

# Social Work Practice pilots and pioneers in social work for adults



The Social Care Institute for Excellence (SCIE) was established by Government in 2001 to improve social care services for adults and children in the United Kingdom.

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## What is a Social Work Practice pilot?

The Department of Health (DH) initiated the Social Work Practice (SWP) pilots with adults in November 2010. Their purpose was to enable social care workers to:

- spend more time with the individuals in their care, with a reduction in the bureaucratic burden on individual social workers
- take decisions much closer to their clients, resulting in a more responsive service
- feel empowered, with more control over the day-to-day management of their practice
- make use of the increased financial flexibility to deliver better outcomes by stepping back and thinking creatively about the use of resources
- enjoy their jobs more.

The DH sponsored the SWP pilots with adults in social care, which was managed by the Social Care Institute for Excellence (SCIE). The aims of the programme were to:

- pilot SWP for adults to ascertain the benefits and disbenefits in terms of outcomes for people who use services, social workers and other staff, and value for money
- test the benefits and disbenefits of professionally led social enterprise as a means of delivery
- further the development of social work for adults service.

The principles of the SWP pilots were that they were:

- person-centred and outcomes-focused
- small
- social worker-led
- independent of local authority systems
- working in partnership
- accountable to the local authority through a contract
- funded by the local authority with the remit to use resources to maximise outcomes for their clients
- providing strong routes for engagement with people who need or use services.

## How is social work practice developing within the pilots?

### Spend more time with individuals and less on bureaucracy

The structures and values of the SWP pilots allowed for more flexible and creative ways of working. This doesn't mean that this *couldn't* have happened in the local authority, but due to caseloads, budget constraints, time lags in accessing services, IT restrictions and overstretched social workers, this *wasn't* being done.

#### Keeping in touch

Mrs X is 85 years old and lives alone. She has macular degeneration, has difficulty with her hearing and wears a hearing aid and has spinal cyanosis. Due to having spinal cyanosis, she has to keep her back straight at all times and suffers with a lot of pain. She also has a frozen left shoulder, arthritis in her knees and quite severe gout. Her mobility is poor and she has suffered a number of falls.

I became involved with Mrs X following her contact with social care for an assessment for day care services, as she felt she was becoming very isolated and depressed.

On visiting Mrs X, she initially asked me to arrange day care for her as she felt very isolated living on her own, and was feeling quite low in mood. I talked with her about her interests and family relationships and what was important to her. During this discussion, Mrs X told me how she had always been at the helm of her family, and how she used to write letters, make telephone calls and kept in touch several times a week. She was the person who managed to keep her family together and in touch with each other. Her sons, daughters and grandchildren previously visited regularly.

However, over the years her family had moved away, some overseas. Due to her sight difficulties she was now unable to write letters unless someone helped her and this affected what she could say freely; letters are personal. She was unable to telephone as often as she used to because of the cost and difficulties in holding the telephone. Her computer was broken and irreparable.

It became very clear as our conversation progressed that her main need was to regain contact with her family and to be able to regularly speak with them and keep them all in touch with each other; it was not to attend the day centre as she had first requested. She really wanted a modern computer, specially designed for her visual impairment, but did not have the money to buy one.

As practitioners we were able to be creative. I completed the assessment with Mrs X, made enquiries as to the cost of a computer designed for someone who was visually impaired and made a request for a one-off direct payment to enable her to purchase it.

This request was approved and Mrs X chose her computer, which had a web cam and large screen. She cancelled her request for the day centre. I have since reviewed the care delivered and Mrs X informed me she is the happiest she has been in months. She showed me pictures of grandchildren and family members sent via email. She has subscribed to Skype and talks to family free of charge. She is once again the matriarch of the family, and back in the position that meant so much to her and what she felt she had lost. She tells me she never has enough time in the day now to chat with everyone!

## **Focus**

### **FirstPoint**

Link to FirstPoint YouTube video [www.youtube.com/watch?v=2j0zl-S\\_EPY](http://www.youtube.com/watch?v=2j0zl-S_EPY)

### **People2People (P2P)**

### **JMS Homecare**

JMS Homecare is able to develop relationships with clients because it is comprised of a small, specialised team. The smaller organisation (three workers) means that they all know about all clients; a client can call into the office and speak directly to a social worker. There is greater crossover between the workers as they all participate in duty work and therefore know of each other's cases. The team is also specialised in the three neurological conditions (multiple sclerosis [MS], motor neurone disease [MND] and Parkinson's), so a client can be reassured that one of the social workers will know about her/his condition.

JMS Homecare is focused more on building relationships (at the initial point of contact) rather than determining eligibility and ticking the right boxes.

A JMS Homecare worker reports:

*'We don't have the systems, policies and procedures at the forefront of our mind. We can listen to what the person perceives to be the problem at that time, which may or may not be directly related to their disease. They don't have to go through the call centre first. We can look at what is important to them and then all the information can come together in an assessment. Having MS may not be the most important thing to consider right now.'*

The following case study illustrates how JMS Homecare builds relationships and listens to clients' needs.

### **A paved garden**

JMS Homecare was contacted by the MND regional development officer to request support for AB who has MND.

JMS Homecare rang Mr and Mrs B's home, but AB's wife explained that AB was struggling with the diagnosis and did not wish to discuss his illness; and he did not want anyone visiting. I spent some time with his wife on the telephone that day.

I agreed to keep in touch by telephone to offer some support to AB's wife who was his main carer but had her own health needs. Prior to AB's diagnosis he had supported his wife with all practical tasks because of her own impairments. AB's wife was now struggling with the role reversal.

I established that the main priority for AB's wife was for AB to be able to go in the garden. AB had previously been a keen gardener, but since his illness he had become unmotivated and not engaging in conversations or any activities. The back garden is currently a large lawned area. Neither AB nor his wife are able to maintain the grass cutting and requested help to redevelop the area. AB's wife felt that if the lawn was paved and the borders raised to wheelchair level, then AB would be able to grow his own vegetables as he used to.

The family had no money to redevelop the garden, so I applied to the MND Society for monies to complete the work. The application was successful and the family have been offered £2,000 towards the costs.

A few weeks later, I was invited to visit Mr and Mrs B and have been able to explore other services such as short stay breaks and direct payments to support AB's wife as the main carer.

Historically, social work teams would end contact at the point of duty if someone was declining services, and would not usually offer support over the telephone at the initial stages. Maintaining contact by telephone enabled me to build a trusting relationship and to gain this couple's confidence in the service.

### **TOPAZ (Team Offering People Advice and Support)**

TOPAZ has an open access policy. The following is a quote from Patrice Fennell, a social worker with TOPAZ. This was taken from an interview with *Community Care* magazine (see [www.communitycare.co.uk/articles/23/08/2012/118457/life-beyond-the-council-meet-the-social-work-pioneers.htm](http://www.communitycare.co.uk/articles/23/08/2012/118457/life-beyond-the-council-meet-the-social-work-pioneers.htm)).

*'The best thing about working with TOPAZ is the ability to say yes. There are no eligibility criteria; we're offering information to everybody. It's a positive job. I've been to care homes and met people who've never seen a social worker [because they are funding their own care]. It's a good opportunity for people to raise concerns and stops things going undetected.'*

The following case study illustrates how TOPAZ is able to remain involved with clients to build a relationship and offer assistance.

#### **Taking the time to build relationships**

I was carrying out a TOPAZ telephone review with a woman in her eighties a couple of months ago. I had read previous case notes on Framework (the social services database) stating that this woman had collapsed at her home a few months previously and had suffered major organ failure. While in hospital a social worker had visited her home to assess her living conditions, and found it to be in a squalid state. She had been hoarding possessions for many years and the place was very dirty and unkempt and had mice and rat droppings around the home. This was clearly not a suitable environment for her to return to, so they tried to arrange a blitz clean via the local authority. This woman became very concerned about her belongings as she had many items that had belonged to her late husband and she did not want anything thrown away. She was reassured by the social worker that they would not discard anything without her consent, but she refused the cleaning. She was visited another three times by social workers when she returned home, but each time she refused the blitz clean. A mental capacity assessment was then carried out, but the woman was found to have capacity to make this decision; therefore it appeared nothing could be done.

When I spoke to the woman she told me that she had a number of ongoing health issues. I asked her about the blitz clean and she said she might consider it but needed lots of reassurance. I referred her to a tenancy support service (the Single Housing Project). I informed them that if she would consider the blitz clean then I would be able to organise this via social services. I asked them to visit her on a regular basis and to build up a rapport with her and to try to reassure her about the whole process and support her with this. With time and patience we are hopeful that she will be more accepting of this intervention.

## Take decisions much closer to clients – a more responsive service

The SWP pilots were able to provide a more responsive service by reducing bureaucracy, asking the community what they needed and working more closely with clients to meet their needs.

### **FirstPoint Community Interest Company (CIC)**

FirstPoint CIC is not restricted by the local authority eligibility criteria; it is able to work with whomever it chooses. It has a social work assistant who specialises in assisting d/Deaf people in filling out Disability Living Allowance (DLA) forms. This is in place (or sometimes in addition) for clients having to fill out the paperwork on their own or with Citizens' Advice Bureau (CAB) assistance. d/Deaf clients often struggle with understanding and completing the forms correctly, which results in the DLA claim being denied. The assistant is able to reduce the number of denied claims by working with the clients directly to fill out the forms. This also saves adult social services money as many clients going to CAB need an interpreter (paid for by social services). Then, if the claim is denied, clients have to go through the process again.

The following case study provides an illustration of this work:

When I assessed her I noticed she had been turned down for DLA but was not asking for any support with her claim. This was because she was not aware that she could appeal or ask for the decision to be looked at again. A lot of people who have literacy problems are not aware of this. She was very stressed when applying, as her first language is sign language. I wrote to the Department for Work and Pensions (DWP) asking them to look again at their decision. Again they refused. I completed GL24 appeal papers and added extra information and she was awarded middle rate care and low rate mobility backdated for five months. (The time it took me was approximately three hours.) I received an email from her thanking me and expressing how relieved she was that it was all over.

### **JMS Homecare CIC**

JMS Homecare CIC takes a holistic perspective when conducting assessments or reviews and aims to look at how it can change the package of care to better meet clients' needs, given their condition. As it is comprised of specialist workers in neurological conditions, it is able to consider the client's condition and understand how the condition can affect a person and her/his family/support network. For example, carers may not fully understand how a condition can affect a person and, in some situations, gaining this understanding could alleviate other problems. According to a JMS Homecare worker, "sometimes knowledge is all that is needed." An unanticipated result of working in this way has been that JMS Homecare is saving money because it is not implementing care packages when they aren't necessarily the best way to meet a need. JMS Homecare doesn't merely think about services and care packages right

away, but assesses needs first, looking at the whole picture, and then determining, with the client, the best course of action.

The following case study depicts how a 'presenting' problem (the need for respite care) may not actually be what the client wants (care in their home).

### **Care at home**

Referral to JMS Homecare came through to duty from a hospital ward requesting urgent respite for CD due to her husband being admitted to hospital for a hernia repair. CD's husband was the main carer so CD's daughter was currently staying with CD at her home to look after her.

I had a telephone discussion with the daughter and explored the current situation. I explained that I would need to visit in order to fully assess CD's needs, but would like to explore support in terms of CD remaining in her own home. CD's daughter was very relieved to hear this because it was what CD and her family would prefer.

I visited CD on the same day. I was aware that CD's daughter worked full time and there was no other means of support. CD was not sure about receiving support. She had never received any formal support with any personal care needs and was initially reluctant to accept support. CD had heard various stories about care agencies, which had affected her confidence in the service. I completed my assessment and recommended a period of rehabilitation at home. This would involve a team of support workers (in house) who would enable and encourage CD to remain as independent as possible and assess any equipment. The aim here was to offer short-term support with a view to CD managing her own personal care needs in the future, to enable some carer relief for her husband during his recuperation and to reduce dependency on long-term services. I also recommended the Lifeline service in view of CD having falls at home. The Lifeline service would offer a responder service if needed, which would support CD's husband and prevent him trying to lift CD as he had done in the past.

I learned that CD and her husband had lived at the family home for nearly 50 years and were now considering selling the property because CD was not able to manage the stairs. Neither CD nor her husband wanted to move from the family home. I suggested having a stair lift installed.

The short-term period of reablement services was successful. CD received a positive experience of formal support and both CD and her husband voiced their satisfaction at the review. CD was able to remain independent of formal services. A stair lift was installed and CD was able to then manage the stairs at her home independently, which prevented the need to move from the family home. The Lifeline service was also successful and CD's husband had used the responder service instead of trying to lift CD.

The following is the social worker's reflections on this piece of work.

### **Social worker's reflections**

I feel the success of this case was due to the importance of not reacting to the initial request of 'urgent respite care', which was the reason for the referral to JMS Homecare. Hospital staff had told CD's daughter that this was the solution to the family crisis, so CD's daughter had not thought there were any other options and just accepted that this would happen. CD was initially very anxious to meet me because she feared both the respite care option and the thought of having strangers in her home.

It was important for me to have confidence in the support that I was recommending in order for CD to have a positive experience of care. I was aware that the reablement team had a sound value base, respected individuality and the importance of maintaining independence.

CD and her family have been very happy with the care provided and now live independently of services.

### **Focus**

A3 at Focus is working to design a newly acquired building for community access and flexibility of use. It will be the main SWP hub with some A3 staff working there. The staff and clients were asked for their suggestions on the use of the building. These included: (1) general information and advice; (2) support to use the Services4me database ([www.services4.me.uk](http://www.services4.me.uk)); and (3) other organisations having access to meet the needs of the community residents, such as legal advice, accountancy advice, dementia support days and DWP/welfare advice. In addition to the centralised building, A3 ensures a presence within the community – it currently has a table in the main reception area of the hospital where it provides information and advice (staffed a few times a week) as well as a stall at Freeman Street Market (staffed every two to three weeks).

### **Sensing Change (user groups)**

User groups are being set up, primarily by the Sight Loss Development Officer at Sensing Change, for people with sight loss to have a voice and to make a difference in the area in which they live. The first was set up in Ipswich and this group was involved in creating the Sensing Change website, and in consulting on bus travel. Two members gave presentations at the Bus Drivers' Conference in Suffolk. Based on these presentations, Suffolk has now agreed to sensory loss training for all bus drivers. The Ipswich group has also been approached by Suffolk Planning Committee to consult on the plans of new roads and roadway construction. The Sight Loss Development Officer sets up the groups, facilitates them and then withdraws.

### **Sensing Change (resource centre)**

Sensing Change has opened a resource centre in Lowestoft. This is a four-room, accessible building where individuals with sensory impairment or sight loss can come in and meet Sensing Change employees, such as rehabilitation officers, equipment officers and senior support workers. The centre is always staffed with at least one person. It provides advice and guidance, benefits drop-in sessions, fax machines and other communications equipment. There is a kitchen for teaching independent living skills, meeting rooms to rent and rooms to provide sign language classes and sensory awareness training. Local people and organisations are able to rent rooms and partner agencies are considering having a presence within the centre as well, such as a private audiologist. Although social workers are not permanently based there at the moment, they use the centre to meet customers. The model of the resource centre is currently being evaluated and, if deemed successful, Sensing Change would like to open others. The centre ultimately aims to raise awareness of the needs of people with sight and hearing loss and to provide easier access to Sensing Change and other services, such as benefits advice and health.

For an example of a resource centre leaflet, see:

[www.sensingchange.org.uk/assets/Documents/2012-10-16-Lowestoft-Resource-Centre-A5-leaflet.v6.pdf](http://www.sensingchange.org.uk/assets/Documents/2012-10-16-Lowestoft-Resource-Centre-A5-leaflet.v6.pdf)

### **Sensing Change (customer journey)**

Sensing Change designed its own 'customer journey', a working document that is frequently updated.

Sensing Change describes how this has made a difference to date by describing the journey of someone with dual sensory loss:

*'The old system would involve an initial referral through the Customer First team, a referral to the dual sensory loss assessor, then a technical officer, a support worker and a social worker. In a worst-case scenario, someone might see seven to eight people from the same organisation requiring the customer to tell their story repeatedly and to wait longer for services. Sensing Change has adapted the customer journey to reduce the number of people that customers see and the waiting time to receive services. The social worker is usually the first person to see the customer who then refers to any additional staff or resources as necessary.'*

This journey is being further refined, allowing social workers to deal with low-level needs straightaway, so that a customer does not have to be on a waiting list for someone to come out. For example, if there is a small piece of equipment that needs replacing within a home, the social workers can do this themselves.

### **Sensing Change (support schedule)**

The support schedule was created to enable customers to be focused on what they are aiming to achieve and to enable the support workers to stay on schedule. It is a plan that is completed when a referral comes in. It includes all the support aims and what needs to be accomplished over the course of the following weeks to achieve these

aims. Because it is constructed between the customer and support worker, is written down and is continually reviewed, the support worker and customer have a clear focus of their work together that best meets the customer's aims within his/her abilities. This is in contrast to the previous way of working where there was no support schedule and, therefore, no clear end to the work. Now, the support workers know exactly what they are doing, the customer knows what he or she is doing and they all have a clear focus and know where they are going. The ultimate aim is to help the customers be as independent as possible.

## **TOPAZ**

TOPAZ workers visit residential homes to talk to self-funders and to provide information and advice, in order to promote health and well-being and to identify difficulties before they become a crisis. TOPAZ is also able to identify safeguarding issues during such visits, which are then referred to the local authority.

TOPAZ holds community surgeries to give information and advice about local authority services and to deliver safeguarding messages. Being based in the community gives TOPAZ the freedom to engage the community because it is not viewed as a council service. It is able to be more autonomous, objective and efficiency-focused. TOPAZ's approach involves asking local people what they want, what resources and strengths they already have and then to build on these areas. In this sense, TOPAZ is more holistic in looking at all the different areas within a person's life and her/his community – the focus is on health and well-being and social aspects/issues. TOPAZ staff believe that they are challenging the traditional role of the social worker and social services. TOPAZ is finding that many of the clients it talks to are experiencing social isolation; it therefore provides information to encourage clients to engage in the community using free services. TOPAZ is also finding that there are gender differences in terms of accessing services in the community – women are more inclined to attend the local community groups and men are more reluctant. TOPAZ is able to provide that extra push and to give them the confidence to attend the groups. This could be through follow-up telephone calls to see if the clients have followed through on making the contacts suggested in the initial review, or by inviting clients to a face-to-face meeting at The Hub where the worker can make the calls and contacts with the client, or go through the information in person and answer any questions.

## **More control over day-to-day management**

The SWP pilots were set up as social enterprise businesses where they were able to define their business and establish new ways of working. Staff members were engaged in new policies and procedures and were part of the day-to-day management through involvement in the board of directors, steering groups and/or staff advisory groups.

### **Focus (supervision model)**

The supervision model at Focus (North East Lincolnshire [NEL] SWP) was developed and driven by the staff and aims to suit SWP needs. All staff were consulted as the model was developed. They were asked to consider the actual standards to which they should be held, and to establish a 'required' set of standards. These were related to the job description.

Supervision is seen as an ongoing process rather than as something that occurs for two hours a month (as in the previous local authority model). It happens formally, one-to-one, in groups, and informally, on nearly a daily basis. Supervision is described as a blank canvas where the supervisee and supervisor decide together where to place the supervision focus. There is an expectation that every other supervision session will include a joint client visit. The supervision model is seen as a shift away from directive/authoritative supervision.

**Focus (inclusiveness of staff)**

The SWP has run a series of focus groups with staff members to explore the key issues from their point of view. The initial six focus groups revealed six to eight key themes that staff would like to see addressed. After the focus groups, the leadership team held a communication event where the Director addressed the current position and state of the SWP in relation to the key themes. Six groups were run to bring the focus of the main themes down to two specific areas: (1) relinquishing the roles and responsibilities of the professional to the individual client and giving the communities more power and control; and (2) agile and mobile working in terms of adapting the working style, with hot desking and mobile phones as well as practical issues of what professionals need to conduct their work.

**Activ8 (having the freedom and power to make decisions)**

Activ8 staff report greater freedom in their practice and more power in making decisions. The social workers within Activ8 are able to conduct an assessment, calculate the budget (using the resource allocation system [RAS]), have a budget approved and funding in place in a much quicker timescale. Activ8 has developed a budget template that serves as the assessment for the requested budget. This avoids having a funding panel that delays decisions. The budgets are approved much quicker and clients are able to have a package of care sooner.

The budget template ensures consistency and standards. It consists of the following:

**Budget template**

Pen picture:

- Who is the person using the service?
- Current situation/issues
- Current support e.g. ILF, POC, family district nurse
- What are the current unmet needs?
- What are the risks if needs remain unmet/not funded?
- How is DLA being used to support POC?

Confirm that you have considered (include date of referral):

- Tunstall/Telecare
- Big society (network)
- Support work
- Cre8 (where appropriate)
- Other funding sources
- Other relevant referrals
- Is a referral to CHC required/appropriate?

And finally:

- RAS
- Current POC (commitment)
- Budget or increase required and for how long (if known)
- New weekly total
- Savings (if known)
- Any innovation

Staff are involved in the allocation of cases. A weekly meeting provides an opportunity to take on interesting cases that might fit a person's particular expertise. This has had a reported impact by reducing stress levels.

### **Activ8 (teambuilding and cohesion exercises)**

Activ8 held a staff teambuilding away day. The staff were tasked with exploring where they are now, what they are going to do, what they are doing differently and what they are going to do in the future. They created a video that highlighted these main themes.

Staff are also involved in shared learning within team meetings. They are encouraged to speak about good work that can be shared with the team. Two members of staff are involved in putting together a staff newsletter that is sent out to staff every quarter. The Director has purchased and displayed an 'appreciation tree' where staff can leave a note to another staff member giving a 'thank you' for any piece of work or act. These activities are reported to make the staff feel more empowered.

### **Sensing Change (enhancing the skills of the staff group)**

Sensing Change makes sure that their staff group have the skills to deliver a specialist service. This means that staff attend training on communication for sensory impairment and loss, the operation of a social enterprise and presentation skills. Many staff have been sent to a Social Enterprise conference to learn what social enterprise means, and a representative from Social Enterprise UK came to talk to the team. The senior practitioner conducted a skills audit to examine the current skills within the team and to identify where there were gaps. Any gaps are to be addressed through further training.

### **People2People (P2P)**

People2People (P2P) works to the motto that 'staff members actually know what they want and need in order to do an effective and efficient job.' P2P allows staff to express ideas and suggestions for changes and improvements to the practice. The staff report that they feel listened to and that if they do express an idea or opinion, they feel it will be addressed. This is the same for ideas around IT systems, assessments and paperwork and training.

## **Think creatively about the use of resources**

The SWP pilots have thought creatively about their resources and about how to meet the needs of the community in which they serve. Some examples of creative services and resources developed within the SWP pilots are as follows:

### **People2People (P2P) (peer support)**

P2P has set up a peer support programme bringing local service users and carers together with clients and carers from P2P to assist in assessments and creating and implementing support plans. The approach aims to be non-patronising and non-demanding, and to provide an opportunity to explore individuals' qualities and what they want to achieve in their life – both in the short and long term. The basic premise is that everyone can have control to overcome challenges. The challenge in promoting change can actually often be from the professionals or society that stand in the way. P2P stresses that 'we' (the professionals) need to change our approach and acknowledge that people do have strengths, resources and qualities that can be used and built on to result in positive change. The peer support programme goes away from the idea that people are 'done to' and more towards a collaborative approach where people identify

their desired aims and outcomes and a support plan is put into place that will best achieve the aim or outcome. As one peer support worker stated:

*'It's quite satisfying because I can say what happens to me, hope it's helpful, and point in the right direction.'*

The peer support worker role not only empowers and aims to support the client/carer, but also provides a sense of empowerment and self-confidence in the peer support worker. The support appears to be truly mutual.

### **Activ8 (Cre8)**

Cre8 consists of three employees: a community assessment and referral officer, an occupational therapist (OT) and a community support worker. Cre8 acts as the front-end service for clients; it becomes involved with clients assessed as having low to moderate needs, although it is also referred cases where there is a higher need. Cre8 staff have a strong skill base in OT and community work/community resources. The OT assesses clients with a preventative focus rather than a reactive/crisis focus. Cre8 is able to conduct low-level assessments and provide low-level (OT) equipment. Cre8 aims to mobilise and reable clients by acknowledging and pulling out strengths and resources within the client, his/her family and social support and the community. It aims to challenge a focus on what clients can't do and to focus more on what they can do. Cre8 aims to keep clients as independent as possible and to reduce the 'revolving door' syndrome where clients come back for services in a time of crisis, get a service to elevate the crisis, but never actually address the underlying problem or concern. One way in which Cre8 is able to do this is by teaching new skills. These can help reduce the care package by enabling people to do things themselves. The use of OT knowledge, skills and equipment is one way in which to teach people to do things for themselves.

### **Activ8 (group work and 'd/Deaf awareness for beginners' workshops)**

Activ8 and Cre8 work with individuals with physical disabilities (PD); for example, some clients are encouraged to use a stress ball to exercise their hands and to increase dexterity. Clients have also highlighted a lack of social contact for people with PD within Birmingham. They expressed a desire to increase communication skills between people, especially between the d/Deaf and hearing communities. Cre8 therefore devised a 'd/Deaf awareness for beginners' workshop where PD clients can learn British Sign Language (BSL). This enables clients to improve their communication skills, and also serves as an exercise and opportunity to increase hand strength and dexterity. The clients learn a new life skill – improving dexterity and strength while increasing social contact and support. The group could serve as a peer support group and enable the clients to have more access to Cre8 staff.

### **Sensing Change (specialist training)**

Sensing Change is beginning to provide BSL taster-sessions and training delivered by a d/Deaf support worker who is a qualified BSL trainer. The course is a 10-week introductory course for paid carers and businesses. Sensing Change is able to tailor the training to meet the needs of the businesses that request the training (see [www.sensingchange.org.uk/services/training](http://www.sensingchange.org.uk/services/training)).

### **Sensing Change (delivering information in an accessible format)**

Sensing Change has acknowledged that many customers are not receiving the information that they need or should have access to because it is not delivered or provided in the customer's language or in an accessible format. It is trialling new ways of communicating, such as through video letters. Instead of translating English letters into BSL, the staff provide video letters on DVD that contains BSL messages. The customer can then view the video letter through their computer, in their first language.

### **Activ8 pioneer (Peer-to-Peer Group)**

The Peer-to-Peer Group aims to bring clients together to share experiences and expertise, such as how to use and manage direct payments. The group's aim is to build and develop a network that can possibly reduce isolation, focus on strengths and increase independence. This group works alongside Activ8 where some of the social workers are involved in running it, and Cre8 and Activ8 staff are actively involved in recruiting volunteers and participants to the group. The group also provides an opportunity for the peers to act as volunteers for Activ8 (future developments), where they can assist with day-to-day activities for clients or conduct research for Activ8 to update resource packs.

### **Activ8 (Activ8 Angels)**

The values of social enterprise are evidenced through Activ8 Angels. Staff realised that some clients were not receiving the care that they needed because paid carers refused to go into dirty homes. The usual response to such issues would be to pay for professional cleaners, which could cost up to £300. Instead of spending the budget to pay for these services, the staff volunteered their own time (outside of office hours) to deliver the service. This is not an advertised service, but has been implemented when needed, and has saved hundreds of pounds. These volunteer activities have enhanced the morale of the team. Staff have also donated unwanted items, such as clothing for clients or curtains when a client moves house.

The following case illustrates the work of Activ8 Angels.

#### **'Carers went in two days later'**

A client was in hospital awaiting discharge. A care agency had been identified but could not agree to start the care package until the ground area had been cleared of items that had accumulated. This clutter would cause problems as the client's bed had to be downstairs and carers needed sufficient space to hoist her and tend her needs.

As her husband was also in a wheelchair and unable to do the decluttering, four of us went in and did a 'blitz' of the downstairs area, clearing out plastic bags full of rubbish and cleaning the kitchen so that carers could start going in, which they did, two days later.

### **Sensing Change (My Guide scheme)**

The My Guide scheme is a pilot project set up on behalf of Guide Dogs and in partnership with Sensing Change. The aim is to reduce social exclusion and isolation by helping people get back into the community. The Sight Loss Development Officer at Sensing Change recruits volunteers who are trained before being matched to someone with visual impairment or loss. The trained volunteer is only matched with someone for between three to six months, to reduce co-dependency and to increase independence. The volunteers complete an action plan, which includes the steps that need to be taken in order to foster independence. Volunteers are recruited through the 'Do It' website as well as trained people with sight loss going out to approach services (OT, GPs, libraries) to publicise the service (see [www.guidedogs.org.uk/services/my-guide](http://www.guidedogs.org.uk/services/my-guide)).

### **TOPAZ (advocacy work)**

An underlying theme throughout TOPAZ's work is that of advocacy. The workers are able to advise people of their rights. Self-funders are often left to fall through the cracks because they don't meet certain criteria. TOPAZ is able to bridge the gap between a person in need and a service the person wouldn't easily have access to by getting other agencies involved.

The following case study illustrates how TOPAZ integrates advocacy into its work.

### **A case of advocacy**

I was carrying out a follow-up six-week TOPAZ review with a woman in her eighties who had a very long history of schizophrenia with numerous hospital admissions over a 60-year period. She informed me that she had been attending a computer course at her local library (Silver Surfers course) but had been prevented from enrolling on the next part of the course. She was not able to tell me why, and was very upset.

She explained that she was feeling very isolated since the death of her husband a few years ago, and had no family or other social support. Her mobility prevented her from accessing some day services, but the local library was very close to her home. The course had been a real lifeline for her as it enabled her to gain new skills and was a chance to meet other older people and to structure her week. She felt that this support and structure had helped her remain mentally well and had possibly prevented relapses with her mental health and hospital admissions. I offered to contact the library on her behalf and to advocate for her, which she agreed to.

I spoke to the tutor on the Silver Surfers course who remembered her. He informed me that they had not enrolled her for the next part of the course because she had not achieved what was expected and had been absent on a few occasions. I explained that she was vulnerable and prone to periods of ill health. I also informed him of how important this course was for her in terms of gaining new skills, social interaction etc. and she was very keen to enroll again. I did not disclose any personal information about her mental health other than to say this engagement with the course had been very beneficial and she had enjoyed attending some months ago.

The course tutor agreed to enroll her again. I called her with this information and she was very pleased with the outcome and thanked me for my support.

### **Focus (A3)**

A3 is the single point of access for community members in regard to health and social care. A3 acts as gatekeeper and aims to resolve low-level need straightaway. The staff are trained in solution-focused practice and aim to identify strengths and resources of both the individual calling and his/her community. If issues cannot be resolved, or the individual is of higher need, they are referred to either the reablement service or to the complex care management (CCM) teams for longer-term support. The CCM teams are comprised of care practitioners (CPs) and advanced care practitioners (ACPs) (social workers and nurses) who work on the more complex cases. Because of A3, the CPs/ACPs believe that they are able to work longer with the clients because those with lower-level needs never reach the CCM teams.

### **FirstPoint CIC ('Living with hearing loss' course)**

The 'Living with hearing loss' course is a five-week reablement course that aims to give people the strategies they need to deal with hearing loss. This could include types of equipment, managing hearing aids and learning about the Equality Act and the types of support people may be entitled to, such as note takers. The course was devised after the Hard of Hearing Forum asked for a lip reading course.

### **FirstPoint CIC (training to agencies and staff in care homes)**

FirstPoint staff, in collaboration with its carers and clients, identified a need for communication training for care agencies and care home staff. This training would be tailored to the individual needs of the care staff, but could include looking after hearing aids, what equipment is available in care homes and how to slow communication or how to position oneself when working with clients who are deafened or hard of hearing. The training could be formal half-day training or shorter 'on the spot' training. The agencies would be required to pay for this specialised training.

### **TOPAZ (health and well-being)**

TOPAZ is integrating relaxation and yoga into the local community. The sessions give individuals a chance to come out of their houses, to meet friends and to have a chance for relaxation. They include very light stretches, breathing exercises and an opportunity to release stress. TOPAZ is also exploring opportunities to take the yoga and relaxation into care homes, with one-to-one or group sessions.

### **FirstPoint CIC (communication profile)**

A communication profile is a written document that d/Deaf, deafened and hard of hearing clients develop with FirstPoint staff to indicate to other professionals their preferred modes of communication. FirstPoint keeps a copy of the communication profile and the clients have a copy to take with them when attending other services.

## Who are the Social Work Practice pilots?

### The pilots

- **Activ8** ([www.bid.org.uk/services/activ8](http://www.bid.org.uk/services/activ8)), Birmingham City Council, works with people with physically disabilities.
- **FirstPoint CIC** ([www.firstpointcic.co.uk](http://www.firstpointcic.co.uk)), Surrey County Council, works with people from the d/Deaf, deafened and hard of hearing communities.
- **Focus** ([www.nelctp.nhs.uk](http://www.nelctp.nhs.uk)), North East Lincolnshire Care Trust Plus, works with adults to provide assessments, safeguarding and long-term support in complex circumstances.
- **JMS Homecare CIC**, Stoke-on-Trent City Council, works with individuals with neurological conditions (MS, MND, Parkinson's).
- **People2People (P2P)** ([www.shropshire.gov.uk/adultcarer.nsf/open/D784767151A8FD6C80257AF100338F6F](http://www.shropshire.gov.uk/adultcarer.nsf/open/D784767151A8FD6C80257AF100338F6F)), Shropshire Council, provides short-term work for older people and individuals with disabilities.
- **Sensing Change** ([www.sensingchange.org.uk](http://www.sensingchange.org.uk)), Suffolk County Council, works with people with sensory impairments.
- **TOPAZ** ([www.topaz.uk.net](http://www.topaz.uk.net)), Lambeth Council, works with communities to provide information and advice for people who have been assessed by the council but who don't meet their eligibility criteria.

### The pioneers

- **Birmingham City Council** provides peer support groups in partnership with user-led organisations.
- **Carers' Resource** ([www.carersresource.org](http://www.carersresource.org)), based in Skipton, provides support planning, capacity building and information giving to those who fall outside statutory service provision, either by choice or through circumstance.
- **Central Bedfordshire Council** provides additional or substitute social work responses to safeguarding circumstances, including Network Meetings.
- **Clarifi Consulting** ([www.clarificonsulting.com](http://www.clarificonsulting.com)), based in Ipswich, provides services to adult survivors of child sexual abuse.
- **London Borough of Greenwich and Daybreak** ([www.daybreakfgc.org.uk](http://www.daybreakfgc.org.uk)), based in Greenwich, provides restorative and Family Group Conference responses to safeguarding situations (for a video of the project discussing its work, see [www.youtube.com/watch?v=rSqSb8GyJyQ](http://www.youtube.com/watch?v=rSqSb8GyJyQ)).
- **Ibk Initiatives and Lives Unlimited** ([www.ibkinitiatives.com/projects/family-leadership/lives-unlimited](http://www.ibkinitiatives.com/projects/family-leadership/lives-unlimited)), based in York, consists of a user/family-led

organisation that has employed a social worker to work with people in their twenties and thirties.

- **Independent Social Work Partnership** ([www.iswp.co.uk](http://www.iswp.co.uk)), based in Cheshire, provides free face-to-face and online information and advice for people who don't meet council criteria or who fund their own care
- **Medway Council** focuses on delivering better settled accommodation for 40 people with mental health needs.
- **Safe and Settled** ([www.safeandsettled.co.uk](http://www.safeandsettled.co.uk)), based in Walsall, provides information, advice and advocacy, assessment and support planning, especially for people who fund their own care.

## What is a social enterprise?

A social enterprise is a business that trades goods or services for a social and/or environmental purpose. The Department for Business, Innovation and Skills (2011) defined a social enterprise as:

*'A business with primarily social objectives whose surpluses are principally reinvested for that purpose in the business or in the community, rather than being driven by the need to maximise profit for shareholders and owners.'*

There is not a single legal form or organisational structure for social enterprises. Despite this, social enterprises (according to Social Enterprise UK) should have the following characteristics:

- a clear social and/or environmental mission set out in their governing documents
- able to generate the majority of their income (over 50%) through trade
- must reinvest the majority of their profits
- be autonomous of state
- be majority controlled in the interests of the social missions
- be accountable and transparent.

For more information about the definition and traits of a social enterprise, see [www.socialenterprise.org.uk/uploads/files/2012/04/what\\_makes\\_a\\_social\\_enterprise\\_a\\_social\\_enterprise\\_april\\_2012.pdf](http://www.socialenterprise.org.uk/uploads/files/2012/04/what_makes_a_social_enterprise_a_social_enterprise_april_2012.pdf)

and

[www.socialenterprise.org.uk/uploads/editor/files/Publications/Social\\_Enterprise\\_Explained.pdf](http://www.socialenterprise.org.uk/uploads/editor/files/Publications/Social_Enterprise_Explained.pdf)

Six of the seven SWP pilots have become social enterprises within the past two years, with one SWP pilot to take on the legal form in 2013. Since they are newly formed, they

fit within the characteristics as set out by Social Enterprise UK to varying degrees. The SWP pilots are in the process of determining the types of goods and services to which they will trade, in addition to delivering statutory social work functions as commissioned by the local authorities. These might include specialist training and workshops, providing information and advice in collaboration with other social and healthcare providers, delivering yoga or relaxation courses, or selling assistive technology (AT) equipment.

The SWP pilots report that the characteristics of their practice as social enterprises include the following:

- participation and contribution by all staff in decision-making
- 'having a voice' and a say in management issues
- supporting the needs of the community that the SWP pilot represents
- being client-led
- being able to focus on 'asset-based' working and to be socially and politically aware.

Social enterprises can take one of several types of legal form:

- Unincorporated association
- Trust
- Limited Company
- Community Interest Company (CIC)
- Industrial and Provident Society (cooperative)
- Industrial and Provident Society (Community Benefit Society)
- Charitable Incorporated Organisation (CIO).

The majority of the SWP pilots all chose to take the legal form of a CIC (one SWP is a charitable organisation), set up specifically for social enterprises. As a CIC, SWPs are limited companies with a secure asset lock and a focus on community benefit.

For more information on CICs, see [www.cicregulator.gov.uk](http://www.cicregulator.gov.uk)

To find out more about the different legal forms, see [www.bis.gov.uk/assets/biscore/business-law/docs/g/11-1400-guide-legal-forms-for-social-enterprise.pdf](http://www.bis.gov.uk/assets/biscore/business-law/docs/g/11-1400-guide-legal-forms-for-social-enterprise.pdf)

## What does it mean to be social work-led?

The SWP pilots and pioneers are social work-led where social workers shape the SWP and the practice is directed by a qualified social worker. The staff from the seven SWP pilots were asked what it means to be a SWP that is social work-led. The following is a collation of their responses.

- The values and principles of social work underpin the SWP at every level, which includes direct work with clients, working as a staff team, engaging communities and running the business. In this sense, social work process and skills guide the practice. This includes solid assessment skills and applying the social work process (assessment, planning, implementation and review), when delivering services, but equally to the business development process.
- A person-centred approach underpins SWP, empowering people and working to promote social justice.
- A clear implementation and identification of social work theories and methods is embedded within the SWP pilot.
- There is a clear vision of social work and what the role of social work is within the SWP pilot.
- SWP promotes and fosters the autonomy of social workers and gives them permission to work and to make decisions.

*'We are all social workers and we can all work from a social work perspective all the time – we are focused on communication, listening to people, acting appropriately, acting as social workers and not information takers.'* (Social worker, SWP pilot)

## Want to know more?

### Learn more about social enterprises

Social enterprise terminology, case examples and support: [www.socialenterprise.org.uk](http://www.socialenterprise.org.uk)

Setting up a social enterprise and determining the business structure: [www.gov.uk/set-up-a-social-enterprise](http://www.gov.uk/set-up-a-social-enterprise)

Mutuals support programme: <http://mutuals.cabinetoffice.gov.uk>

### Thinking of setting up a Social Work Practice pilot?

#### **What is your SWP?**

- Are you clear about what you are selling?
- What's special about it?
- How can you sell it?

The seven SWP pilots were asked to identify the key ingredients necessary to set up a SWP as a social enterprise. Based on their experiences, they provided the following top 10 key ingredients:

1. *Have a visionary, committed leader.* This leader must have a common-sense approach, good communication and management skills and be open to ideas and suggestions. The leader should have knowledge and understanding in relation to social work practice and business development. The leader should foster a 'can do' attitude and environment that supports staff through motivation and positive affirmation in order to enhance and sustain morale.
2. *Knowledge of business development.* Have knowledge of business development and ideas of how to sustain and develop the business. Social workers themselves may not have the knowledge about business development, but need to be able to identify external support (e.g. Cabinet Office Mutual Task Force; local voluntary organisation support networks) to assist in taking this work forward.
3. *'Start from zero' and then do things in the right order.* The focus should be on ensuring that the infrastructure is set up before going live, which could include things such as setting up a bank account, establishing who is the right signatory and credit limits, establishing the board of directors, writing policies and procedures and creating new forms. Someone might need to be brought in to do the bookkeeping, to write new policies, to provide legal advice and protection or to take over human resources (HR) issues, such as job descriptions and pensions planning. It is important to be realistic about expectations and the timescale in which to accomplish them. Conduct a risk assessment to find out what would happen if some clients or workers were lost. How will you cope and still be able to deliver?

4. *Be clear about what you are selling and market your services.* A service cannot be advertised until you have a service. Create a specialisation among the practice. Have an understanding of the specific client group with whom the SWP is working and their specific needs. How are you going to 'make a difference'? What will the community and other organisations recognise as your specialisation/expertise? Marketing is important in establishing your identity and ensuring you gain business for future sustainability. Check out the competition. Promote the business and the work through media sources. Raise your profile within the community and have a clear marketing and branding strategy.
5. *Consider sustainability from the beginning.* Network with other social enterprise or business support groups to help review your sustainability plans.
6. *A good relationship with the local authority and other key stakeholders.* Have a champion within the local authority who will foster a trusting relationship and support the SWP through the set-up process. Get the key stakeholders involved and on side at the beginning, in particular senior management, HR, procurement, trade unions and staff, and ensure they each understand their role.
7. *Be clear about the initial targets and performance indicators as these will be what you are measured against.* Ask for clarification and seek further information on key aspects of the contract (e.g. number of cases, performance indicators). For example, if the contract states that a SWP should have a specific number of cases, and then the SWP goes over that number, should the SWP state that they no longer have capacity?
8. *Staff and client/carer involvement, representation and ownership.* As a social enterprise, there should be community involvement at all levels of the practice (i.e., on the board of directors, on the advisory group, volunteering with service users/carers through peer support, being consulted on forms and assessments).
9. *Staff should be flexible, motivated and open to change.* A SWP, as a social enterprise, needs to encourage a supportive and flexible environment in order for creativity to flourish, employees to feel supportive and free to be engaged and involved, and to receive support in order to foster positive staff satisfaction. Acknowledge that if you are moving staff from a local authority into a SWP that you will need time to address the cultural shift that is necessary for the staff. You might want to consider looking at the transition process before you move and see where staff currently are, and examine the journey they will most likely take in the transition (see Fisher, 2012, *The process of transition*, at [www.businessballs.com/personalchangeprocess.htm](http://www.businessballs.com/personalchangeprocess.htm)). This enables the staff to begin to change their mind-set and prepare for a change. Educate staff about the purposes and aims of a social enterprise. Hold team events to get staff to understand what is going on. There should be a proper induction and clear focus for staff from the beginning as well as clear and specific communication in order to keep staff on board and informed of the process.
10. *Invest in staff development and leadership.* Acknowledge that good development is like the social work process – go at the rate (pace) of the organisation and staff members. Conduct a skills audit and know where you are in terms of the skills within the team. Use the audit to determine where you are, what strengths are present and what training is needed in order to increase the skills of the staff.

## What would a social worker want to know about a Social Work Practice pilot as a social enterprise?

The seven SWP pilots were asked what a social worker might want to know about a SWP pilot as a social enterprise. They provided the following information:

- There are more opportunities to be business-minded. Because of this, there should be a combination of management and social work knowledge and skills within the SWP.
- The SWP is able to carve out a niche within the community and to build a positive reputation. A SWP must answer the following questions:
  - What will you be known for?
  - What is your reputation?
  - Will you be competitive in the marketplace?
  - Will the public know what you do?
- Because a SWP is a small business, staff members can make decisions more quickly by going through fewer layers of bureaucracy. There is more choice and control and it is easier to make things happen.
- A SWP can give the opportunity to work more creatively. There is scope for doing more to set up services that will meet people's needs. There is support for new ideas and more flexibility in providing services.
- A SWP must continually consider sustainability. There is much emphasis on evidencing what a SWP is doing as the practice needs this in order to gain additional funding.
- A SWP should have a staff group with diverse skills that will meet the main aims of the practice. The SWP should be open to ongoing training to maintain a sense of specialism. Staff will need to be motivated and take ownership of the practice. The future success and sustainability of the practice is partially dependent on the staff group.
- A SWP can focus on the communities that the practice serves and determine, with the community, the best ways in which to meet community needs. Community members can receive services without having to go through all the necessary call centres and eligibility criteria procedures.

## Why work for a Social Work Practice pilot?

The seven SWP pilots were asked why a qualified social worker would want to work for a SWP pilot as a social enterprise. They provided the following responses:

- There is more team support and cohesion within a SWP.

- There are more resources within a SWP to be creative. You have more freedom to be innovative.
- There is more potential and flexibility within a SWP to practice true social work and to practice in different ways, such as group working, one-to-one working and community work.
- There is more choice, autonomy and control within a SWP. We can say, 'We suggest we run it like this...' and it will happen. Within a SWP, the social workers (and other staff members) are the driving force and are part of the decision-making process. Staff voices can be heard – staff are able to be part of the board of directors and have influence over the direction of the practice.
- Within a SWP, you can foster the different skills of the team members. Can they teach? Present to the community? Present to other organisations? Work with a different population?
- A SWP allows the person using services to dictate the work, not the process and procedures. A social worker can focus on building relationships and spending time with people as opposed to just filling in forms and adhering to procedures. A SWP can participate in more consultation to see what the community members feel that they think they need.
- You can actually see the difference that you are making.
- A SWP is more hands-on in that you can spend hours with someone to help them get services. 'We can invite people in and say, let's actually do this work.'
- A SWP allows for a preventative approach to social work and an opportunity to work with people who use services who might not usually be involved with social work within the local authority.

*'This job? "The best I had ever had!!"'* (Social worker, SWP pilot)

## About this project

SCIE commissioned the University of Bristol to support learning in relation to SWP pilots and social enterprises. Barbra Teater led this work with John Carpenter and Liz Lloyd. The work involved two visits to each of the seven SWP pilots between January and December 2012, where an appreciate inquiry approach was used to explore how social work practice was developing within the pilots. Barbra Teater and John Carpenter led two shared learning workshops with the pilots and pioneers with SCIE in June and December 2012.

The Social Care Workforce Research Unit (SCWRU) at King's College London is conducting a full, independent evaluation of the SWP pilots for the Department of Health. The evaluation team consists of Jill Manthorpe, Shereen Hussein, Jess Harris and Michelle Cornes.

## **Social Work Practice pilots and pioneers in social work for adults**

The Department of Health (DH) initiated the Social Work Practice (SWP) pilots with adults in November 2010. Their purpose was to enable social care workers to:

- spend more time with the individuals in their care, with a reduction in the bureaucratic burden on individual social workers;
- take decisions much closer to their clients, resulting in a more responsive service;
- feel empowered, with more control over the day-to-day management of their practice;
- make use of the increased financial flexibility to deliver better outcomes by stepping back and thinking creatively about the use of resources;
- enjoy their jobs more.

The DH sponsored the SWP pilots with adults in social care, which was managed by the Social Care Institute for Excellence (SCIE). The aims of the programme were to:

- pilot SWP for adults to ascertain the benefits and disbenefits in terms of outcomes for people who use services, social workers and other staff, and value for money
- test the benefits and disbenefits of professionally led social enterprise as a means of delivery
- further the development of social work for adults service.

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