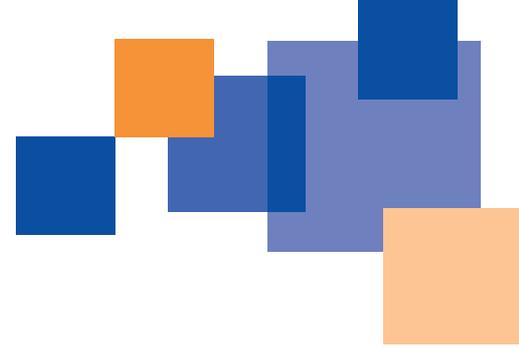# Listening Exercise
Summary of Findings

SCIE

Social Care Institute for Excellence

Better knowledge for better practice

Contents

Acknowledgments

We would like to acknowledge the support of service users, carers, independent consultants and the many voluntary, private and statutory sector organisations that contributed to the Listening Exercise.

A list of the organisations represented by participants in the five Regional Workshop days are listed in Appendix 1.

Section 1:
Introduction and Background

This report summarises the findings of the SCIE Listening Exercise, which took place between February and July 2002.

SCIE is an independent organisation created in response to the government drive to improve quality in social care services across England and Wales. It was launched in October 2001, has around 30 permanent staff and a board of 12 trustees who guide its work and ensure its independence

SCIE has three main functions:

- to review current knowledge about social care
- to develop best practice guides based on that knowledge

- to promote the use of best practice guides in policy and practice.

As SCIE is a new organisation, it was considered appropriate during its first year to carry out a special Listening Exercise project. The purpose of the Listening Exercise was twofold: to inform people about the work of SCIE to date and, more importantly, to gather views from the field about areas of social care that need development and what SCIE's role in this development might be. SCIE's policy is to involve as wide a constituency of people and organisations as possible from social care in the establishment of its work programme.

Section 2:
Exercise

The Listening Exercise carried out during the first half of the year 2002 had three main aspects:

Regional workshop days

- Workshop days were held in Birmingham, Bristol, York, Llandrindod Wells and London where a SCIE staff team of about 12 people and the Chair of the Board met with people nominated from a wide range of constituencies in social care.

- A breakdown of participants and a list of participating organisations can be found in Appendix 1. Participants were nominated in two ways – first by their 'umbrella' representative organisation, and secondly 'geographically' by invitations to social services departments to attend with a service user or carer, a colleague from the independent sector and with one staff member from the local authority. It was felt that this method would ensure the involvement of people from throughout England and Wales, and from a wide range of stakeholder groups.

- The main purpose of these regional days was to consult about SCIE's role. However, as it is a new organisation, part of the day consisted of short presentations of SCIE's work to date.

- Discussion on these regional days was lively and informative and the Chair and SCIE staff are grateful that so many people showed such a positive interest in the new organisation. The results of the discussions are summarised in Section 4.2 of this report.

Views logged on the SCIE website

- From 1 April 2002 until 20 July 2002, SCIE was given publicity on the home page of the on-line magazine 'Community Care'. The results of these 281 'hits' are summarised in Section 4.1 of this report. See Appendix 2 for the questions asked.
- Views about SCIE are still being obtained via SCIE's own website.

Regional Groups

- At the Regional Workshop Days discussions took place about how continued contact can be maintained with the regions of England and with Wales.
- One proposal is that SCIE should continue to have contact by means of regional seminars (see Appendix 5).
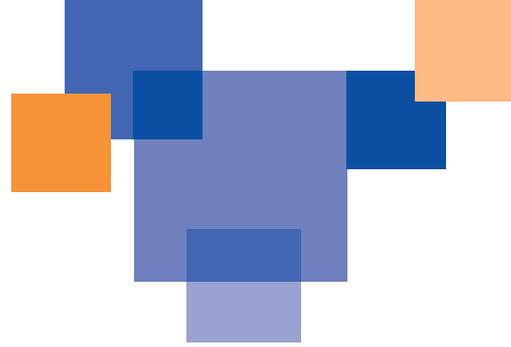
Section 3: Summary

Across the board, respondents were agreed that SCIE could help social care services to address many of the problems identified in the Listening Exercise and make a real contribution to improving quality in social care. There were lots of ideas about how SCIE could achieve this, but some concern that the organisation is being asked to take on too much. There were suggestions that SCIE clarify what it does, and the nature of its relationships with other bodies.

The Listening Exercise also gave rise to a wide range of concerns about social care itself, from the involvement of users and carers in service design through to strategic issues.

Respondents found serious problems, and made suggestions for improvement in a number of areas of professional activity.

HOW SCIE CAN HELP

1. Involving users and carers

There was a strong feeling that services were not designed around the needs of users and carers, and that these groups should be more involved in design and delivery.

SCIE was told that it should lead by example, involving service users and carers in a meaningful way and ensuring full participation by service users and carers in

SCIE's work. All groups were agreed that SCIE could provide access to a range of resources for users, carers, practitioners and partner organisations. Users and carers looked to SCIE to provide carers with materials and expertise, and believed the organisation could help build a professional identity for them.

SCIE is involving users in the strategic direction of its work. Users are members of the SCIE board and we are now consulting on the establishment and composition of our Partners Council. SCIE draws on user expertise in all project work and, to assist this, has a specific project to produce a database of user networks. Another project is looking at the design of the electronic Library for Social Care (eLSC) to improve its accessibility for people with learning disabilities and their supporters.

Some projects in SCIE's work programme have already been shaped by the Listening Exercise. For example, we have new projects on user participation in the new social work degree and on developing managers' skills in involving users.

2. Joined-up working

The need for greater understanding and co-operation between organisations involved in the provision of social care, and the various specialists that comprise them, was a major theme, and was reflected in responses covering a range of areas for improvement.

Many respondents believed that SCIE should have a role in bringing together practitioners and organisations – both physically and by facilitating remote

communication. Practitioner networks, making available contacts, providing databases of services and offering links to regions and other bodies were all suggested.

We are currently looking at how to use networks to share best practice and to develop, test and disseminate SCIE's work.

The regional groups that SCIE will run over the next year will help us to do this, and will be actively involved in helping the Best Practice Guides to reach their audiences.

3. Guidelines, processes and procedures

From planning through to general management and supervision of care practitioners, better application of guidelines, processes and procedures represented a means to

improving services. Perhaps unsurprisingly, practitioners and front line staff focused on issues related to their own work and the well-being of clients, whilst managers concentrated more on management systems and procedures, quality and compliance issues. Researchers, trainers and planners were concerned with promoting standards, better and clearer bureaucratic procedures and cultures that enabled better practice. There was a general feeling across the groups that less paperwork would be welcome.

4. Good practice and research

All groups felt SCIE should make available good practice and research to those in the field, through a range of media. A wide range of topics was suggested for coverage in

Best Practice Guides, and respondents cautioned that they should not be over-prescriptive. There was a feeling that people know what they are meant to be doing; SCIE could help by sharing knowledge about how best to improve practice.

Comments on the ways in which Best Practice Guides might be of use to service users and providers will help SCIE to think about the function of the Guides. In the next few months SCIE will produce consultation papers setting out how SCIE intends to design future Best Practice Guides and how they will be produced.

5. Standards and benchmarking

It was felt amongst professionals that SCIE could develop and promote national standards and

undertake benchmarking and auditing, and that the organisation could set standards of good research practice. An alternative point of view was that SCIE should concentrate on being a forum for sharing ideas.

SCIE's work will inform the practice of those organisations responsible for regulation and standard setting. SCIE works closely with the General Social Care Council (GSCC) (which regulates social work training), with the Care Standards Commission and with the Department of Health on a research governance framework for social care.

6. Representing social care

Some respondents felt that SCIE might act as a lobby group for care services, pressuring government for change, and bringing clarity to the relationships between national bodies.

SCIE has been happy to accept the proposal made by David Behan at the annual social services conference in October 2002 that SCIE should convene a leaders' group "that would act as a real voice for social care in the future".

7. Making it work

Various methods of disseminating information, transferring skills and exchanging ideas were suggested, including the Internet and e-mail; newsletters, research reports and brochures; audio, video and chat-lines; and events such as conferences, seminars as well as workshops. There was a view that SCIE should be the point from which good practice is disseminated and that SCIE should provide better (rather than more) information in a clear and well presented form.

SCIE is working to develop and enhance the electronic Library for Social Care (eLSC), will produce a regular newsletter and has its first annual conference 'Knowledge into Practice' on 9 December 2002. SCIE will seek regular feedback on the dissemination and presentation of its work.

OTHER ISSUES OF CONCERN

8. Training

Workplace training was an important issue across the board. Training was seen as fulfilling a number of functions – raising skills,

facilitating joint-working, exposing practitioners to the experiences of others and further professionalising services. It was seen as relevant to users and carers as well as providers of services, and by non-statutory as well as statutory organisations.

9. Insufficient resources

Staffing levels and insufficient funding were mentioned by many as priorities they would like to see addressed.
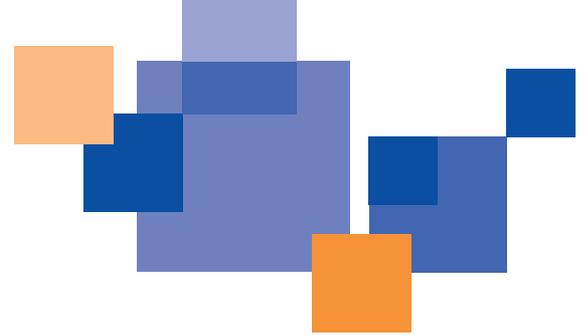
10. Uneven services

There was concern that services were not of uniform quality – either geographically or across various user groups.

11. Communication

Communication, both within and between organisations, was considered a central issue by all of the main groups of respondents.

Section 4: Findings

The following section summarises by information source what people want from SCIE. This includes:

- Responses from the Website during April, May, June and July 2002
- Responses from Regional Workshop Days small discussion groups in April and May 2002
- Advice on Best Practice Guides from Regional Workshop Days

The Website responses include contributions from all over the U.K. The Regional Listening Workshops material and Best Practice Guide material are from England and Wales only.

4.1 ANALYSIS OF WEBSITE RESPONSES

203 of the **281** people who visited the specially established website between April and July 2002 responded to the questions posed. This report

	Total Responses	%
Service users and carers	13	6
Practitioners and front-line staff	59	31
Managers	56	26
Researchers, trainers, etc.	58	29
Others (independents, retired, unstated)	17	8
Total	203	100

is based on the 203 responses, grouped under 5 separate headings.

The breakdown of respondents is shown below:

Service users and carers
16, of whom 13 responded

Practitioners and front-line staff
86, of whom 59 responded

Management
74, of whom 56 responded.

Researchers/trainers/planners
83, of whom 58 responded

Others
22, of whom 17 responded

VISITORS TO THE WEBSITE

General remarks

Before looking in detail at the responses from the different groups to the questions posed, it is worth making some general remarks about the consultation exercise. First it is striking that so many respondents considered SCIE should undertake a major role in advertising good practice and alerting professional social workers to new and relevant research that could help them.

The questions relating to how areas of practice could be improved, and the main priorities, as well as the general question of how practice could be improved tended to be 'catch-all' in nature. Some respondents with particular knowledge and expertise tended to use these questions as a springboard to advertise their specific talents and projects, whereas others tried hard to suggest ways in which things might improve. But many of the replies tended either to be so general as to be

unusable, or otherwise so limited in scope that they would not apply to all social workers in this field. Another striking feature was that so many social workers who responded, and particularly those working in the fields of disability, young people and families, and with elderly people, passionately wanted their clients and other service users to be significantly involved in making decisions about their care and in articulating their needs.

It is also of note that more than one quarter (28%) of respondents did not answer the questions posed, either because they did not want to, could not do so, or visited the site for information only. It is interesting to speculate why this should be the case, but it may be that people did not feel they had enough information to address the questions, or else considered that they were not sufficiently in the mainstream of practice to make suggestions about improvements and priorities.

WHAT AREAS OF PRACTICE NEED IMPROVING, AND WHAT IS THE MAIN PRIORITY?

Summary of responses by group

Service users and carers

Priority areas for this group concerned user access to and participation in services, as well as their involvement in planning and delivery. They were concerned with all aspects of support, and having a legal voice in decision-making. Inadequate communication was commonly cited as a

problem, both within organisations, and between organisations and other bodies.

The needs of carers was also mentioned by a number of respondents. Workplace training was an important issue, with other concerns including supervision and retention of staff. The management of risk, safety and danger in regard to children was another raised, as was social services for the over 65's.

Practitioners and front-line staff

This group raised a wide range of concerns, both in terms of the design of services and the processes, working practices and resources that support their delivery.

A number of respondents stressed the need to make services needs-led rather than service-led, and it was felt that there is insufficient scope for them to treat users as individuals. Others suggested that services for particular groups of people should be improved, and that greater account should be taken of the needs of carers.

Some respondents mentioned a lack of consistency in policies and working practices and, in general, it was felt there was too much bureaucracy. Inadequate resources, particularly staff, but also funding, was regularly identified as a barrier to services being improved.

Some respondents, however, did not agree that practice needed improving.

Managers

This group expressed greater concern on strategic issues rather than

the daily practical difficulties faced by front-line practitioners and service users.

Unsurprisingly, they were particularly concerned with management issues, notably around planning, human resources, standards and quality, service co-ordination and communication.

A good deal of concern was expressed about the recording and analysis of information collected for assessment, and it was felt that better understanding was required of the meaning behind registration and professional behaviour in social work.

Researchers, trainers and planners

Like managers, this group took a strategic rather than a practical view of what

needed improvement, and were principally concerned with the cultural and organisational framework, and systems for providing information and knowledge.

As with other groups, funding and additional resources were cited as areas for improvement.

Others

The final group of respondents comprised members of the public, independent social workers, consultants and retired people. This group contributed a range of ideas on how practice could be improved and how SCIE could help, but rather fewer than other groups about specific actions that might be taken. Perhaps unsurprisingly, it was difficult to locate any trends in responses from this group, although many

respondents reported stress contributing to an overload in practice.

The main issues involving users and carers

There was a strong feeling across the board – but especially amongst users and carers, and practitioners and front-line staff – that services were not designed around the needs of users and carers, and that these groups should be more involved in design and delivery.

One respondent from the service **users and carers** group felt that *"Real effort (should be) made in the development of seamless service provision (whether voluntary, statutory or private) and agreement reached on practices and policies to meet the needs of service users."*

This view was endorsed by someone from the **practitioners and front–line staff** group who said that *"(We must) ensure that service users receive reliable services to meet their needs, maximising independence at minimal inconvenience…"* Other respondents from this group considered that too great an emphasis was placed on people having to fit rigid criteria, resulting in insufficient scope for response to people as individuals. One said: *"Practitioners may be very good at listening to people and understanding their strengths and needs. (But) when it comes to being translated into a service, it can be blocked by managers who may lack the ability to perceive service users as unique individuals, taking account of their psychological needs and attitudes…"*

Some **practitioners and front-line staff** felt that user/carer involvement in the planning and monitoring of services, and in setting service standards would be helpful. Others felt it important to *"actively rather than tokenistically involve service users in the planning and implementation for their care"*.

One **manager** wanted to see *"...participation of service users in the planning and delivery of matters that affect them, and independent advocacy for those with complex communication impairments..."* Another wanted to implement a system which *"...offers children prior review, consultation and preparation time to develop resources and strategies, regardless of needs/ability, and to offer training to social workers* *on including young people in all aspects of planning..."*

The theme of isolation of some careworkers was cited by many of the respondents amongst **service users and carers**.

Insufficient resources

Staffing levels and insufficient funding were mentioned by many – notably practitioners and front-line staff and researchers, trainers and planners – as priorities they would like to see addressed.

Some **practitioners and front-line staff** argued that a lack of funding jeopardised specific services, with one respondent arguing that *"The main reason for services for older people lagging behind other specialisms is poor funding from central government."* Another

reported that reduced caseloads would allow more time for developmental and preventative work. Some from this group felt that they were demoralised and deprofessionalised by management and that their workload was too heavy. One respondent explained: *"…I provide in-house training, NVQ assessment and (I am a) practice teacher as well as carrying a complex caseload. This is too diverse; there is far too much reliance on goodwill, and recognition should be given to the extras we provide…"*

Researchers, trainers and planners reported that more funding and additional resources (particularly for residential, nursing and domiciliary care) might improve practice. One respondent specified *"increased resources to reduce staff*

turnover", and *"increased employment levels to allow for annual leave, sick leave, maternity leave, training and resignations."*

Uneven services

Practitioners and front line staff, as well as users and carers, were concerned that services were not of uniform quality either geographically or across various user groups.

One respondent from the **service users and carers** group reported that *"(In the light of the fact that a regulatory body for care services with links to SCIE is to be established) I would like SCIE to take on board that Northern Ireland is not just a small bit of England and Wales with a difficult recent history which puts service users in a different place to their English and Welsh counterparts…"*

Some from the **practitioner and front-line staff** group felt that better access to particular services was needed (e.g. skills for people who have difficulty in communicating, and access to services for adults to help children and families), and a database was required to access such services. Others were very specific in suggesting that services for particular groups of people (e.g. asylum seekers) should be improved. Many said generally that services for children, adults with a learning disability, children with mental health problems, general family support including fathers, were lacking.

HOW COULD PRACTICE BE IMPROVED?

Summary of responses by group

Whilst the responses of users, carers and others pointed to the increased involvement of that group in service planning and provision, with an attendant improvement in communication, the vast majority of detailed suggestions came from those working in the area.

Practitioners and front-line staff

The nature and quality of relationships between organisations with a responsibility for care provoked many responses, with respondents suggesting joint working, and liaison as a means to better services. The idea of multi-disciplinary teams was

strongly supported by most of this group, as was the development of user/carer forums and single assessments, and mental health promotion.

This group offered suggestions for improving services covering a range of working practices and processes, as well as strategic issues. Communication and training featured regularly, with some respondents suggesting that communications technology could be better used to facilitate knowledge sharing, professional development and improved service delivery.

Responses also stressed the importance of best practice, professional freedom and reducing bureaucracy.

Managers

Managers reported rather 'broad brush' views about how practice might be improved, although processes and working practices were more of a preoccupation for them than other groups. Whilst some felt that a reduction in bureaucracy would be beneficial, others wanted to see more activity in the area of service review and supervision. Clarity of guidance, better record keeping and work processes that reflected the increasingly integrated nature of care provision were all cited as ways to improve service.

The accessibility of relevant news, information and best practice was an issue, with some respondents wanting to explore different models of service configuration as a means of accommodating differing user needs.

Training, including distance and open learning options, was mentioned regularly as a means to improvement, and there was a feeling expressed that more formal development would lead to greater public awareness and understanding of the social worker's role. Networking was also mentioned, with some respondents wanting stronger links with health and voluntary sector organisations. More funding was mentioned a number of times, as were strategic issues such as human resources and management support.

Researchers, trainers and planners

As with managers, respondents suggested that better management tools and approaches could help improve practice. Unsurprisingly, training in planning and more

bureaucratic disciplines was frequently suggested, and the benefits of increasing funding and staffing were also outlined. Some in the group wanted better understanding of non-statutory training needs by those both inside and outside the profession, whilst others wanted to see information and experience exchanged between practitioners and users on shared training courses. Inter-disciplinary working was also suggested.

It was felt that the quality of information available to managers and practitioners could be improved, as could the manner in which it was used. Communication cropped up regularly, with relationships between senior practitioners, and training and development staff singled out for mention.

KEY AREAS FOR IMPROVEMENT

Joined-up working

The need for greater understanding and co-operation between organisations involved in the provision of social care, and the various specialists that comprise them, was a major theme for all groups consulted, and was reflected in responses covering a range of areas for improvement.

Practitioners and front-line staff reported a belief that improved liaison between health and social services, especially related to the acceptance of responsibility of funding of care packages, was an important way of improving practice. The idea of multi-disciplinary teams was also strongly supported by most of this group, as was the development of user/carer forums.

Managers agreed that stronger external links were desirable, particularly with health and voluntary sector organisations, and that they should explore different models of co-operation with other agencies.

Other respondents echoed the view that improving links and creating meaningful partnerships between, health, social services and voluntary sector organisations was desirable.

Communication

Communication, both within and between organisations, was considered a central issue by all of the main groups of respondents.

Service users and carers considered better communication within and between all groups working in the sector to be critical, with one respondent suggesting that services *"…improve communications, both internal and external…"*, and *"…acknowledge, address and resolve historical fears based on misconceptions."* In addition, respondents from this group stressed the need for greater communication both within organisations between managers, workers and other groups, and between organisations and other bodies.

Improving communication was the area of practice considered the most important by **practitioners and front-line staff**, with one identifying a need for improved communication between assessors and service providers. Others felt that better use should be made of IT, and that this was felt to be particularly important for those in remote locations where better web-based or e-mail links could help provide expertise and an opportunity to share and update knowledge.

Researchers, trainers and planners cited a need for *"better communication and information-sharing"* between senior practitioners and training and development officers, and *"…better links between operational and strategic planners."*

Training

Service users and carers raised workplace training as an important issue, a view common to all groups. Training was seen as fulfilling a number of functions – raising skills, facilitating joint-working,

exposing practitioners to the experiences of others and further professionalising services. Training was seen as relevant to users and carers as well as providers of services, and non-statutory as well as statutory organisations.

Practitioners and front-line staff reported that training could be more productive if tailored to individual members of staff. One respondent expressed the view that *"If individual practitioners could use their own talents improving creative and flexible services for the benefit of service users, the system should become more cost-effective."*

There was a feeling expressed amongst **managers** that extra training and more continuous professional development (CPD) should generate greater recognition for qualified staff, and perhaps lead to a better public awareness and understanding of the social worker's role. More generally, there was a desire for the widespread introduction of action research, which supports staff in solving organisational problems themselves as a means to improving quality of services. The sentiment that care professionals needed to learn from their immediate experience rather than from more abstract sources was echoed in the view that *"...we feel the need to improve our ability to learn from our work and service user feedback, rather than waiting for external research specialists to do this for us."*

Along with managers, **researchers, trainers and planners** emphasised the desire for continuous

professional development, and suggested a formal programme of training leading to registered status.

More generally, this group felt that training could be provided by *"...cascading information and disseminating recent and accurate information..."*, that distance and open learning options could be used in addition to more traditional course attendance and supervision, and that there needed to be greater understanding of non-statutory training needs by those both inside and outside the industry sector. Evaluation, sharing information and experience via shared training involving service users and practitioners was suggested by this group as a way to improve service delivery.

One respondent called for a review of the way staff saw themselves and their

functions, anticipating that *"...professionals need to consider other ways of working where by they are information and resource providers, rather than the all-knowing, all-powerful experts..."*

An unusual suggestion was that *"All social workers and managers who work in disability should work as a carer for one week a year (as this) is the only way they will begin to see the problems that they create."*

Guidelines, processes and procedures

From planning through to general management and supervision of care practitioners; better application of guidelines, processes and procedures represented a means to improving services. Perhaps unsurprisingly, practitioners and front line staff focused on issues related to their

own work and the well-being of clients, whilst managers concentrated more on management systems and procedures, quality and compliance issues. Researchers, trainers and planners were concerned with promoting standards, better and clearer bureaucratic procedures and cultures that enabled better practice. There was a general feeling across the groups that less paperwork would be welcome.

Some **practitioners and front-line staff** wanted to see greater consistency in policies and working practices, with the management of risk, safety and danger with regard to children a particular concern. One recurring theme was better supervision and people management was required, with one respondent expressing the view that

"Managers need skills in managing people as well as managing budgets." Reducing paperwork was also suggested more than once.

Managers saw the provision of standard-setting, and definition of terms and guidelines as important. They wanted to see better recording and analysis of information collected for assessment, and a better understanding of the meaning behind registration and professional behaviour in social work. They also considered it important to *"build links between different systems."*

Researchers, trainers and planners also felt that better practice could be improved by concentrating on policies, coherent procedures, frameworks and guidelines, and that better training in planning,

assessment, recording and customer care would be welcome. This group also felt that improvements to practice could be made by providing more reliable management information, better supervision and the development of quality assurance systems and performance review mechanisms to underpin all service areas. Service reviews and forward planning were also suggested.

Interestingly, this group acknowledged that some re-prioritising might be necessary, with one respondent suggesting that improvement would require *"time and opportunity…to promote standards and adopt and apply high realistic standards of practice"*, and another that more time for reflection and evaluation of work should be provided. A more general point was that

"…(we must) support people to manage and accept change…"

HOW SCIE MIGHT HELP TO IMPROVE PRACTICE

Across the board, respondents were agreed that SCIE could help provide solutions to many of the problems identified in the listening exercise.

There was a feeling expressed that SCIE should lead by example, involving service users and carers in a meaningful way. All groups were agreed that SCIE could provide access to a range of resources for users, carers, practitioners and partner organisations. Users and carers looked to SCIE to provide carers with materials and expertise, and believed the

organisation could help build a professional identity for carers.

Practitioners and front-line staff evidently want to see SCIE take on responsibilities they don't feel they can shoulder individually. More generally, all groups felt SCIE should make available good practice and research to those in the field, through a range of media. It was also felt amongst professionals that SCIE could develop and promote national standards and undertake benchmarking and auditing, and that the organisation could set standards of good research practice. An alternative point of view was that SCIE should be a forum for sharing ideas, and should avoid being too prescriptive.

Many respondents believed that SCIE should have a role in bringing together

practitioners and organisations – both physically and by facilitating remote communication. Practitioner networks, making available contacts, providing databases of services and offering links to regions and other bodies were all suggested. It was also felt that SCIE might carry out consultation. Some respondents felt that SCIE might act as a lobby group for care services, pressuring government for change, and bringing clarity to the relationships between national bodies.

Various methods of disseminating information, transferring skills and exchanging ideas were suggested including the Internet and e-mail; newsletters, research reports and brochures; audio, video and chat-lines; and events such as conferences, seminars and workshops.

Good practice and research

There was a general feeling amongst **service users and carers** that SCIE should be the point from which good practice is disseminated to social workers. The reported isolation of carers was felt to be an area in which SCIE could make a difference, as it is well-placed to disseminate new materials and techniques, and act as a focus for those needing and requiring supra-ordinate supervision. This group also felt that SCIE should facilitate the knowledge sharing about agencies using similar techniques of intervention.

Practitioners and front-line staff felt strongly that SCIE should perform a library and referral service, providing *"…concise, straightforward advice about practice in order to deal with the current deluge of information…"*

One respondent stressed that such advice should be *"…independent information about best practice, based on evidence rather than hearsay…"*

It was felt that research should be linked to practice, with a central database to show who is doing work on what topics. According to one respondent, SCIE should: *"…be proactive with the dissemination of information, and provide easier access to available services, and clearer guidance on what is available…"*

Managers wanted to see SCIE provide examples of good practice, supplying research materials and best practice guides and general support for good professional practice, service users and carers, rather than being primarily a support for management.

One manager considered it important that *"… front-line staff as well as managers have easy access to the SCIE website…"*, whilst another saw an opportunity for SCIE in *"…the lack of good evaluated research on many aspects of social care, and direction on how to use evidence-based practice…"*

Researchers, trainers and planners felt that SCIE should *"...set standards of good research practice, and cultivate a working style which encourages the absorption of evidence into policy and practice…"*, and could *"…become a dominant player in the communication, dissemination and implementation field provide regular e-mail bulletins…"*. This group, in particular, stressed the value of the Internet and e-mail in making material available.

Standards and benchmarking

Practitioners and front-line staff believed that SCIE should be concerned with national standards and benchmarking, and that SCIE should *"…provide a national rather than a post-code standard…"*

Managers echoed this view, although it was considered that SCIE could improve practice by *"…overseeing a policy review group to update policies and procedures to be in line with best practice and new care standards and to oversee the process of how development and good practice changes our work..."*

Researchers, trainers and planners urged SCIE to publicise standards, and to *"...develop regional links to develop practice and produce basic standards to*

be achieved…", and to take on an audit role.

Representing social care

Practitioners and front-line staff wanted to see SCIE *"…raise public awareness of the realities of the social work task, and pressure government bodies about making change…"*, whilst **Researchers, trainers and planners** suggested that SCIE act as a lobbyist to government for better funding levels for social services, and for clearer policy on the amalgamation of health and social care. This group wanted SCIE to help social workers obtain *"…more time to pursue non client activities such as training on internal IT systems, (and) have involvement in policy development, rather than being overwhelmed by their caseloads…"* and, more generally, to highlight *"… the implications for*

practice of excessive caseloads and poor management and encourage staff development to be seen as a core activity for managers…"

Making it work

Service users and carers believed that SCIE had a role to play in facilitating practitioner networks, particularly valuable for carers who are professionally isolated. By doing this, it was felt that SCIE could help to build a professional identity for careworkers.

Practitioners and front-line staff felt that a number of options were open to SCIE about how its activities might be undertaken. The Internet, paper, audio, videos, roadshows and chat-lines were just some examples given. Others from this group felt that

SCIE could set up joint training events between statutory and non-statutory organisations.

Managers' suggestions included newsletters, as well as an Internet presence offering links to TOPPS, GSCC and BASW, workshops and research information, and encouraging the exchange of ideas.

This group also felt that SCIE could support the sharing of knowledge and mutual help between different projects, areas or authorities. It was believed that evidence-based practice on the care of particular groups should follow, and that SCIE could then look at ways of disseminating ideas, materials and research.

Managers also felt that seminars, workshops and conferences could also be organised where practice could be described and shared. One respondent explained: *"Local, regional and national workshops, involving workers and service users…(could be used) to provide an overview of what works in specific areas within social work. To produce an accessible guide which will note research and evidence, both old and new, about a particular. Not just to note the literature, but provide summary findings and recommendations."*

Researchers, trainers and planners wanted to see SCIE develop a 'knowledge network', providing access to information and enabling practitioners to communicate with organisations who have a role to play in improving social care.

Like others, this group wanted to see SCIE run

seminars, workshops, conferences and events for staff about best practice, and how it can be implemented.

4.2 A SUMMARY OF DISCUSSIONS WITH PARTICIPANTS WHO ATTENDED THE FIVE REGIONAL CONSULTATION DAYS IN APRIL AND MAY 2002

The following covers the main points from recordings of the 46 small group discussions. The morning sessions asked participants to consider what areas needed development, and how this might happen. The afternoon workshops considered ways of improving practice in the workplace, and how SCIE could help.

Almost all aspects of social care were considered to need development and improvement. A number of themes consistently appeared, however, and are areas that participants would like to see covered as part of SCIE's work.

Involving service users and carers

- SCIE could have a role in researching how best to involve service users, and promote this knowledge.
- Consultation with service users is not routinely carried out and is often at the bottom of the list.
- Service users know best what works for them and although this is not the only criterion for a good service, it must be the main one.
- Service users should be involved and integral rather than being consulted about any policy or practice change.

Service users want to be listened to, and be confident that their views will be acted on in some way. Rather than describe this process as 'consultation' the terms used should be 'participation' and 'involvement'.

■ Service users should have as much information as staff.

■ More service user input in social work training.

Insufficient resources

■ Better pay for social workers and particularly for care staff. A crisis exists in the recruitment of almost all staff but particularly in care homes.

Uneven services

■ Reduce variation in provision. (3)

■ Lottery postcode is still there and SCIE could do something about this.

Joined-up working

■ Participants wanted more work on how to provide a 'seamless' service.

■ Working with Health is an area that needs developing.

■ There is still too much falling between the gaps for service users.

Guidelines, processes and procedures

■ The social work task has become checking and ticking boxes. There is a need to get back to personal relationships and how to work with people, and with dignity.

■ Performance indicators are for Directors and strategists. Should be made to work for front-line staff and service users.

■ Far too much form filling. How to reduce paperwork.

■ Need for risk

management procedures.
- Too much jargon.

Good practice and research

- Criteria for SCIE's assessment of what is good practice is not always clear.
- SCIE should act as a clearing house and digester of information about good or best practice, and produce best practice guides which should be short and user friendly.
- Best practice for some stakeholders may be poor practice for others. The 'best available practice' might be a better description than 'best practice'.
- Information and knowledge about good practice should be shared, and examples of good practice sites should be part of best practice guides.
- There is too much

information of doubtful use and quality.
- Having more information does not always mean that there is a better service.
- Data on the Internet is 'information'. This should be changed into 'knowledge'. More of the 'how' information needed.
- A need to celebrate what works and disseminate this.
- Research knowledge needs more dissemination.

Standards and benchmarking

- SCIE should focus on the 'how to' rather than the standard. Getting guides produced is easier than getting the advice contained into practice. A lot of standards already exist but little useful knowledge on the process of getting there.

Making it work

- Better targeting of web resources and communication for different groups.
- Web resources and communication must be user friendly, not just for 'anoraks'.
- Older staff and service users do not always have good web skills.
- Access for staff to the web is very patchy.
- Web is not the only way to get information and best practice guides to people.
- Knowing what is available and how to access it is difficult for both staff and service users.

Other

- Compulsory competitive tendering [CCT] is not working.
- Commissioning is not fairly or clearly handled.

- Need greater uniformity,

in commissioning practices.

The role of SCIE

- Concern that SCIE is being asked to do too much.
- Anxiety that SCIE is a government 'lackey'.
- SCIE should have a lobby role for better services and conditions of work for staff. How much of a lobbyist role is SCIE planning for itself?
- SCIE needs to be clear and up front about what it can and cannot do.
- SCIE is still looking for a role.
- How is SCIE going to check that it has made a difference?
- SCIE and its relationship with other government bodies is not clear.
- SCIE is trying to be all things to all people.
- SCIE needs the right 'values' as well as the right 'knowledge'.

4.3

RECOMMENDATIONS FOR BEST PRACTICE GUIDES

The following is a summary of written information submitted by those attending the five Regional Workshops.

Topics

A very wide range of topics was suggested for coverage in Best Practice Guides, some of which were outside SCIE's or social care's remit. The following indicate the topics most commonly mentioned, and a range of professional interests. A more detailed list is included in the Appendix 4.

- User participation was the most commonly cited topic by some margin, and was mentioned by all represented interests.
- Social care staff were particularly interested in skills for professional development, across all staff groups, individuals and agencies.
- There was a strong interest in skills and experience for working in new environments and partnerships, with guidance on commissioning warranting special mention.
- Issues related to children services were regularly repeated.
- Several requests for guidance on direct payments and social care impact on transport policy and services.

Other suggestions included:

- a section on 'Learning from Europe'
- 'promising practice' level of information, i.e. practice in progress that needs trailing or replicating

Content

People attending the

Listening Exercise used the 'any other comments' section to give their opinions on how BPGs should be compiled.

The central message was that guidance should demonstrate 'how to', and avoid being prescriptive, although there was some tension between requests for concise instruction and material to stimulate practice, and requests for 'real' examples. A common request was that guides should be simple, concise and written in plain English. The purposes and possible applications of guides should also be clearly stated.

Points for consideration included:

■ Guides must give tools and encourage thinking rather than be 'how to' guides that do not aid skill/judgment

development.
■ Guides must not be too prescriptive or they will stifle innovation.
■ Guides should be concerned about process – how things work well.
■ Guides should be written to reflect the need for local implementation, and encourage variation for good practice.
■ Guides should include sections on generic good practice and specific applications for operational settings (health/social care; education/social services departments).

Format

There was a clearly-expressed need for alternative formats for a range of circumstances. Nobody was against guides being published on-line, and it was considered an ideal medium by some. However, one voluntary

organisation said that its carers preferred traditional booklets and suggested publishing in both formats, and there were suggestions that not all users would have access to computers. SCIE will explore *eLearning/eGovernment* initiatives with relevant Departments.

Requests for guidance on decision making suggests SCIE should help through better dissemination of work already available, as well as by generating new material.

Some suggestions were made about disemminating good practice in partnership, with suitable candidates including:

■ RNID practice guides
■ Warwick University practice guide on domestic violence (already taken up)
■ Worcestershire SSD 'good

meetings' guide includes a checklist for access
■ Family Group Conferences.

Appendix 1:
Nominated participants to the five Regional Workshop Days

NOMINATED PARTICIPANTS AT FIVE REGIONAL WORKSHOP DAYS DIVIDED INTO FIVE GROUPS

Conference Location	User/ Carers	Front line staff	Managers	Research/ Trainers	Other	Total
York	13	13	16	11	7	60
Wales	11	10	8	3	12	44
London	18	14	18	6	8	64
Bristol	9	13	11	5	8	46
Birmingham	12	4	16	6	9	47
Total	63	54	69	31	44	261
%	24	21	26	12	17	100%
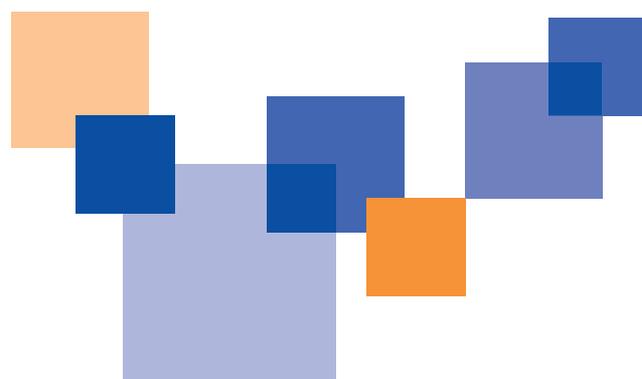
ORGANISATIONS REPRESENTED BY PARTICIPANTS TO THE FIVE REGIONAL WORKSHOP DAYS

Acorn Home Care
Age Concern
Assist Home Care Limited
Association for Residential Care
Barnardos
BASW
Bradford City of, Social Services Department
Bristol & District People First
Bristol City Council, Social Services Department
Bristol University
British Disability Rights Commission
Caerphilly County Council, Directorate of Social Services
Camden Society
Carers UK
Choices & Rights Disability Coalition
City of York Council
Community Care
Cranham House
Daybreak
De Montfort University
Denbighshire County Council, Social Services Headquarters
Disability Information Advice Centre (York)
Disabled Persons Liaison Com
DOVE
Durham County Council, Social Services Department
Elizabeth Fitzroy Support
Essex County Council, Social Services Department

Family Rights Conference
Family Rights Group
Frenchay & Southmead Care Trust
Friends of the Elderly
Gardeners Royal Benevolent Society
Gateshead Council, Community Based Services
GP Home Care Ltd
Greater London Action on Disability
Halton Borough Council, Social Care, Housing & Health Directorate
Hampshire County Council, Social Services Department
Herefordshire Centre for Independent Living
Herefordshire Council, Directorate of Social Services Department & Housing
Homestart
Homestead Lodge Ltd
Isle of Wight Council, Social Services & Housing Directorate
JC Care Ltd (Craegmoor Healthcare Group)
Kent County Council, Social Services Department
Kingston Upon Hull City Council, Social Services Department
Kirklees Metropolitan Council, Social Services Department
Knowsley Metropolitan Borough Council, Social Services Department
Leicester City Council, Social Services Department
Leicester City for Integrated Living
Lincolnshire County Council, Social Services Department
Living Independent in Gloucestershire
London Borough of Bromley, Social Services Department
London Borough of Camden, Social Services Department
London Borough of Hammersmith & Fulham, Social

Services Department
London Borough of Redbridge, Social Services Department
London Borough of Southwark, Social Services Department
Maidstone House Community Care
Mental Health Centre
Merseyside Family Support Association (FRG)
Middlesbrough Council, Social Services Department
MIND
MS Society
NCIL
NCVCCO
New Era Housing Association
North Staffordshire User Group
Norwood House Nursing Home
Nottingham City Council, Social Services Department
Nottingham Trent University
Nottinghamshire County Council, Social Services Department
Oxford Brookes University
Peace Haven Residential Home
Plymouth City Council, Department for Social & Housing Services
Rhondda, Cynon, Taff County Borough Council, Social Services Department
RNIB
RNID
Rossmore Nursing Home
Royal Borough of Kensington & Chelsea, Social Services Department
Sandwell Metropolitan Borough Council, Social Inclusion

& Health
SCOPE
Sefton Metropolitan Borough Council, Social Services
Department
Service Middlesbrough
Shaping Our Lives
Sheffield Centre for Inclusive Living
Shropshire Disability Consortium
Social Care Association
Somerset Access & Inclusion Network
Somerset Social Services Department
South Essex Care Home Association
Southampton City Council, Social Services Department
Southend Borough Council, Social Care Department
Springfield Care
St Mungo's Association
Staffordshire County Council, Social Services Department
Stoke on Trent City Council, Social Services Department
Sunderland Carers' Centre
Sunderland, City of, Social Services Department
Surrey Independent Living Council
Swansea, City & County of, Social Services Department
The Care Forum
The Children's Commissioner for Wales
The Forum Greenwich
Torfaen County Borough Council, Social Services
Department
UK Home Care Association
University of Central England, School of Social Work
University of Coventry
University of Exeter
University of Keele

University of Northumbria
University of Portsmouth
University of Salford
University of Sheffield Hallam
University of Wales, Cardiff
University of Wales, Swansea
University of West of England
Wandsworth Wellcare
Warrington Borough Council, Social Services Department
Warwickshire County Council, Social Services Department
Westwood Residential Home
Wigan & Leigh Crossroads
Wigan Metropolitan Borough Council, Social Services Department
Wiltshire County Council, Social Services Department
Wokingham District Council, Community Services Department
Worcestershire County Council, Social Services Department
Worcestershire Lifestyles
Wrexham County Borough, Directorate of Personal Services
Yarrow Housing Ltd
York & Selby District Carer's Centre
Ysguborwen Residential & Nursing Home

Appendix 2:
Questions posed at the five Regional Workshops and posted on the Website

THE LISTENING EXERCISE

Questions for the Morning Workshop

1. What areas of practice need improving in your workplace or in the organisation which provides you with assistance or services?

2. How do you think practice might be improved in your workplace or in the organisation which provides you with assistance or services?

3. What is the main priority area for improving practice?

Questions for the Afternoon Workshop

1. SCIE is a national organisation covering England and Wales providing knowledge about good practice and what works best.

2. How could a national organisation like SCIE help improve practice for your workplace or in the organisation which provides you with assistance or services?
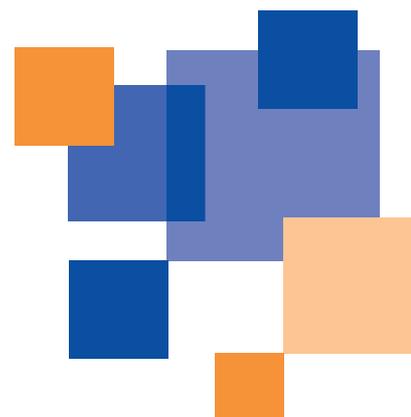
Appendix 3:
Questions about Best Practice Guides

THE LISTENING EXERCISES

Best Practice Guides

Please complete and return this sheet today so that SCIE can use your comments in planning its Best Practice Guides.

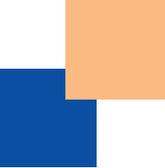**What topics would you like Best Practice Guides to cover?**

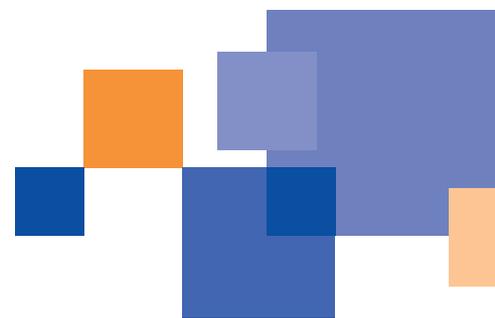1. _____

2. _____

3. _____

4. _____

Is there any other comment you want to make about Best Practice Guides?

_____

_____

_____

_____

_____

_____

_____

_____

_____

Are you: (*please tick box*)

A service user   ☐

A service provider   ☐

A service user supporter   ☐

Other (*please specify*)   ☐

Thank you

Appendix 4:
Further topics/areas of practice for Best Practice Guides

TOPICS

User participation

- Participation in all agency activity
- Making use of user experience and information, particularly those less often involved e.g. people with severe mental illness
- Partnerships with service users

Skills development

- Developing learning organisations/teams
- Finding and disseminating information
- Workload management

New environments

- Roles and functions of different Community Care staff
- Joint/partnership working/contractual working at all levels of agency
- Commissioning
- Advocacy/complaints procedures

Children's services

- Contact in long-term placements
- Analysis and decision making in Child Protection [research based)
- Moving to adult services

Direct payments

- (Rural) transport systems

THEMES

Learning difficulties

- Challenging behaviour
- Communication

Service users

- User-controlled organisations
- User-led outcomes
- BPGs written & reviewed by users
- Childrens' rights especially when living away from home
- 'Hard to reach 'groups
- Family Group conferences
- Users' Guide to using social services/social worker
- Self-assessment

Staff groups

- Expectations upon home care staff
- Recruitment & retention
- Communication between frontline and senior managers
- Accountability to service users

- Standards for volunteers

Independent sector

- How the sector could use BPGs as a standard for procedures

Disability

- Checklist for accessible venues
- Supported living models

Mental health

- Social inclusion models
- Assertive outreach
- Working with personality disorder
- Children & young people with mental health needs
- Drug using parents

Social work

- Good practice within social work teams (this complements Managing Practice)
- Principles & ethics
- Practical examples of anti-discriminatory practice
- Emancipatory role of

group work
- Role of senior practitioners

Risk assessment

- Sharing risk assessments with elderly mentally ill users
- Sharing risk assessment with abusive clients

Skills

- Research toolkits
- Transferring skills
- Restraint
- Duty work

Sensory Impairment

- Residential care for the deaf (RNID your home is your castle)
- Residential care for the visually impaired
- Dual sensory loss
- Mental health needs of deaf people
- Environmental equipment: what is there, how to see it, how to get it

Children

- Attachment disorders
- Good practice in "out of organisation" placements
- Charging policies re family support
- Advocacy in Child Protection
- Access to family support for newly arrived families
- Working with black families
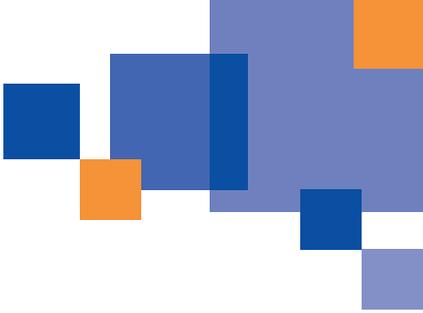
Appendix 5:
The purpose of Regional Consultation Groups

REGIONAL CONSULTATION GROUPS

SCIE is a London based organisation but wants to establish good working links with the English regions and Wales. One possible way of doing this is to develop regional consultation groups of service users and practitioners. These groups would be fairly small, about 6 service users and 6 practitioners. The groups would meet with a SCIE staff member every 2 to 3 months to discuss the current issues, concerns, and best practice in social care in their region and how SCIE might be involved.

If you or your organisation would be interested in joining SCIE with this initiative in the Midlands could you respond to the following questions:

Do you think regional consultation groups such as those described above could be useful? If yes: would you or your organisation be willing to be involved?

_____

_____

_____

_____

Name: _____

Address: _____

_____

_____

Do you have any other suggestions about how SCIE could continue contact and consultation with the regions?

_____

_____

_____

_____

Thank you

Please return to SCIE staff at the end of the Consultation Day Workshop

SCIE

Social Care Institute for Excellence

Better knowledge for better practice