Reviewing the impact of the Social care governance workbook

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Key messages

- Using the workbook across a range of layers of the organisation can raise the profile of social care governance (SCG). This can help ensure that governance is 'everyone's business'.
- Consistency is important in terms of responding to the SCG agenda, but there needs to be a degree of flexibility.
- There need to be good lines of communication between practitioners and management.
- Decisions about action or inaction need to be communicated to frontline staff.
- Potential difficulties should be considered and managed to preserve relationships and collaborative working arrangements.
- Limitations placed upon staff should be recognised and made transparent.
- Staff should be provided with practical support.
- The provision of a systematic process and support from SCG leads in order to facilitate teams is useful.
- Providing examples of everyday practice is a good mechanism for helping staff to understand their role in delivering the SCG agenda.
- Securing participation from frontline staff is important.
- Good practice in SCG can empower practitioners because it provides a forum whereby their views are sought; it promotes team-building and it can enhance staff investment in their jobs and the service.

Introduction

The 'Social care governance workbook' (hereafter referred to as 'the workbook') was commissioned by the Association of Directors of Social Work (ADSW) in 2007. The aim was to provide a structured approach to support frontline staff and managers in the implementation of SCG arrangements across Northern Ireland. The workbook was produced by the Social Care Institute for Excellence (SCIE) and the Department of Health, Social Services and Public Safety (DHSSPS). It sets out a model of clinical and social care governance, providing a structured approach to review, agree, implement and demonstrate improvements in practice and service provision.

The workbook was piloted with a sample of social work teams in Northern Ireland during 2007. Each health and social care (HSC) trust was responsible for rolling out the use of the workbook, with senior management responsible for promoting the implementation of SCG arrangements. In 2012 SCIE was commissioned to undertake a review of the impact of the workbook and update the content to reflect developments over the past five years.

Background and context

Background

Over the past decade there has been a focus on the quality of services and outcomes for people who use services, with an increasing expectation of delivering good care. This has resulted in drivers for change and increasing accountability placed on public services to strive towards upholding good standards and improving service provision. 'Best practice best care' (DHSSPS 2001) outlines the framework-setting standards for delivering services and for monitoring and regulation in health and personal social services (HPSS). This guidance made recommendations for adding SCG to existing arrangements – ensuring probity, transparency and adherence to public service values. The HPSS (Quality, Improvement and Regulation) (NI) Order 2003 places a statutory duty of quality (Article 34) on HSC boards and trusts to ensure that rigorous processes are in place to deliver, monitor and promote safety and quality in the provision of HSC.

The Northern Ireland Social Care Council (NISCC) was established in 2001 to regulate the social work and social care workforce, along with providing education and training. The Regulation and Quality Improvement Authority (RQIA) was established in 2003, and is responsible for inspecting regulated services and undertaking reviews of trusts' SCG arrangements.

Although many HPSS organisations had already begun to establish governance arrangements, subsequent guidance (Circular HSS (PPM) 10/2002).

issued by the DHSSPS in 2003 set out guidelines for the implementation of SCG to promote regional consistency. The guidance issued a management framework for SCG and set out a minimum list of actions to be undertaken by each organisation. Trusts were required to undertake a baseline assessment of their current SCG arrangements and develop a plan to make improvements. Actions also included the appointment of a senior professional to provide leadership for SCG within the organisation (DHSSPS 2002).

The DHSSPS (2006) issued 'Quality standards for health and social care: supporting good governance and best practice in the HPSS' with the aim of improving services and the health and social wellbeing of people in Northern Ireland. The standards have five key quality themes and are used by the RQIA to assess the quality of service provision provided by trusts. The standards relate to the following areas:

- corporate leadership and accountability of organisations
- safe and effective care
- accessible, flexible and responsive services
- promoting, protecting and improving health and social wellbeing
- effective communication and information.

HSC provision continues to develop and evolve in response to social, economic and political drivers in Northern Ireland. Since the introduction of the workbook in 2007, a range of strategic developments across the HSC landscape have influenced, and been

influenced by, governance arrangements. This occurred subsequent to the review of public administration (RPA) in Northern Ireland, which led to significant restructuring of the sector, including the amalgamation of the 19 trusts into five HSC trusts and the creation of one HSC board.

In addition, new management arrangements and geographical boundaries have meant that staff have had to adjust to new organisational changes within an economic environment of global recession and significant cutbacks in public funding. Despite austerity measures, service reform and improvement remains high on the agenda. This presents demanding challenges to a skilled, competent and efficient workforce with restricted financial budgets.

More recent initiatives influencing the governance agenda include a range of strategies, service frameworks and minimum standards across HSC. The DHSSPS document 'Quality 2020' (2011: 7) highlights the centrality of SCG in ensuring Northern Ireland is 'recognised by 2020 as an international leader for excellence in health and social care'.

Social care provision (including the education and justice sectors) has also been influenced by a series of policy developments and reviews. These have included:

- the devolved administration of justice

- the regulation of social care social work staff education and training

- inspections of regulated services

- a renewed emphasis on evidence-based practice.

The Health and Social Care Board (2011) proposed a programme of radical reform to ensure the viability and sustainability of HSC provision in Northern Ireland. The review reiterates attention to quality and outcomes for people who use services, with a focus on preventative care, early intervention and increased choice, coupled with more localised service provision, against a background of increasing social need and demand for HSC services. This reflects changing demographics, including an increase in the population of older people and dementia conditions, which will require significant investment in services. The 10-year social work strategy for Northern Ireland (DHSSPS 2012) highlights developments in professional social work governance and outlines actions to further strengthen arrangements for the profession.

Simultaneously, developments particular to children's and adults' services have also raised the profile of the SCG agenda. The provision of corporate and professional governance has become crucial to organisational accountability in terms of managing risk and providing good quality care. Although integrated health and social care provision in Northern Ireland has been operational for the past four decades, there is a renewed emphasis on improving integration. Integrated teams, within and across sectors, have become the primary model of delivery for a wide range of professions. Workforce development in adult provision, mental health and therapeutic specialist services has diversified the staff mix within practice and management, with social work complementing other professions in integrated provision. Social workers may be operationally supervised by a manager from a different occupational profession.

Children's services have also undergone a period of reform under the Reform Implementation Team (RIT). Guidance on quality assurance and performance management has also been issued to children's services (DHSSPS 2008). This was designed to complement the workbook and provides a framework for developing robust systems for monitoring performance and quality in children's services. The recent establishment of the Safeguarding Board for Northern Ireland (SBNI) and children's strategic partnerships will provide the platform for better working across children's services, education and youth justice (DHSSPS 2012).

SCG arrangements

The use of the workbook takes place within a wider framework of governance arrangements. Alongside SCG, these mechanisms include a range of systems put in place by the government to oversee the quality and performance agenda, including:

- legislation
- regulation
- care and assurance standards
- service development frameworks
- performance and risk management
- public and personal involvement.

Accountability arrangements are in place between trusts, HSC board (commissioners) and the DHSSPS, alongside other non-departmental government bodies.

All staff have a responsibility to ensure good standards of care are maintained and organisations need to have internal systems to monitor SCG arrangements. Each trust has appointed an assistant director with responsibility for SCG. They have a key role in the development and delivery of high standards of governance, workforce development and training. This has also provided for flexible local arrangements and, under the leadership of the assistant director, trusts have appointed social work governance staff. Their role includes providing support to social work teams in implementing the professional governance agenda. In addition, a range of forums and corporate governance leads within trust directorates support the consolidation of governance requirements. Collectively there are a range of mechanisms and safeguards to ensure the implementation of the governance agenda across the social work and social care sector.

The content of the workbook is mapped to the core elements outlined in the DHSSPS guidance 'Quality standards for health and social care' (2006). The workbook provides the opportunity to address SCG at the:

- individual level
- team level
- sub-directorate level
- directorate level
- organisational level.

The workbook was primarily developed to support social work staff, however it can also be useful for social care workers and staff operating in multi-disciplinary teams, and hence all those who provide social care services. It was designed to be used flexibly and implemented in a manner that reflects the local arrangements of social work teams and the programmes of care/directorates within the HSC trusts.

Project overview

The workbook was introduced in 2007 and since then there have been many changes to the provision of HSC in Northern Ireland, so updating was needed. SCIE was commissioned to undertake a small-scale review to consider the impact of the workbook and update the content. Three trusts opted to participate. Interviews were undertaken with 17 personnel who had experience of using the workbook. They comprised four senior social workers, two locality managers, one head of service, three assistant directors of adult services, and seven SCG leads. The majority of respondents were from social work backgrounds, with one from a nursing background and another from occupational therapy. Of those respondents who had responsibility for managing services, seven managed multi-disciplinary adult services and three managed children's services.

This provided a range of perspectives to represent managers of frontline services and senior managers. It covered a range of services and reflected the use of the workbook in social work and multi-disciplinary teams. Participants were invited to comment on how the workbook was used and on any factors that facilitated or hampered its use, along with its overall impact on practice.

This review recognises that using the workbook is not isolated from other corporate governance mechanisms, and this wider context is acknowledged. Given the dynamic, varied and qualitative aspect of providing social care services, there were limitations in generating an evidence base to measure the impact of the workbook and the wider SCG process within the parameters of the SCIE review. Therefore, the review considered the perceived impact and presents illustrations of how the process has effected change.

Implementation

The review considered how the workbook was introduced and implemented across the three trusts. Subsequent to the piloting stage, two trusts operated a systematic rolling programme of delivery to a range of social work and multi-disciplinary teams. This was facilitated by external SCG staff who provided training and supported teams in the development of action plans. This was cascaded through each of the relevant directorates for children's and adults' services. One trust has two part-time SCG leads that support approximately 47 teams in children's services. Another has one head of the SCG department and three SCG leads (one full-time and two part-time), who work across all directorates with social care provision. This process was deemed to be a suitable option which took account of the capacity available from the SCG staff and the large number of teams across the trusts. This staged approach also provided for review and amendments of the implementation process as required.

Training sessions were provided in a flexible manner, such as six weekly two-hour sessions, half-days or full days. Each schedule was directed by the needs of the particular group of staff. While most training sessions were undertaken with individual teams, some were delivered to a number of teams at once and others used representatives from a number of teams. The range of training initiatives was designed to improve the scope of embedding the workbook across different levels of staff, and to promote engagement from senior management as well as individual teams. Directorate governance leads also provided support to teams in undertaking the review of governance arrangements, using the workbook as a framework.

Subsequent to training, workbook sessions could be facilitated by either an SCG lead or a directorate governance lead. During these sessions the teams considered the audit questions, reflected on current practice and identified areas for improvement. Action plans were developed and progress was reviewed, usually annually. Actions were timetabled and taken forward as deemed appropriate (at the individual, team and directorate levels). Governance issues and actions were reported to directorate governance forums or professional social work (governance) forums. Although supported by SCG leads, action plans were the responsibility of the respective teams, however the leads continued to liaise with teams to review progress and provide support in identifying areas for development. SCG leads also acted as a conduit, reporting between team and directorate levels.

The third trust allocated the implementation of the workbook to each of the respective social work leads within a directorate. This process was not undertaken in the systematic way facilitated by SCG staff. Each lead was tasked with bringing the workbook to the attention of social work and social care staff and recommending its use, however, implementation has been limited. Despite variations in the uptake of the workbook, other mechanisms are used. However, one respondent highlighted that the workbook is incorporated within the directorate and all team leaders have received training on it.

The implementation of the workbook has been ongoing for the past few years. The review found that progress has been made, and is particularly evident in the two trusts with a systematic roll-out of implementation, coupled with dedicated support from the

SCG team. This has been despite a difficult backdrop of restructuring of services and cutbacks in funding, all exacerbated by wider social and economic difficulties across the country.

Individual teams (frontline services)

The review considered the use of the workbook by individual teams. These were usually facilitated by SCG leads. A fair degree of flexibility was adopted to accommodate the operational needs of the service. Some teams used the workbook within existing systems such as monthly meetings, while others allocated time away from operational pressures. Some opted to go through the workbook chronologically, while others chose elements which were a priority for them. This helped teams to discuss working arrangements and reflect on practices and standards of service provision. It also provided a forum to raise concerns and make suggestions about solutions to difficult working practices.

The engagement of all staff within a service was deemed important to provide a good insight into operational practices and the impact on people who use services and carers. Frontline staff were provided with the opportunity to share their views and suggestions for development of the service and their practice, and this could inform the wider organisation. Participating in the governance process provided a means whereby staff could make suggestions, offer solutions and enhance practice. One respondent mentioned putting staff into subgroups to deal with a particular theme. In a residential setting this engaged everyone in the team in various roles, and they reported back to their colleagues at team meetings.

Strategic level

The review highlighted examples of how the workbook can be integrated into the wider strategic governance agenda (at sub-directorate or directorate level). The actions and issues identified by using the workbook can be communicated to a range of directorate forums. Two respondents reported that staff attending quarterly directorate governance meetings brought the workbook to each meeting, thereby actively incorporating elements of it into their agenda.

One respondent illustrated how the workbook was used as the foundation for the directorate governance agenda. Each of the 14 elements is listed as separate agenda headings, which are discussed on a six-weekly basis with managers. As each element requires individual discussion, this promotes understanding of the SCG framework and has greater application for managers. This has evolved to become the key operational directorate meeting, and SCG is not discussed separately to operational themes. The content from these discussions is linked to the delegated statutory function process, hence links between workbook elements and statutory requirements ensure that it is viewed as intrinsic to performance management and not as an additional activity. This has also widened the scope of senior managers to consider service improvements beyond core performance monitoring activities, with a focus on practice developments. In turn, it has substantially enhanced the use of the workbook and more importantly embedded it within wider governance arrangements.

Integrated and multi-service context

HSC in Northern Ireland is provided by integrated structures and there is an increasing presence of integrated care teams, particularly in adult services. Similarly, SCG sits within a wider framework of corporate governance which incorporates financial and clinical governance. As such, SCG does not operate within a vacuum, but has links with other forms of governance. It was useful to consider how these fit together and the implications of SCG for non-social work disciplines, such as nursing, occupational therapy, district nursing, psychology and other allied health professions and administrative staff who are employed within a service that provides social care services.

While the development of the workbook was undertaken with a focus on social work staff, there was overwhelming support for it to be transferable across the multi-disciplinary context of care. The review found that in multi-disciplinary services, and irrespective of professional background, staff were able to participate in using the workbook framework. This was reported as beneficial for team cohesion.

It was more useful to approach governance collectively as a service and not by professional grouping. It was noted that it is somewhat unhelpful to separate social work or nursing care, for example, and rather more useful to identify cross-cutting themes that affect a service and its entire staff. One respondent reported how he (social work) and a colleague (nursing) shared the governance process; however, one or the other would take on a particular piece of work if it was pertaining to a specific aspect of practice such as clinical developments or professional social work supervision.

Using the workbook in a multi-disciplinary setting at the directorate level provided an opportunity for sharing experiences with other managers. It enhanced collaboration and provided an opportunity to discuss issues which were relevant to a range of professions. Respondents confirmed that SCG (and the workbook) is not just the domain of social care staff and that it would be naive to assume so.

However, the implementation of governance in a multi-service context (often with staff of the same profession) was not without its problems. Although it was useful to review the standards of practice, where inconsistencies arose (often from legacy trust arrangements), this could lead to defensiveness or competitiveness between teams. It was acknowledged that it can be difficult for staff to have comparisons made with other teams. However, this also opened up opportunities for dialogue and discussion about ways of working together, with the aim of promoting more seamless and cohesive service provision.

Facilitators and barriers

The review revealed a range of factors which can either support the implementation of SCG or act as barriers to effective improvement. Some of these were identified as 'double-edged swords', the absence or presence of a particular factor being either a negative or positive influence. While this review was to consider the impact of the workbook, the book itself it is only part of governance arrangements. As it is inextricably linked to wider governance processes, so the outcomes and actions identified by using the workbook framework can be mediated by wider influences.

Inclusion and participation of frontline staff

The workbook was best implemented with a whole-team approach, whether members of an individual service or a group of managers within a particular sub-directorate. Participants should include support and administrative staff, as some respondents highlighted that such staff can offer a different perspective on the feasibility of procedures. Good practice in undertaking SCG work can promote ownership and collaboration among teams, and enhance a culture of learning and development. Some examples suggested that it is important to ensure each staff member has a role to play in SCG meetings (hospitality, time-keeping, chairing, taking notes, etc). Staff should also have a role in taking forward agreed action. The value of staff contribution should be acknowledged.

Motivation and ownership

The motivation of staff was also deemed important. Some respondents acknowledged that getting their teams engaged could be difficult. Teething problems at the start were evident, often exacerbated by perceived fears of having practice put under the spotlight, or perceptions that SCG was an additional layer of work. However, over time and with support, these issues were usually resolved, particularly when staff were able to see good practice being acknowledged or progress being made.

One respondent illustrated how adopting the workbook promoted awareness among staff, and this enabled them to take more ownership in terms of identifying areas for change which, in turn, gave them a sense of contribution and control. Teams embraced the importance of governance as everyone's responsibility, and subsequently have been proactive in proposing ideas and alternatives to working with families. This has also enhanced team ethos, whereby frontline staff identify things that need to be changed and share ideas about taking this forward.

Practical support for frontline staff

Frontline staff often work in stressful environments, particularly when dealing with complex needs and risky situations. Social work staff in particular can be exposed to resistant clients and may have to exercise statutory functions to protect vulnerable people. Added to this are operational pressures such as long waiting lists and heavy workloads. Therefore it was acknowledged that teams may need additional support. The review found that on occasions SCG leads would write up the action plan themselves,

often for services that were under extreme pressure. However, the staff were actively encouraged to take on the responsibility for progressing action.

Developing staff knowledge

Understanding what SCG means for practitioners can be a barrier, especially if staff are resistant or see it as the domain of other professional groups. It may also be an issue of confidence in one's own ability where staff do not feel qualified to undertake such work. Thus it is the responsibility of managers to demystify governance and raise the profile of staff competence in areas where they may be best placed. It is also about promoting a culture of team effort and responsibility, with all working towards a common goal to improve outcomes for people who use services.

Staff should also be informed about how their practice and the service within which they are employed are connected with wider trust provision. They need to understand the value of governance as an integral part of their work, and how their practice contributes to wider SCG arrangements. One respondent reported that some staff initially struggled with the concept and terminology used in SCG and this influenced their level of engagement. This in turn raised the need for training to develop staff understanding of SCG and the implications for their role, with the aim of securing better participation. Training delivered in a style that relates SCG to frontline practice can be helpful, as is the need to consider how the language of governance is used.

Implementing the workbook highlighted that some staff were unaware of certain matters such as:

- the roles and responsibilities of the trust beyond their own service
- how their practice related to governance issues where information goes beyond that shared with their manager
- the presence of a risk register.

However, using the workbook addressed omissions of knowledge or lack of clarity by providing the opportunity to ensure staff were well informed, particularly about mechanisms of accountability.

Social care staff

The importance of engaging social care staff was also acknowledged. For example, in one service the care assistants (social care workers) viewed SCG as the responsibility of nurses and social workers, while at the same time undermining their own expertise and contribution. However, this assumption was addressed and they were enabled to contribute their views. One care assistant suggested another way of working which led to improvements in the organisation of people who use services' clothes and managing the laundry. It was noted that an induction to the workbook was helpful in demystifying what governance is about. The Northern Health and Social Care Trust (undated) developed a booklet aimed at social care staff, and respondents who were aware of it found it very useful.

Time

The review underlined the importance of committing time to the tasks of training, completing the workbook and developing action plans. This includes the need for time to reflect on practice. Time needs to be carved from already busy schedules and protected from competing operational demands.

Recording and reporting on action plans

Action plans were viewed as helpful. It was useful for teams to divide governance into manageable and concrete tasks. The plans also ensured that personnel who were delegated tasks were accountable for progressing action. Having to record tasks promoted discussion and highlighted the need to continually review action, using the action plan as a working document. Teams identified areas that were working well and those for improvement, and these could be shared with senior management in collective forums where the action plans were evaluated.

Quarterly reporting was found to be useful in maintaining an overview of performance. This required presenting updates at inter-service forums to ensure communication of key themes. Participation by and views from different managers in different parts of the organisation was beneficial to the governance process and key performance indicators were also monitored in this way.

A few respondents noted that it was time-consuming to complete governance reports/plans. However, having actions documented enabled teams to see progress, even if this was slow due to mitigating factors. Realisation of an action plan was even more frustrating when it involved a number of steps requiring a range of approvals, which took a long time to achieve. However, 'quick wins' helped to spur enthusiasm. Reviews of action plans highlight improvements and developments, which is reassuring. Sometimes reviews generate anxieties about expectations of progress, but in reality they provide the opportunity for teams to see how far they have come, which in turn boosts morale and encourages responsibility for progress.

The review highlighted that organisations should consider the interplay between governance reports and other reports, such as those written for performance management. It was noted that it would be helpful to have additional information technology (IT) support to record governance work on an amalgamated system. This could facilitate better links between different parts of the organisation – so, for example, the data could be lifted for other statutory and performance reports. This could promote better collation of information to identify trends and issues and prevent duplication of recording.

Team dynamics

Relationships and staff morale can influence participation. Having a consistent and settled workforce can help the SCG process. Respondents who managed frontline staff noted that they had well-established and cohesive teams and this helped the experience of implementing the workbook. SCG leads were able to compare their experiences of working with settled teams versus teams with low morale or difficult dynamics. The process can be complicated by issues or conflicts and this can make it

more difficult to secure service improvements. Low staff morale or significant changes to a staff team can be unsettling, and it may be useful to look at governance and practice development as a way of resolving issues.

Respondents also considered the influence of experienced and new staff members. Including newly-appointed staff in an existing process, while not always easy, can provide a fresh perspective on recurring problems and help the new recruit become part of the team. However, experienced staff with more practice wisdom can help shape solutions and promote a culture of learning and development. Services which have a strong training ethos, such as those providing student placements, can also support a culture of learning.

Decision-making power and achieving change

In promoting a positive culture of SCG, the review found that staff need to be assured that their ideas and views are listened to and taken into account. These assurances value the active contribution of staff in making a difference to practice. Staff need to be supported to contribute to practice development and, when appropriate, permitted some operational freedom to implement changes to procedures which can improve the quality of care they provide. However, when issues were identified beyond the control of frontline staff, concerns were reported to more senior management for action.

It was acknowledged that major changes were more challenging to secure, as the service sits within a wider organisation amid a complex myriad of legislation, regulation and policy. Securing change can require negotiating a complex set of systems and processes. Factors which restrict or mitigate against service improvement need to be taken into account, most often noted in situations where decision-making rested with senior management. Additionally, changes to one area of service can impact on other parts of the organisation, and this can limit practice development. This was often reported in circumstances where a proposal by a team was not endorsed by management. Achieving substantive service improvement may depend on legislative or authorisation/approval from a regional authority. Some respondents in adult services highlighted the implementation of the Northern Ireland Single Assessment Tool (NISAT) as a particular example where this was evident, the issues of which are now being addressed.

Progressing service improvement

Service improvement is enhanced when the staff and structures of organisations are well established. Organisational change can be unsettling and disruptive for staff. Although positive experiences were reported, the workbook was introduced at a time of substantial organisational restructuring as a result of the RPA. The 19 health and social services trusts amalgamated into five HSC trusts and the impact of this was acknowledged by some respondents, particularly by services that experienced a lot of changes. These included the restructuring and amalgamation of services and directorates, new management structures and personnel, changes in service design and redeployment of staff.

Alongside this, and particularly at a local level, some teams inherited working practices from other parts of the organisation. In such cases, new working relationships are required with the need to get to know other parts of the service, which may historically have done things differently. While senior management has put in place policies and procedures to streamline provision and promote consistency of practice, some respondents who managed frontline services referred to constraints.

Using the workbook was a productive tool in bringing issues to the fore and promoted the need for better partnership with colleagues from other parts of the organisation. One respondent reported that subsequent to the construction of the 'new' trust, three teams of social workers (who provided the same type of service) were brought together to examine some sections of the workbook collectively and this was very constructive.

Changes to HSC provision also impacted on the tasks of SCG leads who were implementing the workbook with teams during the early stages of the new trust arrangements. It took substantial effort to facilitate groups of people who did not know each other, had different customary practices and who were trying to establish their service within the new arrangements, and at times it was a bit chaotic.

On the other hand, the SCG process, although difficult to implement, may have acted as a catalyst to add momentum to the natural settling process, although attention to detail may have been compromised because personnel were preoccupied with wider priorities at this time. There was a mixture of experiences. On the one hand the timing was right to introduce the workbook to assist with integration, and it provided a measure of how services operated within the organisation. On the other hand, some teams found it difficult to invest energy in the workbook as they had a wider range of priorities.

Acknowledging staff frustration

Frustrations were acknowledged by respondents when actions or recommendations could not be implemented due to the apparent lack of action by management or restrictive policies. Difficulties were also expressed about actions taking a long time to realise due to the length of time it took to gain authorisation from senior management. This was also recognised in respect of actions that would require additional resourcing that was not available.

The reality for some was that innovative improvements may not be implemented due to resource or other constraints. Nonetheless, examples of 'in-house' developments were also evident. Although some initiatives may be slow to progress, the workbook and resulting action plans have improved awareness of the importance of SCG, and indirectly this may influence and improve practice. The review indicated that it is important for staff to be informed about realistic expectations about progressing developments and timescales. There needs to be some recognition and acceptance by staff, that whilst some progress can be achieved, not all actions may be implemented. Nonetheless, whilst limitations on actions should be acknowledged, the SCG process enabled staff to communicate to management their experiences of operational difficulties and the impact on people who use services and carers.

Effective leadership and support from management

The review provided considerable insight into the role of management (including frontline, middle and senior management). Having a supportive manager who encourages and fosters creativity and is open to trying new ideas was deemed helpful in being able to implement recommendations from action plans. Securing the right balance between leadership and ownership requires some skill. One respondent highlighted how, from a management perspective, she 'led by example'. Having a genuine interest in embedding SCG and actively promoting its adoption within teams can also help to secure cooperation from staff.

In contrast, another respondent highlighted how the service manager took so much responsibility for working through the workbook and constructing the action plan that the staff team were indirectly excluded. While the manager was well meaning, this was counterproductive, and required the SGC lead to redirect the manager's energies so that staff could have an opportunity to participate. A further example was provided whereby staff felt constrained in their discussions, with the presence of a more senior manager at their governance meetings so these dynamics need to be considered. These attributes are elements of good managerial practices generally, and undertaking SGC work requires skilful facilitation.

Successfully embedding use of the workbook was influenced by support from senior management, particularly in terms of implementing or endorsing actions for service improvement. Management need to be open and responsive to suggestions from practitioners. It was accepted that changes to procedures or services identified by an individual team may positively enhance practice across a range of services, and changes can be disseminated by management. Likewise it was acknowledged that implementation of practice developments may not be possible as there may a negative knock-on effect on other parts of the organisation.

There was also isolated evidence of lack of encouragement from management. One respondent reported that while there was a flurry of support from senior management at the initial stages, a continuation of engagement would have been helpful. In contrast some respondents reported that they had a systematic process for reporting on progress and were aware that senior managers were interested in their work. In this respect the experience of frontline services depends on the vested and explicit interest of more senior managers, and this can reflect how well the workbook is embedded.

Variations in structures, lines of accountability and drivers for change were apparent across different directorates and trusts. Such variations are not as important as ensuring that there is support from management, clear expectations, and commitment requested from staff. An example was provided whereby an assistant director has a clear expectation that action plans are reviewed at governance meetings, actions are signed off by management and outcomes are reported back to teams.

Having managers who champion the use of the workbook is one way of ensuring that SCG is kept to the fore. It necessitates influence from senior management to develop and nurture a learning culture within the organisation at all levels. The process also requires a commitment from senior management to implement and lead changes identified through the use of the workbook. Marketing the workbook in a way that

demonstrates its benefits to staff and addressing concerns or anxieties about what the process may mean for them is also an important feature in embedding a culture of service improvement.

Communication between management and practitioners

Effective communication and reporting between practitioners, frontline managers, senior management, related forums and SCG leads was deemed important in promoting and sustaining the agenda. Good working relationships among staff and management can influence the experience of implementing service improvement. Communication needs to be reciprocated and frontline staff should be provided with feedback about actions, whether achieved or not. Often frontline managers will act as a conduit between the strategic and operational parts of the organisation. It was reported that it is frustrating to identify an action necessary for service improvement which is subsequently embargoed by management. This may be indicative of a communication issue between management and practitioners, whereby the reasons why management had not endorsed an action were not communicated.

Generating momentum

Some respondents were concerned about keeping momentum going and the use of the workbook becoming a static one-off event. There are several ways to prevent this:

- reminders about the workbook
- developing processes which embed the workbook into operational activities (e.g. monthly team meetings)
- encouraging teams to maintain the cycle of reviewing actions and progress
- enabling staff to see the benefits of their investment.

It was also highlighted that it is important to take stock of achievements to date and celebrate successes in order to keep teams energised, particularly against a backdrop of a demanding, stressful and busy service.

SCG leads

Role

The social care governance directorate has a broad remit within trusts, which functions across all directorates which provide social work/care services. As such this enables SCG to make connections between different layers of a directorate or parts of a trust, raising awareness of issues and/or proposing solutions. SCG leads can complement quality assurance and corporate risk procedures. The review found that they had a wide range of functions, including:

- induction and training in the use of the workbook
- raising awareness of the wider trust governance processes
- facilitating governance meetings
- assisting teams in developing action plans for development

- regularly reviewing progress made.

A range of progress has been made across a wide sector of social work and social care teams and this continues to evolve. In one trust, SCG leads were usually assigned to particular directorates (such as mental health and learning disability, children's services, older people and community care). This enabled the staff member to work with similar services, thereby allowing them to gain a better insight into the mechanisms of a particular directorate. It also enhanced their expertise in supporting services when responding to the needs of particular service user groups.

SCG leads highlighted how important it was to work around the daily activities of service provision and protect time for staff. They also noted the importance of confidentiality (such as not talking about the experiences of one team to another). Being visible across the trust/directorate helped to raise the profile of SCG and provided support for the teams. The review also highlighted the importance of good facilitation skills – for example, in securing cover for a team that is out of the office or liaising with a training team to obtain the evidence base for a particular practice development.

Support

The provision of SCG leads to provide training and support to teams was viewed positively in terms of developing understanding and implementing SCG. Staff appreciated the following in SCG leads:

- motivating and reassuring practitioners
- providing gentle encouragement and reminders for reviews
- providing support with writing action plans and reports
- being flexible with teams in terms of the timing of meetings.

Having dedicated staff to support the implementation of the workbook is valuable because implementation may not be so widespread if left to individual teams. Because practitioners are busy with operational activities and competing demands, governance activities (beyond statutory reporting) may move down the list of priorities. The presence of SCG leads helped to ensure that time was given to governance activities, and team leaders reported that it helped to keep them on task.

Support was viewed as important in ensuring the workbook was completed and that SCG remained high on the agenda. However, while some respondents were clear about the facilitation provided by SCG staff and/or their directorate governance lead, a few were unsure whether they would continue to have input from the SCG leads beyond the initial establishment of the workbook and action plans. On the other hand, there was also evidence of good working relationships between teams who actively sought advice from SCG leads and could act as advocates for them.

SCG leads reported how they had an educational role, as some groups of staff struggled with the concept of SCG and its implications in the broadest sense for their practice. For example, 'risk management' tended to be defined by staff as 'risk assessment and management with service users'. However, an SCG lead pointed out that there are other types of risk management, such as the risk to workers and corporate risk, and provided illustrations of these concepts.

Challenges

SCG staff may be presented with issues (such as the identification of poor working practices) which require reporting to more senior management. This highlights the importance of SCG leads being clear about their role and responsibilities: as objective and independent facilitators who have a duty of care to staff and safe and effective practices.

It was recognised that some discussions may highlight existing difficulties within teams. For example, in a situation where there is poor morale or working relationships it may be difficult to commence with the leadership element if the staff group is not confident in the support/ability of their team leader. SCG leads highlighted the need to be skilful at picking up on sensitive issues or difficulties between team members, and being able to manage poor group dynamics and facilitate staff in a manner that allows issues to be challenged in a constructive and safe way.

It was appreciated that it is also important to bring difficult issues to the fore, as this provides a means to conduct a 'health check' on how the team operates. Independent facilitation by SCG leads can also provide a forum for staff to share experiences and viewpoints that might otherwise go unsaid. However, the governance process should not be used in lieu of the grievance or complaint procedure.

Engaging resistant teams may be difficult, and governance staff illustrated circumstances where teams may be more avoidant, often reflected in the cancellation of prearranged meetings, or excuses that teams were too busy. Resistance was also evident when teams expressed the view that the process would create additional work and pressure, that service improvement was unnecessary, or that the workbook was a paper exercise in accountability.

One SCG lead offered a possible explanation for these opinions: regulation and inspection activities would identify good practices and areas for improvement, therefore the addition of the SCG process would duplicate activities already undertaken. Ironically, these were the very teams that could benefit from taking time out to consider their practice. This could help to address chaotic or inefficient systems and, in part, address a stressful work environment. This often required additional effort from SCG staff to work through resistance and strive to engage teams. SCG leads can also help motivate, share learning and help teams to recognise and celebrate achievements. Teams who are reluctant to participate, may also benefit from hearing about a successful outcome from another team so that they can engage when they can see there are positive effects.

Benefits and limitations

Respondents acknowledged that the workbook does not in itself provide for service improvement: it needs to be actively utilised and embedded into practice and acted upon. While it does provide a framework for evaluating SCG arrangements and can be used as a guide to facilitate discussions about performance, it takes action to effect change. It was also acknowledged that wider influences and provisions within trusts also inform and affect practice developments.

Promoting shared experiences, learning and joint working

The review indicated how a collective approach to SCG can enable staff to share ideas and learn together about better ways of working. Taking a whole-team approach to actions and tasks helped to promote ownership of SCG. Staff were invited to be more proactive and responsible for improving practice. This was illustrated by the participation of every member of a team, or the examples provided of using the workbook at different directorate-level forums.

One multi-disciplinary team focused on outcomes that would support shared learning, joint feedback and joint training initiatives. Another identified learning needs and utilised expertise within the team to share with less experienced staff. They also ensure that when a staff member attends an external training event or conference, they disseminate the key messages to their colleagues. Other examples included:

- the development of an in-service library for staff

- reviewing journal articles at team meetings

- cascading of training

- promoting expertise within the team to provide peer support

- internal consultancy.

Such initiatives promote dissemination of knowledge between staff and make good use of expertise within a team. They help to foster a culture of learning between different teams, between managers and between different programmes of care.

Working in partnership with other teams can support the identification of good working practices which could be implemented in other parts of the directorate. However, one respondent noted that although current practice meant that the workbook was used at an individual team level, it would be desirable to promote its collective use by teams of similar provision. Another respondent illustrated how she had met with two other service managers to consider SCG themes. While this was useful, she would have liked further opportunities to get the three teams of practitioners together, but to do so would have had significant resource implications.

It is recognised that a degree of flexibility is required so that individual services can tailor their provision to accommodate local circumstances. The continued need to address this, particularly in response to ironing out arrangements from the legacy trusts (prior to RPA) in order to develop more streamlined services was accepted. This would help to generate a culture of learning and to embed SCG further.

Assessing quality of practice

The review highlighted how using the workbook served as a baseline to assess current practice arrangements. It addressed practitioners' negative expectations, which focused on inadequacies rather than revealing good practice. This process helped practitioners to understand that reviewing practice is not a method of generating criticism, but provides an opportunity to identify good practice and areas for improvement. This allowed teams to develop better practices and address deficiencies.

One manager reported how his team identified areas of common training needs across different professional groups. This drew attention to the fact that even for an integrated team, training was provided separately for nurses and social workers. Some respondents noted how the SCG process gave the opportunity to identify topics for auditing purposes. One team leader highlighted how her team had a fear of audits, but commented that using the workbook had helped them to understand how they can be beneficial.

Identifying good practice

The workbook also served to raise awareness within teams about the quality of their practice. Some audits resulted in positive outcomes which affirmed for staff those things they were doing well, and this was good for morale. Reviewing action plans and revisiting sections of the workbook also highlighted achievements. This helped to provide staff with a sense of satisfaction and allowed them to channel their energies into addressing more challenging issues.

Respondents reported how using the workbook was a useful process in helping to validate some of their practices, particularly for regulated and registered services. This allowed teams to self-assess their performance in relation to standards, promoted a sense of control and responsibility for frontline staff and placed an emphasis on their contribution to improving services.

Informing service improvement

Just as the SCG process can help staff to identify good standards of practice it also provided the means to consider service improvement. Allowing time and space to reflect on practice can support teams to think about innovative or creative solutions to problems, and the perspective of practitioners can provide alternative solutions that may not have been previously considered. However, respondents noted that it was very challenging to protect time and resources to undertake more creative and innovative aspects of practice development.

The roll-out of the workbook across directorates also provided a means to promote standardisation of practice across the trusts. This was deemed a particularly useful exercise in the post-RPA era. One senior manager highlighted how it enabled two geographical sectors to link up, discuss areas of concern and learn from each other's mechanisms. This respondent also noted how inconsistencies in the application of supervision policy were identified and addressed. Every staff member now has a signed agreement regarding their supervision arrangements. However, wider influences beyond the SCG process should also be acknowledged in facilitating this development.

While a wide range of examples were provided to illustrate practice developments and service improvements, one respondent noted that there had been limited evidence of the use of the workbook within the trust. It was acknowledged that the wider agenda of social care governance is in place, however a programme of audit has been identified and a senior practitioner with responsibility for SCG has just been appointed.

In recognition that action plans do not exist in a vacuum, but rather intersect with other processes which govern service provision, another respondent highlighted how actions identified under two themes were delayed due to a period of changes in the organisation of the service and personnel. While there was recognition and aspiration that the service would become more streamlined and integrated, this had not progressed as quickly as the team had hoped, and some actions remain outstanding while restructuring is finalised.

The success of service improvements also depends on good communication between practitioners and managers, as it may take the support or approval of management to allow changes to take place.

One team found their administration and recording frustrating and not fit for purpose. Referrals were recorded in a book, and sometimes it was difficult to locate who had possession of the book within the team. The referral information was also limited. As a result it was decided to create an electronic database which was available on a shared IT platform. The system was divided into categories and indicated how long a case had been on the waiting list and whether it was overdue. Previously the waiting list was not available to staff and the new system allowed them to view all waiting cases and proactively express an interest in a particular case. This also streamlined the process to make sure that prioritisation of cases could be undertaken more efficiently and enabled social workers to engage more dynamically with the waiting list.

Impact on staff

There was unanimous agreement by participants that despite initial anxieties and difficulties, staff enjoyed the experience and benefited in a range of ways. The workbook helped staff to identify good practice and the processes which contributed to safe and effective work. It provided recognition of work that would otherwise go 'under the radar'.

It was recognised that the terminology of governance can be a somewhat vague as it has a wide range of application. Undertaking the training and working through the workbook was reported to enhance understanding of SCG and the implications for practice. Benefits for staff were illustrated by several examples including:

- inclusion of staff in drawing up procedures
- ongoing discussions of SCG at team meetings
- consideration by staff of how trust-wide initiatives impacted on their service and practices
- helping staff to accommodate and change within the organisation

- ensuring staff were up to date about ongoing changes, issues and developments.

Although these examples were reported by managers, it would be helpful to explore the views of frontline practitioners. However, one respondent noted that while the senior management team may be more inclined to refer to the workbook, it has not been as useful to those on the frontline. This may be linked to the lack of a systematic roll-out of the workbook to date in this trust.

The SCG process also provided the opportunity to challenge assumptions about staff awareness. For example, it showed that some staff were unaware of the risk register or were unclear about criteria for serious adverse incidents. This provided an opportunity to take corrective action.

One manager reported how she gets staff to consider 'near misses' and reporting of incidents. This information is collated and forwarded to more senior managers. However, she also presents it back to the team at meetings so that frontline staff are well informed and are able to reflect on this type of situation. This has provided a valuable learning aid for staff, and serves as a reminder to keep policies and procedures embedded in working practices so as to keep staff and people who use services safe.

Training needs were also identified. Despite having templates to record feedback, one team had never been provided with training on interviewing people who use services to gain feedback. One manager reported that she became more conscious of the impact of her role. The workbook enhanced her appreciation of frontline staff's perspectives of working arrangements and promoted her understanding of the complexities of their work, resulting in her enhanced presence operationally among the teams.

Four respondents highlighted that prior to using the workbook they had a more limited understanding of SCG issues. They said they were relatively new in their posts as managers, and this coincided with their introduction to the workbook. The workbook was regarded as a useful learning aid that helped their understanding of their role and responsibilities, aligned with governance and service improvement. Two of these respondents were qualified in allied health professions and reported that using the workbook enhanced their understanding of the broader remit of social care. One manager in particular highlighted how using the workbook served to help develop her leadership and management attributes.

Promoting accountability

Implementing the workbook was reported to promote accountability. Keeping SCG on the agenda at meetings can ensure that actions are under review. Having to report to management can help keep staff to task. It is also important for staff to be aware of progress, so that successes can be acknowledged and outstanding actions and challenges further addressed.

While it is encouraging to identify ways of working better, respondents did suggest that the workbook should not be used as an accountability tool to enforce compliance. This can limit and constrain creativity to promote service improvement. The workbook needs to be used in a balanced way so that the work generated is meaningful and does not

become a 'paper exercise'. The themes in the workbook also dovetail with other regulatory functions and accountability such as delegated statutory functions reporting or RQIA inspections, for example.

The workbook should not be used in a mechanistic way, thereby adding a further layer of bureaucracy and administration which replicates activities undertaken through other regulatory means. Used ineffectively it can detract from the value of how it should be used: to improve working practices and benefit outcomes for people who use social care services. As one respondent noted, the workbook is good but only if it is used in the right way – in an interactive and dynamic fashion which differs from accountability processes.

However, these processes are interlinked, and using the SCG framework should enable teams to focus on developing practices that respond to regulatory systems and monitoring requirements. Respondents did say that actions arising from the workbook created additional demands on time, capacity and resources and these factors can affect the implementation of progress.

Communication between frontline staff and management

The SCG process highlighted deficits in communicating with frontline staff. In particular this related to issues that seemingly had little impact or relevance to direct practice, but were important nonetheless in providing staff with an informed perspective on the relationship between frontline and more strategic operations.

The workbook helped staff to identify how communication could be improved between practitioners and management. It also challenged previously-held assumptions about what should be communicated and what frontline staff should or would like to know about. The review highlighted how managers were able to explain to practitioners how information they submitted was used by senior management, and how it fed into wider trust structures. It also raised awareness for managers about the importance of communicating with staff.

An illustration was provided by one respondent who said that the SCG day away from the office enabled practitioners to raise issues about the perceived lack of support from management. This provided management with an insight into the team's morale, their feelings about their role and the support provided to them within the wider organisation. The team reported that senior management had limited understanding of the different pressures and issues that frontline staff encounter. This was reflected in staff views about a ban on recruitment for an extended period of time, which resulted in fewer staff to meet increasing demand. There was no communication, or indeed acknowledgement, from management about the impact this had on working conditions. This was remedied by promoting communication about decisions affecting teams, and ensuring that management were invited to attend two to three team meetings per year.

The workbook in practice

Content

The review explored the presentation of the workbook and how it is used by teams. Respondents were invited to comment on the elements they found most helpful or progressive and those they found most challenging. They were also invited to make suggestions about how the structure and content of the workbook could be improved.

Generally the organisation of the workbook was viewed positively, and provided teams with a good framework, which was clearly structured, easily laid out, informative and relatively easy to work through. The provision of some contextual information was helpful in setting the scene for SCG. Having an SCG framework set out in one document was also helpful. Respondents reported that the workbook simplified the concept of governance and provided a wide range of topics under the SCG heading.

There was broad agreement that the content reflected the four themes (leadership and accountability; safe and effective practice; accessible, flexible and responsive services; and effective communication) and the right types of topic were covered. The headings were deemed comprehensive in providing prompts to cover a wide range of governance themes. Each heading is mapped to 'Quality standards for health and social care' (DHSSPS 2006) so there is consistency in supporting regional policy.

Although opinions were generally positive, there were contrasting viewpoints about the format and content of the workbook. One respondent felt it was rather long. Another felt it was difficult to understand what was being referred to in a few of the sections. However, it was acknowledged that this may be a reflection of generic principles underpinning SCG, and the need to ensure the workbook is relevant to a wide range of services. As governance is an umbrella term it would be difficult to restrict or condense the material in a way that simplifies it without reducing the scale and coverage currently provided.

Other criticisms included:

- too much information
- quite strategic in presentation
- contextual information could be simplified
- inclusion of a descriptive list of circulars was not particularly useful.

One respondent felt that the workbook was very wordy and it could be simplified to allow practitioners to make better connections with SCG at the beginning. In contrast, another respondent noted that it was more likely to be read by managers, and therefore the thematic presentation of elements used to facilitate discussions within teams (thus simplifying it further for practitioners) was unnecessary. Contrasting views were also expressed about the additional resources listed in the workbook. Some viewed these as helpful, while others questioned how much they were referred to.

Use

The workbook was viewed as best used within a team setting as the contributions of different staff, although challenging, can stimulate effective change. Responses suggested that it is also best used across a range of settings and layers within an organisation so that there is consistency of approach. Even when gaps in knowledge were identified, the workbook provides a comprehensive blueprint for training which widens staff knowledge of a range of factors which impact on good working practices and delivery of good care. Where sections were deemed challenging this may reflect the complexity of the topic concerned, rather than the actual questions in the workbook. Some areas of SCG will continue to present challenges due to their complexity, such as risk management. This is also intrinsic to the type of services provided to a range of people who experience difficulties and have complex needs.

The review highlighted how the workbook can be used in a flexible manner. Some suggestions included initially looking at elements that would engage teams quickly – such as registration, regulation, training and development, and supervision – these being features which resonated with individual staff as having a direct impact on their practice. Working in partnership with teams was deemed particularly useful – for example, asking teams what element they would like to start with. Beginning with elements that are more easily remedied can spur the energy of a team to then tackle more complex tasks.

The questions were viewed as stimulating, provoking constructive discussion, although outcomes may be easily executed, reviewed others may be more challenging. It was recognised that some questions could lead to difficult and complex conversations, but this helped to develop analysis and promoted consideration of a range of topics in a more in-depth manner. This can enhance staff understanding beyond a limited range of indicators (usually those associated with risk management and accountability). It provides a better insight into service improvement and 'going the extra mile' beyond meeting statutory requirements.

Despite challenges and uncertainties, viewed overall the range of questions provides a comprehensive approach to SCG. However, some staff were initially confused by the use of the term 'audit questions' as there is a separate audit function within trusts. One respondent suggested that it might be helpful to differentiate some questions, targeting some at a strategic level and others at frontline teams. Others disagreed with this and felt that all staff could participate in response to all questions. To separate questions for management and staff would risk polarising governance tasks according to level of responsibility within the organisation, and this could result in a disjointed approach.

The rationale for proposing differentiated questions was concerned with the fact that some questions are more applicable to a strategic level rather than a practical one. The solution may be to engage the skills of a facilitator to ensure that the context of a particular question is provided for staff.

Allowing the questions to remain as they are without being prescriptive supports the use of the workbook in a flexible manner and takes account of its broad and diverse audiences. One respondent suggested that the questions could be used to support a

conversational style of discussion, rather than a regimented question and answer session.

> The following sections discuss how the themes covered by the workbook were used in relation to particular areas of practice.

Leadership and accountability

Using the workbook provided the opportunity for teams to reflect on the mechanisms of leadership and management. Successes were noted as promoting recognition by frontline staff of the management structure in their directorate and more widely across the organisation, and identifying good practice in terms of communication between practitioners and management. The workbook was also used to identify how good management operates. The discussion surrounding the culture of the organisation and the team was also noted as a valuable exercise.

Supervision and performance appraisal was deemed useful to evaluate staff learning and development. This provided managers with the opportunity to analyse the composition and needs of staff, and gave practitioners the chance to raise training and development needs. It also highlighted particular strengths within teams. This section acted as a refresher to examine the process of supervision, where a team revisited the responsibilities of the supervisee and the supervisor.

Leadership and accountability was one area where SCG leads reported having to make explicit links between more abstract concepts and processes and frontline practice. Providing an educational context, while perhaps not aiding staff to work with people who use services directly, assisted in professionalising the workforce and developed an understanding of the different layers of the organisation and the range of mechanisms in place that affect practice. This helped staff to understand core governance arrangements and how they relate to their practice.

Safe and effective practice

Safe and effective practice was viewed as helpful in providing assurances that practices and procedures were working well. Some respondents noted that the actions from the section on research, evidence-based practice and informed decision-making were difficult to put into practice.

Auditing indicated that using evidence and research to inform practice was not robustly and routinely carried out. It was noted that opportunities for staff to examine the evidence base of good practice were limited. Comparisons were drawn with colleagues from other professions who seemed to be more adept at using research and evidence-based information. Having protected time to either read or undertake research studies was seen as a luxury within the social work sector. Although there was reference to the use of evidence and research for learning and training requirements associated with professional registration, it seemed that staff had limited experience in evaluating the quality of evidence available. Furthermore, there was very limited reference to how evidence informed practice developments.

One respondent who managed social care staff, but was from an allied health professional background, noted the distinct contrast with parts of the service where the culture of being evidence-informed is more clearly embedded than in social care. Despite the recognition of actions to improve upon this element, there remains a limited research and development culture within social work and social care teams.

Another respondent felt that the introduction of three senior practitioners into their service should enhance the utility of the evidence base of good practice, however, the reality was that their role entailed supporting managerial tasks (such as providing supervision) . While it was acknowledged that there were examples of using the evidence base, these were usually isolated, targeted at more senior levels of staff (usually social work forums) and did not reflect the reality at the frontline.

It was recognised that when using the workbook there may be elements that require detailed explanation by facilitators. While frontline practitioners had a more immediate grasp of some elements because they had more transparent links to and implications for their practice, other elements (which appeared to operate at a more strategic level) such as risk management, adverse incidents and near-misses appeared to be less well understood. This raised the need for staff to be better informed about corporate responsibility and links to their practice. For example, many staff were unaware of the risk register or how information submitted was used by management.

Accessible, flexible and responsive services

The review found that the section on integration was particularly useful for multi-disciplinary teams and helped them to consider their ethos of integrative working. It also provided a forum to resolve concerns shared across professional groupings. However, it was reported that it may be useful to compare the application of this section for integrated teams and non-integrated teams and to consider the issues of professional supervision, the social work identity and the social work role within a multi-disciplinary context

The section on service user and carer involvement was deemed to be provoking and challenging in terms of raising the profile of engagement to inform the design and provision of services. It highlighted that some teams can be less proactive about working with people who use services and stimulated discussions about being more proactive and supporting staff in terms of how they work with users and carers. In the main it was recognised that this was not well implemented at practice level, but was supported by initiatives engaging people who use services and carers at a directorate or regional level.

Effective communication and information

This theme helped staff to identify channels of communication that were effective and those that could be improved, most notably communication between practitioners and management. Good communication and information-sharing was viewed as a common thread that permeated all other sections.

One respondent thought that the section on information management was somewhat repetitive, particularly if topics had been covered in preceding sections. However, she did add that it is important to retain this element as gaps can also be picked up at this stage and it provides a useful checklist. It can also operate as a stand-alone element.

This theme also drew attention to the recognition of compliments. It showed that practitioners focused on complaints and this raised awareness of the need to record compliments and learn from the positive experiences of people who use services.

Provision and management of IT was raised as a particular issue. It was reported that IT systems as they currently operate are limited in promoting effective recording and sharing of information. One example was the limitations in using the NISAT assessment framework, where it was felt that the information system does not support the use of the product: staff continue to hand-write assessments and there is no central platform for sharing information electronically, with the result that assessments can be duplicated.

Another respondent noted that the standards and outcomes section posed challenges for implementation. The focus on looking internally at practice is somewhat limited, and trusts could benefit from considering service provision in other organisations or countries. This also relates to difficulties referred to in embedding a culture of using evidence-based research to inform practice.

Reviewing the impact of the Social care governance workbook

The 'Social care governance workbook' was commissioned by the Association of Directors of Social Work (ADSW) in 2007. The aim was to provide a structured approach to support frontline staff and managers in the implementation of SCG arrangements across Northern Ireland.

In 2012 SCIE was commissioned to undertake a review of the impact of the workbook and update the content to reflect developments over the past five years.