

Self Directed Support 2009/10



Communications Strategy

Adult and Community Services March 2009

1. Introduction

This document sets out the Communications strategy for the delivery of Self-Directed Support and Personalisation in the London Borough of Richmond upon Thames (LBRuT). The aim of this strategy is to ensure that all the key stakeholders are well informed, engaged in the implementation and kept up to date with the progress made.

The strategy will describe the approaches to be adopted to ensure that all key stakeholders both within and external to the council understand our work, and that specific queries and concerns can be addressed. It covers how to ensure effective sharing of news and information between target stakeholder groups, identifies who needs to be communicated with, the key messages, and how to communicate them, and defines who will be responsible for developing and delivering the communications during an agreed timescale

1.2 Context

Self-Directed Support refers to a model of social care focused on empowering individuals and their carers to take as much control as they choose to of their support. As stated in 'Our Health, Our Care, Our Say' (January 2006) SDS means 'people have greater control over identifying the type of support or help they want, and more choice about, and influence over the services on offer.' SDS is part of a wider central government agenda focused on 'personalisation' as outlined in the Putting People First concordat (January 2008).

Putting People First challenges Local Authorities to take a greater role in creating a level playing field for local people with social care needs irrespective of their financial means, and to shape the market so that people have access to high quality information advice guidance as well as a range of flexible and responsive services which people value and want to buy and use. This is across all client groups (older people, people with a learning disability, mental health and those with a physical or sensory disability) and includes those that fund their own care as well as those who receive a council contribution to their social care needs.

Redesigning services around older people, people with physical disabilities, people with learning difficulties and those with mental health issues will require major change to roles and responsibilities, work processes, organisation and delivery structures, staff resources, training and development and interagency relationships. These changes will impact on recipients of the social care service and carers – and on the staff and managers who deliver the service. It is important to be able to communicate effectively with staff, service users, voluntary organisations as well as a range of other individuals to ensure widespread understanding of Self Directed Support.

1.3 The Vision:

- To improve the quality of services by enabling users to directly purchase their own support, creating a market for services of higher quality that can meet users' individual needs.
- To make better use of resources by supporting people to identify their own needs and plan their support more effectively and efficiently.
- To allocate resources in a way which is fair and transparent to everyone, including users, carers and service providers as well as assessment and care management staff.
- To increase the amount of choice and control people who use social care services have over the services they receive.

2.0 Purpose of this Communication strategy:

This communications strategy describes the approaches to be adopted to ensure that all key stakeholders both within and external to the London Borough of Richmond upon Thames understand our work, and that specific queries and concerns can be addressed. This is in order to ensure the successful adoption of Self Directed Support both within and outside of the organisation. It covers how to ensure effective sharing of news and information between target stakeholder groups, identifies who needs to be communicated with, the key messages, and how to communicate them, and defines who will be responsible for developing and delivering the communications during an agreed timescale.

It will be the responsibility of the SDS Programme Board to own this strategy, drive it forward and measure progress.

2.1 Objectives

The range and complexity of the Social Care arena means we have a large number of key audiences - or stakeholders - for our communication activities. We need to consider the most appropriate methods of communication for different audiences, and build on the good practice already established in the Department.

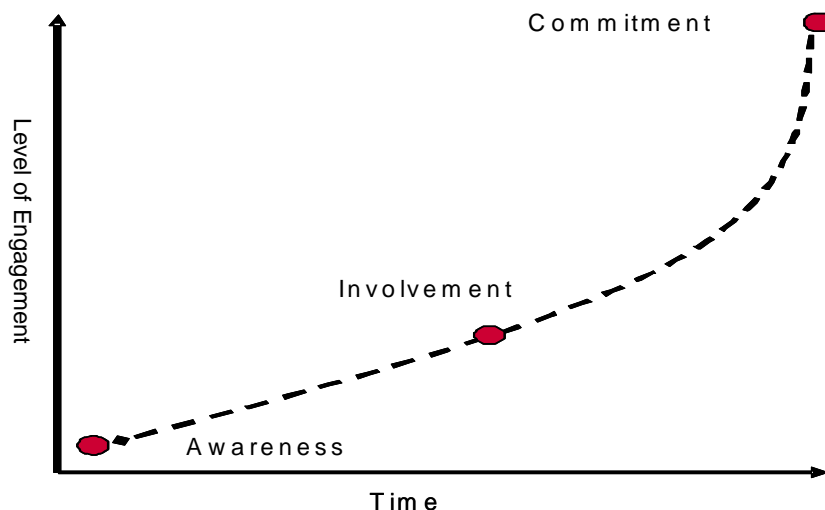
The aim of this strategy will be to:

- Raise awareness and understanding of Self Directed Support (SDS)
- Ensure full consultation with all users, staff and other identified stakeholders
- Inform staff, stakeholders, service users and carers about the changes that are occurring, explaining how and when they will be affected by the developments and keeping them up-to-date with progress.
- Co-ordinate communications across partner organisations in order to provide consistent and effective messages to joint audiences
- Aim for consistency of messages to ensure that people feel a part of the process and understand what we are trying to tell them

- Give a positive vision of the working environment, whilst investigating the challenges and benefits in this new way of working
- Manage concerns and encourage creativity, both internally and externally.
- Positively seek, listen and respond to the views of the programme board, staff and relevant others;
- Ensure that all information issued is fair, accurate and accessible to all, using a range of media and languages, where necessary;
- Ensure that communications are delivered in a controlled, progressive way: A consistent, honest and open method to keep people informed but also win over hearts and minds.
- Establish clear channels of communication and contact points, ensuring the programme manager and board is kept informed.

3. The Path to Commitment

SDS communications will be focused on the effective engagement of stakeholders across the Borough and both internal and external to the organisation. The graph below shows the three stages of engagement that differing stakeholder groups will be placed on the curve depending on their role and involvement in SDS.



The strategy has three elements aimed at taking stakeholders to the required levels of engagement in order to create the conditions for successful implementation of SDS.

These are:

- A **GENERAL AWARENESS** element which will take stakeholders to a general level of awareness of SDS
- An **INVOLVEMENT** element for those affected by SDS, which will take them further up the curve, from awareness to involvement
- A **COMMITMENT** element for key stakeholders which will take them to full commitment at the top of the curve

The level of change required will vary for each stakeholder group and also within each group dependant on the individual's level of involvement. The time needed to move groups through the stages of the engagement curve will vary. Communicating the right message at the right time to the right people will be

critical in ensuring that the required level of programme understanding and support is achieved.

There is a need to ensure that the key objectives of the strategy are realised by reinforcing the objectives through a series of key messages for each of the stages of stakeholder engagement.

In the context of the proposed approach to engagement described above, these key messages can be expressed as answers to the following questions:

3.1 Awareness

General awareness for all ACS staff

- What is the SDS and what is the National picture?
- Why is it being implemented?
- What does it hope to achieve?
- Who will it affect?
- How is it going to be implemented?
- What are the timescales?
- What will be the benefits?

3.2 Involvement

Specific messages for those that are involved

- What is the new system?
- Why is it being implemented?
- When is it going to happen?
- How can we prepare?
- Who will be affected?
- What will it mean for those affected?
- Who will responsible for what?
- Are there any risks?

3.3 Commitment

Messages to engage the key stakeholders within LBRuT

- Why should I (we) make the Programme one of our priorities?
- Why should we support the Programme?
- What is the impact of the Programme on the organisation
- How will the Programme affect the way social care is delivered?
- Are there any risks?
- How will it affect me?

4.0 What do we need to communicate?

- What is Self Directed Support?
- Why people and organisations should be interested
- What it means for service users and their families
- What it means for social workers
- What it means for service providers
- Key milestones in the project
- Key building blocks e.g. Support planning and brokerage
- Positive stories
- Support available to staff

5. Key Messages/Outcomes:

Through implementing SDS approaches within Richmond we will ensure:

- People requiring support are able to access information regarding SDS
- Care management has been supported to function in a way that compliments the new way of working.
- SDS is the default position for Adult and Community services
- Residents of Richmond are informed about SDS
- Staff feel well informed, and understand the issues of SDS and its place within the strategic direction of the directorate
- SDS is viewed as a positive move for Adult and Community Services
- Clients, carers and professionals can see the benefits associated with the move to SDS.

6. Target Audiences – Who do we need to communicate with?

Self Directed Support will bring together a wide variety of stakeholders, staff and partner organisations. Communications will need to keep all partners and interested parties aware of news and developments within this programme. Partners and stakeholders will be encouraged to take the messages we deliver and deliver to their network, promoting more extensive links across the borough.

Key stakeholders include:

Stakeholder	Impact	Interest
People who use services;	High	High
Learning Disability))
Older People and PD))
Sensory services))
Mental health) High) High
Children's – transition))
Substance misuse))
Vulnerable people))
Socially excluded groups))
Family and family carers;	High	High
Learning Disability))
Older People and PD))
Sensory services))
Mental health) High) High
Children's – transition))
Substance misuse))
Vulnerable people))
Socially excluded groups))
User/carer interest/pressure groups	High	High
Assessment & Care Management staff	High	High
Managers within ACS	High	High
Members	Variable - high	Variable – high
Provider organisations – in house		High
Private		High
Voluntary sector		High

Residential	H	H
Dom Care	H	H
Other – eg transport	Medium	Medium
Health partners - PCT	High	Medium
Wrap around services eg. finance, business support, contracting	High	High
Other corporate departments	High	High
In House Services	High	High
Partnership Boards	High	High
Advocacy/Speak up groups/IMCA's	High	High
Commissioners of services	High	High

7.0 Channels for communication:

(i) Programme Board

A programme board has been established comprising of representatives from Senior Management in LBRuT and other key stakeholders across the voluntary sector. This group will have responsibility for ensuring the communications strategy is delivered and the resources are made available to do this.

(ii) User and Carer Forums

There are a number of user and carer forums that operate across the borough, it will be important to provide speakers/workshops/discussion on a regular basis to aid the understanding and awareness of the move to SDS.

(iii) Training Programme

Training is an essential part of the strategy to embed Self Directed Support across Adult and Community services and its partners. It will cover care managers, support workers, service providers, senior managers, team members, families, service users and external partners.

It is intended to discuss training and development needs with a range of stakeholders in order to identify what will be useful:

- Awareness and introductory training for people involved in self directed support
- Specific aspects of Self directed support such as Brokerage, support planning

(iv) Publications/Newsletters/Posters/Fact Sheets

Updates in council and directorate publications such as 'Out of the RuT' and the ACS newsletter. Also e-newsletters, posters, flyers, fact sheets will be used to inform staff and other stakeholders of key information about self directed support, and how they can raise queries, get involved, and provide feedback. There is also dedicated web pages to SDS on the corporate website and an and email account to contact the SDS team on.

(v) Attendance at Team Meetings/AGMs/JCGs etc

The most effective way of reaching teams both internal and external will be for the SDS Team to go out to individual organisations and groups to attend meetings, AGMs, project board meetings etc. The aim being to provide information about Self Directed Support and to ensure that:

- All organisations and groups are kept informed about self directed support
- To support thinking and skill/structural development towards readiness for self directed support
- To help individuals/teams/organisations and groups to problem solve

(vii) Internet

The Council's Internet site is a simple well-used communication tool which can be used to good effect. A web page has been set up and a Self Directed Support email account. These will be utilised to full effect in order to provide information for people. In addition hyperlinks will be established between other key web pages both internally and externally as well as case studies of how SDS is working for individuals and their families

(viii) Intranet Pages

This is already established and well used and accessible to most staff. The Rio pages will act as a key resource for staff to access all of the key documents required for the SDS process e.g. SAQ, RAS calculator.

(x) Miscellaneous

- Self directed support communications group
- Annual SDS Events
- Presentations/exhibitions
- Project reports for key stakeholders involved in the delivery of the project
- Presentations and workshops
- Attendance at external association forums
- Via Partnership Boards and their communication structures

8. How do we ensure accessibility and Plain English?

All major pieces of information and communications material will be reviewed and edited by the Communications group as well as the Readers group prior to it being issued. Specific advice on plain English will be obtained from the Plain English representative within Communications group.

8.1 Accessibility:

Of particular importance is language – information needs to be in plain English and in other languages if there is a need as well as large print, Braille and audio where required. It will also be important to produce an Easy Read version of the current SDS publication – Your Support, Your way.

9. Communications Plan and Methodologies

A communications work stream has been set up in order to oversee this area of the programme in order to:

- Communicate effectively the purpose and progress of the programme (both internally and externally);
- Engage key stakeholders to ensure their participation and support for the programme;
- Engage and involve people across the whole public/voluntary/private sector in the change programme;
- Promote dialogue, information sharing and opportunities for joint working within the whole sector approach;
- Inform people about the implementation programme and support them to deliver change;
- Highlight the interests and views of service users and carers.

This group will be chaired by an SDS team representative and will report to the Programme Board.

10. Communications Evaluation Approach

During or after the execution of each communication, the Programme team in conjunction with Corporate Communications will evaluate the activities undertaken to assess the success of each event, and how far the stakeholder groups have moved towards the desired objectives. This will enable activities to focus on those that are proving more effective, giving a temperature check of the acceptance of the programme and an indication of how groups are positively moving through the engagement curve.

Evaluation feedback mechanisms will be simple to ensure sufficient comments are received in order to:

- help steer the content of future communications
- capture the needs of the audience

- ensure the information being communicated is being received by the targeted group
- check that the information being communicated is understood by the targeted group
- help identify solutions to problems
- gauge resistance
- ensure expectations are being managed

It is envisaged that evaluation will take place at different levels. This could be undertaken through a number of routes including:

- telephone or e-mail surveys
- feedback from staff (de-brief events, use of stakeholder analysis, informal and verbal feedback etc.)
- actual attendance at events, and numbers of requests for further information
- willingness and enthusiasm for further involvement (number of requests for and formal expression of interest in involvement)
- listening groups – these would be established across the LHC to access regular feedback on communications in general
- open channels – e.g. generic email and/or intranet contact for people to provide feedback and ideas at any time
- use of key stakeholders for feedback through their regular contact with impacted staff

Effective listening will be vital. To be successful communications must be two-way and feedback must be processed quickly, professionally and efficiently. It must be recognised that this activity can become extremely resource hungry.

Appendix 1 - Communication Action Plan 2009/10

April 2009

Action	Audience	Frequency	Cost	Timescale	Lead	Notes
Publish SDS E-bulletin to all frontline staff	Frontline staff	Monthly		5 th of each month	CT/JI	
Development of the SDS intranet pages on RIO	All staff - ACS	Content to be reviewed quarterly		Review due by end of April 2009	Jl	
Host SDS Event for key stakeholders in the Community	LBRuT	Yearly	£1500	16 th April	ER/CT	
RUILS Launch of recruitment/employment pack	SU and Carers	NA		16 th April	CM	
Produce schedule of partner organisations meeting events that SDS can be a part of.		Update quarterly		End of April 2009	CT/JI	E mail to partners
Establish links with Richmond Community Partnership as avenue of communication for SDS	LBRuT	Ongoing		End of April		Speak to Helen Hinkley
Attendance at LBRuT Community Development Conference		Yearly		23 rd April	CT/JG	Establish links – wider CD model across the Borough
SDS Practice Forum	Frontline staff	Monthly		6 th April	CT	Alternates between Sheen and Twickenham.

May 2009

Action	Audience	Frequency	Cost	Timescale	Lead	Notes
Produce and Publish SDS newsletter	ACS, partners & PCT	Quarterly	£700	Copy date – mid May	CT/JI/ER	Focus - Event
SDS Practice Forum	Frontline staff	Monthly			CT/JG	
Publish SDS E-bulletin to all frontline staff	Frontline staff	Monthly		5 th of each month	CT/JI	
Establish links with Community Development workers in the 5 areas. Produce articles for quarterly newsletters	5 areas	Quarterly			CT	Contacts obtained for CD workers. Speak to Lucy Bryne.
Ensure Citizen Advice Bureau's have SDS information	LBRuT	Update bi-monthly		ASAP	Jl	Contact Susan Smith

June 2009

Action	Audience	Frequency	Cost	Timescale	Lead	Notes
SDS presence at Carers Conference – launch of Carers RAS.	Carers and Carers Organisations	Yearly		9 th June 2009	CT/KG	
Establish Communications Strategy with the PCT for	GPs, PCT staff etc			End of June 2009	Jl	

distribution of information						
Develop and publish Easy read guide to SDS	SUs and Carers		£1500	ASAP	Jl	
Richmond Carers Centre Newsletter (Summer Edition)– produce article	Carers	Quarterly		Copy – End of June Print – End of July	Jl/CT	
Produce article for Carers in Mind publication	Mental Health	Quartley		Copy – Beg June Published – end of June	Sue Fox	
Publish SDS E-bulletin to all frontline staff	Frontline staff	Monthly		5 th of each month	CT/Jl	

July 2009

Action	Audience	Frequency	Cost	Timescale	Lead	Notes
Develop and review effectiveness of 'Info Rich' to enable staff and service users to access community information	Staff and Service users				CT/HB	
Establish links with partner organisations websites for SDS information.						
Publish SDS E-bulletin to all frontline staff	Frontline staff	Monthly		5 th of each month	CT/Jl	
Host event regarding the evaluation and feedback from SUs about SDS process. Launch report for user-led evaluation project – outcomes monitoring.	TBC	Yearly		15 th July 2009	CT/JG/CM	

Publication of Advocacy Partners Newsletter – Our Times	SU, Carers	Quarterly		Establish focus of articles		Claire Camplin
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August 2009

Action	Audience	Frequency	Cost	Timescale	Lead	Notes
Publish SDS newsletter	ACS, partners & PCT	Quarterly		May 09	CT/JI/ER	
Develop and review SDS pages LBRuT Website	ALL	Quarterly		June, Oct 08	HB/JI	
Produce article for Carers in Mind publication	Mental Health	Quarterly		Copy – End of Aug Published – Sept	Sue Fox	
Publish SDS E-bulletin to all frontline staff	Frontline staff	Monthly		5 th of each month	CT/JI	

Sept 2009

Action	Audience	Frequency	Cost	Timescale	Lead	Notes
Publish SDS E-bulletin to all frontline staff	Frontline staff	Monthly		5 th of each month	CT/JI	
Richmond Carers Centre Newsletter (Winter Edition)– produce article	Carers	Quarterly		Copy – End of Sept Print – End of Oct	Ji/CT	
RUILS newsletter published	SU, Carers	Quarterly		TBC	Ji/CT	Richard Kember –

						lead at RUILS
RUILS AGM	SU, Carers	Yearly		1 st Sept	Cathy Maker	Establish key messages for SDS
Produce and Publish SDS newsletter	ACS, partners & PCT	Quarterly	£700	Copy date – mid May	CT/JI/ER	

October 2009

Action	Audience	Frequency	Cost	Timescale	Lead	Notes
Publish SDS E-bulletin to all frontline staff	Frontline staff	Monthly		5 th of each month	CT/JI	
Press release regarding SDS and Dementia (links with National Dementia Awareness Week).				TBC		
Ensure SDS message is present in borough wide World Mental Health Day event (details of this event tbc - being lead by Anita Jolly at PCT)	Service users, carers, general public	Annual – world mental health day is 10 th October 2009		10 th October 2009	Sue Fox/Anita Jolly	
Press release regarding SDS and older people – in conjunction with Older People's Day	Su, carers, general public			TBC		
Publication of Advocacy Partners Newsletter – Our Times	SU, Carers	Quarterly		Establish focus of articles		Claire Camplin

November 2009

Action	Audience	Frequency	Cost	Timescale	Lead	Notes
Publish SDS newsletter	ACS, partners & PCT	Quarterly		August 09	CT/JI/ER	
Publish SDS E-bulletin to all frontline staff	Frontline staff	Monthly		5 th of each month	CT/JI	
Mental Health Awareness Day	MH users and carers	Yearly		End of November	CT/Sue Fox	

December 2009

Action	Audience	Frequency	Cost	Timescale	Lead	Notes
Publish SDS E-bulletin to all frontline staff	Frontline staff	Monthly		5 th of each month	CT/JI	
Attend Carers Rights Day	Carers and Carers Organisations	Yearly		Date TBC	KG/CT	
Richmond Carers Centre Newsletter (Spring Edition)– produce article	Carers	Quarterly		Copy – End of Dec Print – End of January	JI/CT	
RUILS newsletter published	SU, Carers	Quarterly		TBC	JI/CT	Richard Kember – lead at RUILS
Press release regarding SDS – link to International Day of the Disabled.	Su, Carers	Annual		Date TBC		

January 2010

Action	Audience	Frequency	Cost	Timescale	Lead	Notes
Publish SDS E-bulletin to all frontline staff	Frontline staff	Monthly		5 th of each month	CT/JI	
Publication of Advocacy Partners Newsletter – Our Times	SU, Carers	Quarterly		Establish focus of articles		Claire Camplin
Produce and Publish SDS newsletter	ACS, partners & PCT	Quarterly	£700	Copy date – Dec	CT/JI/ER	

February 2010

Action	Audience	Frequency	Cost	Timescale	Lead	Notes
Publish SDS newsletter	ACS, partners & PCT	Quarterly		Nov 09	CT/JI/ER	
Publish SDS E-bulletin to all frontline staff	Frontline staff	Monthly		5 th of each month	CT/JI	

March 2010

Action	Audience	Frequency	Cost	Timescale	Lead	Notes
Publish SDS E-bulletin to all frontline staff	Frontline staff	Monthly		5 th of each month	CT/JI	
RUILS newsletter published	SU, Carers	Quarterly		TBC	JI/CT	Richard Kember – RUILS

