> <p>A facilitation method offered by the SSSC which captures real life situations and dilemmas in a way that is played back as theatre</p> <p><a href="#">Find out more</a></p>                                    | <p><b>6</b></p> <p><b>Step into Leadership</b></p> <p>A website designed by the SSSC to help you find resources and information to develop your leadership skills</p> <p><a href="#">Find out more</a></p> |
| <p><b>7</b></p> <p><b>Personal Outcomes Planning Resource</b></p> <p>An ebook focused on personal outcomes and enabling conversations that helps develops skills in context of the Carers (Scotland) Act 2016 support planning</p> <p><a href="#">Find out more</a></p> | <p><b>8</b></p> <p><b>Neighbourhood Care/Self organising teams</b></p> <p>Developing and testing new models of care that put the person at the centre of holistic care in their community and promote staff autonomy</p> <p><a href="#">Find out more</a></p> | <p><b>9</b></p> <p><b>Appreciative Inquiry</b></p> <p>An approach to collaborative learning and action offered by the SSSC to support integrated working</p> <p><a href="#">Find out more</a></p>          |

## Introduction to the interviews

By Storyteller, Sam Rowe

For six months, I was working with Learning and Development's Integration Team at the SSSC, finding out about its work and its impact. During that time, I learnt an astonishing amount, not only about the team and the organisation as a whole, but also about the amazing work people do out in the field of social care, the way we can relate to others to bring out the best in them and the steps that we can take, great and small, to move towards a better and more caring society.

The stories in this booklet are drawn from interviews with 10 people. They represent a range of different roles across Scotland's social services sector. They had all worked with the Integration Team in some way over the previous year or so, and here they reflect on how this has

enhanced their practice. Each story has collaboration at its heart and develops to show how the team is inspiring, supporting and sharing new ways of working. The stories not only describe experiences of the team's resources, initiatives and working practices; they have been arranged to highlight some of the key values that underpin the team's work and which the team promote throughout the sector. I have attempted to make sure that each story can stand alone, while remaining true to the speaker's voice and point of view. I hope they will inspire you to seek out the full range of what the SSSC has to offer, and reflect on how these values play a part in your own practice.



## Collaboration and sharing through experience

I think there used to be a slightly adversarial feeling about the regulatory authorities. People would come and say 'You can't do that. The SSSC won't like it.' But I think we've been quite impressed that the SSSC are so interested in supporting a local organisation like ours. We now have a feeling that we are all working together, and that we all want the same thing. None of these regulatory bodies are there to censure us. They're there to help support us to be as good as we can.

(AF)

When I started in social care many moons ago the SSSC were up on a hill somewhere, and we were down here. Now there seems to be a lot more partnership working, and I think they've shaken off the big scary image. People are wanting to engage with them. They're good at opening doors and getting as many people involved in things as possible. You go to an event and you're sitting beside a clinical physician on one side and a support assistant on the other. It's all those heads around the table that make it work. The clinical physician is telling you the ins and outs of the human brain, an occupational therapist is saying, 'You need to put the kettle here,' and the support assistant's saying, 'No, you need to put it there because that's much easier.'

(JM)

I attend the Personal Outcomes Network and I remember the SSSC saying, 'This is a free space to just think out loud. Share your feelings and your concerns or raise your questions.' It's an open forum for us to do that. We're all thinking along the same lines. We're all trying to achieve the same goal in one way or another. How do you change a culture like health and social care, and develop new ways of thinking, if we don't go out and meet together? If no-one went along to any of these networks, or reached out to meet other professional people, we'd be just sitting in our silos trying to make sense of it ourselves.

(LT)

Without the support of the SSSC and their partners, I don't feel we would have been able to achieve some of the things that we have, or made the connections with people who have influence, or continued to be as driven, stimulated and encouraged. We have realised that when we haven't been so collaborative, sometimes things don't work as effectively

(JS)

The Leadership Reference Group has been a great platform for me to share practice with other organisations, and that's hugely important. I think if you just look inside your organisation you won't find all the answers.

(DR)

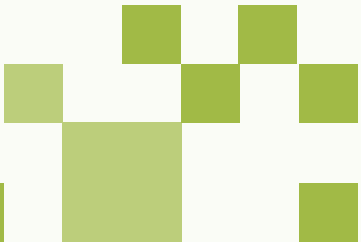
When I became part of one of the SSSC's working groups, it was really helpful to find people from different backgrounds working together on it; some from health and some from social care. It wasn't just the statutory sector either. The third sector were involved as well and that's really important. I had never been to a meeting where you touch base at the start about how you're feeling or what's going on for you, in a way which was totally unconnected to the work you're doing. At first, I was a bit, 'What's going on?' but there is a real benefit to that, because not everybody knew each other. It's helpful to break down barriers between different staff members and to be able to see each other as human beings. It felt unthreatening. When there were differences of opinion it was done respectfully, and there was a sense of shared ownership over the resource at the end.

(GC)



Action Learning Sets are founded on the idea that you speak to a group of people who don't necessarily know your problems, so they listen to your issues without any preconceptions. Because of this, they are able to think outside the box and lead you to new ideas that you've maybe not thought of before. I know it's an old adage, that a problem shared is a problem halved, but it's true. Empathising with other people, and hearing their problems, has a positive effect on you. It makes you realise you're not unique. You might feel embattled and a bit overcome by your problems, but everybody else has problems too. And it's a two-way process. You're not just taking, you're giving back as well.

(AF)



## Reflection and resilience

The person who invited me on to the Action Learning Sets (ALS) knew that I was struggling with certain issues in my line of work. I have to say it was an absolute eye opener, and I thoroughly enjoyed every session. The SSSC facilitators make you stick to clear rules that give everybody time to say what they need to say and hear what they need to hear. It was difficult not to butt in at first, but as time went on, we got to know what to do. When someone said how they felt, we would put our feet on the floor, think about what we were feeling and get that feeling out. It really helps you concentrate on what the person has said. The facilitators had a great gift for getting your deepest fear out. The day that I did it, I felt quite emotional afterwards. It made me realise how much it mattered to me, and it was a relief to have my fears qualified. I realised that it was not just me; there was a shared belief that we needed to sort a few things out.

(JY)

Action Learning Sets are a beneficial development activity that take a facilitated approach to team coaching to support individuals. The SSSC offered a number of sessions to support one of our initiatives. They provided a very professional, structured and confidential approach, which enabled people to be supported in a way they needed. I was held to account quite early on because I wanted to influence what we focussed on. The result of this was the right thing happened for the right reasons, rather than me steering it through my agenda, or my perceived idea of what was needed.

We all learnt a lot about coaching, how to interact as a team and ask open questions. Sometimes, when you're asking people questions, your natural go-to place is to ask closed questions, because you have a bit of an agenda. It's a discipline to ask open questions. I've now

put the ALS mindset into practice. You don't have to be the expert in the room. Through coaching you can invite people to explore further by saying 'Tell me a bit more about that.'

(MC)

There are an awful lot of benefits to be able to take the time to think about what you're doing. After taking part in the action learning set, I do it without realising it. Instead of reacting right away, I stop myself and I think. I give myself a couple of minutes to reflect on my behaviour or my language. It allows me the time to come at it from a more positive angle. If you're in a busy service, and somebody is shouting for that or this, you might just react. But if you can train yourself to stop for a second, you can stop yourself from doing something that you can't take back. That's something that the Action Learning Sets has really taught me. Stop, think, feel what I'm feeling and allow that to happen.

(JY)

There is research into the importance of addressing shame and having the courage to feel vulnerable. If you don't give people that opportunity to explore why they're scared, or why they feel vulnerable, they are more likely to feel like a victim and behave less assertively. ALS are the perfect environment for people to explore their vulnerabilities in a safe way. It's essential to give people time to develop relationships to explore difficulties safely. The SSSC created that space for us to become vulnerable. We had the time to develop relationships and learn about each other, as some of the things we talked about required courage. We were able to be really honest and it was transformational stuff. It was lovely to see people evolve over the course of taking part.

(MC)

## Empowerment and personal responsibility

Before, I would have thought, 'You don't need someone to be overly qualified to take somebody shopping?' Now, I am on the other side with an elderly member of my family and I am realising that I want the people who support my relative to really understand why they are doing it; to know what her needs are and know how to meet them to a high standard. Although I still don't think we need to over professionalise staff to be good carers, at the very least it is about getting them respected. One of the things that really comes through is that the SSSC is getting people to recognise what care is, and to get carers to recognise their own level of professionalism and how much they are needed. I respect our staff so much, I visit our services and I enjoy my couple of hours there, but I am glad to be walking down the path and going home at 5.00pm.

(JY)

Being a Dementia Ambassador gives people a sense of responsibility. We encourage people to sign up for the role, as we see it as a development opportunity. Sometimes people are a bit wary, they wonder what mantle will it place on their shoulders? However, a lot of people embrace it. They recognise that it gives them access to new ideas. Signing up to the Promoting Excellence newsletter highlights innovation and good practice to people. It gives them a sense that they can make a difference. Dementia Ambassadors also get access to events and training that bring people together to share ideas. It allows them to motivate and excite one another, otherwise things can quite easily dissipate.

(JS)

People often say, 'I'm just a care worker,' and I hate that expression, because it doesn't fit the job. I think becoming a Dementia Ambassador enables people to recognise that ambassadors are experts in their field. In our organisation we have agreed that Dementia Ambassadors get one day off a month to do research, look at resident and staff needs, and spend time with themselves. We facilitate three meetings a year on a regional basis where they can talk to each other and we may get the SSSC along to talk about palliative care, or nutrition, or any issues that the ambassadors might want. And we facilitate an annual conference where we get a nice venue, a nice lunch and go through a course. We've seen huge benefits, such as how people interact with other professionals and the development of confidence so that they are able to train other members of staff. In each unit, we have a resource folder that the Dementia Ambassador looks after. That resource folder really indicates what the requirements are in that unit for supporting residents, so we've seen real progress in the issues that affect people with dementia as well.

(PM)



The idea of self-organising teams appealed to me because I'm quite big on social justice. I liked that we would be equal and work collaboratively to solve problems. I had been a service manager, which is one of the levels of management that is no longer required. It was a hard habit to break. At first, staff were coming to me and asking me things which weren't my decision anymore. Through an Action Learning Set I realised how much responsibility I was still taking on. It was ingrained in me and I was being too managerial. I was expecting too much, and by doing that I wasn't buying into the model of self-managing teams. I had to really concentrate on delegating things. I had to stop trying to have everything under control and expect everything to go well. By letting people make mistakes, I was allowing them to learn for themselves and that's part of empowering them.

Once that started to happen, you could then see the balance tip and the momentum be picked up by the staff. It is a gradual process but the team's feeling of empowerment is growing. They realised that they can make decisions on their own and, although they might have to ask, they don't necessarily have to ask me. They could ask another colleague, or whoever it is that's best placed to give them the answer, rather than coming to me and asking permission. There's a difference between asking for advice and asking for permission. There are still instances where people don't feel comfortable making decisions and they come to me, but I'm now equipped with the skills to say, 'No, you don't have to ask me.' It's more like coaching.

(AF)



We encourage a lot of frontline staff, who don't have seniority in terms of rank and role, that they can have influence on their colleagues by being great practitioners, great coaches and great mentors. The Step into Leadership programme is a great opportunity for them to develop an awareness that they have that capacity, that they have the skills and that those are powerful tools.

(JS)

# Creativity

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Through hearing about different projects at conferences, our Dementia Ambassadors are starting to get really creative in how they can support people with dementia. I don't care what anybody says, even in the very end stages I think you can still reach somebody, whether that's with storytelling or sensory stimulation like smells or touch. We've started doing Namaste Care in a lot of our units, we're working with Playlist for Life, and we are doing Heart for Art. It's unbelievable what people with dementia can achieve. One of the ladies started off painting with very dark colours and by the end of the group she was painting yellows and reds. Although she wasn't able to communicate verbally, you could actually see her mood lifting, and it's allowed staff not to get bogged down with the day-to-day front-line worker stuff.

**(PM)**

Last September, I was planning events in Edinburgh for World Alzheimer's Day. The SSSC came down and were part of a discussion group. The idea was that local people who were supporting someone with dementia, or who had concerns about a relative or a friend, could go to place near to where they lived and contact professionals for a bit of advice. SSSC staff told us about other things that they knew had been successful elsewhere, like a dementia choir. That would get people to come in and take interest and it would be something different to get them talking. It's would be good ice breaker. The SSSC shared good ideas with us and were fully committed to supporting us in taking them forward.

**(JS)**

The SSSC wanted to see how Forum Theatre could work in the sector and had been looking for an organisation to link in with. For me it was an easy sell, as I'm really keen to try any new approach and I'm lucky that my organisation is open to trying new ideas and seeing where they go. We really didn't know what was going to come up and that was exciting. We decided that we wanted to involve our staff and the people we support and that it was going to be about good support versus bad support.

When theatre was mentioned people might have been thinking, 'Oh no, you're going to have to learn lines and put a lot of time into this.' The first thing for me to do was make people feel comfortable, so we did lots of fun exercises to think about emotions and such like before we got into actually making a piece of theatre. After we had warmed up, we pooled together some ideas by discussing support people had experienced in the past and how it had made them feel. We then came up with some short scenarios and took on roles. One scenario might have been 'I'm getting asked the same questions time and time again by my social worker, and I'm getting frustrated by it.' So, the person playing the social worker would have to focus on filling out a form no matter what, ignoring the other persons frustration, and the situation develops from there. You didn't have to learn any lines, it was just conversational.

**(DR)**

At the end of the second workshop we had a group of people come to watch, and you could sense the engagement pretty instantly. Compared to a case studies, Forum Theatre ignites more emotion and opens up lots of debate. You're seeing the characters in front of you. Everybody in the room has the opportunity to input if they wish. Even if it was just a passing comment, like, 'That really made me feel quite sad there, because that's happened to me.' It doesn't have to be a suggestion on how they would have dealt with the situation.

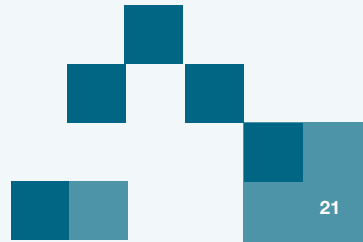
The Forum Theatre process highlights areas where there are problems and as you go through it, you have to say, 'That was someone's experience, and it's not good. What does that mean? What can we do about it?' It is a brave thing to enter into because you are saying, 'You tell us.' The learning that came from people's suggestions was great.

**(DR)**



At one of the SSSC's conferences, there were big yellow and orange lightbulbs on pieces of paper. People could write down their lightbulb moments, take them away and then do something with them. It wasn't just an evaluation form, it was something that people were going to pick up and remember. We asked if we could have some blank ones and they gave them to us. That was really helpful. We started using that during our training sessions. We encourage people to make pledges for changing their practice. The SSSC allowed us to develop their idea and it has encouraged us to not just evaluating people's reactions to the training itself, but ask, 'What has the impact been?'

**(JS)**



## Risk enablement

Risk was an area that I was a bit frightened of. I come from a health background and as a nurse you tend to be very risk-averse. You don't want to do anything that is potentially going to go wrong. It's moved on a lot since then, but that was the background that I came from. It was a belt and braces approach to everything. Once I had been in social care for some years, an opportunity came up that meant I was having to think about mitigating risk, and I realised then that my thresholds were very different from other people's.

When SSSC set up a work stream around risk I thought, 'I'll take the plunge and try and delve into this a bit more.' There was a working group for people right across the health and social care sector. We started to have some discussions about risk and risk-enablement. That really illustrated the different thresholds that were held across the organisations. The SSSC decided to develop an online tool to help workers be more analytical about the risks and challenge their own practice. The work stream set up a small group and invited people to help develop it. Some of them were coming from very personal perspectives, and it made me realise that I probably needed a bit of support to develop my own thinking. I contacted our corporate risk manager, and I asked him to come and speak to me and a group of frontline staff. He helped us understand that very often risk is an opportunity to do something. You have to weigh up the benefits and the challenges and make sure that the balance is right. As an organisation we are willing to do some things that might be risky because the potential benefit outweighs the risks. Sometimes it's very obvious but there are grey areas where you find yourself asking, 'What is our thinking about this? How do we reflect on that and make sure that we're doing the right thing?'

Now I am really interested in risk. I get more involved in discussing it with workers, to help them think critically when they're going out and doing assessments. We will be doing further work with the online resource as well. I am now far more likely to accept people making their own decisions. Whereas before I might have said, 'No, absolutely not,' what I tend to do now is say, 'Ok, but we need to have a conversation so that you understand what the risks are of doing this and you understand your responsibilities associated with that.' It's not about us shifting responsibility, it's about agreeing to things on the basis that you've had the right conversation with the person, agreed that it's a joint responsibility and that they understand that.

**(MP)**



## Flexibility and responsiveness

The SSSC seem to be a whole lot more interactive now. You can pick up the phone and speak to them now and the website is more interactive and better laid-out. I'm the Dementia Ambassador in my workplace and I've never felt unsupported and never wanted for anything. If I phoned them up and say, 'We're thinking of doing a dementia café, do you have resources?' And they've got loads of stuff, which is really nice. The handouts are the most up-to-date you're going to get and in terms of the way they present their information now, you've got all the facts but it's not fact-heavy. It's interesting. It's more story-based, and it makes you want to read it. Rather than, 'X amount of people have dementia. X amount of people have this. X amount of people have that,' it's presented in a way that just feels more user-friendly; softer and nicer. They've got a really good balance between having all information and making it palatable.

(JM)

I've always worked with people with learning disabilities, who have a significantly higher risk of developing dementia. I find it frustrating that despite good intentions to increase awareness and improve resources in our national strategies, it feels like it hasn't happened yet. The SSSC was happy to take that feedback and say, 'Yes, maybe we do need to do a bit more, here.' No one is excluded from the Dementia Charter of Rights, everyone has the same value and right to quality of service, so we have to put our money where our mouth is. I'm convinced that the SSSC and their partners will do that. There have been some new resources looking at the circumstances of people with learning disabilities already. The SSSC and their partners are leading the way in many respects.

(JS)

In the palliative and end of life care framework, there are the four levels from 'informed' up to 'expert.' When you ask people what category they fall into, you get people who put themselves in the bottom category because they think everything else is academic. They are delivering palliative and end of life care on a daily basis and could rhyme off laws, policy, legislation without even thinking about it, but don't consider themselves to be any higher than the bottom rung. I think that's why the framework came out; there are so many staff out there who don't have a qualification and who don't think that they're doing that good a job. The framework is about saying, 'Actually you are up here.' It is a guide that shows where people really sit, and it gives people that bit of confidence to say, 'I'm way past where I thought I was.' And then 'How can I move myself forward?' That is where I come in as an educator, to ask, 'How can we develop a course to suit that need? How can we work with workers and the framework to get a course that gives someone a certificate that says, "This is what I do, and I am good at it?"' And then maybe move them on to a registerable qualification. The SSSC will support that by asking 'Is this a high enough level? Is it too high? Is it registerable?' They not just throwing up problems or issues, they're looking at it and wanting to know 'Is it fit for purpose?'

(JM)

## Personal outcomes approaches

The thing that I've learned about working with people in a personal outcomes-focused way is that you can't do it quickly. It's about relationships and trust. You can't just say, 'Right, we've done an outcomes assessment. Tick.' It has been the same in the SSSC working group that I've been part of. It has been about relationships and trust, as well the task in hand. A lot of people are used to working like they're firefighting, but this project had a really different pace to it. Having an outcomes focus is an ongoing thing, and it takes time to do it meaningfully.

(GC)

Personal outcomes are about making sure care workers address more than just the tasks that have been identified. Tools were task driven before, focusing on support with medication and personal care, but not really thinking about conversations. My mother is nearly 88 and I know that it is very easy to go into the house and think, 'I must help here. I must go and clean your bathroom. I must...' But then one day when I went in I was tired, so we pottered around in the kitchen, made lunch, and then we sat down and we were chatting. She said, 'Thanks for all you do for me.' I started laughing and I said, 'I didn't do anything for you today.' And she said, 'It's just lovely to have a chat.' She got so much more out of the visit. Each year we have an annual service user survey and we find that everyone feels the same. Sometimes care workers are the only people service users see all day, and they value the visits because they get a chance to talk to someone. But then there is the question of how do we evidence that? The requirement for us to submit lots of data will never go away.

In my own organisation, we started to look at our own assessment paperwork and developed a tool for outcomes-focused assessment and outcomes-focused support planning. We found that when we spoke to staff, they said that as long as they had the key points that needed to be worked through, the assessment was really as simple as having a chat and listening to the person. All they needed to focus on was understanding what the person needed to regain their independence, and they could record the information later on. Being part of the Personal Outcomes Network has supported us by providing links that encourage collaborative approaches and the sharing of information. It's the same with the Health and Social Care Benchmarking Network, and both networks are collaborating closely. I go along to represent my organisation and its teams. Then when I come back to work, I am able to share information back and create more links.

(LT)





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