REPORT ON SOCIAL SERVICES FRONTLINE PRACTITIONER ENGAGEMENT EVENTS 2015

Introduction

Scottish Ministers value the significant contribution of the social services workforce in delivering improved outcomes for individuals and families and in contributing to a more equal and socially just Scotland. The Scottish Government is therefore a key partner in the Social Work Services Strategic Forum (the Forum) which developed *Social Services in Scotland: A Shared Vision and Strategy 2015-2020,* published in March 2015. The Strategy, developed by the sector, recognises the wide range of developments already in train to improve social services. It also identifies the challenges which need to be addressed to further strengthen the sector. The Strategy sets out a range of actions designed to address those challenges under four action areas.

- Supporting the Workforce
- Understanding Service Quality and Performance
- Improving Use of Evidence
- Promoting Public Understanding

A key element in developing and implementing the strategy is the voice of frontline workers – ensuring that they are able to contribute their expertise, experience and knowledge to meeting the challenges and making improvements. During 2015 the Office of the Chief Social Work Adviser in the Scottish Government (OCSWA) was one of a number of stakeholders who created opportunities for the practitioner voice to be heard. This report summarises what we heard and how it links to the current and planned work of the Forum and implementation of the Strategy. It will also be of use to the wide range of organisations, policy makers and other stakeholders with responsibility for ensuring that Scotland has a strong and engaged social services workforce.

The Engagement Events

OCSWA held 5 practitioner events during 2015 specifically to promote the Vision and Strategy and to hear from front line workers about how to progress its actions. Opportunities were also taken to raise awareness of other key developments such as the Creating a Fairer Scotland and Creating a Healthier Scotland national conversations. Held in Dundee, Inverness, Edinburgh, Glasgow and Stirling around 500 practitioners attended across all the events. The Cabinet Secretary for Education and Lifelong Learning or the Minister for Children and Young People attended each event in line with their commitment to engaging with frontline staff.

Feedback from the events was in the main positive. Attendees valued the opportunity to network across sectors and services, sharing experience and practice and engaging in a meaningful debate on key issues. The content of the Strategy reflected the issues people were facing in their work and the events were seen as a helpful way to engage. There was some "challenge back" amongst attendees about whether their voices would really be heard and whether their messages would lead to positive change. The discussions were captured by event facilitators and this report presents their feedback.

What will happen next

This report captures, categorised under each Strategy theme, the issues of importance to the front line workers who made valuable time to attend one of these events and whose contribution is very much appreciated. The feedback in the report will, therefore, help to inform how the Strategy is

taken forward. A number of the issues raised are already being taken forward by the implementation plan of the Strategy and the report makes clear where this is the case. The report will go to relevant Scottish Ministers and the members of the Social Work Services Strategic Forum to further inform how the Strategy is taken forward.

The Strategy contains a commitment to review existing workforce surveys and, if useful, to carry out a further survey of the workforce, in order to better understand the key issues for staff. This report makes a very helpful contribution to that specific action.

The report will, however, also be useful informing work and priorities beyond the Strategy. The report will be circulated to event participants and all local authority Chief Social Work Officers. We will ensure that relevant policy leads within Scottish Government and key stakeholders across the sector are made aware of the report so that it can inform wider developments and their respective responsibilities for supporting and strengthening the workforce.   We will also publish the report on the SG website.

We are currently planning another series of engagement events in 2016 and will work collaboratively with the members of the Forum to ensure that we make best use of such events and that they are a meaningful and valued opportunity.

OFFICE OF THE CHIEF SOCIAL WORK ADVISER
SCOTTISH GOVERNMENT
December 2015

SECTION 1: SUPPORTING THE WORKFORCE

Summary of Practitioner views on what can better support the workforce?

a supportive learning culture with protected time to learn

protected time for supervision, peer support & mentoring

engaged, visible, supportive & communicative mangers with the right values and skills

better managed/reduced caseloads

early involvement in service planning, change programmes and evaluation

good quality and regular supervision

better support for newly qualified social workers and all new workers

more caring and nurturing organisations and managers

less paperwork/admin and more time with clients

low pay to be addressed & consider more standardised pay across the sector

sectors & organisations being better at sharing learning & good practice

Further detail on the views expressed

Learning and Development - The discussion highlighted the importance of improving practice through effective learning, reflective practice, on-going personal development and knowledge exchange. Positive messages about access to learning opportunities sat alongside messages calling for more learning/networking opportunities and training budgets being under pressure. Key issues were protecting time for learning and reflective practice and creating a supportive learning culture that facilitates open discussion where workers can feel supported as well as challenged.

Sectors and organisations, as well as different professions, need to collaborate to support effective learning and promote good practice. Face to face multi-agency/professional and cross-sector learning is valuable, building cohesion and improving joint working.

Solutions offered included:
- more team meetings to discuss cases and to share knowledge
- more action learning
- examining teams that work well and learning from that
- individuals needing to plan their own professional learning better
- job rotation to broaden learning/experience
- educators at all levels needing to be from the sector or have experience of the sector
- co-location seen as key in supporting learning and development

- more secondments for experienced workers to support continued learning
- multi-agency case working and reflective practice
- Face to face multi-professional, multi-agency special interest groups

Technology - Using technology better and more creatively is key to supporting practice development, including the use of on-line forums. The issue of confidentiality and the need for careful use of technology were highlighted. Access problems for front line staff were raised. The need for a more integrated approach to sharing information was also a significant topic.

Solutions offered included:
- integrating health and social care IT systems & having better IT do the job
- creating Scotland wide practice/information databases delivering more standardised guidance from the Centre

Information Management - What access staff had to information, how to manage the amount of information & how it could be better presented were discussed. This included the view that staff needed better knowledge of local resources to support clients.

Solutions offered included:
- creating a regular vehicle/publication that presents a front line perspective on developments - not a top down view from SSSC
- creating short bulletins to help understand new legislation
- Scottish Government to get policy updates directly to front line workers more quickly

Managers – The main messages included managers needing to be more visible and involved with front line workers. Managers needed to be better at supporting staff wellbeing and managing staff caseloads. The point was made that staff would benefit from better emotional support given they can be dealing with difficult issues.

Staff wanted managers to take account of their views on service delivery, improvement and change and to be better at planning and implementing change. Managers can hold on to information and need to be more communicative. Staff could also feel disempowered with decisions sometimes being made by managers from a resource perspective. There was some recognition that managerial posts had reduced in number.

Solutions offered included:
- a leadership programme for potential managers and to support new managers
- selection of managers based on values and people skills
- organisations doing more to grow their own managers
- more people doing management training
- promoting leadership more at all levels using SSSC Step Into Leadership tools

Supporting Newly Qualified Social Workers (NQSWs) – More support for NQSWs was called for but there was variation across areas in terms of the quality of support already offered. Overall there was support for the Strategy action to pursue the mandatory, structured framework for NQSWs.

Solutions offered included:

- protected caseloads, time & learning. Limiting NQSWs to one per team

- a buddy/mentor system & support groups/forums
- improving placements and opportunities for secondments
- freeing up senior staff to provide support to newly qualified workers
- constant supervision and standardised induction over the first 12 months for new workers

Supervision - Was seen as key in supporting quality improvement and workforce development. Variation existed around the quality of support offered. Comments highlighted the need to protect time for regular supervision and for supervision to be more supportive but also challenging and developmental rather than focussing on workload and tasks. Mentoring and peer support was also seen as valuable for staff separate to the support provided by line managers or supervisors.

Solutions offered included:
- group supervision covering cases and resources
- managers being trained in supervision.

Pay – Low pay and different rates of pay across sectors/organisations/local authorities were felt to impact on recruitment and retention and quality of care (particularly for low paid workers) as well as impeding cohesion and clarity across the workforce.

Solutions offered included:
- standardised pay across Local Authorities and across sectors
- the adoption of a living wage
- paying mileage and time in between visits

Retaining Experienced Staff -   Improved caseloads and minimising admin and bureaucracy were seen as key to supporting staff retention. There was also a sense that experienced staff and inexperienced staff needed much the same support mechanisms. It was recognised that experienced staff have more complex cases which take time but this is not always reflected in the overall number of cases they have.

Solutions offered included:
- increasing worker autonomy and minimising admin/bureaucracy
- reducing workloads through a step-up system – like a triage system in the NHS
- more effective team work including improved support from managers
- filling vacancies quickly
- valuing and making better use of people's skills and expertise
- retaining staff through support and training
- a clear call for no hot desking but welcoming flexible working

Self-Directed Support (SDS) – SDS was felt to create extra work and pressure for staff. Assessments are time consuming and often don't work in complex cases. Other comments included a call for government to be more open about resources and help manage public expectation. There was a view that SDS is too focussed on cost.

Recruitment - Recruitment issues were felt to be impacting on the quality of care. The main issue is to ensure that recruitment processes secure people with the right value base.

Solutions offered included:
- face to face interviews for social work courses, including the social work degree
- at interview testing the values of those wishing to work in the sector

- speeding up vetting processes

Social Work Degree - There was a view that the degree needed to be improved and more relevant to practice and a question as to whether it needed to be more specialist. Some commented that the quality of social work education is not as good as practice-based learning.

Solutions offered included:
- improving links with LAs and HEIs
- the degree should give a stronger importance to passing practice placements
- the need for more specialist graduate certificates

Relevant actions already underway through implementation of the Strategy

- **Revised SSSC Codes of Practice for Social Service workers and Employers by March 2016**
- **Research to be commissioned into workforce planning, recruitment and retention and workforce surveys**
- **Career pathways work by SSSC to be launched March 2016**
- **Fair Work Procurement Guidance issued by Scottish Government October 2015**
- **Review of Social Work degree underway**
- **Work on shared "induction passport" underway**
- **New postgraduate level award for CSWOs starting November 2015.**

SECTION 2 : SERVICE QUALITY AND PERFORMANCE

Summary of Practitioner views on what can improve understanding of

Quality and Performance?

engaging earlier and better with workers, users & carers on performance activity

freeing staff from systems, processes, admin & data collection

consistently good quality care seen as a key driver of improvement

resource concerns around delivering quality care

review and improve monitoring/evaluation approaches - nationally& locally

hospital discharge targets can negatively impact on assessment quality

integration - delivery and strategic partnerships are too health focussed

Further detail on the views expressed

Service Quality - Consistent service quality was felt to be key in driving improvement. A two-tier system was felt to exist because of the differing knowledge and experience levels held by new & experienced staff. The need to prioritise resources effectively was acknowledged but there were concerns about limited resources. Challenges were highlighted around supporting early intervention whilst meeting existing need. Concerns were expressed over the capacity to deliver quality assessments when having to meet hospital discharge targets, particularly for older people and people with mental health issues. Standardising assessment approaches/forms was suggested to deliver consistency, as was adopting an assessment triage system akin to that of the NHS. There was a call for improved tendering and commissioning processes to increase job security, improve service quality and minimise competition.

Solutions offered included:
* social work needing to be professional, more effective and efficient
* managers and organisations to support positive risk taking
* closing the gap between Strategies and practice
* recognising the significant shift needed to move to an outcomes focus
* services to be talked about in relation to need not hours
* managers, staff and different sectors to share the same language
* the need for services to be designed around an attachment model

Evaluation and Monitoring – Key messages included more assessment of policy implementation, an increased focus on outcomes, a need to look at what is measurable and to develop systems that capture feedback from users, carers, communities and the workforce. The importance of involving these groups early on was also reflected. Staff can feel that change is often top-down and not linked to front-line need. Staff have ideas and want a strategic presence on policy/service development

forums, locally and nationally and more open and early communication with managers. Staff surveys alone were not helpful. Others messages included:

- the need for self-evaluation by workers at different levels
- measuring organisations on how well they treat users and staff
- statutory and voluntary sectors needing to discuss performance more
- the need to capture small improvements for users
- annual auditing and peer groups as sources of useful evidence

__Health and Social Care Integration__ – Problems with integration were evident in some but not all areas. These largely related to the view that at strategic partnership and local delivery level the NHS held greater power and influence. Local agency working could be problematic, underpinned by a lack of NHS understanding around social services and social work. There was some scepticism that integration would drive improvement. Other reflections were that integration needs to better support mental health services and a question about quality & practice and what that would look like with integration.

Solutions offered included:
- speeding up integration in Teams
- better inter-agency communication around Government priorities

__Inspection__ - The main message called for more supportive inspection processes, though there was recognition that the Care Inspectorate is moving towards improvement rather than compliance.

Solutions offered included:
- more highlighting of positives in inspection processes
- less tokenistic listening to groups

Relevant actions already underway through implementation of the Strategy

- **Care Inspectorate Triennial Report published August 2015**
- **Second Chief Social Work Officer summary report by February 2016**
- **Discussions underway re central website to access all performance related reports**
- **Annual summary paper of key Social Services Statistics by December 2015.**

SECTION 3 :IMPROVING USE OF EVIDENCE

Summary of Practitioner views on how to make better use of Evidence

improving skills in research/evidence – including within HEI programmes

time for research & practice learning

more opportunities to engage in research/knowledge exchange

sectors need to share research/knowledge better

better promotion of national resources & knowledge exchange platforms

more creative and practice-based approaches to undertaking & presenting research

Further detail on the views expressed

Research -   The main messages indicate a gap in research/evidence training and skills so that workers can use evidence more effectively. HEIs were not felt to be preparing people well enough for research. Alongside this were messages calling for more academics/lecturers to be part-time practitioners thereby strengthening practice links. There was also a call for evidence to be more closely linked to supervision particularly for NQSWs.

Resources were a significant issue. Key challenges included time to undertake and consider research and problems accessing research findings, including lack of IT and not knowing where to find current and robust research. There was a call to protect time for evidence-based practice learning and research and to create more knowledge exchange events. There were positive stories of Teams doing action based research, linked to casework and service developments.

Research presentation was seen as important, needing to be more relevant and in bit size chunks for practitioners, as well as practice focussed. There was a call for more opportunities for practitioners to engage in research, including action based research, and opportunities to follow research career pathways. Numerous suggestions were offered on what research needs to be:
- supported by a culture change that values evidence - creating more learning events
- more targeted, generic and rooted in current practice
- less central belt focussed and set in a wider socio-economic context
- done earlier/more quickly i.e. by the time it is published it is already too late to be helpful
- more focussed on Significant Case Reviews and the learning shared
- more focussed on excellent practice e.g. Significant Case Reviews of good practice
- driving improvement and linked to practice
- counted as CPD for registration purposes

Promoting Research/Knowledge - There was a view that the sector needs to share its evidence more including making better use of provider research and embracing research from other countries. The challenge of knowing the robustness of evidence was highlighted. Better use of IT to share info is important but IT capacity across many organisations needs improved to support this.

Creating accessible, national databases and promoting existing knowledge exchange platforms (SSKS) and evidence based practice resources such as IRISS and SSSC were strongly advocated.

Solutions offered included:
- a national mechanism for collating good practice across organisations, increasing awareness of SSSC resources
- better promotion of existing resources - SSKS/Workforce Knowledge Portal/IRISS
- creating new info links on LA websites - a possible Yammer site for social services or an ISD Scotland Portal
- addressing the fact that IT organisational systems block access to evidence
- accepting that electronic resources are effective to some degree but to consider how to share info better - helpful if someone did this for Teams –ie Information Officer
- creating weekly/monthly lists of the latest research information by topic
- making better use of Team meetings to share knowledge
- promoting portals (national and local) via induction/training
- staff having access to the British Journal of Social Work

Relevant actions already underway through implementation of the Strategy

- Initial workshop with lead organisations held in November 2015 to consider options to better identify common research priorities and establish research and knowledge funding forum
- Review of Social Work degree underway is looking at issue of research links with practice.
- Refresh of Knowledge Strategy for Social Services to take place in early 2016

SECTION 4 : PROMOTING PUBLIC UNDERSTANDING

<u>Summary of Practitioner views on what can strengthen public understanding of</u>

<u>Social Services?</u>

raise awareness of sector with public & other key professionals

work with the media nationally and locally to promote positive stories

consistent good quality care seen as a key driver of improving public perception

sector being more confident in itself

educating public about resources/cost of care/own responsibility

Further detail on the views expressed

Public Perception and Understanding – The perception of the sector was felt to be poorer than for other professions and there was agreement that it needed improving. Raising public awareness about the sector was seen as a key driver. Improving awareness in other professions (ie teachers/GPs and other NHS professionals) was also felt to be key. Alongside this were views that different parts of the sector were differently perceived. For example, there were some views that children's services could be seen more negatively with services supporting older people being more valued by families. The statutory nature of social work and its intervention in crisis situations was felt to colour public perception. Social work can be seen by some as having too much power over families and individuals, so there can be a public stigma about receiving social support. Some participants said that people can be put off working in the sector because of bad publicity.

Improving outcomes for individuals and having good quality services were seen as key influencers in improving perception. Managing public expectation was felt to be important particularly about resources, the cost of care and the need for individual responsibility. Comments also suggested that the NHS and other professions need to have more realistic expectations of social work.

Comments suggested that government and other national bodies could better support the sector. There was a sense that politicians (local and national) and policy makers need to better understand the sector and a call for government to have a public discourse about resources. The Sector felt it could do more through the promotion of positive good news stories and also by valuing and nurturing its own workforce and being more confident in itself.

Solutions offered included:
- a sector champion to drive public opinion- also creating local champions
- promoting the voice of families and users more
- social work featuring in a high profile 'national' debate
- local authority volunteering to support the sector's work & improve public awareness

- making more of International Social Work Day
- roadshows to improve public understanding
- the sector better promoting positive stories of people joining the sector
- social workers being publicly proud about their role

Role of The Media - The media, and a few negative cases, were seen as a key driver of public perception and there was a call to work with and challenge the media. There was strong view that conveying more positive stories (locally and nationally) was needed, working with the media, but accepting there were challenges in doing this.

 Separate to this was a less strong message that the media can portray the sector in negative light with other professionals portrayed as heroes and also the NHS having more media coverage. Other messages included social workers and the Third Sector needing to be perceived more positively.

Solutions offered included:
- promoting the sector using TV documentaries, magazines – mention was made of Edinburgh Council TV documentaries which were very positive
- using social media more but with careful use
- local authorities investing in positive PR – some LAs having better PR teams than others and LA Communications Officer needing to be a key role

Relevant actions already underway through implementation of the Strategy

- Research to better understand public perceptions of social service sector to be commissioned by early 2016