

People's Experience of Adult Social Work Services

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1. ABOUT HEALTHWATCH WORCESTERSHIRE

Healthwatch Worcestershire provides an independent voice for people who use publicly funded health and social care services. Our role is to ensure that people's views are listened to and fed back to service providers and commissioners to improve services.

We recognised that we had to take a proactive approach to hearing the views of social care service users, as they are a group that we do not often hear from. Anecdotally we have heard both positive and negative feedback about people's experience of social care services. It was thought that the introduction by Worcestershire County Council of the Three Conversations Model may provide a focus to explore people's experience in further depth by speaking with people face to face or over the telephone.

2. BACKGROUND TO THIS PROJECT

2.1 The Care Act 2014

The Care Act 2014 is the legislation which provides the framework for the provision of social work services. A key underpinning principle of the Act is the responsibility on local authorities to promote the well-being¹ of adults (aged 18+) with care and support needs² and their carers. Local Authorities have a duty to provide information and advice about care and support services and a range of services which the local authority believes prevent or delay the development of need for care and support for the adult or their carers.

Local Authorities also have a duty to assess adults in need. The Department of Health Factsheet 3 about the Care Act says:

“An assessment is how the local authority decides whether a person needs care and support to help them live their day to day life³.”

This duty to assess applies to all people who appear to need care and support, regardless of their level of income & savings or whether the local authority thinks their needs will be eligible for care and support. The Council must make sure that the person is able to take part in the assessment. Assessments should be both appropriate⁴ and proportionate.

According to the Social Care Institute for Excellence:

“Proportionality means that the assessment is only as intrusive as it needs to be to establish an accurate picture of the needs of the individual or their carer, regardless of whatever method of assessment is used. This will involve:

- both hearing and understanding the initial presenting problem
- not taking this at ‘face value’

¹ Well-being includes personal dignity, physical and mental health and emotional well-being, protection from abuse and neglect; control over day to day life; participation in work; education, training or recreation; social and economic well-being; domestic, family and personal relationships; suitability of living accommodation and the “individuals contribution to society”.

² The Care Act focuses on outcomes rather than definitions of care and support needs but Worcestershire County Council Your Life Your Choice website says “you can request the assessment if you are 18 years old and over, and if you have difficulties doing a number of things which may include washing yourself; getting dressed; getting in and out of bed or helping you to stay safe in your own home”

³ Department of Health, Factsheet 3, The Care Act - Assessing Needs and Determining Eligibility

⁴ The Social Care Institute for Excellence describes an appropriate assessment as “adapted to the person's circumstances, needs (communication needs, level of complexity, etc.) and preferences”

- ensuring any underlying needs are also explored and understood”

The Worcestershire County Council (WCC) Your Life Your Choice website⁵ explains that:

“The assessment will look at your total circumstances. It will identify with you difficulties you might be facing, how you are currently managing, the support you have now and may need in the future and what you think will best help you achieve what you want to achieve in promoting your wellbeing”

Under the Care Act the Council must also assess the needs of carers for support and what these needs might be. The assessment should include the impact of caring on the carer’s wellbeing. The WCC Your Life Your Choice website⁶ explains that:

“You can choose to have your needs as a carer assessed separately or jointly alongside the person that you provide support for. If the person you support does not get any help from the council you are still able to access a carer’s assessment to look at your own needs.”

Following the assessment, the WCC “Your Life Your Choice” website⁷ says:

“You will be given a written copy of your needs assessment and a copy will be given to anyone that you want to have a copy. When your assessment is complete the council will decide if your care and support needs are at a level and of a type which means that you are eligible for help from them.

The council will write to you to explain their decision on your eligibility and give you reasons for their decision.

If you are eligible for help the council will explain what help could be available through your personal budget for care and support. A personal budget is a calculation of the amount of money you will need to meet the cost of your care, including any contribution you may be required to contribute. Your personal budget will be calculated based on the information provided to the council during your assessment and is used to fund care and support arrangements to meet your needs. These arrangements will be agreed with you and described in a care and support plan.”

The national eligibility criteria, set out in the Care Act, require that for needs to be eligible, they must meet all of the following criteria: needs arise from or are related to an impairment or illness, mean a person cannot achieve at least two outcomes⁸ in their day-to-day life, and that as a result there is a significant impact on their wellbeing. If

⁵ Your Life Your Choice website, What is a care needs assessment and who can request it? February 2018

⁶ Your Life Your Choice website, Request an assessment for your needs as a carer for an adult, February 2018

⁷ Your Life Your Choice website – What happens after the care needs assessment? February 2018

⁸The Outcomes for Adults with Care & Support Needs set out in the Care and Support (Eligibility Criteria) regulations 2014 are: Managing and maintaining nutrition; maintaining personal hygiene; managing toilet needs; being appropriately clothed being able to make use of the adult’s home safely; maintaining a habitable home environment; developing and maintaining family or other personal relationships; accessing and engaging in work, training, education or volunteering; making use of necessary facilities or services in the local community, including public transport, and recreational facilities or services; carrying out any caring responsibilities the adult has for a child. The outcomes for carer’s are: Carrying out any caring responsibilities the carer has for a child; providing care to other persons for whom the carer provides care; maintaining a habitable home environment in the carer’s home, whether or not this is also the home of the adult needing care; managing and maintaining nutrition; developing and maintaining family or other personal relationships; engaging in work, training, education or volunteering; making use of necessary facilities or services in the local community, including recreational facilities or services and engaging in recreational activities

eligibility criteria are met, then the local authority is under a duty to ensure that the care and support needs identified are addressed.

If people who have been assessed think the Council's decision is wrong, they can complain using the Council's complaints process.

The Authority can charge for certain services and will carry out a financial assessment to decide on whether and to what extent the person will contribute towards the cost of meeting their care and support needs. If the adult has capital of over £23,250⁹ they will be responsible for the full cost of their care. This does not preclude them however from receiving guidance and support from social work staff.

2.2. Healthwatch speaking with people who use social work services

People who use social work services are a group of people that Healthwatch does not often hear from. This may be for a variety of reasons, for instance the people who use those services may be older, isolated or more vulnerable. We recognised that a proactive approach would be needed to hear their views.

Our aim was to understand the whole process of how people contacted and experienced social work services. This included:

- Finding out about social work services and social care support available locally
- Getting in contact with social care services
- Their conversation/s with the social worker about what needs to change for them (the assessment)
- How the social worker helped to put in place a plan to meet the needs identified
- How that plan worked for the person

We do not routinely know who is in contact with Worcestershire County Council (WCC) social work services and therefore sought the cooperation of the County Council to enable this to take place.

It was felt that the project would be beneficial to both parties as it would enable a user perspective of social work services to be gained. We are grateful to Worcestershire County Council for their assistance with this piece of work.

2.3. The Three Conversations (3Cs) Model

The timing of this work coincided with the introduction within the Council of the Three Conversations Model. This is a "strengths-based" approach to social work with adults. The Social Care Institute for Excellence¹⁰ says:

"Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets. As such, it concerns itself principally with the quality of the relationship that develops between those providing and those being supported, as well as the elements that the person seeking support brings to

⁹ WCC leaflet "Your Financial Assessment – Explained" states that WCC consider capital to include such things as savings, investments and bonds. If you own the house that you currently live in, the value of it will be disregarded whilst you live there. In some circumstances the value of your home will be taken into consideration if you enter long term permanent care.

¹⁰ Social Care Institute for Excellence – "Strengths based approaches for assessment and eligibility under the Care Act 2014" March 2015

the process. Working in a collaborative way promotes the opportunity for individuals to be co-producers of services and support rather than solely consumers of those services.”

They go on to say:

“The phrases ‘strengths-based approach’ and ‘asset-based approach’ are often used interchangeably. The term ‘strength’ refers to different elements that help or enable the individual to deal with challenges in life in general and in meeting their needs and achieving their desired outcomes in particular. These elements include:

- their personal resources, abilities, skills, knowledge, potential, etc.
- their social network and its resources, abilities, skills, etc.
- community resources, also known as ‘social capital’ and/or ‘universal resources’.”

The Three Conversations Model, which is in use elsewhere in England, can be summarised as¹¹:

Conversation 1: initial contact

Listen and connect - Listen hard. Understand what really matters. Connect to resources and support that helps someone get on with their chosen life, independently

Conversation 2: when people are at risk/in a crisis

Work intensively with people in crisis - what needs to change urgently to help someone regain control of their life? Put these into an emergency plan and, with colleagues, stick like glue to help make the most important things happen

Conversation 3: when long-term support is needed

Build a good life - what does a good life look like? What resources, connections and support will enable the person to live that chosen life? How do these need to be organised?

A feature of the model is to be responsive, with people being put through directly to the relevant team and provided with a prompt response. The person would usually remain with the social worker that they first contact.

The process that was previously in place, and which is still in place for areas outside of the innovation sites, is that people contact the County Council either online, in person or by telephone via the Adult Social Care Access Centre. The Access Centre would take as many details as possible and then pass the referral to the Triage Team. The Triage Team check the referral and could potentially provide signposting or request further information from the person before passing the referral to the relevant Locality Team. The Locality Team are responsible for contacting the person and carrying out assessments. In some Locality Teams there may be a delay before an assessment can be arranged.

At the start of this project the County Council was developing and trialling this new way of working with older people’s social work teams at two “innovation sites”, one in Redditch Central and the other in Pershore / Upton. The model has now been extended to other teams and the Council plans to introduce the model across the County, building on learning from the innovation sites.

¹¹ WCC Making It Happen, September 2017 update and evaluation of the Three Conversations Programme in Adult Services - slides

Given the Council's commitment to rolling out the model, and the importance of evaluating the effectiveness of the approach for people in Worcestershire, it was decided to focus our work on the experience of social work services of people living in the innovation site geographical areas. However, the people that we spoke with in these localities had predominantly experienced the traditional approach to social work, under the Council's previous system, thus this Report focuses on social work services in general and not wholly the Three Conversations Model. (see 4. below)

3. WHAT WE DID

Having secured the County Council's management co-operation with the project we contacted the Redditch Central Social Work team and attended a team meeting to discuss the approach.

We initially asked social workers to ask the people they were working with if they would be willing to speak with us and to seek their permission to pass their personal details on. We provided the social workers with a model "script" to enable them to do this. After a period of 3 weeks we had not received any names from the team. This inevitably led to a significant delay in getting the project underway with service users. We therefore decided to broaden the remit to cover the other innovation site at Upton / Pershore. We attended a joint meeting between the teams to explain about the project and to ask social workers to promote it to the people they were working with. After a further 4 weeks we had not received any names from the social work teams.

It was therefore decided to take an additional approach and ask the County Council to send a letter on our behalf to people who had used the 3 conversations service in the first six weeks of operation of both innovation sites. It was felt that this timing would enable us to speak with people whilst the experience was still recent, but also for people to have perhaps moved past a point of significant need/potential crisis.

The letter (Appendix One) explained about the project and asked recipients to contact Healthwatch directly if they were interested in being involved. It was accompanied by a letter from the Director of Adult Social Care explaining about the project and reassuring people that no contact or personal details had been shared with us. Worcestershire County Council was responsible for identifying who should receive the letter and its distribution. They informed us that the letter was sent to 310 people.

The letter resulted in 28 people (9%) contacting Healthwatch. We made telephone contact with everyone who responded. The telephone conversation explained more about the project and what we aimed to find out. We also asked people about what contact they had with social services and which team they had been in touch with. Following these conversations, it was clear that a number of respondents were unable to recall their contact with social services or were unable to take part in the project for a variety of personal reasons.

Healthwatch was able to speak in depth with 16 people (57% of the people who contacted us). 13 of these conversations took place face to face and 3 took place over the telephone. We are grateful to all of the people who agreed to take part and share their experience with us. Whilst we recognise that the sample is relatively small in comparison to the number of letters sent out this is a factor that was outside our control.

We produced a question guide for these conversations (Appendix 2). Sources used to devise the questions included research undertaken for the Department of Health, NICE Quality Statements, the Adult Social Care Outcomes framework and Think Local Act

Personal (TLAP) materials. It should be noted that the questions were a guide only and were adapted in response to each individual's circumstances.

The conversations were recorded, and written summaries produced. Analysis of the content identified the themes and issues that are reported here.

Our original intention was to follow up those people who had used the Three Conversations model to see whether the intervention was still effective from the individual's perspective. Given that relatively few of our respondents fall directly into that category (see 3 below) this was felt to be of limited value.

At the request of WCC we provided some bullet point feedback to Adult Social Care's Management Team meeting in December 2017 identifying some early themes, which are developed in this report. We had anticipated producing this Report sooner but acknowledge that there have been delays, some of which were unavoidable and therefore outside of our control.

HWW has been clear from the outset that our work is independent of the County Council and it is a recommendation of this report that Adult Social Care conduct their own ongoing evaluation of the implementation of the Three Conversations Model.

4. WHO WE SPOKE WITH

All the 16 people we spoke with responded to the letter sent out on our behalf by WCC, so they were a self-selecting group

10 respondents were from the Pershore/Upton area and 6 were from Redditch Central locality. Some people had contact with the Central Review Team, who were not part of our initial brief, although the respondents lived in the Pershore/Upton or Redditch localities.

14 of the 16 respondents had contact with the teams in the previous six months. Of these 5 appeared to be new contacts. The remainder had an existing relationship with a social worker or previous contact with social services. Therefore only 5 (32%) of our respondents appeared to have experience of the Three Conversations Model. The remainder of the people that we spoke with had experienced the traditional approach to social work under the Council's previous model.

Some of the people we spoke with were carers. Some spoke with us on their own behalf about their experiences, whilst others spoke to us alongside the person that they are caring for.

5. HOW WE HAVE REPORTED WHAT WE FOUND OUT

This work was undertaken on a confidential basis, with an undertaking not to identify respondents.

To preserve the anonymity of the people we spoke with we have decided not to break the respondents down by further characteristics, however the majority of people that we spoke with are older people.

We have gender neutralised the language to maintain the anonymity of the respondents and social workers. "He", "She" and personal names have been replaced with "they", including where necessary in quotes from participants.

We have also used the term social services rather than adult social care as this is the terminology most of our respondents used and understood.

From analysing the content of the conversations, we have generally reported on a theme or issue when it was identified by 25% or more of the respondents, although it is important to acknowledge the perceptions / views of individuals.

People spoke about their experiences in their own way and in their own words. During the conversations with respondents they often expressed strong feelings and views about social services, both positive and negative. It was clear that their contact with the social care system was important to them and had the power to impact on their lives.

6. WHAT WE FOUND OUT

6.1. How people found out about social services

Most of our respondents found out about social services through another organisation.

For those respondents who have had a longer-term relationship with a social worker the majority had been informed about social services via a health service.

For those who had made first contact with social service in the previous six months most had been informed about social services by a voluntary sector organisation. One respondent commented:

“Loads of people come out of the woodwork to help you”

Several respondents, including 3 who had first contacted social services in the previous six months, spoke about a lack of knowledge about what social services and social workers do, and what people could expect or were entitled to from social services.

“Well I don’t know, I don’t know how social service work. I don’t know, no idea”

“I don’t really know what they’re there for.... they’re the invisible service” [Later In conversation] “It’s almost like it would be really nice if they could send a leaflet around the houses explaining this is the one you fall under, this is your local social services office and this is what we’re here for, this is what we can help you with, something like that would be good”

Lack of information can lead to a mismatch between people’s expectations of social services and their experience of the service.

“Why don’t they tell people what they are entitled to, be up front with people? I find that very very disconcerting. I think it’s immoral, wrong. I think they should be up front with people cause it makes a lot of old people feel as though they’re scrounging for something they’re not entitled to but many of them have paid in all their life for it”

“All I wanted was for somebody to come and sit on the other side of my table and explain to me what’s going on like. What I can get and what I can’t get. “Oh we haven’t got time to do that”. I said well OK thanks very much, I thought you were social service and that’s what you looked at was people’s social needs like you know”

Some respondents were also unclear about the social workers role and what they can expect from or ask of them.

“Well I’d like you know, is [sw] supposed to be the one that’s supposed to get all the care for me or what? I don’t really know what social workers are supposed to do what are they supposed to do?”

“I’m quite frightened of them actually. The worst thing I want to say to social services is I can’t cope because I think they’d cart [partner] off. That’s the way I feel, that sounds really exaggerating but would I be able to say no you don’t do that. Would I have the power to say?”

From our conversations it appeared that many respondents were not aware about their entitlement to an assessment under the Care Act or what response they could expect when they contacted social services.

Points for Consideration

1. WCC to produce & promote a simple information sheet that explains the role of Adult Social Care.
2. WCC to produce & promote information about the role of social workers.
3. WCC to provide information that makes people aware of their entitlement to an assessment, and what this will mean in practice under the Three Conversations Model.
4. All this information should be available in a format which is more easily accessible to the person contacting the service.

6.2 Timeliness of initial response by social services

Timeliness or initial speed of response by social services once the person had been referred or made contact did not emerge as a major theme for most of our respondents. It is included here as we are aware that it is a key feature of the Three Conversations Model.

Of the people who first had contact with social services over 6 months ago most were satisfied with the speed of response, whilst a minority were unhappy with this as they had experienced lengthy delays before seeing a social worker or receiving a service.

Of the people who first had contact with social services in the previous 6 months three were satisfied with the speed of response whilst two were not. One respondent mentioned that it took “weeks” to get a visit. Another spoke with a team member who said someone would get back to the person in a couple of days, but a week later there had been no contact. A further call by the person led to the help required.

“Now I’ve got through to an actual person who knows what they’re doing, I feel more confident about the fact I can get with that person and that they will deal with the situation that I am in”

Overall, with some significant exceptions where some people reported they had waited several months for a service, the majority of people were appreciative of a timely initial response and had not experienced a lengthy wait for a service. Some people expressed that they were pleasantly surprised by the speed of response.

Points for Consideration

1. The information provided to people about the role of Adult Social Care should include information about response times.

6.3. Interaction with the social worker

Through our conversations with respondents a number of themes emerged.

A. Attributes that are valued by respondents

A key feature to emerge from this project is the difference the approach and attributes of the social worker can make to the person's experience of the service.

The social work attributes that were valued by respondents included:

- Being caring
- Listening well
- Being contactable
- Being responsive
- Being well informed
- Doing what you say you'll do
- Keeping people informed about what you are doing, and
- Keeping people informed when you cannot do something you said you would

The quotes below illustrate the attributes, both positive and negative, that we heard about.

"The most important thing was that [sw] was always there. I could always contact [sw] when I needed to, and they always had the correct information and if they didn't have it on hand they would find out and get back me within, you know, a few days. Nothing was ever too much trouble and you know they never passed you onto anyone else, they dealt with everything and they seemed to know everything"

"[sw] is compassionate and caring, nothing is too much trouble. [sw] makes time for you even though they are rushed off their feet. [sw] is very helpful, very supportive. They will go the extra mile"

By contrast:

"To me [sw] felt cold it looks as though you're going to them with cap in hand, which isn't the case and I was made to feel a bit like that. That's how I began to feel, that's what I meant about the coldness oh here's another one asking for something. All I wanted was a bit of help"

"I can't get through to [sw]. It's awkward. [sw] never answers the phone. When I leave messages [sw] doesn't reply to me. Dozens of messages I've left, [sw] even says they don't answer their mobile much."

One of our respondents had contact with a number of social workers within a team and contrasted their experience of them:

"I just found [sw] really abrupt and rude sometimes you feel like you're being victimised a bit, bullied a bit and I don't need that"

By contrast they described another social worker in the team:

"Friendly total different character.... the tone of voice; [sw] was just completely friendly, more caring with the way [sw] was speaking, [sw] could tell that I was upset they actually rang me back as well, you know, said they were going to do this that a lot better care"

A consistent theme was the importance of continuity, having an ongoing, positive relationship with the same person rather than being passed on to different people or referred back into “the system”. Continuity is a key feature of the Three Conversations model and was valued both by people who first had contact with social services in the previous 6 months and those with a longer-term relationship with their social worker

We heard positive comments about this:

“It’s somebody I can get on the phone to and if [sw] not there they will send them an email and they get back to me [sw] knows us and knows what we’re after and you know, all right you get somebody else and they can look up the notes and see what’s going on but it’s not the same you work together sort of thing you know”

“You’re not just phoning up an office and getting an answerphone or having to speak to a different person each time and having to keep going back over things. You have [sw] number and you know you can speak to them. It’s reassuring. It’s personal, not like a lot of things now.”

Some of our respondents referred to the power of “the system” and also of the social worker, who can be perceived as the gateway to information, support and resources.

“Yeah ... you feel as though you’ve got a link out there to the power, you’ve got a link to God haven’t you? You know what I mean because it all stops at the social worker”

Where the relationship is positive this continuity and ability to navigate “the system” is valued, however this was not the experience of all our respondents:

“[sw] is supposed to be in the system. I’m not in the system I can’t juggle everything and keep my own personal health it’s like you’re a number you’re not a person you’re a part of the system, it’s a job to them they don’t care”

“It was quite forceful. [sw] wasn’t going to move unless we’d given way on at least the one [reduction in home visit], at the time I was just so tired and shattered I just didn’t have the energy to fight on it”

The comments above illustrate the importance of the approach of the social worker and the attributes that they bring to the social work relationship.

The nature of this relationship and the workers ability to establish a meaningful connection with people at a time of vulnerability is key. Several respondents spoke in glowing terms of the professionalism and “humanness” of their workers. This had made a significant difference to them personally and had a beneficial impact on their situation.

It highlights the importance of having an approach that is focused on the person and of working with people in a way that is enabling and empowering in a situation where people can feel powerless in the face of a system that they may not understand or are having difficulty in navigating.

Consideration needs to be given as to how a breakdown in this relationship can be addressed (as experienced by a couple of our respondents) without initiating a formal complaints process.

Points for Consideration

1. WCC to consider how the findings of this Report about the approach and attributes valued by respondents can be acknowledged and integrated into the social work service.

B. Social workers' understanding of people's situation

People who contact social services usually do so because they are experiencing a situation in their lives where they feel they need information, advice and/or practical assistance. A key feature of the Three Conversations Model is that the social worker listens to and understands the person's situation, and particularly in a crisis, "stick like glue"

We asked people about their contact with the social worker, how easy it was to speak with them, did they feel they could explain their situation in their own time and their own way and whether they felt that the social worker understood their situation and what was going on for them.

We heard an equal balance of both positive and negative responses across all our respondents.

"[sw] knows us we can talk to [sw] about anything we've got [sw]'s direct number always (asks) are there any problems? [sw] understands, perhaps more than anybody else"

"[sw]'s so easy and helpful, very comfortable with [sw]"

"I was telling [sw] a few things that were troubling me.... [sw] really understands"

By contrast other respondents reported:

"No, I don't think they did [sw] was very nice, [sw] was very pleasant but that's all I've got to say about them really"

"No, no I felt as if I was actually wasting my breath"

Whilst there was a clear link between people's positive perception of social services and the extent to which they felt that the social worker understood their situation this understanding did not, in itself, result in a positive experience. It may also need to be linked to the attributes that people value in a social worker, such as the social worker doing what they said they would do and being responsive as described below.

C. Social workers doing what they said they would do

A strong theme that emerged from our conversations with respondents was the importance of social workers doing what they said they would do. Keeping appointments, following up on promised actions and keeping people informed about what was happening were highly valued attributes and the cause of disappointment and frustration when not followed through.

“When I spoke to [sw], I knew that what [sw] said they were going to do [sw] would do”

“They were here practically within days [sw] did all the phoning and arranging”

“I really don’t think they could do any more for us we have the care that we need [sw] got it sorted for me”

By contrast

“I’m being quite honest I haven’t got much faith in social workers at all we’ve had such an issue with them coming out to see me two, three times every excuse for not turning up”

“I understand a bit more now why people say you’ve got to push and push and push to get anything done but I’m not one to do that. People should be doing their job ... not coming and saying oh we’ll do this we’ll do that and then have nothing done about it”

“So [sw] recommended I do [activity] or as much as I could and [sw] would come and see me, contact me in a few weeks and see how that was going and that’s all I know, I’ve heard nothing since no contact from [sw] at all”

Two of our respondents who first had contact with social services in the previous 6 months had a good initial experience, however they had subsequently experienced a lack of follow through on promised actions from their social worker.

The quotes illustrate that people place their trust in social workers and are appreciative when social workers have carried actions through. By contrast respondents felt let down and disappointed where this was not the case.

There may be situations where a lack of appropriate action by social workers could have more serious consequences, particularly if the result is a delay in meeting identified care and support needs.

Points for Consideration

1. WCC emphasise to their workforce the importance of following through on actions and have a system in place to review this.

D. Respondents perception of pressure on social workers

Several respondents (including three who first had contact with social services in the previous 6 months) perceived that social workers were under pressure. The pressures identified included high caseloads, lack of time and funding pressures.

“I know [sw]’s busy, you know they’ve got a caseload this long, we’re not [sw] only clients or whatever they call us, we’re not the only ones.”

“I’m sure that they are all nice people, I’m not saying that any of them had any bad intentions at all. I think they’re working within a system that’s underfunded they are working under great strain themselves”

As the quotes illustrate respondents were sympathetic to the pressures that they perceive social workers to be under. However, this recognition can also lead to people feeling that they do not want to add to this pressure.

“I wouldn’t call [sw] just for something silly. It would only be for something important I mean I suppose I should really say more to [sw] but I just feel as if I’m being a nuisance if I keep phoning them”

“I don’t expect [sw] to bend over backwards cause there must be hundreds of people like me but surely there could have been a bit more advice or a bit more light at the end of the tunnel”

It is important that people feel that they can ask the social worker for support in a timely way, without feeling that this is burdensome, as for some this may prevent a crisis situation from arising.

Points for Consideration

1. WCC should consider whether social work caseloads are at a level that contribute to the experiences reported by respondents.

E. People getting help with the things they said they needed help with

We asked people did their contact with social services result in them getting help with the things they said they needed help with. The response was varied, with some people being satisfied that this was the case, whilst others were not.

People described variations in the level of support they received from social workers with the things they said they needed help with. There seemed to be a difference in approach. Some social workers appeared to signpost people to support whilst others took a more proactive role:

Some respondents gave examples of how they felt their social worker had “gone the extra mile” and been flexible and responsive to the situation that they were in. This was highly valued by these respondents.

“[sw] was so helpful, told us about all the services that were available, clubs & societies, funding, everything [sw] organised the care package, organised funding absolutely brilliant”

“Y needed help [with cleaning & personal care] and [sw] set all of that up [sw] helped us put a plan in place [sw] has done the best they can do.”

Others would have welcomed more support:

“I said to [sw] about respite, I said to [sw] I need it and I didn’t know where to look [sw] sent me this Directory no contact that’s it. I’ve been sent a book - do what you’ve gotta do”

“Well I had to do it all, I done it all. [sw] gave me quite a few different numbers to call see but it’s all get it yourself. We’ll give you the money if you haven’t got enough I’d like a lot more help”

The strengths-based approach to social work aims to draw on an individual’s strengths and assets and we recognise that the level of support offered by social workers will vary according to each person’s capacity, circumstances and needs. Whilst this may seem self-evident the findings suggest that social workers need to be aware of each individual’s

situation and tailor their response accordingly, especially when people lack energy and resources to follow through on suggested actions.

Points for Consideration

1. Social workers check regularly with the people who they are working with that they are able to act on the social work support provided.
2. Social workers check that the proposed course of action has addressed the issue that the person needs help with, and within a timescale that has been agreed.

F. What difference has the contact made?

We asked people what difference their contact with the social worker had made to them, (had the contact helped the person, did their family and their friends feel they could get on with their lives).

Respondents had contrasting experiences, including three of those respondents who first had contact with social services in the previous 6 months. Some felt that the contact with social services had a positive impact, whilst for others this had not been the case

“I don’t think I could have coped with everything on my own I’m just finding it more and more difficult now”

“It’s been well worthwhile, [sw] has put themselves out it’s been really good. I don’t feel like it’s been a waste of time at all”

“It worked well, it eased it through. My mind was in a bit of a whirl at the time, you know what to do who to get in touch with and all the rest of it, as I say once we got in touch with [sw] it all went smoothly”

By contrast:

“[sw] said to me if you’re not coping with X why don’t you put them back into care I was shocked and now obviously when I do ring up I’m praying that they’re not the one I’ve got to speak to I feel a bit intimidated”

“They are sitting there, and they are writing and making notes and filling out their forms and at the end of the day you’ve just got to get on with it”

“I just feel to be perfectly honest it’s just been oh great that’s another one off the list, they’re coping, somebody’s managing and that’s great it saves us time and money and I know they’re under staffed and they’re underfunded I do get that, I really do”

The quotes above illustrate again the variations in the individual experience of our respondents, and the importance of the approach and the attributes of the social worker to that experience.

There appear to be a number of factors involved including:

- the level of trust and strength of the relationship that has developed between the individual and the social worker,
- the potentially different expectations of both parties as to the social work role and
- the extent to which individuals consider that their needs have been met.

Our findings suggest that there is a need for ongoing feedback from people about their experience of social services and the impact that this contact has had.

Points for Consideration

1. WCC to consider how ongoing feedback can be gathered from people using social work services about their experience of the service.
2. This ongoing feedback should contribute to continuous improvement in social work training and development and inform the provision of an effective social work service.

6.4 EXPERIENCE OF CARERS

A. Consideration of carers needs

Over the course of the project we spoke with a number of people who provide unpaid care. We sometimes spoke with the carer alongside the person they cared for and sometimes as an individual who had asked for support in their role as a carer.

We asked carers if they had felt that their needs as a carer had been asked about by the social worker or taken into consideration.

“[sw] has told me about help for carers as well [sw] has given me all sorts of contacts if I need them, but most of them I haven’t followed up at the moment.”

There were contrasting experiences, whilst some carers appeared to be satisfied with the support received from social services for most this was not the case

“it’s terrible the service isn’t there, they are supposed to be helping me as well to help X. They’re not helping my wellbeing at all. They don’t care”

Some carers reported that they did not always feel listened to and/or involved by social workers when the needs of the person that they cared for were being considered.

“Even if they didn’t really mean it they could have appeared to be more interested.. in your circumstances it truly is the fact that I’ll be selfish and say I didn’t count. Now when you’ve been with someone for 40 years you think you should count”

“You feel that when you actually put right what X can and can’t do you feel as if you shouldn’t really be saying. [sw] is talking to them”

Our observation from conversation with carers is that few of them appeared to be aware of their entitlement to an assessment of their needs under the Care Act, even if they had directly approached social services for help.

B. Carers Annual Review

Some carers mentioned that they had previously had annual reviews. The reviews were valued by the carers that we spoke with who had experienced them.

“Under the previous system somebody came to see us, it was normally the same person, we had two people over a period of about 10 years. It was the only support you got, apart from the very welcome carers budget. The person would come here, and we would sit and talk about our difficulties and it was the only person all year who expressed any interest In life when you’ve got a difficulty you struggle through it don’t you and this was the one occasion when we stood back from it with a third party professional present and said what the problems were it was terribly important to us. The sense of knowledge and personal care. It was a wonderful experience”

A few carers reported that they had contacted social services as they had not had a notification that the Review was to take place. One carer reported that they were told that the Council was no longer doing these. Two carers received a review visit but told us that they had not received a follow up report from the visit.

“I’m interested to see what the outcome of the review was, but it would have been nice to have a response. When they’ve been before I’ve had like a form with tick boxes what they’ve agreed and such like. I haven’t had anything this time at all”

These carers seemed to be unclear about the status of annual reviews and who is providing this service.

C. Carers Personal Budget

Some carers reported that they had previously received a Carers Personal Budget. They reported that they had not received information about whether a further payment would be made or the level of this. On making an enquiry to social services two carers had received the budget at a reduced amount. One carer had been told that the budget was being cut back and they would no longer receive this, the carer had accepted this. Our observation is that it was unclear to carers who was eligible for the budget, whether they needed to apply for the budget annually or whether it was a rolling payment.

Points for Consideration

1. WCC to promote information to carers about the support available to them.
2. WCC to provide information to carers about their entitlements to an assessment under the Care Act and what this will mean in practice under the Three Conversations Model.
3. WCC to clarify the position in respect of the Carers Annual Review and make the outcome known to carers.
4. WCC to clarify the position in respect of the Carers Personal Budget and make the outcome known to carers.

6.5 FINANCE AND BUDGET PRESSURES

Under the Care Act people are entitled to an assessment of need regardless of their financial circumstances.

Most respondents referred to the financial pressures and budget reductions that are being experienced locally and nationally, including three of those who first had contact with social services in the previous 6 months.

Several respondents spoke of the focus on finances in their interactions with the social worker. For some this was positive:

“[sw] organised for funding I mean the finances, it’s a minefield and without [sw] I don’t know how I would have managed at all because it’s so difficult”

“Well that [finance] was all sort of set up, [sw] done all that for us and got the extra finance for the extra call yeah, it’s all done”

Some felt that financial pressures were influencing the service that they were receiving

“I’m thinking are you here to help me or are you here to find out if I can afford to get you to help me, you know, if I’ve got that much money in the bank. That’s how it made me feel”

“If this company [referring to social services] because of financial difficulties it can’t do job x and it has a duty in law to do job x then it’s got a problem you cannot wilfully break the law which is what I suspect is the case”

The people we spoke with who had capital above £23,250, and so would be paying for any care or support themselves, felt that once this was established social services had little interest in them.

“Nobody was listening didn’t think social services wanted to know at all. Once you come out with the fact you’ve got £23,500 they don’t want to know. You don’t even come into their category so you’re out of the equation straight away”

“At the root of it all it seems to me that once you say your self-funding and you’ve got enough savings to support yourself that they haven’t got the manpower or the interest to come and assist and that’s my biggest concern I suppose, it’s that we have to approach them and when we do once they work out that you’re not poverty level that’s it”

They expressed their frustration that they did not feel supported or listened to:

“I don’t want something for nothing I knew about the money, but I fully expected that they would, how can I put it, point me in the right direction as to where I could go and get help and it just wasn’t forthcoming”

“You know this financial thing, benchmark, you know even if you are above it you still need a lot of support sometimes, just well-being and you know all the mental problems you can still have, emotional stress all of that sort of thing social services should still be there to help you, to help everyone”

Points for Consideration

1. WCC to reassure itself and others that it is meeting its duty to provide an assessment of need regardless of the individual’s financial circumstances and what this will mean in practice.

6.6 RESPONDENT’S THOUGHTS ON HOW THEIR CONTACT WITH SOCIAL SERVICES COULD BE IMPROVED

We asked people how they thought their contact with social services could be improved. Some respondents reiterated the importance of continuity and social workers displaying the attributes that they valued such as being caring, responsive and doing what they say they will do.

A strong message that came from respondents was the importance of social workers really listening to people and asking questions that helped people to fully explain what was happening in their lives.

“I think that social workers should really find out what you really need. Try and find out what your life is really like and then try and find ways of you being helped for what you want”

“I think to find out a little bit more, I think [sw] didn’t have the time really and as I said I think I presented as being OK at the time they called I’m reluctant really sometimes to be negative I think finding out more about what needs are”

Other suggestions made by respondents included:

- More training for social workers on working with people with dementia
- Social workers having a coordinating role across a range of services for older people
- Keeping in contact, checking with people periodically to see if they are OK, this includes checking on the needs of the carer as well as the person requiring support
- Taking a more proactive approach to contacting / checking on people aged 85+

7. CONCLUSION

It has to be acknowledged that this Report is based on a relatively small sample of self selecting people who have received a social work service. Whilst the size of the sample in no way invalidates the experiences and perceptions of the respondents and the views expressed in the Report (both positive and negative) it is difficult to ascertain how representative they might be of the wider population that experiences social work services.

The majority of respondents have experienced social work services prior to the introduction of the Three Conversations Model.

This meant that we do not have sufficient information to draw any firm conclusions on the implementation of the Model, due to the limited numbers who have experienced it and because it was still relatively early in the life of the new approach. A further study may be undertaken by HWW once the Three Conversations Model has been consolidated across the County.

Notwithstanding this we have learnt through this work of the importance of the attributes and approach of the social worker to the individual’s experience of social work services.

Key features include the importance of continuity, listening to the individual, the quality of the relationship that is built between the social worker and the individual, social workers being receptive and responsive, and following through on actions.

We acknowledge that services are facing pressures and demand at a time when resources are constrained, however, Councils have a legal duty to meet their responsibilities under the Care Act and must be able to demonstrate how they do so in practice.

People contact social services at times in their lives when they feel they need advice, support and/or practical help and assistance. Social Work staff should try to see beyond the obvious, enquire into the hidden areas and offer a holistic service based on a meaningful working relationship that values and respects the individual and their ability/desire to maintain and improve their living situation. Timely social work support can make a qualitative difference to the lives of people in need of care and support.

Social workers need to be supported in this by being enabled to work in a way that is timely, flexible, responsive, unrushed and focused on the person rather than the process or the system.

Ongoing feedback from people who use social work services should be used to assess whether their experience is that this is being delivered through the Three Conversations Model.

8. POINTS FOR CONSIDERATION

Provision of information

1. WCC to produce & promote a simple information sheet that explains the role of Adult Social Care
2. WCC to produce & promote information about the role of social workers
3. WCC to provide information that makes people aware of their entitlement to an assessment, and what this will mean in practice under the Three Conversations Model
4. All this information should be available in a format which is easily accessible to the person contacting the service.
5. The information provided to people about the role of Adult Social Care should include information about response times.

Interaction with the social worker

6. WCC to consider how the findings of this Report about the approach and attributes valued by respondents can be acknowledged and integrated into the social work service
7. WCC emphasise to their workforce the importance of following through on actions and have a system in place to review this.
8. WCC should consider whether social work caseloads are at a level that contribute to the experiences reported by respondents
9. Social workers check regularly with the people who they are working with that they are able to act on the social work support provided
10. Social workers check that the proposed course of action has addressed the issue that the person needs help with, and within a timescale that has been agreed.
11. WCC to consider how ongoing feedback can be gathered from people using social work services about their experience of the service
12. This ongoing feedback should contribute to continuous improvement in social work training and development and inform the provision of an effective social work service

Carers

13. WCC to promote information to carers about the support available to them.
14. WCC to provide information to carers about their entitlements to an assessment under the Care Act and what this will mean in practice under the Three Conversations Model.
15. WCC to clarify the position in respect of the Carers Annual Review and make the outcome known to carers.
16. WCC to clarify the position in respect of the Carers Personal Budget and make the outcome known to carers.

Finance and Budget Pressures

17. WCC to reassure itself and others that it is meeting its duty to provide an assessment of need regardless of the individual's financial circumstances and what this will mean in practice

APPENDIX ONE - LETTER TO POTENTIAL PARTICIPANTS

Your experience of social work services

My name is Margaret Reilly and I work for Healthwatch Worcestershire (HWW).

I am writing to you because you have recently spoken with a social worker from Worcestershire County Council. Healthwatch Worcestershire would like to talk to you about what this was like for you.

Healthwatch Worcestershire (HWW) is an independent organisation, we are not part of Worcestershire County Council social services. Our role is to improve care services by ensuring that those who run services know what people think of them, so that they can be improved.

We hope to understand how you found:

- Finding out about social work services and social care support available locally.
- Getting in contact with social care services.
- Your conversation/s with your social worker about what needs to change for you.
- How the social worker helped to put in place a plan to meet your needs.
- How that plan worked for you.

We will use the information that we find out to let the Council know how things can be improved. We do not get involved in people's individual circumstances, but instead speak to a number of people on a confidential basis so we can find out common themes and issues. At the end of our work we will write a Report and make suggestions / recommendations to improve social work services, from the point of view of people who use them.

The County Council has helped us by sending this letter inviting you to talk to us about your experience of social work services. The Council wants to improve the way it does things and are keen to learn from what we find out. They are pleased that we are doing this piece of work.

Talking to us is entirely voluntary. It will involve you having a conversation with me either over the phone, or by meeting up at a time and place that suits you. You are welcome to have someone else (e.g. a relative / friend) with you if you would like. If you agree to take part, I will contact you to make the arrangements.

I would then like to follow up with you a few months after our first conversation has taken place to see how you are getting on, but you will not have to speak with me again if you don't want to.

The information you provide will be confidential. Your name or any other personal identifying information will not appear in any Report resulting from this work without your express consent. We may, with your permission, use anonymised quotes. We do not report on people's individual circumstances, but instead on the issues and themes we find out about. Even though the overall findings will be published only members of staff or Directors of Healthwatch Worcestershire will have access to the record of my conversation with you. Social Services will not see this. They will not be involved in my conversation with you. Neither will they have any control over what Healthwatch find out or the Report that we write.

Taking part will not affect the support and care that you receive now or may receive in future. There are no known or anticipated risks to you from taking part.

If you are willing to help by talking to me about your experience of social work services, please contact me on 01386 565951 or return the enclosed form and return it to me using the Freepost address

If you have any questions or would like any additional information, please do feel free to get in touch.

APPENDIX TWO - CONVERSATION GUIDE

Questions were used as a **GUIDE** to be adapted to individual circumstances.

Prompts are in italics

ACCESS

1. How did you find out how to contact social services?
How did you know who to contact about the things you needed help with?
2. About how long ago was it that you first contacted social services?
3. How much contact have you had with social services? *About how many times have you spoken with your social worker?*
4. When was the last time you spoke with your social worker? (approx.)

TIMELINESS OF RESPONSE

5. When you got in contact with social services how soon did you get to speak to a social worker?
6. Was this speed of response what you were expecting?
7. Were you informed if there was to be a delay in speaking with a social worker?
8. What did you think about the person who you spoke to becoming your social worker?

THE INTERACTION WITH THE SOCIAL WORKER

9. Can you tell me about your conversation with the social worker - how did you find the way the social worker talked with you? *Did you feel comfortable talking with the social worker? Did the social worker give you time to explain things in your own way?*
10. How did the social worker help you to talk about what you needed help with and what needed to happen to help you? *How satisfied were you with this?*
11. Did the social worker help you to talk about the things you can manage for yourself?
12. Did the social worker ask about your family, friends or neighbours and how they are involved in your life?
13. How did the social worker find out about what you were hoping would happen as a result of your conversation/s?
14. Did you feel that the social worker understood your whole situation and the things going on in your life?

THE PLAN

15. After you explained your situation to the social worker what happened then?

Level One - Signposting

16. Did the social worker talk with you about what people, places or service were available that could help you?
17. Did they tell you how to get in touch with these?
18. Did they ask whether you needed help to get in touch?
19. Did the social worker help you make connections with people and places if you said this would help?
20. Did they ask about how you could get to these places?
21. Did they let you know about how much these things cost?

22. Did they give you any information about where you could get advice about finances?
23. Information about benefits?
24. How did the social worker talk to you about taking risks and staying safe?
25. Did you feel you had the right information and advice to make your own decisions?
26. If the social worker said they would do things did they do them?

Level Two /Three

27. Did the social worker look with you at the options? Were they open and honest with you about what they were?
28. *Did the social worker explained to you the equipment that might be available to support you or offer for someone to show you how this equipment worked to help you decide whether it was useful?*
29. *How did the social worker talk to you about taking risks and staying safe?*
30. How involved did you feel in drawing up the plan about what happened next?
31. Did you feel you had the right information and advice to make your own decisions?
32. Were things explained to you clearly and were you kept you informed about what was happening and why?
33. If the social worker said they would do things did they do them?
34. How long did it take to put the arrangements in place?
35. How did you feel about the length of time it took? *If felt a long wait - What would have felt like the right length of time to you*
36. Would you change anything about your care and support now? *What would it be?*
37. Overall how satisfied are you with the care and support that you receive?

FINANCES

38. Did the social worker speak with you about finances or costs?
39. Did the social worker tell you about where you could get advice about this or about benefits?

OUTCOME

Level One - Signposting

40. How have you followed up on the suggestions that the social worker made about the people, places or services that might be able to help you?
41. (If so) Have you found this has helped with the things you said you needed help with?
42. (If not) Why is this?

Level Two / Three

43. Do you think that the plan reflects what you want and sets out how the things you want to do will be achieved?
44. How does the support that you receive now meet your needs and choices? *Does it do this, if not why not?*
45. Do you have a written copy of the plan for you to keep?

DIFFERENCE

46. How has your contact with the social worker helped with the things that you said to the social worker that you needed help with?
47. Has your contact with the social worker made a difference to you? *If so how*

48. How has your contact with the social worker helped you and your family and friends feel you could get on with your lives?

VALUE

49. What do you value about your contact with your social worker?

IMPROVEMENT

50. How could your contact with social services have been improved?

51. *Can you think of ways that this experience could have been better from your point of view?*

CONTACTING SSD AGAIN

52. Did the social worker explain what to do if things changed for you?

53. Would you be happy to go back and speak with a social worker again if you needed to?

54. Why do you feel this way?

PREVIOUS EXPERIENCE OF SOCIAL SERVICES - DIFFERENCE?

1. Had you had any contact with social services before this time?
2. If you have spoken to social services before did you notice any difference between your previous experience of social services and your experiences this time?
3. How was it different?
4. Which way felt better to you? Why was this?
5. Is there any other things you would like to say about your experience?

Question Sources

The following sources have been used to develop these questions:

- MDT = Making the Difference Together, Department of Health, Jan 2016
- NICE QS - OPwLTC - NICE Quality Standard 132, Older People with Long Term Conditions
- TLAP - Think Local Act Personal - Care Act Online Survey
- ASC OF - Adult Social Care Outcomes Framework 2015/16