

**“Starting a Conversation”
The Wellbeing Web Practice Model
Survey Evaluation Report**

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1.0 INTRODUCTION

1.1 The purpose of this report is to present an evaluation of the “Starting a Conversation” Wellbeing Web Practice Model Test Phase Initiative and proposal recommendations.

2.0 CONTEXT

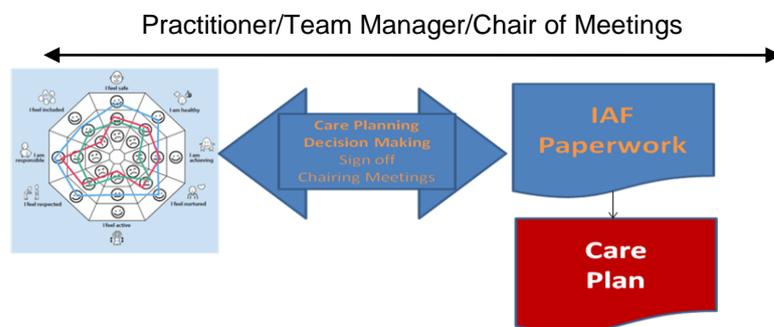
2.1 The Community Health Partnership, Children and Families, Officer Locality GIRFEC Sub Group is leading on a Test Phase Initiative to develop a conversational engagement tool based on an affirmative coaching model that focuses on people’s potential rather than their problems. Through reflective dialogue with the Practitioner, the individual can explore possibilities, make informed choices, take responsibility for their own goals/outcomes and set a realistic IAF care/action plan.

2.2 The approach is based on a best practice Model developed by Angus Council which adopts a “scaled measurement” methodology and provides a high level basic proxy measure of the wellbeing outcomes; Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included.

3.0 METHODOLOGY

3.1 The Test Phase Initiative adopted a transformational approach to empower frontline staff (who is a vital part of this person centred practice change process) through direct participation and engagement to influence at “grass roots level” to assess if the model is fit for purpose. A total of 37 frontline practitioners attended a Development Session, 19 May 2014, which introduced them to the Practice Model. During the period, June to September 2014, 27 practitioners tested the Model with minimum of 2 cases who then completed a survey form to ascertain effectiveness and engagement levels with service users. The response rates, survey sample, programme of events and survey form are attached in appendices 1-3.

3.2 The survey evaluation questions were designed to track a child, young person’s or family’s journey through the assessment, management and review process.



3.3 The survey form is split into seven sections utilising a “6 point likert measurement scale ratings: Excellent/ Very Good/ Good/ Adequate/ Weak/ Unsatisfactory” and also comment boxes for suggested improvements.

4.0 SURVEY OBJECTIVES

4.1 Section 1-4: Practitioners were surveyed on four themes objectives relating to the Practice Based Conversational Model including;

- **Usefulness:** as an asset based approach.
- **Effectiveness:** as enabler within the assessment, care management and review process.
- **Helpfulness:** as a support staff/service user to agree SMART action planning.
- **Overall:** perception of the model.

Section 5: Team Managers were surveyed about how well the Model assists them as part of the management and decision making processes.

Section 6: Chairs of Meetings (Core Groups, LAAC Reviews) were surveyed about how the Model influenced levels of decision making at meetings.

5.0 KEY FINDINGS

5.1 The key findings have been drawn from the numerical analysis and the common themes expressed by survey participants. The response rate was 57% and the detailed survey findings are illustrated in pages 6 to 13.

The “Excellent, Very Good, Good” ratings are as follows.

Practitioners

- 88% expressed overall, that the model is an effective engagement tool.
- 82% of the practitioners expressed that the model embedded an assets based/ reflective practice approach.
- 78% expressed that the tool assisted them to engage with the service users in day to day practice.
- 70% expressed that the tool assisted in the development of a service user owned SMART action plan.

Team Managers

- 96% expressed that the model enabled them in their management role to sign off SMART action plans with staff.

Chair of Meetings

- 2 expressed “very good” and 1 “good”.

5.2 Overall the survey findings clearly demonstrate that the conversational model is an effective tool that facilitates high levels of service user participation and engagement. The Model’s key strength is the wellbeing web which enables a reflective practice approach between the service use and practitioner. It also provides a way to visually chart feelings and behaviours using the SHANARRI wellbeing GIRFEC national outcomes that can be easily translated into SMART personally owned outcome goals.

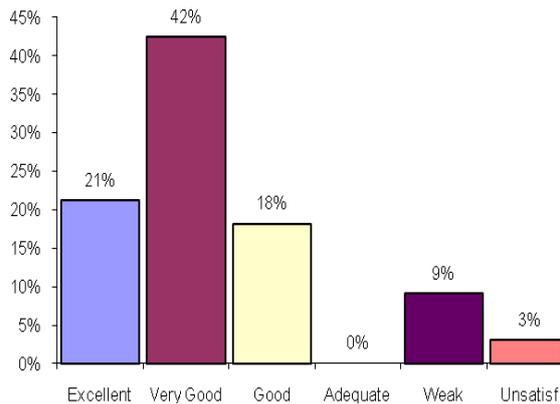
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- 5.3 Furthermore the service user is also enabled to take direct ownership through the development of their own care plan actions and to keep track of timescales. In addition, the prompt cards and guidance booklet enables the practitioner and service user to explore and explain outcomes in a child friendly manner.
- 5.4 The majority of the Team Manager’s views are also consistent with the practitioner feedback in particular that, the model is a very effective coproduction, planning and monitoring tool.
- 5.5 Note: There were only three survey forms completed by the Chair’s of meetings and although these rated highly towards assisting with key decision making. These results do not provide a representative sample to measure effectiveness of the Model at meetings.**
- 5.6 Suggested improvements from Practitioners included; avoiding crossover and duplication of effort between agencies, ensure that practitioners allow themselves appropriate time with the child or young person to complete the wellbeing web along with an agreed action plan. Furthermore, Team Manager’s suggested that further exploration as to how the Model can better support supervision processes would be beneficial. They would also like to see the Model incorporated into all of the Children and Families practitioner practice work.
- 5.7 A small number of staff suggested it would be helpful if the tool was available in an electronic format and that some minor formatting and presentation issues is needed. This is particularly in relation to children and young people with disabilities as reflected in the quantitative “Weak/Unsatisfactory” detailed findings results throughout this evaluation report, and that there should be a tailor made model for this user group.

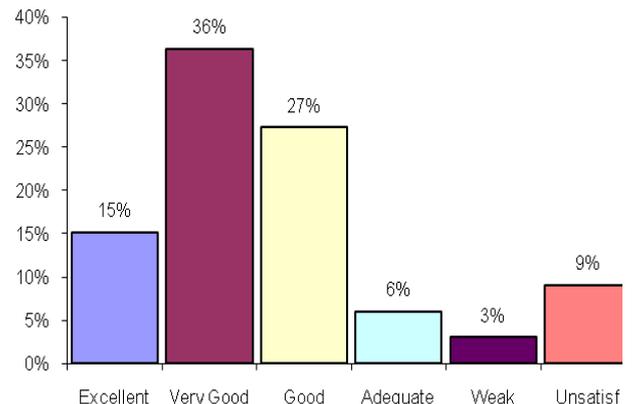
6.0 STARTING A CONVERSATION: QUESTION 2 - USEFULNESS AND EFFECTIVENESS

6.1 The Practitioners were asked their views on two questions. There was a 100% (33) response rate and the detailed findings are illustrated below.

Q2 (a) How effective is the wellbeing web/tool kit at embedding an assets based/ reflective practice approach between you and the service user towards “starting a conversation”?



Q2 (b) How effective is the wellbeing web/toolkit helping you and the service user with the assessment, care management and review in “day to day” practice?



Q2(a)

- 63% of the respondents expressed that the model embedded an assets based/ reflective practice approach.
- 18% expressed “Good”.
- 12% (4) answered “Weak/Unsatisfactory”.

Q2(b)

- A slightly lower figure 51% expressed that the Model assisted them engage with the service user in day to day practice.
- 27% of respondents answered “Good”.
- The remaining 18% is split between “Adequate, Weak, and Unsatisfactory”.

6.2 The “Excellent/Very Good/Good” response rates illustrated above are largely consistent the Practitioner’s feedback. The common themes suggest that the Model’s key strength is the “wellbeing web”, as it enables the young person to talk more freely, convey strength of feeling, maintain high levels of engagement and retain an active interest. In addition, the web helps the service user to focus on specific behaviours, take responsibility for goal development and shared actions towards independence such as home, school, family and community. For example, direct practitioner feedback suggested that pictorially “...the young person was able to see their views and feelings on paper without having to read numerous descriptive sentences...” from an engagement point of view “...the service user advised that it was the most she had ever spoken to anyone...”.

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6.3 When used with Parents and Carers the model enabled them to see what stage they were at in relation to their views and feelings over time. Direct practitioner feedback suggested that individual work with parents “...were capable of engaging very well with the wellbeing web and the process did help them identify issues and reflect on the care plan, why it was put in place...see improvements made in their lives...” Also, “...promoted parents understanding of work being done with their children, ensuring a holistic family approach and progress...”

Additionally some direct quotes from children and young people in relation to the “Web” included;

“I would be able to show people this...”

“It’s good to see where you are at...I can see what isn’t going well...I like that it explains the words used in meetings”

A Practitioner noted that *“I found myself surprised in what the child would mark low, thus allowing my focus of work to become more child centred”*.

6.4 In relation to suggested improvements the common themes are summarised below.

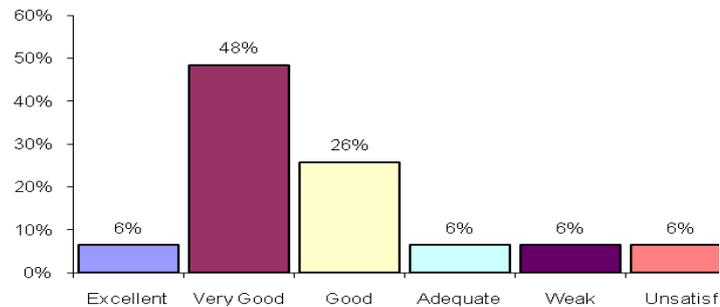
- Clarity, crossover and duplication of work;
- Practitioner’s need to gauge when it is appropriate to introduce the Model. One comment highlighted that *“...using the Wellbeing Web with a family who are already engaged might not be as affective a tool as when it is being used with family members at the start of the work being done. In this instance the family engaged well and this wasn’t as much of an issue... with other families though they may see this as revisiting work that already been done, which may not result in good engagement...”*
- Consider opportunities for an electronic format; and
- Only one comment suggested *“different styles and format ensure that the child or young person has a good grasp of the scoring”*;

6.5 The “adequate/weak/unsatisfactory” response rates relate to the engagement of children and young people with a Learning Disability/Additional Support Needs. It was felt that for the Model to be used effectively it requires to be supported with more visual aids, particularly children and young people who have limited/no verbal communication and limited capacity. Conversely, it was also suggested that, with more Practitioner time and experience in developing skills to effectively engage the Model with some children and young people with additional support needs could be supported to use the tool overtime. Also, electronic software that could be tailored to better meet more specialised needs is required.

7.0 ACTION PLANNING - HELPFULNESS

7.1 Section three of the questionnaire surveyed Practitioners about one key question there was a 94% (31) response rate; as shown below.

Q3. How effective is the wellbeing web /toolkit helping you and the service user to work together to develop a SMART action plan



- 54% expressed that the tool assisted in the ownership and development of a SMART action plan.
- 26% of respondents answered “Good”.
- The remainder 18% is split between “Adequate, Weak, and Unsatisfactory”.

7.2 The above “Excellent/Very Good/Good” responses are also reinforced by the Practitioner’s views emphasising that the care plan coupled with the wellbeing web is a very good “goal orientated” framework. Moreover, that it is relatively easy to produce an action plan once a web has been completed. The model promotes participation from the service user in terms of taking ownership of their personal SMART care plan, develops positive outcomes, keeps the young person on track and the time frames they have committed towards. Additionally, the prompt cards and guide booklet are very helpful. A direct practitioner quote suggested “...*the description on the cards the child was able to tell me we where they viewed themselves on the web scale*”...also “*the booklet was very helpful in enabling myself as a practitioner to explore and explain the outcomes in a child friendly manner ...*”

A small number of improvements were suggest;

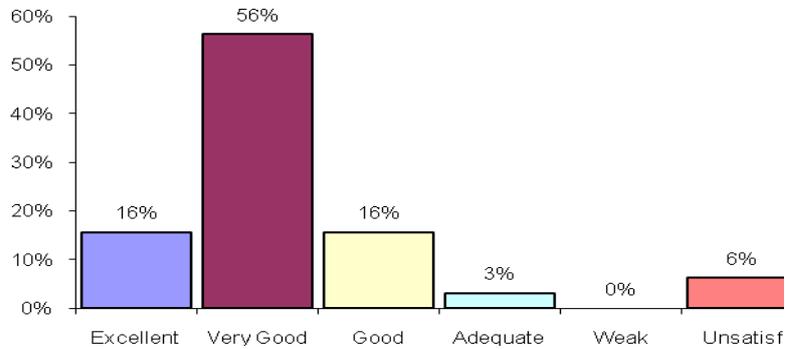
- It is crucial that practitioners allow themselves enough time to complete the action plan with the service user and must be developed immediately after the wellbeing web.
- Integrated Assessment Paperwork could be better linked together “*web and action plan*”.

7.3 The “adequate/weak/unsatisfactory” 18% (6) response rates relate to children and young people with Learning Disabilities/Additional Support Needs and the key issues are detailed in section 6.5.

8.0 OVERALL – QUESTION 4

8.1 The cumulative respond rate for question 4 was 97% (32), of that percentage the perceptions levels for this question is illustrated below.

Q4. Overall do how you rate the toolkit as an engagement tool?



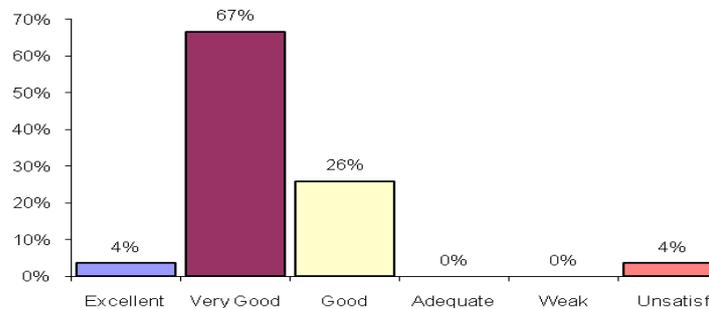
- Overall 72% expressed “Excellent/Very Good”
- 16% expressed “Good”
- Only 9% answered “adequate/weak”

8.2 There was no qualitative question for this section however the 6% expressing “unsatisfactory” is related to children and young people with a disability and the detailed reasons are noted in section 6.5.

9.0 TEAM MANAGER – QUESTION 5

9.1 The response rate for question 5 was 82% (27), of that percentage the perception levels for each question are illustrated below.

Q5. How effective is the tool assisting you as manager to sign off SMART action plans, and having a conversation with your staff member?



- 71% expressed that the model is an “Excellent/Very Good” management tool to assist with signing off SMART action plans.
- 26% of respondents answered “Good”.
- Only 4% expressed “Unsatisfactory”.

9.2 The high satisfaction rates, illustrated above, are further expressed by the Team Managers feedback suggesting that the model is an effective planning and monitoring tool particularly with new families and “...*action plans can be tied into segments of the web...*” In addition, the visual elements make signing off care plans easier as the model ensured that the Practitioners did not make assumptions for example “...*the worker focused fully on the young person’s views...*” also “...*practitioner is making time for this activity rather than assuming views which at times are not fully explored...*”. This feedback supports a reflective practice approach as “...*the framework appears to have been useful to develop discussion and crystallise the young person’s thinking allowing the professional to focus on outcomes and ensure they are based on a coproduction approach empowering the young person to be at the centre of the process...*”

9.3 Team Managers suggested the following areas for improvement and the common themes include:

- Ongoing use will enable a thorough analysis of the Model’s effectiveness and developing SMART action plans
- The Model could be further explored and developed as part of Supervision.
- Ongoing use of the Model would enable children’s views to be accurately recorded.
- Would like to see the Model incorporated into all of the practice work.
- Space within the Wellbeing form to record outcomes would be more user friendly.
- Clarity and coordination in the use of the Model for all agencies needs to be explicit (multiple tools on the same young person or family may confuse focus).

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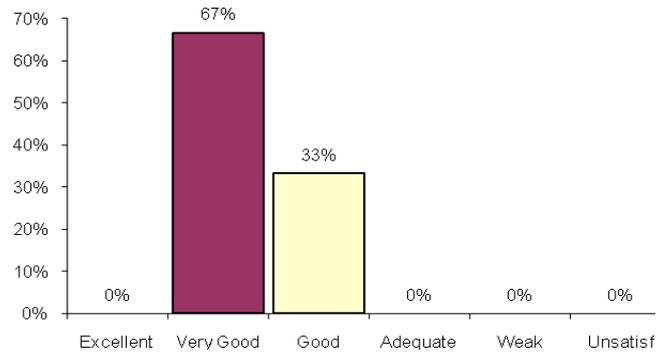
- Wellbeing Web shows change at a glance having the narrative analysis underneath would also assist.
- The tool should include a caveat which clearly explains that the Model assists with the whole practice processes and the skills of the lead professional to engage are crucial.
- Provide electronic version for greater flexibility.

9.4 The "unsatisfactory" result is in relation to Learning Disabilities/Additional Support Needs direct feedback suggests that "*...not sure it is a one size fits all tool*".

10.0 CHAIR OF MEETING – QUESTION 6

10.1 The cumulative respond rate for question 6 was 9% (3), of that percentage the perception levels for each question are as illustrated below.

Q6: How effective has the web helped inform service user SMART actions plans and to help you (as a chair) make informed decisions?



- 2 expressed "very good" and 1 "good"

No suggestions / improvements were offered.

11.0 CONCLUSION

- 11.1 The survey evaluation results clearly demonstrate that the Model has been very positively received by the majority of staff. Suggesting that, it is an extremely effective visual approach, and enables practitioners to engage with children, young people and their families to make their own choices and develop their own SMART action plans.
- 11.2 This is also consistent with the majority of the Team Managers feedback that the model offers a co-productive approach. Also, that they would like the model rolled out across the whole of children and families service and incorporated in supervision processes.
- 11.3 The “adequate/weak/unsatisfactory” responses mainly relate to the engagement of children and young people with a Learning Disability as it was suggested that the Model has limited capacity for this group of people. Conversely, with investing time and experience in developing skills to use the Model with some children and young people such as additional support needs could be supported to use the tool overtime. Also, electronic software that could be tailored to better meet more specialised needs is required.

12.0 RECOMMENDATIONS

- 12.1 The survey findings in this report will be fully considered by the OLG Officer Locality Group and GIRFEC Sub Group and the Childrens Services Management Team and Social Work Management Team. Based on the findings a number of recommendations are proposed.
1. Proposals require to be put in place to roll out the model in parallel to the ongoing revision of the assessment process to clarify roles, responsibilities to avoid duplication of effort across the multiagency sectors.
 2. The training materials utilised at the Practitioner Development Session, held on 19 May 2014, will be refreshed to take account of the improvements highlighted in survey findings for multiagency rollout. Individual organisations will require to identify key staff to deliver roll out training materials. Each organisation will also need to adapt the training materials to complement individual organisational reflective practice policies/procedures and develop case study scenarios.
 3. Supervision policies, where appropriate, will incorporate the wellbeing web and support reflective practice with managers and staff.
 4. Further work will be undertaken with children with disabilities/additional support in a range settings.
 5. Stage 2 of this work will take account of general formatting and layout issues should a suitable electronic IT solution be sourced.

Staff Development Event - 19 May 2014 - Support Group

Presenter

Jim Lyon
 Joyce Campbell
 Carolyn McGill
 Dianne Burns
 Gill Williams/Franki Milne
 Carolyn McGill/Joyce Campbell

Workshop

Welcome
 Starting a Conversation Context
 Reflective Practice
 Supporting Communication Tools
 Using the Wellbeing Web
 Applying the Wellbeing Web and
 Action Planning

Consolidation Session – 27 October 2014

Marion MacAulay
 Support Officers

Welcome
 (As above)

Survey Sample

Data analysis tool used: Microsoft Excel.

No names are disclosed. Respondent's comments were grouped together and summarised into perception levels and common themes.

*Attended Development Session	Did not Take Part in the Test Phase	**Took Part in the Test Phase	Surveys Issued	Staff Surveys Returned	Staff Response % Rate	Team Manager Responses	Chair Of Meetings Responses
37	10	27	*58	33	57%	27	3

* 28 = Social Work Children and Families, 4= Education, 2 = Vibrant Communities, 3 = Social Work (SDS)

**26 = Social Work Children and Families Staff , 1 = Vibrant Communities Staff

Survey Sample Breakdown

Age	Numbers	Gender		Case Type (if stated)	* Model Completed by (if stated)
		F	M		
10 months	1	-	1	Child Protection	Parents
6	1	1	-	Child Protection	
8	1	-	1	LAAC - Permanency Meeting	Foster Carers
9	2	-	2	Kinship Care (1)	Kinship Carer
10	2	-	2		Young Person Father
11	2	2	-	Kinship Care	Child
12	2		2	School Attendance Child Protection	Child (2)
13	3	2	1		
14	6	4	2	Kinship Care (2)	Young Person (2)
16	4	3	1	Mend Graduate (1)	Young Person
17	3	1	2	Mend Graduate (1) Learning Disability (1)	Young Person (2)
18	1	1	-	Mend Graduate (1)	Young Person
19	1	-	1	Learning Disability	Young Adult
30	1	1	-		Parent
39	1	-	1		Parent
43	1	1	-		Parent
47	1	-	1		Parent
Sub Total		16	17		
Total		33			

*Completed by classification: Child < 12, Young Person 13 -18, Young Adult 19 -25, Parent

"Starting a Conversation" The Wellbeing Web Practice Model
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Appendix 2

Web Being Web Initiative - Programme of Events

Tasks/Actions	April	May	June	July	Aug	Sept	Oct	Nov	Dec
STAGE 1									
Development Session									
▪ Event Planning	11' 12 April								
▪ Social Work Team Mangers consulted	22 April								
▪ 1 Full Development Day Session		19 May							
Test Phase									
▪ Testing the Model with Service Users		Actual Timescale		Revised Timescale					
Evaluation									
▪ Survey preparation and analysis		Issue survey	Actual Timescale (11 July) (Low response rate)		Revised Timescale				
▪ Consolidation and Reflection Session				*Rescheduled			24 Oct		
▪ Produce Report and Presentation for Champions						Actual	Revised		
Reporting and Feedback									
▪ Social Work Senior Management Team								TBC	
▪ OLG GIRFEC Sub Group							30 Oct		
▪ CPC Committee								TBC	
Multiagency rollout									
▪ Programme of Events to be agreed and developed									TBC
STAGE 2									
Electronic Capture									
▪ Agee indicators/System Requirements								TBC	TBC
▪ Review other electronic software								TBC	TBC
▪ Review SWIFT								TBC	TBC
▪ Adopt System								TBC	TBC

* Event rescheduled due to low response rate

As part of your role in relation to the “Starting a Conversation Wellbeing Web Test Phase” you are required to use the Wellbeing Web Tool with a minimum of 2 cases to ascertain the effectiveness and engagement levels. You must complete an individual questionnaire for each service user/family member that you have engaged. As well as engagement levels we also want to track key decision making throughout the assessment, care management and reviews stages. This includes any case that is presented to a meeting for example core groups and LAC meetings.

There are core elements to this questionnaire, which is self explanatory, please take a few moments to familiarise yourself with the form before completing the following sections:

- 1 and 4 completed by you “Practitioner”
- 5 completed by your Line Manager
- 6 completed by Chair of Meetings (if appropriate)
- 7 completed by You

1. Service User Details

SWIFT Number:	
Gender:	
Age:	
Other relevant comments:	

2. Starting a Conversation

	Excellent	Very Good	Good	Adequate	Weak	Unsatisfactory
How effective is the wellbeing web/tool kit at embedding an assets based/ reflective practice approach between you and the service user towards “starting a conversation”	<input type="checkbox"/>					
How effective is the wellbeing web/toolkit helping you and the service user within the assessment, care management and review “day to day” practice	<input type="checkbox"/>					

We would also like your written comments on strengths and improvements, for example, about the individual guide booklets accompanying the wellbeing web toolkit, also “quotes from service users” please use this space:

Strengths
Improvements

3. Action Planning

	Excellent	Very Good	Good	Adequate	Weak	Unsatisfactory
How effective is the wellbeing web /toolkit helping you and the service user to work together to develop a SMART action plan	<input type="checkbox"/>					

We would also like your written comments, for example, about the individual guide booklets accompanying the toolkit, also “quotes from service users” please use this space:

Strengths
Improvements

4. Overall

	Excellent	Very Good	Good	Adequate	Weak	Unsatisfactory
Overall do how you rate the toolkit as an engagement tool?	<input type="checkbox"/>					

5. Team Manager

	Excellent	Very Good	Good	Adequate	Weak	Unsatisfactory
How effective is the tool: assisting you as manager to sign off SMART action plans, and having a conversation with your staff member	<input type="checkbox"/>					

We would also like your written comments, please use this space:

Strengths

Improvements

6. Chair of Meeting

	Excellent	Very Good	Good	Adequate	Weak	Unsatisfactory
How effective has the web helped inform service user SMART actions plans and to help you (as a chair) make informed decisions	<input type="checkbox"/>					

We would also like your written comments, "quotes from service users", please use this space:

Strengths

Improvements

Name of chair person:

7. YOUR CONTACT DETAILS

We may want to further discuss some of your written comments in more detail with you please give your name and contact details.

Name:
Address:
Telephone:
e-mail:
Team Manager:

Your comments are highly valued and are necessary to ensure the success of future roll out of engagements tools and reflective practice. Please complete the form electronically or by posting, no later than **Friday 11th July 2014**, to karlin.mclaughlan@east-ayrshire.gov.uk / Clerical Assistant, 9 Balmoral Road, Kilmarnock, KA3 1HL.