November 2000

Response to the "Quality Strategy for Social Care" document

Background

The Foundation welcomes the Government's commitment to improving the quality of social care which promotes independence; strengthens families; improves the life changes of children in need; and tackles inequality and promote social inclusion. Our responses are based on the findings from the programme of research and development projects we have funded, and our practical experience as a Registered Social Landlord and provider of residential and nursing care. Before responding to the particular Questions for Consultation, we would like to make one or two more general points.

1. There are welcome references at various points in the document about the centrality of focusing on the views of service users and carers and the need for services to be responsive, flexible and integrated. (1). The Foundation believes that this requires that services are *person-centred* not *provider led.* While such an approach is implicit in much of the document, there are occasions when what is suggested is unlikely to make *person-centred care* a reality. Unless this is directly addressed by the Department we believe that sustainable change in this area is unlikely.

   It is also extremely difficult to see how the changes will be brought about that will convert current provider-led services into ones that are genuinely responsive to the needs of the service user. Although we agree that this is a priority, it does represent a sea change in the culture of service provision. We are unclear in the proposed changes where the incentives lie for providers to make this shift.

2. There appears to be an assumption running through the document that the impediment to the delivery of high quality services is lack of information about `what works' and an absence of consistent quality standards. While better information communicated more effectively to practitioners is a *necessary* component in research evidence being able to be used, it is not *sufficient* to bring about change to existing services. Numerous other factors also affect social care practice as well as research findings (2). Changes in legislation or policy may be necessary for change to take place on the ground.

   Setting standards is also desirable, but the document has a rather mechanistic feel to it - that if standards are set they will be achieved.

Experience on the ground, as well as the Audit Commission's recent findings in relation to Best Value, suggests that this is not the case and that change is difficult to achieve. It is not clear to the Foundation what is the best mechanism for helping people to make such changes but we think it is likely to require attention being paid to Service Development. This would require a focus on `how to' help practitioners reach the identified goals. One way of doing this might be through the re-creation of the kind of development support that was provided at one time by the Social Services Inspectorate.

3. There is no mention in this Consultation Document of the issue of *resources*. Yet there is considerable evidence of services which are unable to meet identified needs because local authorities have inadequate budgets (3). Staff shortages are also likely to mean that it will be impossible in the short term for services to meet the likely standards that will be set. Without some commitment of additional funds the aspirations outlined in this document will not be achieved.

Questions for consultation

1. What are the most effective ways of dissemination research findings and promoting their implementation into practice?

The Foundation has come to the conclusion, in relation to is own work, that the issue is how to promote knowledge-based change, rather than how to improve the mechanics of the dissemination and implementation of specific research findings. The efficient and effective distribution of information about research findings is only a small part of this process.

2. How can the use of electronic information in social care be promoted?

Easy access to computers is a basic requirement, coupled with free and easy access to the information in electronic form. Many social workers and care staff have no access to computers at present, nor do service users. Even if they have access, payment to get access to the information itself is likely to deter those who could most benefit from it.

The use of Information Communications Technology (ICT) should be promoted as part of a two way process where service users are genuinely able to participate in policy decision making and service delivery.

3. What encourages the use and exchange of electronic information?

Although JRF has no current information on this, we recognise this is an important area for future development.

4. What types of role should SCIE play and who will be the other key partners?

The proposed role for SCIE to identify and prioritise the need for reviews of research; to promote and commission reviews of research; and to draw up standards for research reviews, is welcome. But there are a large number of other activities that need to be addressed before evidence-based practice can become a reality, or knowledge-based change achieved. There include:

1. Insufficient research having been carried out to provide a robust base from which to conclude `what works';

2. Limitations in existing research studies including: poorly developed ways of measuring effectiveness; the small scale of many studies making general conclusions difficult; a shortage of long-term evaluations; and a lack of control or comparison groups (4).

3. The need to link the views of experience of users, managers and practitioners with evidence from research and other reports, to create the knowledge base. (paragraph 38).

4. The need to convert knowledge about desirable outcomes into concrete examples of successful service delivery.

5. Mechanisms to help bring about changes to current services.

SCIE could be created to have a role in relation to each of these issues, but perhaps be more active in some than others. The precise role may well depend on the way in which other organisations develop. For example, the newly created ESRC centre for evidence-based policy and practice will probably be working on the limitations in existing research (point 2 above). It is not yet known if one of the Nodes linked to that centre will have a focus on social care. The role that SCIE should fulfil could depend a great deal on this.

Possibly the role which no other body is likely to take on would be item 3. The current box on New Knowledge in Figure 2 on page 16 has arrows going into

it, but no apparent arrows out, or any indication of how this New Knowledge would actually be created. SCIE could have a pivotal part to play in creating the fora and networks required to bring the views of the various parties together.

The need for a Development capacity, concerned to assist with the process of achieving knowledge-based change on the ground, is clear to the JRF. Whether it should be part of, directly linked to, or separate from SCIE, is less obvious.

In terms of the other key partners, in addition to those mentioned above, paragraph 43 mentions a strategic alliance with HEFCE. It is unlikely that any strategic alliance would be able to change Universities' current research agendas while the current disincentives to applied research created by the Research Assessment Exercise continue.

5. Which option for the organisation of SCIE best suits its purpose?

For SCIE to be successful it will need a guarantee of a secure income base, even if additional sums are generated from external sources. A non-departmental public body (NDPB) would seem the best form for this. But it would be important that their annual objectives were sufficiently broad that SCIE could have some control over its work agenda, to take on board the needs of users and practitioners as well of Government.

6. How far does the new quality framework reflect the key components that should make up a quality framework for social care?

7. How might the principles be extended and applied within all sectors of social care?

8. Are the principles outlined to underpin the role and accountability of the director of social services sufficiently robust?

9. What should be the status of the proposed guidelines for directors of social services, and what should they cover?

Clearer lines of accountability would be welcome. But in themselves they will be insufficient to bring about the changes in services that will be required. Developing models of effective service delivery; recruiting, training, motivating and retaining staff; having resources to adequately fund current good

services; sufficient time to invest in creating a culture of continuous improvement all go much wider than accountability. While the Director of Social Services has a key leadership role to play, whether the experience of receiving services is a good one depends crucially on the actions of the fieldworker or care assistant at the bottom of the hierarchy. Consequently, thought needs to be given to providing incentives at all levels of service provision if lasting change is to be achieved.

10. With the increasing importance of partnership working between health and social care, how should we best make links between the new quality framework and clinical governance to ensure a consistent approach to quality?

It is questionable whether the key partnership in terms of the delivery of good services and a consistent approach to quality is with clinicians. For the majority of older and disabled people receiving social care services, it is the members of the primary health care team such as the district nurse, physiotherapist and chiropodist who are important. For disabled children and their families, the role of the Housing Department can be crucial. To ensure a consistent approach to quality on the ground, there is a need to look at the way in which services can be organised to be truly integrated, and person-centred. This consultation document assumes that Joined-up services are achieved through partnerships (paragraph 89). But effective partnership working is time-consuming, not least because of its dependence on the development of a shared value base. There are other modes of working which may be more effective and less cumbersome, such as using Key Workers (5). Perhaps one of the first subjects for SCIE to review should be the examination of the most effective means of delivering person-centred services?

11. Does our description of social work fit the profession's future task?

In general the description of social work, does fit with the profession's future task. However, there should be more emphasis on Social Work as a generic profession in the first instance with the ability to specialise in specific work areas as an additional qualification.

12.To what extent do the recommendations in the JM Consulting report provide a basis for the reform of social work education?

An overhaul of Social work training has long been overdue. There is general agreement that Social Work has a specific and major contribution to the

modernising agenda.

Questions 13, 14 and 15

JRF has no comments to make on post-qualification training but would like to make some points about professional development:

The added ability to work as a multidisciplinary team is essential. This is different to working creatively with other professionals. Working with other professionals is expected of a social worker in any event. Working in a multidisciplinary team means understanding and accepting the views and the responsibilities of other professionals working in that area and combining the skills of all involved to work out best outcomes for service users.

The professional training of social workers needs to be pinned wholly in the University Sector. That social workers should have the knowledge and skills required, as well as the standing amongst their peers, is essential. However, a more flexible and work based approach should be taken to social work training and these could be seen as 'In Service Courses', rather than secondment to full time University education.

In respect of registration of social workers, this is seen to be a major imperative and a real step forward in professionalising the service. The model for Nurse Education could well be adapted for the post qualification training in Social Work. That is, that an agreed number of training days be mandatory between re-registration periods. Some of this training could and should be mandatory, particularly as legislation changes to meet the needs of a dynamic and diverse population.

16. How best can we recruit and retain professional social workers?

It would be important to ensure that professionally trained social workers are allowed to exercise their professional judgement, rather than be ruled by formulaic standards and performance indicators.

17. JRF has no comment.

18. Should we be developing a new intermediate occupational group as one way of relieving pressure on professional numbers, but also as a way of providing developmental opportunities for others in the workforce? If so, how should the process for doing that best be defined?

In the light of the problems of recruiting and retaining professionally qualified social workers, the suggestion of developing a new occupational group would be welcomed. But it is probably not helpful to talk in terms of `intermediate' levels as it implies that individuals will be less worthy than full `professionals'. This is not a motivating situation and fails to recognise the high quality of care that many staff currently offer, despite lacking formal qualifications. Within Social Services Departments there are many residential care workers and residential social workers who, whilst not having the formal qualifications in social work, provide a very valuable service as an intermediary between front line service and professional services.

Identifying the skills required for different jobs and providing the training to equip people with those skills is very worthwhile, as demonstrated by the JRF Certificate in Care (6). This does provide development opportunities for staff as well as a valued qualification in its own right which is a step on the ladder of further professional development. An approach based on NVQs has been successful in this case.

19. What should the training priorities be for frontline managers?

Training priorities for front line managers could be developed alongside the standards currently being developed by TOPS for the Level 4 in The Management of Care Services. There appear to be many common management units at this level for both senior care managers and social work managers.

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1. Box 2 on page 7 includes a reference to a JRF publication, *supporting disabled children and their families*, Foundations N79, November 1999. A number of the projects summarised in that document reinforce the importance of the features identified. Older people have similar views, see Hazel Qureshi and Melanie Henwood, *Older people's definitions of quality services*, JRF 2000.

2. See *Linking research and practice,* JRF Findings 910, September 2000 and Janet Lewis, *Using research in practice*, The 2000 Lucy Faithfull Memorial Lecture, hosted by National Family Mediation.

3. For example, *Improving housing services for disabled children and their*

families, JRF Findings 670 June 2000; *The needs of older women: services for victims of elder abuse and other abuse*, JRF Findings 5100 May 2000; *The costs of independent living*, JRF Findings 059, October 1999; *Shared care services in England, Wales and Northern Ireland*, JRF Findings 979, September 1999.

4. Low intensity support services: a systematic literature review, JRF Findings 640, June 2000.

5. Implementing key worker services, JRF Findings D39, December 1999.

6. JRF Certificate in Care. Booklet available from the JRF.