Leadership starts with me

The why, what and how of leadership in adult social care
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Foreword by Norman Lamb MP

Everyone has been shocked by recent revelations of poor care and worse, outright abuse, in our health and care system. Such instances, whilst mercifully fairly rare, remind us that the way care and support is provided to individuals and their families can have a profound effect on their whole quality of life.

And it is the leaders in the system – operating at all levels from the practice of individual staff members to the strategic planning of commissioners – that set the tone and culture of organisations. It is they who ensure that high quality care is provided day in and day out – or, sadly, that the opposite is sometimes the case.

So the leadership challenge which faces us all in these difficult times is not to lose sight of this, not to argue that tight resources are the cause of all problems. Rather, we all need to accept our leadership responsibilities, constantly strive to learn and develop and to speak out against poor practices whenever they are encountered.

I am delighted that the vision of better care and support which we set out in the White Paper, Caring for our future, has commanded such strong and broad support across the adult social care sector – from people using services, family carers, providers, commissioners and regulators. Leadership Starts with Me, this compelling new Leadership Strategy that has been strongly influenced by service users, carers and employers themselves, complements the Skills Academy’s Leadership Qualities Framework which I was pleased to launch last year.

Leadership Starts with Me has the full backing and support of the Department of Health. As Chair of the new Social Care Leadership Development Forum, I want to engage with people across the sector, and well beyond, to take its ideas forward and really embed them in everyday social care practice.

I would encourage everyone in adult social care to share our commitment to building the leadership capacity and capability of the sector.

Norman Lamb MP
Minister of State for Care and Support
The Skills Academy was delighted when the Department of Health asked it to produce a Leadership Strategy for adult social care. We felt the most important thing was that this Strategy would mean a lot to people who use care and support, their family carers, care staff and managers. After all, the purpose is excellent care and support, so who better to lead than users of services – now and in the future – alongside those who provide care and support – paid and unpaid. The task set us was to write about leadership in a way that showed how we could turn such a simple purpose into everyday practice.

So the Academy invited groups of people who use services, carers, and small and medium-size provider organisations to share their opinions. To help, we put forward some thinking on values and principles from earlier work. These conversations have had a big effect on what we have written. For example, words like ‘Strategy’ are not clear or popular, so we have used plain English. The title Leadership Starts with Me says it all.

What we want to get across boils down to three things:
- to explain why leadership in adult social care matters
- to set out what leaders do that will help make adult social care excellent
- to say how it can be made to happen.

I hope you find that what we have to say about leadership is helpful and means something to you.

It is called Leadership Starts with Me because much of good leadership is about what we do and how we behave towards each other. Leadership is a means to an end, not an end in itself. The end is personal and safe services which, wherever possible, are in the control of users of those services. In adult social care we do have a shared purpose, but we must not be satisfied with ‘what is’ and always strive for ‘what could be’.

We will now be enriching the conversations which have shaped this version of Leadership Starts with Me by engaging other groups across the sector, such as commissioners, national improvement bodies and larger providers, so that everyone can contribute to a Strategy which should involve us all and improve people’s lives on a daily basis. Leadership really does start with all of us.

Jo Cleary
Chair of the Board,
The National Skills Academy for Social Care
Individuals want to live rich and fulfilling lives, participating in their local community and contributing to its vibrancy. Families want this for their loved ones too. They, and society at large, also want to ensure that those who need care and support – whether a young learning-disabled person or a 90 year-old with dementia – are supported in ways which enable them to feel safe, happy and where possible to take part in the life of their community.

Those who work in or receive adult social care services recognise this. This is the core social purpose of care and support – not to control people’s lives for them but to work with them as equal partners to help them achieve what they want from life.

This is the main leadership challenge for adult social care: to achieve this with all those who rely on care and support; to do so in a way which genuinely works with the person; and to do so at a time of very tight resources. And this is where the Leadership Strategy, *Leadership Starts with Me*, comes in.

The opening section spells out why such a Strategy is needed; the next one covers what people should do to demonstrate the right leadership qualities; and then we show how the Strategy can be made to happen.
“What suits one service user’s need does not necessarily match mine. We have similar disabilities but not the same needs.”

Service user – Shaping Our Lives report for Leadership Strategy

In brief, a Leadership Strategy should help deliver the vision in the Government’s White Paper, Caring for our future.

So what is that vision and what is the care and support system trying to achieve?

Its aims include:

- **Choice and control**
  - People are no longer willing to accept whatever a provider of services is prepared to offer, whether that’s a type of care home, day care or other service. People rightly want to use their Personal Budget from the council (or their own money if they pay themselves) to put together care and support services which they have decided meet their needs. They want to choose the support which best suits them and to control how it is then delivered, whether that’s through employing their own Personal Assistants, living in a care home or in other ways. This means leaders providing good information, advice and advocacy to help people make those informed choices.

- **Working in partnership**
  - This is sometimes called “co-production”, but simply reflects that people want a real say into how services are designed as well as what types of service might work best for them. They are increasingly unwilling to be passive recipients and want to be treated as equal partners with providers, their staff, care managers and others. People rightly say “I am the expert in my own situation” and this needs to be recognised and acted upon. And for small businesses, working in partnership means addressing relationships with local authorities as key funders of services.

- **Personalised care**
  - As well as choosing their support package, people do not want to receive standardised care which disrespects them as individuals by treating everyone alike. They want good quality support which is tailored to their wishes and preferences, not imposed upon them. People also want to be able to live “real” lives and take sensible risks where that makes sense – not live wrapped in cotton wool. This will often require a change of culture and approach from the leaders, managers and staff of organisations – to give up some of their power to those they are supporting, to help front-line staff take more responsibility for care and support, in partnership with those using services.

- **Keeping people healthy and involved with their community**
  - The aim of the care and support system should not simply be to deal with as many people as possible – it should be to work with people, their carers and families as well as with other sectors, particularly health and housing, to keep people independent and well in their communities for as long as possible. And when care and support is required, it needs to be provided in ways which keep people linked in with their community, not isolated and lonely. People cannot understand why organisations in health, housing and care find it so difficult to integrate their services around the needs of individuals. But organisations create their own boundaries and it can be hard to work across them. Working collaboratively to serve people well, regardless of such boundaries is another aspect of the leadership challenge.

These ambitions sum up the social purpose of the adult care and support system. They underscore the need for good and effective leadership at all levels in the care and support system. The next sections use this as a springboard to explain the why, what and how of leadership, and to show you how you can develop your own leadership capacity.
Why?

The aim of Leadership Starts with Me is to help the social care sector make the vision for care and support services, as set out in the White Paper, a reality. So we start with the values, principles and personal qualities that lie at the base of the Strategy and underpin the sector’s social purpose. These values, principles and qualities are fundamental to what we do and how we do it.

If we begin by asking why we need to improve leadership in adult social care, the simple answer is: to make the vision in the White Paper Caring for our Future actually happen. This vision, which has strong support right across the sector, is fundamentally about improving the range and quality of social care services, using leadership as a driver.

As a starting point, we worked with groups of people who use services, carers and small and medium-sized provider organisations, to identify underlying values, principles and personal qualities that are necessary for good leadership to take place.

The discussions showed that there are values that are widely shared. There are also principles specific to leading adult social care – around our purpose and the way we do things – that command broad support. And there are qualities as set out in the Leadership Qualities Framework for adult social care, which have already been the subject of widespread consultation and have been set out in a way that has been welcomed across the sector. Strong support for the Leadership Qualities Framework came across in all the different groups.
Meaningful values

The discussions showed that people wanted leadership in adult social care to be meaningful and genuine. In practice, this meant that leadership needed to be underpinned by key values. Taken together, people identified six key values:

**Integrity** – Leading with honesty and conviction promoting strong and open relationships of trust

**Dignity** – Encouraging of mutual respect between people, individual self-respect and personal confidence

**Compassion** – Being caring and valuing of all people

**Support** – Praising effort, promoting equality and celebrating success

**Growth** – Developing people with vision, enquiring minds and being an inspiration to achievement in others

**Principles** – Leading the adult social care purpose with quality, values and principles to the fore in a genuine and practical way

“I work in the care sector because I want to make a genuine difference to people’s lives.”

Employer with small care home organisation in discussions for Leadership Strategy.
Principles of leadership practice

People wanted practical principles that gave the values real meaning – principles which could be turned into something that managers, practitioners, people who use services and carers could actually recognise and achieve.

At the same time, it was clear that leaders were expected to achieve the aims of the vision: choice and control, working in partnership, personalised care and keeping people healthy and involved in their community. Listening to what people have said and combining that with our own knowledge and learning around leadership, we feel that the aims can be achieved and the values kept by adopting six principles of leadership practice:

- Social purpose
- Co-production
- Innovation
- Improvement
- Integration
- Risk and responsibility.

Social Purpose
This relates to ensuring that what leaders in adult social care do is what they care about, and that the story they tell fits with this. In practice, this means leaders understanding their community and its citizens and being able to respond speedily and well to its messages. A social purpose is one that is shared and gives meaning to ‘why’ we do things. People, families, organisations and communities all need purpose. It can be said that it is a leader’s job to serve that purpose.

Co-production
This involves leaders in adult social care being able to demonstrate that the voices and choices of people (citizens, users of services, carers, consumers and customers) have led to user-controlled and personal services. In practice this means leaders being willing to give power up, and to be able to draw on the experiences, skills and abilities of people in the community to create services together that are fit for purpose. Co-production involves leadership actions that are co-operative and collaborative, distributing power to where it has greatest benefit.

Co-production will mean different things to different people. In our discussions, people who used services emphasised the message of ‘no decision about us, without us’. Carers talked of the Triangle of Care1 model as an approach to power sharing. Employers were more wary of the pitfalls of delegating to staff but then being blamed if things went wrong, and were therefore more sensitive to potential risks. But there was general agreement that good leaders ensure that power is used well by the right people to achieve purpose, to innovate, to improve and to integrate. To that end, good leaders make sure that the people involved understand risk and exercise power responsibly.

Innovation
This principle relates to connecting people and ideas to make more of what we do in adult social care. In practice, this means having leaders who are curious, know how to learn quickly, nurture talent and can discover and share what works flexibly and freely. Innovative leadership harnesses people’s shared social purpose to enable them to make a creative contribution.

Improvement
This means turning values into better service experiences and improved quality of practice for people through focused leadership activity. In practice, this involves openness with performance, financial and workforce data and information. Improvement, quality assurance and safeguarding people from abuse are everybody’s concern and not just of those in leadership positions at the top of organisations. We all have intelligence to share that can help solve problems and improve services. Leaders know how to create ways of working where every person keeps on trying to do things better and better.

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1 The Triangle of Care – Carers Included – A guide to best practice in acute mental health care – Carers’ Trust and the National Mental Health Development Unit
Integration
This principle involves building strong links with other sectors and people in the community, to make sure that bridges are in place between adult social care, health and housing in particular, so that people are not at risk of falling between the gaps. In practice, people’s experiences were that Integration will include management of practical tasks as often as leadership. And it has a broad span, incorporating everything from effective communication at one end of the spectrum, through co-ordination, collaboration and co-operation, all the way to organisational merger at the other.

All the discussions recognised the benefit of more joined-up working. To make it a reality in practice, this means fostering leaders with partnership and networking skills who can operate in multi-disciplinary and multi-professional arenas. Effective leaders in adult social care are often themselves the bridges of integration.

Risk and Responsibility
This relates to balancing the potential benefits of risk-taking with the potential harms through understanding and applying law, regulation and codes of practice to fulfil the duty of care and exercise power imaginatively but defensibly. In practice, this means developing leaders who have a confident understanding of the world of social care and its framework of law and guidance. In this way people can be supported to take responsible decisions about risk for themselves.

If leaders are able to explain why they are doing something and what they are seeking to achieve, then more often than not, the desired outcomes can be made possible. Both service users and carers are clear about how decisions should be made, although acknowledging that sometimes leaders have to exercise professional judgement. How well they do this is one measure of the quality of leader they are.

“Joint working between agencies is a vital component of enabling service users to keep the whole engine running. The keys to getting it right were repeated in many responses: users, together, information and communication.”

Service user in Shaping Our Lives report for Leadership Strategy
Qualities

The third building block of leadership, alongside values and principles, are the qualities exhibited by successful leaders. The Leadership Qualities Framework (LQF) explains their specific relevance in social care and shows how leadership qualities are demonstrated at different levels of the social care workforce, and more broadly. The LQF is not just for mainstream social care employers: it can also be used to build leadership skills by micro-providers, user-led organisations, service users who are commissioning and people employing personal assistants.

It is the LQF that provides the link from principles to practice. It is the benchmark for individuals, organisations and communities to assess their leadership capability, and then to decide what needs doing and put plans in place to develop and improve.

As illustrated below, there are seven dimensions to the LQF in all. The first of these is Demonstrating personal qualities. It is this dimension that is critical to understanding the ‘why’ of leadership in social care: why it is so important to achieving our vision and purpose.

Demonstrating personal qualities is made up of four elements:

**Developing self awareness**
To develop self-awareness leaders must be willing to examine their own values, principles and assumptions, while also learning from their experiences.

**Managing yourself**
Managing yourself means being able to organise yourself to perform your own role effectively, whilst also taking account of the needs and priorities of others.

**Continuing personal development**
Continuing personal development is achieved through a combination of formal professional development, personal experience and feedback from others.

**Acting with integrity**
Acting with integrity means behaving in an open, honest and ethical manner. Of equal importance is a willingness to take appropriate action when ethics are breached by others.

It is because of the importance of these personal qualities in turning values and principles into practice that we have called this Leadership Strategy for adult social care Leadership starts with Me.
This is about leadership in practice. Here we address what people do and how they should behave, and we start to consider what helps them make the right things happen – now and in the future.

Based on the conversations we had with groups of people who use services, carers and small and medium-sized employer organisations, we looked at leadership on three levels:

**Practice and professional leadership**
- Ensuring quality of personalised care and support
- Understanding risk and safety

**Collaborative leadership**
- Finding shared purpose
- Identifying solutions across organisations and disciplines

**Community leadership**
- Co-production
- Building capacity – assets, skills and talents.
Practice and professional leadership

The context for practice leadership is the adult social care paid workforce, which is made up of c. 1.6 million employees, alongside an army of over 6 million unpaid carers.

The paid workforce work for public, private and not-for-profit sector employers as diverse as local authorities, major corporate organisations, small businesses and charities, micro-enterprises and service users.

The vast majority are care staff in residential homes and in care and support services provided to people at home. Around 12% are in managerial and professional positions at a number of levels. There are some 85,000 qualified Social Workers, over 33,000 registered Occupational Therapists, and over 20,000 Registered Managers plus a variety of nurses working in adult social care.

Given the numbers, this description barely scratches the surface of the diversity and variety of knowledge, skills and experience that abound in adult social care (see www.nmdds-sc-online.org.uk for a number of detailed reports and briefings plus the Skills for Care Annual Report – The Size and Structure of the Adult Social Care Sector and Workforce in England 2).

The table below shows a useful summary. Of particular significance is that on one estimate, the number of jobs will need to grow by at least 24% in the next decade, to keep pace with demographic change and increasing demand. A leadership challenge writ large.

In thinking about what leaders do, we must consider all these people and not just the managers and professionals because:

- The relationship between the practitioner and the service user is the key to carrying out best social care practice
- Many of these workers are key workers, named or lead practitioners responsible for care and support planning with service users
- Any worker can find themselves in leadership scenarios where knowledge, skills or experience make them a leader – think of first aid, for example
- Leaders and managers of the future are likely to emerge from the wider workforce – so succession planning is critical
- Professionals have a specialist role and function which involves leading in their field of expertise
- Managers must become conversant with the management component of their role and the leadership element and how they intertwine. Leadership and management have crucial differences in their respectively vital functions. In social care there are many practitioner managers, sometimes known as frontline or first line managers, who have the challenge of marrying practice or professional leadership with the tasks of management (see the distinction made by John Kotter, set out in the box below).

Practice and professional leadership

In fact, management is a set of well-known processes, like planning, budgeting, structuring jobs, staffing jobs, measuring performance and problem-solving, which help an organisation to predictably do what it knows how to do well. Management helps you to produce products and services as you have promised, of consistent quality, on budget, day after day, week after week. In organisations of any size and complexity, this is an enormously difficult task. We constantly underestimate how complex this task really is, especially if we are not in senior management jobs. So, management is crucial — but it’s not leadership.

Leadership is entirely different. It is associated with taking an organisation into the future, finding opportunities that are coming at it faster and faster and successfully exploiting those opportunities. Leadership is about vision, about people buying in, about empowerment and, most of all, about producing useful change. Leadership is not about attributes, it’s about behaviour. And in an ever-faster-moving world, leadership is increasingly needed from more and more people, no matter where they are in a hierarchy. The notion that a few extraordinary people at the top can provide all the leadership needed today is ridiculous and it’s a recipe for failure. 3

### Total number of adult social care jobs and people working in these jobs by job role, 2011

<table>
<thead>
<tr>
<th>Job role group</th>
<th>Total jobs</th>
<th>Percentage of jobs</th>
<th>Number of people doing these jobs</th>
<th>Percentage of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct care</td>
<td>1,437,000</td>
<td>78%</td>
<td>1,262,000</td>
<td>77%</td>
</tr>
<tr>
<td>Managerial</td>
<td>132,000</td>
<td>7%</td>
<td>130,000</td>
<td>8%</td>
</tr>
<tr>
<td>Professional</td>
<td>93,000</td>
<td>5%</td>
<td>91,000</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>191,000</td>
<td>10%</td>
<td>189,000</td>
<td>12%</td>
</tr>
<tr>
<td>Total</td>
<td>1,853,000</td>
<td></td>
<td>1,633,000</td>
<td></td>
</tr>
</tbody>
</table>

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2 http://www.skillsforcare.org.uk/newresearchreports

3 Dr. John P. Kotter is the Konosuke Matsushita Professor of Leadership, Emeritus at Harvard Business School and the Chief Innovation Officer at Kotter International, a firm that helps leaders accelerate strategy implementation in their organisations.
This approach to leadership mirrors those taken in social work and in professions allied to health.

In social work, the Professional Capabilities Framework (PCF) has professional leadership as one of its nine domains. The PCF fan diagram, shown opposite, illustrates the leadership expectations of social workers at all levels of practice. Similarly, the Social Care Institute for Excellence ‘At a glance’ paper 46: *Re-ablement: a key role for Occupational Therapists* gives a good example of how professional leadership practice is central in allied areas of work. The College of Occupational Therapists said in introducing its 2012 Leading for Excellence in Occupational Therapy programme:

Leaders will increasingly need to build a preventative, person-centred and personalised approach which will better meet the huge resource and demand challenges ahead. OTs have a vital role in finding creative solutions within a renewed focus on working with individual and community assets via recovery, rehabilitation and reablement. Demonstrating professional leadership that is confident in the strengths, value base and purpose of Occupational Therapy, whilst also being able to support resourceful collaboration will be vital.

Occupational Therapy needs its leaders of the future to step forward and this programme is an opportunity to invest in your own future career development, take control and realise personal potential. Using appreciative, strengths based leadership models for collaborative practice you will be equipped to develop increased confidence to take up new challenges.

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4. [http://www.baot.co.uk/sites/default/files/events/events_flyers/Leadership%20in%20OT%20flier.pdf](http://www.baot.co.uk/sites/default/files/events/events_flyers/Leadership%20in%20OT%20flier.pdf)

Beyond the paid workforce, people involved with the governance of care and support services are engaged in leadership roles. Who performs these roles, what they do, how they behave and how they develop their leadership skills and capabilities are important to making, carrying and checking the vision. Some points to consider are:

- A person-centred service should see more and more user-led organisations
- Involving service users is a leadership skill
- Trustees of charities have leadership responsibilities related to their charitable purpose
- Directors of companies should focus on their social purpose (or in the case of registered services their statement of purpose)
- The position of responsible individual in registered services is a governance and leadership role
- Lay people and specialists (both from within the sector and from other sectors) engaged in governance bodies have leadership roles
- Governance is not another level of hierarchical management but a framework for making sure that social care services provide excellent ethical standards of service and continue to improve them (see SCIE Guide 38)6.


In collaborative leadership, “sharing with partners” means sharing power and control – with people who use services, carers, those delivering care and those trying to shape the future pattern and mix of local care and support.

And it means sharing with partner agencies, such as health, housing, leisure and transport, as well as with local people and communities. Leaders need to work more collaboratively, getting away from crude power structures and genuinely engaging everyone in the design and delivery of care and support.

At the level of individuals, this involves a genuine willingness to listen – and act upon - the powerful experiences of those who require care and support. People understand what they need but too often that knowledge has been undervalued.

This strategy provides another opportunity to assert the crucial input which people and their carers can make to service design and delivery, going well beyond feeding back their view of their own care and support, important though that is to improving quality.

This is the essence of what is meant by “co-production” – enabling people to influence the range and availability of support options, encouraging them to help design those options and taking their reaction to services as a key input to making them better.

At the level of different systems and services working together for the benefit of users and carers, integrating such services remains a key leadership challenge. The user’s journey is rarely confined to social care or health or housing. People don’t live in silos – they live rounded lives with multiple and changing requirements, wishes and needs. So good leaders need to recognise this and act upon it – thinking about care journeys from the service user point of view and seeking to make such journeys as simple and straightforward as possible, regardless of how often the individual moves between different organisations. How, for example, can it be made seamless and easy for an older person, receiving care at home to have some hospital treatment and then be safely returned home with appropriate community health support, with their care quickly re-started?

Strong partnership working means treating others respectfully and valuing their contribution. In adult social care this is critically important in terms of the relationship between statutory commissioners – councils and clinical commissioning groups – and providers, the vast majority of which are in the independent rather than the public sector, and many of which remain small businesses.
Excellent leadership in adult social care is vital if care and support services which really meet people’s needs are to be delivered, developed and improved. But such leadership cannot be limited to operating only within the confines of care and support services themselves. As people often say “I want a life, not just your service”. This relates closely to the “social model of disability”, which does not seek to define individuals by their medical condition or disability, emphasising the limitations imposed by physical or mental health issues. Rather it considers the social, economic, environmental and other barriers which prevent disabled people and others from fully participating in society. Social care leaders need to operate on this broader canvas. This is the essence of community leadership, as is the ability to harness the energy, ideas and creativity of local people living within local communities.

Community leadership

“Charities, community groups and faith groups support many people, often know a huge amount of information about the needs of the community and social care leaders should proactively seek out these groups and engage with them”

Consultation with carers by Carers’ Trust

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Good leaders have vision, determination and the ability to communicate. They both work collaboratively with other sectors and continuously challenge themselves to do better.

Such leaders are always learning and developing and they influence others to move towards a shared purpose. They draw knowledge, inspiration and example from others. The NHS Leadership Academy, the Virtual Staff College for Children’s Services, the Leadership Foundation for Higher Education – these and similar bodies produce excellent materials for current and aspiring leaders. Their work can build links with adult social care and its Skills Academy and, by sharing learning, equip social care leaders with the understanding of other sectors which is necessary for effective joint and integrated working.

This is not a pipe dream. With the advent of Health and Wellbeing Boards, more clinically-driven health commissioning and a strong policy emphasis on integrated care, there are new opportunities to drive forward integrated approaches which really benefit service users and carers.

Leadership success requires the will, insight, confidence and energy to harness the contributions of local individuals and agencies to a shared purpose. Evidence from the National Director for Long-Term Conditions shows that services are most effective when they are local, when professionals work together in teams and share buildings, and when they promote self-care and self-management by patients and service users. This requires leadership skills of a high order but the evidence shows it is already delivering in some places.

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1 http://longtermconditions.dh.gov.uk/
Tapping into these community assets can be complex and take time, but it can energise and involve a much broader range of people in developing social care approaches. A pilot initiative led by the Association of Directors of Adult Social Services (ADASS) during 2012 has developed a leadership programme designed to help social care managers build community capacity. This pilot has helped to identify the leadership behaviours and attributes required to achieve this (see box, below, for more details).

Leaders who already do this well have learned how to share power and decision-making, with outcomes which are stronger and more enduring for being generally produced in concert with local people and not simply imposed upon them. This can mean leadership which ensures personalisation, including Personal Budgets and Direct Payments, passes meaningful choice and control to individual service users and carers, and supports people to remain independent and in their community for as long as possible.

Whether through enabling entrepreneurial people to start up micro-scale support services or facilitating local discussions about priorities; all leaders need to draw upon the knowledge and skill of their local communities. This requires investment in processes and mechanisms which can support it, including:

- Mapping the “assets” (time, skill, expertise or facilities for example) of local communities and finding ways of harnessing them to support people. The “Think Local, Act Personal” partnership describes this as “building community capacity” and has many resources and case examples on its website – www.thinklocalactpersonal.org.uk
- Being innovative and looking for practical solutions which may involve harnessing local communities, e.g. in new ways of supporting micro-enterprises.
- Using new tools and approaches to bring systems and funding together so they can be used more effectively in support of people in local communities. Community budgets are one way of addressing this (see box opposite).

### Community Budgets

A means whereby organisations that provide local public services can:

- make better use of their resources by establishing joint budgets and sharing local knowledge, community assets and voluntary effort
- remove central rules and regulations so local professionals can provide better services that suit their area
- give people greater control over their local public services
- establish local partnership and governance arrangements to create a unified approach for a given area

#### Attributes and skills for building community capacity

- Skills of collaborative and facilitative leadership and partnership working are key - need to support people to find solutions not direct them
- Ability to address the power relationship between professionals and those who use services, and confidence to let those boundaries blur
- Empathy, listening, and ‘human’ skills; ability to work with groups
- Need to reconnect social work with community development and community social work
- Letting go of old process-driven models of working towards a more fluid, flexible style, willing to take risks
- Starting from where people and communities are, and where they want to go, not from where services are
- Having a link to people and the front line – too many senior leaders are isolated from that
- Knowing what the community can offer – placing value on mapping and knowledge of community by staff
- Able to connect things together, well beyond social care, in order to focus properly on prevention, placing a greater emphasis on universal services, local private and community services and local economic development
- Looking for opportunities everywhere to build better outcomes for people using existing resources right across the public sector
- Encouraging local entrepreneurialism
- Having a vision and creating a convincing narrative for change, using stories drawn from people’s experiences
- Driving it through with passion, having ‘steel’

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8 Source: Department for Communities and Local Government

9 Leadership for Empowered and Healthy Communities – delivered in partnership by ADASS, TLAP, LGA, Skills for Care, South Central SHA and the National Skills Academy
Knowledge, skills and experience together make up the learning that people need to become social care leaders. To assist you to be effective, we have created a Leadership Framework, support networks and programmes. Investment in leadership starts with you.

It is often said that managers are necessary but leaders are essential.10 Turning values and principles into the qualities, behaviours and skills that create a social care environment filled with confident and capable managers and practitioners, working alongside and inclusively with a diverse range of individuals, families and communities is the test. How do you do this?

We suggest starting with a statement of social care leadership intent, drawn from the principles discussed in the conversations with different groups, to bring together the why, what and how.

Leaders in adult social care will:

1. Work inclusively with service users and carers from many backgrounds to ensure that choice and control are meaningful and genuine.

2. Seek to co-produce all aspects of service design and delivery with people who use services, and their carers.

3. Focus on creating a culture where service providers constantly work to improve the quality of personalised services that ensure dignity and safety for people who use services.

4. Encourage and support the whole workforce to exercise leadership knowledge, skills and qualities to provide the best possible care and support by working in partnership with those who use services and carers.

5. Engage with the range of service users, local organisations and people in the local community to help develop services and find solutions that meet the needs of users and carers.

6. Demonstrate how investment in leadership development benefits user’s experience of care and support.

7. Recognise in practice that there is greater value in working together across services and organisations, pooling expertise and resources, for the benefit of people using services.

The next pages outline three ways in which these statements can be put into action in order to make the vision set out in Caring for our future a reality. These are:

- Using the Leadership Qualities Framework
- Accessing networks
- Following programmes of activity and learning.

10 Field Marshal Lord Slim, when Governor-General of Australia.
The Leadership Qualities Framework (LQF) is designed in seven dimensions, or key areas, set out below. In essence, it is a guide to good leadership at all levels in adult social care.

- It describes, in a clear and accessible way, what good leadership looks like in different settings and situations.
- It illustrates the attitudes and behaviours needed for high quality leadership at every level of the sector.
- It is grounded in everyday practice and behaviours and underpinned by personalisation and co-production.
- It is for everyone in social care - private or not-for-profit sector service providers, large and small organisations, residential and home care providers, local authorities, personal employers and anyone working in the sector, at any level.
- It goes beyond social care, mirroring the NHS Leadership Framework so that it can be applied in integrated services.

The LQF is necessary because many people working in, or involved with, social care, know in theory (or from their own experience) that good leadership is fundamental to good quality, but find it difficult in practice to articulate what it means, either for themselves or their organisation.

The LQF is a one-stop shop for developing yourself, strengthening and differentiating your organisation and providing better services. Most importantly it can be used for self-assessment, peer and 360° assessment and as part of organisational health checks.

It covers four levels of leadership from Front-line Worker, through Front-line Leaders, to Operational and Strategic leaders. It is therefore applicable to practising social care, to situations where you are sharing and collaborating with others (particularly service users, carers, health and housing organisations), and for the development of community leadership capacity. It is the platform for learning through networks, all types of programmes and through coaching and mentoring.
Accessing Networks

Everyone can learn how to improve their leadership qualities but such change won’t just happen – it needs a range of approaches, programmes and activities to stimulate, nurture and sustain it. At root, however, everyone in adult social care needs to take the issue of leadership personally, to reflect on how and when the three components of practice, collaborative and community leadership apply to them and constantly to develop their leadership skills.

To help this process, this section briefly describes some current and new approaches.

Firstly, the Department of Health, working with the National Skills Academy, is looking to bring together insights and expertise about leadership from within social care as well as from other sectors and countries. It is therefore setting up a Leadership Development Forum, chaired by The Minister of State for Care and Support, and with a range of knowledgeable people who are committed to driving up social care leadership.

The objectives of the Forum are:

- **to inspire the sector** to develop both its leadership qualities and its leaders, drawing on national and international expertise and experience from a range of sectors, including the private sector in other areas of the economy.
- **to act as a hothouse of innovation, new thinking and ideas** around leadership.
- **to promote excellence in leadership** as a key to providing high quality care.
- **to champion a shared long-term vision and strategy** for leadership at all levels in the adult social care workforce.
- **to raise the profile of leadership** in the sector, so as to drive innovation and improvement.
- **to promote the messages** from relevant social care leadership research and practice.
- **as an early priority, to consider the pivotal leadership role of Registered Managers** in adult social care and how they can be supported to develop and lead.

The Forum will be launched in the Spring of 2013.

Secondly, a new national programme of support for Registered Managers, led by the Skills Academy, has also been launched. Registered Managers, commonly the lead professionals in home care and care home settings, have a crucial leadership role. However, the range and complexity of their role is not always recognised or valued.

*Caring for our future* acknowledged the key impact Registered Managers have on people’s experience of care and support, and the need to provide more support for them to combat the isolation they can sometimes feel. The Skills Academy’s 2012 survey of Registered Managers, *Everyday Excellence*¹¹, showed that whilst Managers commonly came into the sector imbued with strong values, they found the pressures they faced, and the isolation they often felt, made it increasingly difficult for them to put their values into practice.

The programme therefore aims to better equip Registered Managers to meet the challenges they face; to reduce their isolation by networking them at local and national level; and to enable them to recognise their leadership role. It will use the behaviours identified in the Leadership Qualities Framework to develop a values-based recruitment toolkit, to put values at the heart of social care practice. It will address areas where Registered Managers themselves have asked for more support, including people management, leadership, business skills and communication skills.

Thirdly, whilst Registered Managers often feel isolated, they work within a social care system, formally involving not only owners of small care businesses (often not the manager) but also care and health commissioners, regulators and many others. So we will also work with these other groups to share knowledge and insights, to evaluate and track progress and to build greater mutual confidence and respect. This could include setting up action learning sets, coaching and mentoring schemes and e-learning modules.

As the Skills Academy grows its membership and more leaders have completed programmes it makes supported networking an extensive arm of the leadership offer. Mentors, alumni of programmes and self-defined networks – BAME managers, women managers, and entrepreneurs’ networks – are all possibilities.

¹¹ *Everyday Excellence*, National Skills Academy for Social Care, August 2012.
Following programmes of activity and learning

If “leadership starts with me”, so does personal learning and growth - and it is a lifelong activity that goes beyond ideas of career. Leadership skills and behaviours can be learned but expectations, services and challenges change over time. Good leaders recognise this ever-altering context and never feel they have learned “enough”.

The Skills Academy’s research report, *Everyday Excellence*, noted that respondents had, on average, been in post for nine years. This suggests the need to put a high premium on continuous learning, innovation and development throughout one’s time in social care.

Development – as those from small businesses pointed out during group discussions – is not just about formal training and qualifications. It’s also about developing motivation, ambition and confidence. These attributes are increasingly important to enable leaders to operate in challenging circumstances; to work with an ever-growing range of partners and stakeholders, often in complex situations; and to start from the point of view of the person using care and support. The aim should be for anyone in the sector, no matter where they sit, to feel comfortable about standing up for service users or speaking out in the face of poor practice.

“... there are certain aspects that must be there in any leader: intelligence and emotional intelligence are two aspects, but you can give people the opportunity to develop leadership confidence.”

“So while you do need some basic core principles and values and intelligence, you can teach leadership.”

Commodore Jake Moores, Head of the Royal Naval College, Dartmouth: Skills Academy Seminar Series for Senior Leaders.
So a key question is how best to nurture and encourage the qualities and attributes which people want to see in social care leaders. There is strong evidence that leadership skills can be enhanced and developed. The Skills Academy has reviewed the research evidence and literature on the effectiveness of learning and development. They found that:

- Reflection and self-awareness are central to effective leadership development. Leadership is about behaviours, and behaviours are best learnt and modified through an understanding of how one’s behaviour affects others;
- Leaders, like all adult learners, prefer their learning to be based on their own work-related tasks and situations, not on theory;
- Organisational factors play a key role in the learning and development process and need to be taken into account. Otherwise an improvement in an employee’s individual performance as a result of training may not have the expected organisational impact;
- How far learners put their new knowledge, behaviours and attitudes into practice depends on the feedback they receive from managers, supervisors, colleagues and service users;
- Most learning takes place in the workplace between more experienced colleagues and peers — this has a powerful effect on staff behaviour;
- The involvement of external support over time strengthens the embedding of learning and behaviour change. This could be formal coaching and mentoring or more informal peer contact and engagement.

Resources and materials

Social care leaders should take responsibility for their own development throughout their career. But, in doing so, they can draw on the resources and materials of a range of key national organisations, including:

- The National Skills Academy for Social Care itself — including its Leadership Qualities Framework and Programmes to support Top Leaders, Registered Managers, Black and Minority Ethnic Managers, Front-Line Social Work Managers and others. See: www.nsasocialcare.co.uk
- The broad, sector-wide partnership — “Think Local, Act Personal” which has a range of relevant guides and products, including on the development of co-production with those who use services and their family carers. See: www.thinklocalactpersonal.org.uk

Exciting potential developments could include research commissioned by the Leadership Development Forum and the Registered Managers’ Programme to measure and assess the extent and the impact of learning and development, and to promote ‘what works’ across the sector. The Registered Managers’ Programme could also potentially demonstrate the value of informal learning at local network level, as well as acting as a channel to spread information and learning about innovative approaches. In addition, the Forum will consider how to develop the “pipeline of talent” referred to in Caring for our future, as we need to be “capable of inspiring the workforce of the future to deliver high-quality care.”
Spreading the word and making it happen

The next step is to take this version of the Leadership Strategy –version 1.0 – more widely out to the sector to deepen and enrich it. The Strategy will then form the context within which the new Leadership Development Forum will work as described earlier. The aim will be to produce further versions of this Strategy to reflect both the further conversations and the input of the Forum. Developing leadership is a continuous process and we want Leadership Starts with Me to remain fresh and relevant too.

But how will we know if this Strategy has made a difference? It is always incredibly hard to point to the impact of a particular document or approach. Nevertheless, the aim of Leadership Starts with Me, together with the Forum, Leadership Qualities Framework and related programmes, is ultimately to help drive up the quality of care and support to people who use services, by improving the quality of leadership which is such a fundamental building block of excellent care.

We anticipate working closely with Skills for Care in ensuring employer ownership of leadership skills and in developing the Sector Compact, which should incorporate a sign-up to the Strategy, most importantly to the Statement of Intent.
Over time, issues to monitor might include:

- measures of satisfaction and service quality as perceived by people who use services, their carers and relatives (for example, we could undertake annual surveys in partnership with organisations such as the Relatives and Residents Association, or take part in surveys already planned)
- qualitative indications of how dignity and social care values are being translated into the quality of services commissioned and delivered
- reductions in the number of safeguarding referrals that are upheld
- growth in awareness of the LQF amongst employers and the social care workforce
- growth in awareness of the LQF amongst carers and people who use services
- feedback from the support programme for Registered Managers
- the number of employers using the LQF in their training and development work
- the number of Registered Managers applying for and completing the Leadership in Care Award
- fewer services requiring compliance action from CQC
- more services being rated as good or better by the increasing number of consumer websites.

We will identify priority issues and indicators with key sector stakeholders, including the Department of Health, and put measures and indicators into place to monitor progress, so that the Leadership Development Forum can report back on a regular basis.

Lastly, spreading the word involves success stories and celebrations. We will create diverse opportunities for people to tell their leadership and transformational stories - recounting and sharing the journey, with all its twists and turns, to achieve a positive destination. Like this we will publicise and celebrate how Leadership Started with You.

Special thanks

The Skills Academy could not have produced Leadership Starts with Me without the support, input and involvement of many people across social care, and we would like to thank everyone who has made a contribution, given us feedback, or suggested resources.

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Debbie Sorkin
Chief Executive, National Skills Academy for Social Care, Spring 2013

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13 NHS Institute Transformational Story Writing: http://www.institute.nhs.uk/delivering_through_improvement/general/transformational_story_writing.html