 **Promise Care Services Ltd**

**AUTONOMY AND INDEPENDENCE (Co-Production)**

# Scope

* **Policy Statement**
* Co-Production
* **The Policy**
* Care Needs Assessment
* Information
* Choice and Self Management
* Care and Support Workers
* Personal Finances
* Personal Files
* Limitations to a Service User’s Chosen Lifestyle or Human Rights
* Service Users who Lack Mental Capacity
* Dealing with Service Users’ Relatives and Carers
* Advocacy
* **Related Policies**
* **Related Guidance**
* **Training Statement**

# Policy Statement

Co-Production – involving people in shaping services

"Co-production" is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered.'

The range of definitions and the use of terms such as ‘co-creation and ‘co-design can be bewildering. However, there are a few things we can say with some certainty about what transformative co-production is about:

* There is movement on from involvement and participation towards people who use services and carers having an equal, more meaningful, and powerful role in services.
* People who use services and carers are involved in all aspects of a service – the planning, development, and actual delivery of the service.
* Power and resources are transferred from managers to people who use services and carers.
* People who use services, carers and staff are assets and are valued.
* It is recognised that if someone makes a contribution, they should get something back in exchange.
* Frontline staff are seen as a group that needs to have more independence and a greater role in planning services.

Principles of co-production

It may be useful to approach co-production as a set of values. The following principles of equality, diversity, accessibility and reciprocity are critical values for putting co-production into action.

Equality – everyone has assets

Co-production starts from the idea that no one group or person is more important than anyone else and everyone has skills, abilities and time to contribute.

Diversity

Co-production should be as inclusive and diverse as possible. Particular efforts may be needed to ensure that all groups are included.

Accessibility

Making everything accessible so that everyone has an equal opportunity to participate fully in activities in the way that suits them best.

Reciprocity

Reciprocity means people get something back for putting something in.

There are formal ways of doing this, like using time banks as a way of rewarding people, but sometimes the reciprocity comes from the more equal relationships that develop between people and organisations.

This organisation is committed to the principles of co-production and will actively involve Service Users and other stakeholders in key decisions about how we develop and improve our services in the future.

# The Policy

To achieve co-production the organisation will involve people who use our services and their family or legal representatives from the start. This includes making available to them all the information they need in an accessible format with opportunities to find out more through asking questions, visiting our website and talking to people already in the service.

The initial assessment of need and care planning, carried out by trained staff, will be focused on the wishes and preferences of the potential Service User and their family.

Input from the Service User will be an important part of the care and support planning and all outcomes agreed by everyone involved.

The [human rights](about:blank)principles of participation, accountability, non-discrimination and empowerment also align closely with the aims of co-production.

To develop the capacity and capability of both people who use, and people who provide, support and services to:

* Have meaningful conversations about their outcomes,
* Connect with assets that can support them, and
* Become active collaborators in designing services and solutions to care delivery and in promoting their well-being.

This organisation seeks positively to promote the autonomy and independence of our Service Users. We recognise that our Service Users’ capacity for independent action has often been undermined by illness, disability, and failing mental capacity and that insensitive action by workers can reinforce dependence. We, therefore, strive to help Service Users make their own decisions and to support them in controlling their own lives. We aim always to balance the protection of Service Users from unnecessary risks with the promotion of independence and choice.

The following Seven Core Principles to Support Self Care, as defined by the Department of Health and Social Care, has the objective of helping health and social care staff support people who wish to remain independent.

The Core Principles, developed by Skills for Care and Skills for Health, are as follows:

* Principle 1: Person-centred practice that engages, supports, encourages, and facilitates involvement and helps individuals to make decisions that are right for them.
* Principle 2: Effective communication enables individuals to identify their strengths, assess their needs, and develop and gain the confidence to self-care.
* Principle 3: For individuals to make well-informed decisions about their self-care, they must have access to appropriate information and understand the range of options available to them.
* Principle 4: Developing skills and confidence in self-care requires access to a range of learning and development opportunities, both formal and informal.
* Principle 5: New technology is an important aspect of enabling people to self-care.
* Principle 6: Individuals are enabled to access support networks and participate in the planning, development, and evaluation of services.
* Principle 7: Risk-taking is a normal part of everyday life, so supported.

This organisation seeks to ensure that these principles are appropriately reflected in its policies and practice in promoting autonomy and independence.

This document outlines the policy of this organisation concerning promoting its residents’ autonomy and independence.

Definitions:

**Autonomy** is the right or condition of self-government.

**Independence** is self-determination, self-reliance, and self-support.

# Care Needs Assessment

We recognise that the tone of the relationship between this organisation and a Service User is often set by the initial contact and that the care needs assessment or pre-admission assessment, which must be undertaken before we start to provide a service, can in itself be a process that endangers a potential Service User’s sense of being in control. We do everything we can to empower and enable our Service Users from the very outset of our dealing with them. Lived experience is equal to other forms of knowledge, evidence and expertise and people are heard and listened to.

# Information

Making Service Users aware of what is going on in their care is an important contributor to their feeling independent. We, therefore, provide good, thorough, and up-to-date information about our service and other facilities, both at the beginning and throughout our contact with a Service User. We would provide information in formats and languages that make it accessible to the individuals to whom it is addressed.

# Choice and Self Management

We recognise that choice is important for Service Users, and we attempt to advance these principles throughout our operations. We ensure that every Service User who receives our service has positively opted to use our organisation. We provide Service Users with the opportunity to exercise choice about the workers with whom they interact and will change the worker when the Service User requests it. We are particularly sensitive to matching workers and Service Users where issues of gender, culture, or ethnicity play a role.

Self-management enables people to make informed choices about how and when to draw on different kinds of support and to make changes so that they can take control of their lives.

# Care and Support Workers

The workers providing care and support on a day-to-day basis aim to carry out their tasks in co-operation with Service Users in ways that do not deny the possibility for the Service User to exercise their discretion, initiative, and control. We realise that this principle is particularly difficult to uphold where Service Users have disabilities or lack of capacity is an issue.

We value risks as an essential part of a fulfilling lifestyle. Workers support Service Users in taking reasonable risks, without obviously endangering their health or safety, and are subject to a thorough risk assessment recorded in the care plan.

We know how disempowering it can be for the Service User not to understand fully what is going on. Wherever possible, workers communicate with Service Users in their first or preferred language.

# Personal Finances

Where requested, we provide support to Service Users in controlling their financial affairs, always respecting the privacy and confidentiality of documents to which we have access.

# Personal Files

We provide facilities for Service Users to see their personal files following UK data protection legislation and inform them of the access to files that may be required by inspectors.

# Limitations to a Service User’s Chosen Lifestyle or Human Rights

We respect the lifestyle choices of Service Users, in exceptional circumstances, we may be obliged to intervene to prevent a resident from harming themselves or becoming a danger to someone else. On these rare occasions, our workers will act with respect for human rights, within our legal responsibilities and this organisation’s policy on restraint, and in the best interests of the resident and others closely involved.

# Service Users who Lack Mental Capacity

We continue to respect the rights of Service Users who have been assessed as lacking the capacity to make certain decisions or who are thought to lack that capacity by considering their best interests at all times.

We do this by ensuring that we implement fully the Mental Capacity Act 2005 Code of Practice concerning maintaining Service Users’ autonomy and independence. This entails involving them as fully as possible in every decision concerning their care and the services this organisation provides.

Section 1 of the Act sets out the five ‘statutory principles’ – the values that underpin the legal requirements in the Act. The Act is intended to be enabling and supportive of people who lack capacity, not restricting or controlling their lives. It aims to protect people who lack the capacity to make particular decisions, but also to maximise their ability to make decisions, or to participate in decision-making, as far as they are able to do so.

The five statutory principles are:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person’s rights and freedom of action.

To help someone make a decision for themselves, check the following points:

* Providing relevant information - Does the person have all the relevant information they need to make a particular decision?
* If they have a choice, have they been given information on all the alternatives?
* Communicating appropriately - Could information be explained or presented in a way that is easier for the person to understand (for example, by using simple language or visual aids)?
* Have different methods of communication been explored if required, including non-verbal communication?
* Could anyone else help with communication (for example, a family member, support worker, interpreter, speech and language therapist or advocate)?

How should people be helped to make their own decisions**?**

* Making the person feel at ease
* Are there particular times of day when the person’s understanding is better?
* Are there particular locations where they may feel more at ease?
* Could the decision be put off to a later time when circumstances are right for them to make the decision?

Supporting the person

* Can anyone else help or supportthe person to make choices or express a view?

# Dealing with Service Users’ Relatives and Carers

We try to relate to Service Users’ relatives and carers where this is appropriate, treating them as partners in providing care. To ensure that such relationships do not undermine the autonomy of the Service User, however, we insist on having the Service User’s permission before dealing with anyone on their behalf or releasing confidential information to others.

# Advocacy

We provide information when requested about the availability of independent advocates and self-advocacy schemes and are quite willing, if required, to communicate with Service Users’ advocates.

# Related Policies

Accessible Information and Communication

Advocacy

Assessment of Need and Eligibility

Care and Support Planning

Dignity and Respect

Mental Capacity Act 2005

Relatives Friends and Carers

# Related Guidance

Common Core Principles to support self care:

[https://www.skillsforcare.org.uk/](about:blank)

Introduction to the seven common core principles to support dignity in adult social care:

[https://ccpdignity.co.uk/](about:blank)

SCIE: self-directed support and personal budgets

[https://www.scie.org.uk/](about:blank)

NICE guideline [NG227]: Advocacy services for adults with health and social care needs

[https://www.nice.org.uk/guidance/ng227](about:blank)

# Training Statement

All staff, during induction, are made aware of the organisation’s policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary, and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used, including one to one, online, workbook, group meetings, and individual supervisions.

Date Reviewed: May 2023

Person responsible for updating this policy: **IFEYINWA ODOEMENAM**

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