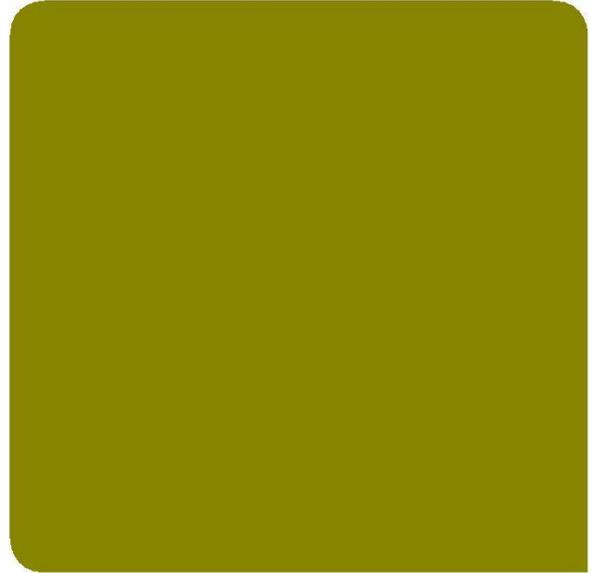


Social care governance: a workbook based on practice in England



Social care governance: a workbook based on practice in England

Somerset County Council
Social Care Institute for Excellence

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A report of the findings from the pilot project has been published (S. Curtis, 2009), *Social care governance pilot project report*.

Editors: Richard Banks, Sally Curtis, Meiling Kam, Steve Bray, Paul Birch, Helen Wakeling.

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Social care governance – definition

Social care governance is a framework for making sure that social care services provide excellent ethical standards of service and continue to improve them. Our values, behaviours, decisions and processes are open to scrutiny as we develop safe and effective evidence-based practice. Good governance means that we recognise our accountability, we act on lessons learned and we are honest and open in seeking the best possible outcomes and results for people.

(Definition based on work of the Social Care Governance Working Group, Somerset)

This can be considered in relation to The good governance standard for public services (OPM and CIPFA, 2004)

Foreword

When I first started as a director of adult social services I often reflected on how I knew whether assessment and care management staff were doing the best possible job for the public. I knew it was important to develop a strong learning culture, learning from the things that went well, the near misses and the mistakes.

I was used to working with the clinical governance framework in the NHS and was surprised that, at the time, there was nothing similar in social care. We discovered the original work on health and social care governance that the Social Care Institute for Excellence (SCIE) and colleagues in Northern Ireland were developing. Here was a framework that could be used as a quality assurance tool but written in a language that worked for social care staff.

We took the tool, learned from our colleagues in Northern Ireland and started to develop it for use in the English context.

In Somerset we have found that the framework can be used at several levels: individual, team and organisation. If you use it, you will see that it challenges at all three levels too. Somerset has shown that it works in practice and we are finding it particularly helpful as a focus for the quality of practice. It is also helping us to meet some of the requirements of the Social Work Task Force Report. Most importantly, it is helping to develop confident practitioners, in a wide range of roles, who are taking a very real and appropriate 'pride in practice', knowing they are giving of their best for the public. I commend it to you.



Miriam Maddison
Director, Community Directorate
Somerset County Council

Introduction

We all have responsibility for the quality of the social care we provide. Achieving quality is a combination of individual, team and organisational responsibility. Organising that effectively is the purpose of social care governance. Evidence-based practice tells us that this is best achieved by teams reflecting in a structured way on the service they currently provide and then on how it could be developed.

Social care is in the process of changing working methods, organisational systems and culture to achieve the range of intentions around creating a personalised adult social care system. Therefore, people developing care governance have opportunities to make sure that their approach matches the changing nature of social care and contributes to looking at services from the perspective of the people who use them. The key principles fundamental to the development of a quality service are:

- public and service user involvement
- safety and effectiveness, to include supports for staff, and among these, training and development to provide effective services
- robust organisational structures and processes
- quality of service provision through policies and procedures to enable continuous improvement.

The key principles fundamental to good governance are:

- a clear focus on the organisation's purpose and outcomes for people who use services
- clarity about roles and functions
- managing risk and transparent decision-making
- engaging with key stakeholders
- clear accountability and ownership of practice.

The process of undertaking social care governance works to embrace these two sets of principles. The principle of good governance may be seen on page 4 of *The good governance standard for public services* (OPM and CIPFA, 2004)

Legislation

This book recognises that there is no specific legislation to guide social care governance in England as there is in Northern Ireland (Department of Health, Social Services and Public Safety, Quality, Improvement and Regulation (NI) Order 2003; *Best Practice, Best Care*, 2002). However, practice in Somerset, as in Northern Ireland, indicates the need for reflection and action on accountability to maintain the very best practice in social care.

Organisational health check

The Social Work Task Force Report challenges *social work employers* to be part of a listening organisation. Using this workbook will provide evidence of how your organisation has listened and responded to the views of others. It can also support

employers to undertake the organisational health checks recommended in Annex A of the Social Work Task Force Report. Somerset plans to meet the requirements of the Social Work Task Force Report in a way that measures quality, and develops the practice of teams as part of a whole system improvement without the duplication of data collection.

Quality

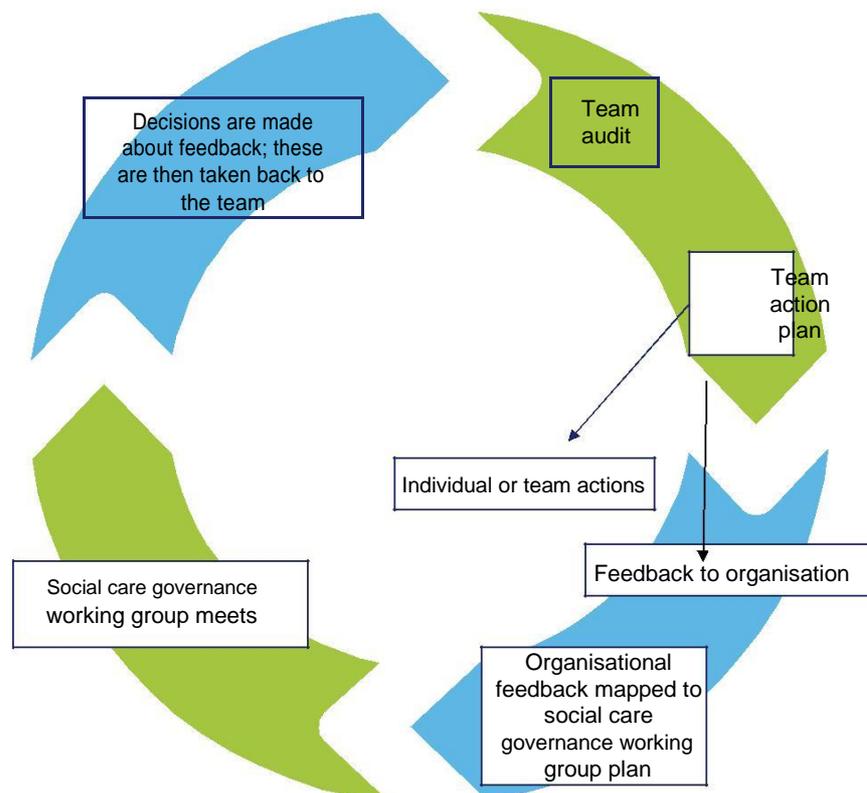
The Care Quality Commission as the independent regulator for health and social care will assess services in areas that include:

- improved health and wellbeing – evidenced via group work, team work that will impact on team and service development, the quality of service delivered and the wellbeing of people who use services and their carers as well as staff
- increased choice and control – from the perspective of people who use services and their carers as well as staff, fully integrating personalisation into the organisation
- maintaining personal dignity and respect – listening as an organisation to those who work with and receive services, taking action on listening and therefore striving to deliver the best possible services with the resources available.

Care governance can be a routine way of checking and improving quality in social care where everyone is involved in the process.

Implementing a structure for change

Figure 1: How the process of governance can work



Source: Adapted from an original diagram by C. Smyth and L. Simmons (2006)

How should this workbook be used?

- It is not necessary to use this workbook in a sequential way. It is a framework to enable teams to explore and improve practice. The questions are not fixed but act as prompts that will change alongside changes in practice
- The audits may be used as a starting point for discussion
- Time spent on this workbook is 'legitimate' time, not borrowed from an already expanded workload
- Working on this workbook as a team is more effective than using it alone
- Team development and reflection is central to the process working.

Compiling the templates and discussing the questions they raise is more effective if it is undertaken as a team rather than as individuals working alone (see Appendix 2).

You can choose where to start and the action plan will identify priorities for you and your team, and help you focus on the appropriate sections of the workbook.

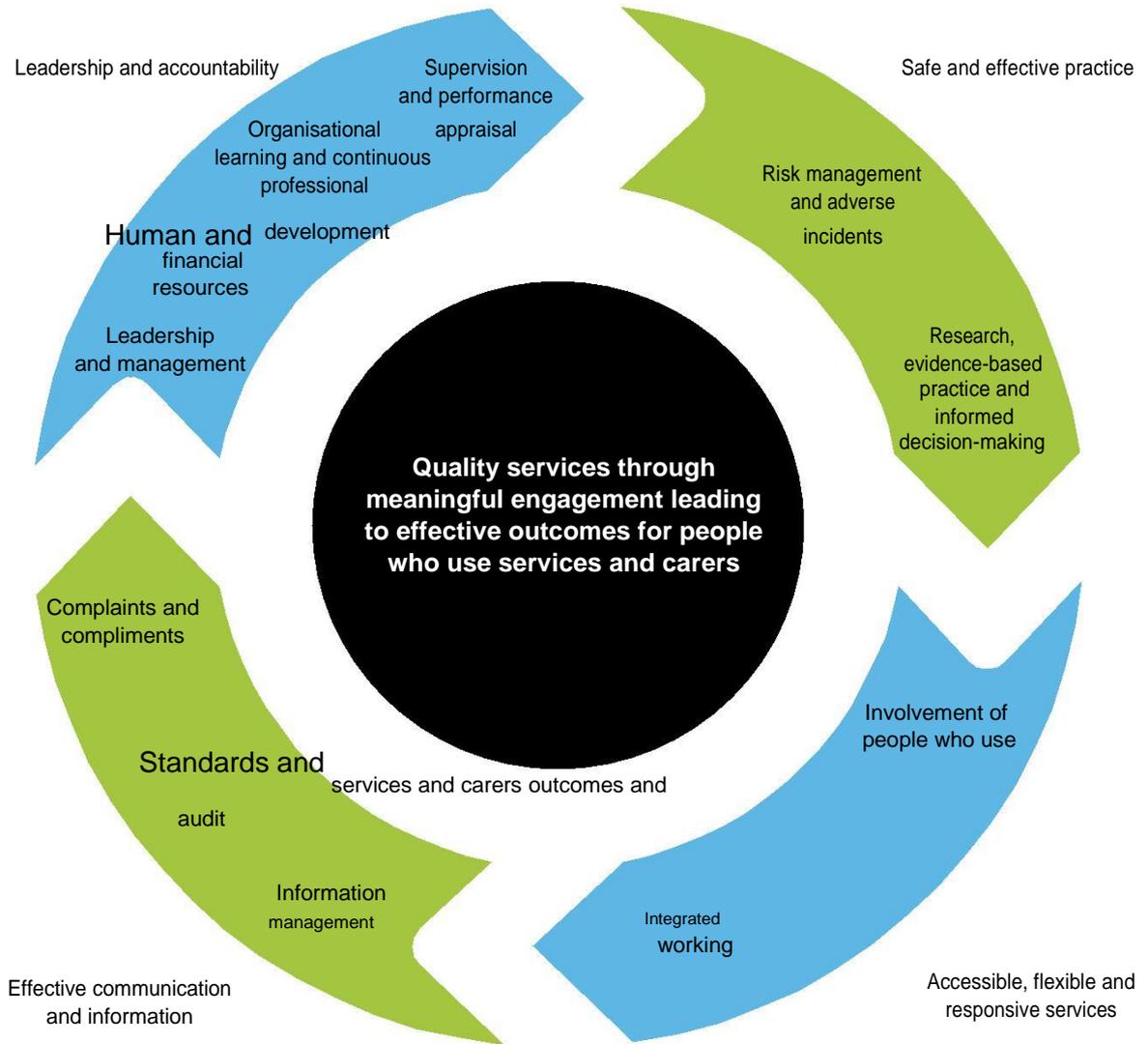
You can use the *Good practice framework* (SCIE, 2010) template to record your team's learning. Over time this will help you create a portfolio of your learning needs and achievements.

The workbook is a dynamic document, which will develop further as staff use it. Completing the feedback form in Appendix 7 will enable you to contribute to the knowledge and skills base for social care governance.

Core elements of social care governance

The following diagram shows the core elements of social care governance and how the audits fit together.

Figure 2: Areas examined in social care governance



Source: Adapted by Joe Horton (2010) from an original diagram by C. Smyth and L. Simmons (2006)

Core elements of social care governance, under the themes identified by the Quality Standards for Health and Social Care (amended for England)

Leadership and accountability

- 1 Leadership and management
- 2 Human and financial resources
- 3 Organisational learning and continuous professional development
- 4 Supervision and performance appraisal

Safe and effective practice

- 5 Risk management and adverse incidents
- 6 Research, evidence-based practice and informed decision-making

Accessible, flexible and responsive services

- 7 The involvement of people who use services and carers
- 8 Integrated working

Effective communication and information

- 9 Information management
- 10 Standards, outcomes and audit
- 11 Complaints and compliments

Improving practice

When working through each of the core elements or audits, you may wish to use the following series of prompts and questions to help review improvements to practice. Note that they are guide questions. Different questions to suit particular situations should be developed to help critical analysis of practice. Good facilitation of team audits is essential to getting people motivated to contribute to practice improvement, rather than repeatedly redefining the difficulties. (See the Change Influence Accept model in Appendix 2.)

Improving practice learning and development plan

Use the following to review learning and development, and relate to changes in working practices.

Individual level

- What works well and not so well in your practice?
- What have you learnt? Describe how the learning relates to your work.
- What effect will this have on the way you work and what changes are you going to make to improve your practice?
- Have you identified any skills development that could help you?

Team level

- What are the strengths and weaknesses of your team?
- What have you learnt? Describe how the learning relates to your work.
- What changes need to take place?
- Have you identified any skills development that could help the team as a whole?

Organisational level

- What has been learnt?
- What changes need to take place?
- Have you identified any skills development that could help?
- What needs to be shared with the wider organisation?
- What supports/resources need to be put in place?

1 Leadership and management

Leadership is essential in changing attitudes and involving all staff in social care governance. Leaders need to look at things strategically and have an understanding of social care governance. They will determine the culture, structures and resources required to take this agenda forward. Appropriate professional leadership is essential to support sound decision-making and improving practice and service delivery.

1.1 Culture

Developing the right culture is a major challenge that will take leadership, time and commitment from all levels of the organisation. This will develop only if there is a commitment to organisational learning, support for an open and fair approach, and partnerships and collaboration with other professionals, people who use services and their carers.

1.2 Accountability

Accountability for the care and safety of people who use services, and staff ultimately lies with the chief executive of an organisation (within the context of financial viability and principles of governance). Nonetheless, each worker has a responsibility to contribute to accountability within an organisation through an integrated approach. This means there have to be clear communication systems and clarity about roles and responsibilities, with well-defined lines of accountability from the frontline worker to the director of the wider organisation.

► Facilitator's notes

Divide the team into random and varied groups to look at the questions. Small groups of three or four work well, allowing shared involvement.

1.3 Audit questions 1

- 1(a) What is the culture of the organisation?
- 1(b) What are the professional lines of accountability?
- 1(c) What communication systems are in place to share information with the wider organisation? How would you improve the loop of communication between operational staff and the wider organisation? (See Figure 1, p 3)
- 1(d) What does social care governance mean to you?

1.4 Resources

Building a safe and confident future: One year on (HMSO, 2010) Chapter 3 contains recommendations regarding front-line management and supervision.

Leading practice: A first-line managers' development programme (SCIE resource, 2009). This material acknowledges that leadership and expertise can be found at all

levels within the organisation. It sets out arrangements to make sure that the team manager's learning is applied and influential throughout the organisation and the roles for senior managers in leading this.

The National Skills Academy – Social Care plays a key role in leadership and management. Follow the link to see their website.

People management knowledge review 16: Improving social and health care services (SCIE, 2007). This knowledge review looks at effective improvement methods in social and health care.

The People Management website offers a resource directory on leadership and management as well as a number of audit tools.

The Skills for Care Leadership and Management Strategy (S4C, 2008) provides extensive supportive materials on leadership and management about relevant standards, supervision and a whole systems model.

The Children's Workforce Development Council statement on leadership (2008).

Third sector is a publication that informs about what is going on in the voluntary and not-for-profit sector.

2 Human and financial resources

Social care is based on the relationships between people. Those who are providing care or assistance will be effective if they are adequately supported and have appropriate knowledge, skills and understanding. It is helpful to consider the workforce as including all people providing assistance, both paid and unpaid. Moreover, as the delivery of social care is largely through the workforce, there are implications for human resources and for financial planning.

Here are some well-established areas for attention when considering the workforce we require:

- Delivering the service in the most efficient way: This may include reconfiguring the front line and better use of partnerships
- Joint and integrated working between social care, health care and other sectors
- The leadership of local employers is supported in workforce planning, whether in the public, private, or third sector
- Recruitment, retention and career pathways to provide the many talents the workforce needs are promoted through planning, sharing what works and engagement
- Evidence-based workforce remodelling and commissioning is developed to achieve service transformation.

► Facilitator's notes

Divide the team into two: get one half to identify gaps in human resources and how these gaps can be addressed, whilst the other half focus on the financial resources.

2.1 Audit questions 2

- 2(a) With reference to the key priorities for the workforce strategy, what gaps have you identified?
>> Human resources?
>> Financial resources?
- 2(b) How are human resources managed? What are the issues?
- 2(c) How is workflow managed?
- 2(d) How are financial resources managed? What are the issues?

2.2 Resources

To understand how local authority finances are managed you may wish to consult the following documents:

Strategic financial management in councils (Audit Commission, 2010). This document outlines the financial challenges ahead for councils and encourages them to take a long-term strategic look at managing finances. It contains a good practice checklist

(Appendix 1) and a Self-Assessment Questionnaire (Appendix 2).
(The Audit Commission is due to be abolished in 2012/13.)

A short guide to structured cost reduction (National Audit Office, 2010). This guide highlights key issues for public bodies to consider in facing the challenge of adopting a more structured approach to cost reduction.

The Chartered Institute for Public Finance and Accountability (CIPFA) website carries information relating to public finance such as the *Rough guide to developing a financial strategy in a local authority* (a six-step approach comprising a baseline forecast, a fit with corporate policy, developing a plan, preparing a draft statement, confirming the process and a proposal for measuring delivery).

The Improvement Network website brings together organisations with the purpose of improving partnerships and building capacity in local areas. It includes a section on financial management and provides practical examples of cross-sector improvement. There are links to key organisations such as the Audit Commission, CIPFA, Local Government Improvement and Development Agency, the NHS Institute.

The following resources deal with workforce development:

ADASS workforce development network is a critical contact point for adult workforce issues.

Centre for Workforce Intelligence – CfWI carries information on workforce planning.

Children’s Workforce Development Council resources and information on children workforce issues.

Integrated Local Area Workforce Strategy (In LAWS) provides a strategy for local workforce commissioning to support the transformation of adult services.

Local government workforce demographic profile (LGA, 2009).

Putting people first workforce study (PPF Consortium, 2010). This study looks at workforce restructuring in a number of local authorities. The key findings listed on page 2 include restructuring to address efficiency savings.

Social Work Task Force Final Report: Building a safe, confident future (Social Work Task Force, 2009). See ‘Health check’, pp 57–9.

Also, *Building a safe and confident future: One year on* (HMSO, 2010) Chapter 3 contains recommendations regarding front-line management and supervision.

Workforce: Resources and good practice (Local Government Improvement and Development Agency, 2010). This is a useful resource for good practice in workforce issues related to five key areas (organisational development, leadership, skills, recruitment and retention, and pay and rewards).

3 Organisational learning and continuous professional development

Good standards of practice and care will be achieved only if organisations have a learning culture that supports the training and development of staff. At an organisational level these developments address structures, culture, systems, human resources and leadership. At an individual level this means keeping up to date through training and post-registration training and learning. Newly qualified social workers should consider using the appropriate post-qualifying framework to assist in their development (there is one for adult and one for children's services.) This should be taken into account when managing their caseload.

The regulation of the workforce has a major part to play in promoting quality and safety. Social workers and OTs (occupational therapists) are required to register with the General Social Care Council (GSCC) and Health Professionals Council (HPC) respectively. Service regulation and registration with Care Quality Commission (CQC) includes some registration requirements for proprietors and managers. Care staff are not currently required to register.

It is the individual's responsibility to register with their professional body, to adhere to the codes of practice and to meet post-registration training and learning requirements. The completion of this workbook will contribute to these requirements and provides an opportunity for staff to learn from each other by exploring knowledge rooted in practice.

The organisation has a duty to have systems in place to make sure that registration is current and valid and that there is a system for reporting poor practice *by registered practitioners* to the appropriate regulatory board. For care staff, poor practice should be reported to the line manager in the first instance.

3.1 Audit questions 3

- 3(a) What is the organisation doing to establish a learning culture which is open and fair?
- 3(b) What arrangements do you and your colleagues have in place to share and apply learning to your practice?
- 3(c) What learning opportunities provided by the organisation have been useful and improved your practice? Are there any learning needs that have not been met?
- 3(d) If you are a registered worker how are you being supported to meet your post-registration training and/or continuous professional development, and what are you doing as an individual to meet this requirement?
- 3(e) What does your organisation do to support workers new to the service? (Are there common induction standards? Is there support for newly qualified social workers?)
- 3(f) How do you demonstrate your compliance with your professional codes of practice?
- 3(g) What system is in place to report serious misconduct?
 - >> Internally?
 - >> Externally?

3.2 Resources

- *At a glance 27: Personalisation briefing: Implications for occupational therapists in social care* (SCIE, 2010).
- British Association of Social Workers.
- *Building a safe and confident future: One year on* (HMSO, 2010). This report indicates the direction of travel in terms of social work education, management, planning and employer requirements. Chapter 4 looks at professional development and career progression.
- Business Balls is a website that carries useful information on personal development, life coaching, personal coaching, training programme evaluation, and so on.
- College of OT.
- College of Social Work.
- *Dementia gateway* (SCIE, 2009) is a resource for anyone concerned about dementia.
- The General Social Care Council continues to carry out its duties until the anticipated transfer of its functions by 2012.
- The Newly qualified social worker resource, adult services (SCIE with Skills for Care, 2010) provides easy access to information and resources to meet the 12 outcomes statements recommended for newly qualified social workers. It also carries a list of current policy and legislation.
- The Council for Healthcare Regulatory Excellence (CHRE) website provides information and links to the nine regulatory bodies in health, including the Health Professionals Council.

4 Supervision and performance appraisal

Supervision is a key tool in ensuring accountability, support, learning, professional development and service development. Social work has an established tradition of supervision. In residential and domiciliary care services this may vary. Supervision should provide an opportunity for the worker to reflect on practice. It should provide support in complex work and decision-making and consider the professional development of the worker and the development of the wider service:

Within social care organisations, it is a fundamental performance management tool – the meeting point between professional and managerial systems and the bridge between the employee and the agency. (Morrison, 2001)¹

An important element in reflective supervision is enabling staff to question their practice, critically analyse and evaluate experiences, and debrief after challenging or stressful encounters. This will lead to a better understanding of the cognitive and emotional elements of practice. All levels of the organisation need to be committed to a strong culture of supervision. Moreover, training in supervision skills for managers and senior practitioners should be considered, particularly as they become responsible for different professionals under integrated working.

► Facilitator's notes

Divide the group into those who supervise and those who do not. Get supervisees to look at the responsibility of supervisors and after five minutes swap the groups around. Then open up the session to the whole group. This will promote critical analysis and exploration of roles and expectations.

4.1 Audit questions 4

- 4(a) What are the responsibilities of the supervisor/the person being supervised?
- 4(b) Do you have a supervision policy in place, and does this work in practice?
- 4(c) Are supervision agreements completed and valued?
- 4(d) What are the formal professional supervision arrangements for you?
- 4(e) What recording/documentation takes place?
- 4(f) How does your organisation make sure that professional supervision takes place?
- 4(g) How is the collective experience and knowledge of individual supervision shared with the team, directorate and the wider organisation?
- 4(h) How is reflection integrated into supervision?
- 4(i) What support, development and supervision do supervisors receive?

¹ Morrison, T. (2001) *Staff supervision in social care*, Brighton: Pavilion Publishing (Brighton) Ltd.

4.2 Performance appraisal

Appraisals facilitate the review of individual performance on a regular basis and the identification of the development needs of staff. Appraisal as part of supervision can be agreed and outlined beforehand.

- 4.1 How often do you have an appraisal?
- 4.2 Is it used to improve practice?
- 4.3 Do you consider outcomes for people who use services and their carers as part of this process?
- 4.4 Is there input from service user feedback to the appraisal process?
- 4.5 Is performance appraisal linked to pay and/or other rewards?

4.3 Resources

Clinical supervision in the workplace: Guidance for occupational health nurses (RCN, 2003).

Leading practice: A first-line managers' development programme (SCIE, 2009). This looks at supervision skills and the team manager's role in using supervision to distinguish between work stress and working with distress as a normal aspect of social care.

Providing effective supervision (CWDC/Skills for Care, 2007) provides comprehensive guidance and reflection on supervision. Similarly, *Inspiring practice: A guide to developing an integrated approach to supervision in children's trusts* (CWDC, 2010).

Reflecting on and developing your practice: A workbook for social care workers. (Collins, 2009). An online copy may be accessed using an ATHENS password

Use SCIE's Social Care Online website to search for more information.

5 Risk management and adverse incidents

Risk is an essential and unavoidable part of everyday life. It is impossible to achieve an environment that is absolutely safe and without risk, but it is important to consider what can be done to improve the safety and quality of care provided.

Principle 7 of the *Common core principles to support self care* (Skills for Care and Skills for Health, 2007) recommends that we support and enable risk management and risk taking to maximise independence and choice. Within the context of personalisation and increased choice, risk taking acquires another dimension with outcomes for people who use services and their carers that can be weighed against potential consequences. It is important to understand more fully what those risks are and the potential consequences of taking them. Thus, a clear distinction between putting a person at risk and enabling them to manage risks appropriately can be made.

Risk management is a major theme in care governance. In order to make sure that the organisation does its best to provide a safe and effective service it is crucial to work with other professionals and other agencies in the identification and the management of those risks. Moreover, the perceptions of the person using the service and their wider network are a key element in the entire process. Thus in assessing risk, the three dimensions of the service user, their networks and the wider environment can be considered with greater confidence.

The definition of an adverse incident is any event or circumstance that could have led or did lead to harm, loss or damage to people, property, environment or reputation. When the potential for harm/loss/damage is detected and the incident is prevented this is considered a 'near miss' and can be used for individual, team and organisational learning.

Organisations have to create an open and fair culture which facilitates the reporting of incidents, and the sharing of learning that results in change and improvement. This avoids making similar mistakes repeatedly. It enables staff to become more competent in their work with the correct policies and procedures in place to help them.

Staff in adults' services may come across situations in the course of their work where welfare and safeguarding issues emerge in relation to children and young people, sometimes including young carers. You should know your employer's policies and procedures when such situations arise. Key messages about risk taking and accountability in relation to safeguarding children may be seen by following the link to the Centre for Excellence Outcomes in Children and Young People's Services (C4EO)'s Safeguarding briefings 2 and 3 in the Resources section below.

► Facilitator's notes

Divide the group into two and start the session by placing two flipchart pages on the wall, one asking how you make decisions about risk in your personal life, and the other how you make decisions about risk in your professional role. Give each of the two groups five minutes on each question and regroup as a large team to discuss. This will enable the team to engage with ideas around positive risk taking, the involvement of people who use services and professional accountability.

5.1 Audit questions 5

When a person is assessed as being at risk and decisions are made, how clear are you about how this decision is arrived at? (For example, has the organisation made a decision on behalf of the person, in their best interests, as set out in the Mental Capacity Act 2005?) Have you recorded this decision clearly?

How far is responsibility for risk taking transferred to the individual, and what are the organisation's continuing responsibilities? How does the organisation exercise its general 'duty of care', and what are the implications for staff working practices?

- 5(a) Have you identified the risks and who is responsible for:
 - >> risks to people who use services (from self, others or the environment)?
 - >> risks to staff (physical and verbal abuse, lone working, lifting and handling)?
 - >> risks to other people and the public?
 - >> environmental risks (health and safety in the environment)?
- 5(b) What evidence do you have that you assess and manage those risks?
- 5(c) What evidence do you have that policies and procedures have been adhered to?
- 5(d) What evidence is there that people who use services and carers have been involved in risk management and decision-making?
- 5(e) What evidence is there of multi-professional/inter-agency working?
- 5(f) How do you record and report near misses and adverse incidents?
- 5(g) Have there been any incidents and what has been the learning? What methodologies are used to follow up these incidents? (An example might be root cause analysis.)
- 5(h) How are the analysis and learning from risk assessment and the outcomes of serious case reviews shared in your team and the wider organisation?
- 5(i) How far are the views on risk of family and neighbours taken into consideration?

5.2 Resources

Adult safeguarding scrutiny guide (Centre for Public Scrutiny and Local Government Development Agency, 2010). This guide considers how local arrangements work to safeguard adults in the local authority. It is designed to assist officers, members (and independent chairs) in shaping and developing the best way to exercise their responsibilities locally.

Common core principles to support self care (Skills for Care and Skills for Health, 2007). This document lists the seven core principles and how they should be implemented.

Domiciliary care: Lone worker's safety guide (Skills for Care, UKHCA and the Care Providers Alliance, 2010). This is a comprehensive guide outlining the responsibilities of employers and employees. Although developed for domiciliary care workers, the guide is useful for anyone in social care working alone.

SCIE Guide 33: Facts about FACS 2010: A guide to fair access to care services (SCIE, 2010). This guide notes that personalisation and support planning in fair access to care services (FACS) indicate two aspects of risk that need to be addressed in practice: safeguarding, and risk assessment and management.

Trades Union Congress website information on lone working.

Managing risk, minimising restraint (SCIE, 2009) is an e-learning resource provided to further understanding of this issue.

SCIE's Mental Capacity Act resource (SCIE, 2005) explores safeguarding and risk management in relation to mental capacity.

Safeguarding adults: Lessons from the murder of Steven Hoskin (Social Care TV, 2010).

Safeguarding and personalisation: Two sides of the same coin (In Control, 2009). The philosophy behind self-directed support is that individuals are experts in their own needs and should be supported to make their own choices and have control over their lives. This discussion paper explores how personalisation supports safety.

Safeguarding tools and templates (In Control, 2008). These four template documents have been produced in partnership with In Control's total transformation local authority sites. They are practical resources designed to help those facing the issue of balancing choice and control with the duty to safeguard vulnerable adults.

Speaking up to safeguard: Lessons and findings from the benchmarking advocacy and abuse project (Older People's Advocacy Alliance (OPAAL), 2009). The purpose of this project was to learn about elder abuse and the impact of advocacy.

What are the key questions for audit of child protection systems and decision-making?, Briefing 2 (C4EO, 2009).

The oversight and review of cases in the light of changing circumstances and new information: How do people respond to new (and challenging) information?, Briefing 3 (C4EO, 2009).

Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children (Department for Children, Schools and Families, 2010). This guidance sets out how organisations and individuals should work together

to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the Children Act 2004.

5.2.1 Useful websites

Association of Directors of Adult Social Services (ADASS)

Care Quality Commission

Department of Health (DH): *Equality, diversity and human rights*

Department for Constitutional Affairs: *Human rights, Human lives*

Health & Safety Executive (HSE). This site carries up-to-date information on health and safety issues

In Control aims to create a welfare system in which everyone is in control of their lives

Liberty. This organisation seeks to protect civil liberties and promote human rights

Putting people first: Transforming adult social care is an online hub of information on adult services

6 Research, evidence-based practice and informed decision-making

Evidence-based practice aims to incorporate research and knowledge into practice interventions and decision-making that affects the lives of people who use services and their carers.

It is important to be clear about all the relevant knowledge that is used in the decision-making process to make sure that the process leading to the decision is based on evidence, is transparent and can be explained to others. Involving people who use services and their carers in the decision-making process is fundamental to good practice and acknowledges them as experts in their own lives. They also have expertise of value to others, which should inform policy-making, practice, service review and development, and the setting and monitoring of standards. Other relevant sources of knowledge also include law and policy, messages from research, examples from best practice and professional experience.

► Facilitator's notes

Moving around the room, working in different groups, the use of a 'wall of democracy' and encouraging critical reflection are useful ways of engaging and maintaining interest and understanding within the team. Choosing a style of facilitation comes from direct contact with the team. See Appendix 2 for further information'

6.1 Audit questions 6

- 6(a) What access do you have to information and evidence sources?
- 6(b) What knowledge/theories do you use to evidence decision-making?
- 6(c) How can you contribute to the evidence base in your area of work (for example, learning from experience, audit and research)?
- 6(d) How does your organisation support you in research activities, and in using research in practice? Does it facilitate access to and use of web-based libraries and knowledge bases?
- 6(e) Are there any areas of your practice or service that you would like to research?
- 6(f) Are there arrangements in place for you to do this?
- 6(g) What help would you need from your organisation to do this? Invite staff to submit ideas for:
 - >> reflections
 - >> ideas for areas of practice that need development or audit to research evidence gaps
 - >> requirements for research in an area of practice.

6.2 Resources

All SCIE knowledge reviews and guides are evidence-based. View this work directly by following this link: [Knowledge and Research](#).

Check the research register for social care.

Current social care information providers and their products, services, specialism and intended audience (SCIE, 2009).

Managing knowledge to improve practice (SCIE, 2010) is an e-learning tool designed to help social workers gain understanding of the principles of knowledge management.

Social Service Research Group is a network for research.

7 The involvement of people who use services and carers

Social care governance promotes greater openness and accountability. The active participation and partnership of people who use services and carers is key to good governance arrangements.

Organisations must have a strategy and a clear policy to involve people who use services and carers in ways which are meaningful and acceptable. This provides a way of showing accountability and methods of using the expertise of people who use services to develop good practice. The importance of involvement at all levels, and in a range of different functions and activities, needs to be recognised. Feedback about an individual's own care and/or feedback about a service should influence organisational planning and improvements and contribute to the development and learning for employees.

► Facilitator's notes

The Service User Hub Group in Somerset has worked to ensure that social care governance meaningfully engages people who use services. This section and the section on complaints and compliments was developed by the Service User Hub Group and will, at a later date, include learning resources developed directly by this group based on their experiences.

7.1 Audit questions 7

- 7(a) How can you demonstrate the active participation in your work of:
 - >> the range of people who use services?
 - >> carers?
- 7(b) How do you know what people who use services and carers feel about their experience of you as a worker?
- 7(c) How does your organisation promote and support the involvement in your practice of:
 - >> the variety of people who use services, including groups whose voices are seldom heard?
 - >> carers?
- 7(d) How are human rights and equality for people who use services upheld in your practice and in your team?
- 7(e) How is the experience and knowledge of people who use services shared within your team and the wider organisation? Is this knowledge part of your ongoing learning/induction?
(Questions developed by members of the Somerset Learning and Development Hub Group, February 2010).

7.2 Resources

Participation of carers and people who use services is a core element of SCIE's work. You may wish to search in the Adults' services/Participation resources section of the SCIE website for resources.

A national voice is an organisation run for and by young people who are or have been in care.

Being the Boss is a website principally for disabled people who employ personal assistants.

Department of Health policy on user-led organisations (Social Care, Local Government and Care Partnership Directorate, 2007).

Involving users in commissioning local services (Joseph Rowntree Foundation, 2010). This study by Age Concern London brought together commissioners and people who use services to discuss how people who use services can be involved in shaping local services. It found that the definition of 'user involvement' varies from one-off consultations to equal partnerships and that there are more good practice examples of user involvement in social care than in health.

The National Centre for Independent Living (NCIL) is an organisation run and controlled by disabled people.

Peer support and personalisation (NCIL, 2008). The availability of peer support is essential in the drive to transform adult social care to give people who use services choice and control in how their individual support needs are met.

'Principles of participation' (Social Care TV, 2010) is a video exploring the involvement of people who use services and their carers.

Right to control (Office for Disability Issues [ODI], 2010). The Right to Control initiative is intended to ensure that disabled people have choice and control over the support they need to go about their daily lives. It aims to shift the balance of power from the state to the individual, assisting disabled people to achieve better outcomes from the support they currently receive.

Seldom heard: Developing inclusive participation in social care (SCIE, 2008). This paper looks at how the inclusion of seldom-heard groups can be achieved through integrated working.

Shaping our lives is a national user network.

SUN International is a user-led network covering mental health issues.

8 Integrated working

Integrated working applies within and across organisations, such as education, courts and the police. 'It is important to work towards services that are more joined up across trusts and other agencies and services' (Focus group for carers and people who use services).

Doing a job well depends on the quality of cooperation between workers, between different parts of the organisation and between social work and other professionals. Collaborative working involves clarifying goals, roles and tasks.

► Facilitator's notes

A creative and thought-provoking method of getting teams to explore the first two questions in this section is to divide the team into their roles and use the aforementioned wall of democracy method. Place sheets of flipchart paper on the wall, with each team role as a heading (such as 'Team Manager'). The team then define each other's roles by moving around the headed flipcharts every two minutes, finishing on the definition of their own role written by other team members. Encourage the groups to challenge anything about the role definition that may need further discussion as a team. This section can be a good starting point for the social care governance workshops as it can build on a shared understanding of each other's roles and expectations, therefore developing the team as a whole.

8.1 Audit questions 8

8.1.1 Questions for people working in multi-disciplinary teams:

- 8(a) How does your role fit with other professionals in the team? (To answer this you will need to identify your role and responsibilities.)
- 8(b) Do you understand the role of other professionals in your team?
- 8(c) How are decisions made about the allocation of work?
- 8(d) Who carries the accountability for the work and where does that authority come from?
- 8(e) Are there additional skills required to support integrated working?

8.1.2 Questions for those in teams and for others in the organisation:

- 8(f) How does your organisation support integrated working?
- 8(g) What assists integrated working towards achieving continuity of care?
- 8(h) Can you identify any problems in integrated working?
- 8(i) How has integrated working in your service produced better outcomes for people who use services and carers?
- 8(j) What partnership arrangements are in place for your organisation?
- 8(k) Are there protocols for joint working?
- 8(l) What still needs to happen to facilitate work with other agencies?

8.2 Resources

Children's Workforce Development Council (CWDC). Follow this link for a number of resources that explore integrated working.

Integrated working (Integrated Care Network, 2004). This guide explains how integration works and what the benefits can be.

Interprofessional and interagency collaboration (SCIE e-learning resource). Research shows that users of services welcome a more collaborative approach to meeting their needs. This resource draws on the views of people who use services.

SCIE Guide 19: Working together to support disabled parents (SCIE, 2007). The process of developing joint protocols provides an opportunity for agencies to establish a shared understanding of their respective roles and responsibilities. A partnership approach to service development and delivery means:

- children's and adults' services working together to develop joint protocols
- developing collaborative and trusting working relationships across the range of statutory and voluntary sector services
- consultation with and the involvement of parents and children in developing policies, protocols and services
- positive action to overcome parents' potential distrust of and disengagement with services.

9 Information management and communication

To support good social care governance arrangements there needs to be an effective and structured approach to the gathering and dissemination of information across the organisation. Good communication is the cornerstone to providing safe and effective services. This has to be supported by good records and the analysis of data to identify trends and issues.

At an individual level, case recording supports good practice, facilitates reflection and planning and gives evidence that the practitioner and the organisation are meeting the expected standards of social care.

At an organisational level, good records provide valuable information essential to the delivery of high-quality evidence-based services. The Freedom of Information Act 2000 adds the imperative for efficient and effective records management practice.

► Facilitator's notes

Provoking thought around a topic

It was apparent that starting a session with a practice-based topic engaged people in the process, and enabled staff to critically analyse their individual and team practice more effectively.

Start by grounding this topic in practice with a group exercise, getting everyone to stand up and move around the room, sharing one idea around what makes a clear running record and what makes a running record hard to understand or frustrating when you are reading case records.

9.1 Audit questions 9

9.1.1 Case recording

- 9(a) What makes case recording clear and understandable?
- 9(b) What makes case recording difficult to understand and follow?
- 9(c) How do you make sure case records evidence and support decision-making?
- 9(d) How are case files audited?
- 9(e) What procedures are in place for the safe storage of confidential information?

9.1.2 Information management and communication

- 9(f) What data do you currently collect?
- 9(g) What is the purpose of the information and where does it go?
- 9(h) What is the feedback cycle to ensure understanding of how the information is used and improvements made, and how future service planning is informed?
- 9(i) What other information would be helpful to inform learning and practice/ service development?

- 9(j) How is social care governance information shared across the organisation (at team and organisational level), and how could this be developed?

9.2 Resources

The National Information Governance Board for Health and Social Care (NIGB) provides leadership and promotes consistent standards for information governance across health and social care.

Communication across cultural and social differences (SCIE e-learning resource, 2008) includes case studies to provide examples of the kinds of challenges and dilemmas social workers experience as they communicate across social and cultural divides.

The SENSE website contains details of the main ways of communicating with deafblind people. It provides visual, audio and practical materials to aid communication.

Dementia gateway (SCIE web resource, 2009) contains a section that looks at some of the communication issues faced by people with dementia.

Supporting communication through AAC (Alternative and Augmentative Communication) (Scope). This pack aims to help parents, teachers and professionals to support individuals who may benefit from using AAC.

The Foundation for Assistive Technology. This organisation was founded to tackle the inadequate design of assistive technology products and services.

Pocket guide on information sharing (HM Government, 2008) offers guidance and good practice on information sharing.

Framework code of practice for sharing personal information (Information Commissioner's Office, 2007). Good practice includes, but is not limited to, compliance with the requirements of the Data Protection Act 1998. This code is designed to help organisations adopt good practice when sharing information about people.

Information sharing Q & A (Department for Children, Schools and Families, and Communities and Local Government, 2008). Information sharing is key to the goal of delivering better, more efficient public services that are coordinated around the needs of the individual.

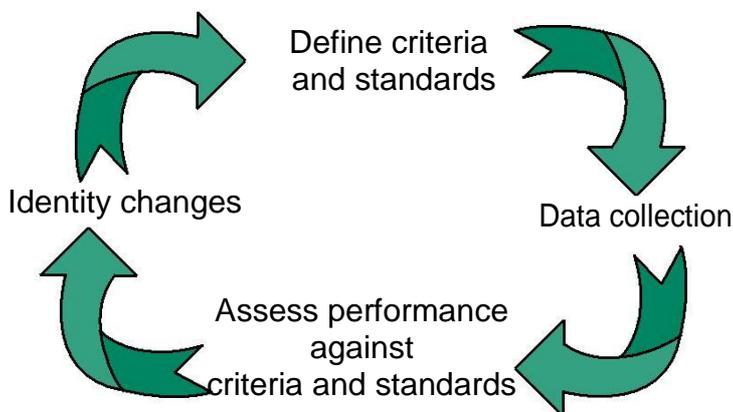
10 Standards, outcomes and audit

Standards help us achieve greater consistency and accountability in the quality of the service we provide; audits enable us to check how we are performing against these standards. Standards assist organisations in showing they are meeting targets (Performance Indicators, CQC Annual Performance Review) and help professional staff provide a consistent quality of service (minimum care standards, codes of practice). CQC in collaboration with SCIE are currently working to define how they can measure quality of care that is excellent.

A focus on outcomes helps us look at what results we would like to achieve, and assess how far they have been met, particularly from the point of view of those using services. In health care, an approach has been developed called Patient-Reported Outcome Measures (PROMS), which aims to produce valid and reliable measurement tools to assist outcome evaluation.

Audit is a method of assessing, reviewing and improving the quality of the service we provide by asking individuals, groups and organisations to look at what they are doing, how they are doing it, why they are doing it that way and if there is a better way.

Figure 3: The audit cycle



10.1 Audit questions 10

- 10(a) What are the standards you work to?
- 10(b) Why are standards important?
- 10(c) How do you know you are meeting the required standards?
- 10(d) How do the values of equality and diversity impact on the quality of your practice?
- 10(e) What audit tools do you and your organisation use to measure the quality of service against the standards required?
- 10(f) Give an example of where there has been a change in practice to meet required standards
- 10(g) How do you make sure that different groups receive a service that meets the required standards?

- 10(h) How do you and your organisation promote and support standards in your practice?
- 10(i) Equality Impact Assessments (Equality Act 2010): while these apply to assessing the impact of policy and service-delivery on people, the principles apply to everyday practice in social work and social care. How can you and your organisation use them to improve standards?

10.2 Resources

British Institute for Human Rights is an independent charity committed to challenging inequality and social injustice. Their website carries information on these issues.

Equality impact assessment guidance (Equality and Human Rights Commission, 2009).

Inspection reports for each council may be found on the CQC website.

Safe and confident social workers? (UNISON, 2010) contains an audit tool with guidance on performing a Social Work Task Force Health Check. Scroll down to Annex 2, p 13.

Sector self regulation and improvement. The Local Government Association is looking at sector improvement. Use the link to see what the key components are.

11 Compliments, comments and complaints

At times operational staff receive feedback about a service provided, some of which requires an immediate response. When open communication does not provide a solution then the issue may progress to a formal complaint.

Learning from this feedback enables us to develop and improve the service we provide. People who use services should be aware of their right to compliment, comment on and complain about the service they receive.

Organisations that welcome comments are more open, more responsive to need, more likely to develop a learning culture and have a confident workforce.

11.1 Audit questions 11

- 11(a) How do you inform people who use services and carers about how to raise concerns and give feedback?
- 11(b) What systems are in place within your organisation for responding to compliments, comments and complaints?
- 11(c) How does your organisation support people who use services and carers in making compliments, comments and complaints?
- 11(d) How does your organisation support staff who are the subject of a complaint? 11(e) How do you share feedback from people who use services and carers about the quality of the service they are receiving?
- 11(f) Can you provide examples of how feedback from compliments, comments and complaints made by people who use services has influenced you to change your practice?
- 11(g) How is the analysis and learning from compliments, comments and complaints used to improve practice/the service?
(Questions developed by members of the Somerset Learning and Development Hub Group, March 2010).

11.2 Resources

This CQC web page explains how to raise a complaint about a social care service *with the service provider*.

Most councils have a direct way of making a complaint or compliment about adult social care. Follow the link to see Somerset County Council's procedures and information about complaints and compliments.

NHS complaints procedure (Department of Health).

Listening, responding, improving: A guide to better customer care (DH, 2009).

Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The Office of Local Government Ombudsman will consider complaints from those in receipt of services provided or funded by local authorities. Its remit is being extended to cover complaints from people funding their own care.

Appendix 1: The Somerset journey

A small group from Somerset adult social care visited Northern Ireland to gather information about social care governance as it is applied there. The social care governance framework in Somerset grew out of this (see Appendix 9 for an update on the work in Northern Ireland). A working group was established and a project worker post was developed. Using this framework enabled them to understand the importance of listening to staff teams as they were the people who delivered the services and they were able to say what worked well and what needed to change. As a result of listening to their experiences, changes to policies were made in Somerset.

Social care governance focuses on the responsibility of individual workers and teams to continuously learn from and improve their practice. It encourages professionals to take real pride in their practice and enables them to introduce changes and achieve better outcomes for people who use services and their carers. Working together on governance has enabled teams to recognise, celebrate and share good practice. It has stimulated team development and learning, which has then spread across the organisation.

'I have enjoyed the sessions, reflective time, good facilitation, topics have raised my awareness. I think it has rekindled my desire to learn and hopefully improve my practice and increase my professional status. Thank you for the opportunity to attend and get involved.'

(Feedback from a community psychiatric nurse (CPN) participating in the pilot audit, October 2009)

Twelve integrated teams in adult services across Somerset, and Bath and North East Somerset completed a series of workshops examining the core elements of practice. The teams spent around one hour on each core element to look at identifying good practice, making improvements and feeding back areas for development at an organisational level. Action plans at team and organisational level were developed to implement changes to practice. The outcomes from this process have made significant improvements to practice.

'The experience as a whole has been a good one. It has allowed the team much needed time to talk about what we do and how we do it whilst highlighting our professional and legal obligations. It has made me more aware of issues that affect my professional registration and how I practice. Using the action plans has been a really good way to help ensure that things get done.'

(Feedback from a social worker participating in the team audit process)

A selection of outcomes and achievements

- Development of feedback from, and involvement of people who use services at an individual, team and organisational level
- Revision of the supervision policy, following feedback from staff involved in the audit process
- Identifying a need for the development of guidance for social care professionals involved in court proceedings

- SCIE resource workshop providing support for staff to develop their knowledge and access resources
- Peer supervision developed in some areas
- Revisiting the codes of practice and human rights issues as a team
- Team discussions of complex cases, leading to development of access to research and resources to make informed decisions in these situations. Staff report feeling more empowered to do their work.

Team audit process

- Audits took 12 hours per team to complete (six two-hour sessions). Sessions were spaced four to six weeks apart (this system was put in place following valuable learning from the pilot project)
- The first session needs to include time to cover an explanation of social care governance and group work processes to develop ground rules
- The teams spent one hour on each topic in the workbook (two topics each session). The length of the sessions felt right and concentration was maintained. Certificates were issued to provide evidence that staff had participated and they were encouraged to use this towards professional registration.

Role of team managers

It became clear that the role of team managers in leading the commitment to social care governance was key to the process being useful and well attended. Meeting with the team managers first, explaining the process and getting them on board was essential. Moreover, providing opportunities for managers to develop their understanding of group work theory and styles of leadership was important to the process. In addition, a peer support group was set up between the team managers to share learning and experience of the audit process.

Experience of facilitating team audit process

Outside facilitation

All the teams involved in the project felt that having outside facilitation was essential. They all acknowledged that discussing some of the material in the workbook was challenging. Without the assistance of a facilitator they would not have been able to identify the challenges and discuss ways of changing.

Each team travelled a different journey depending on their level of functioning and ability to reflect. Teams were at different stages of development, and external factors relating to individuals, teams and even media reports had an effect on the energy level within a group to plan positive actions. Facilitators had to judge the situation and adapt their style of facilitation and expectations accordingly. A key learning point in the project was the necessity to work with teams at varying levels of development, introducing different styles to recognise individual learning, team dynamics and pressures.

Shared ownership

When the leadership role tends to be shared, individuals and sub groups are able to specialise without threatening the integrity of the whole and the aims and objectives of the team are met with added value for all concerned. (Henchman and Walton, 2008)²

The responsibility of taking ownership of practice and developing ideas for improvement needs to be shared across the team and the organisation at all levels. This focus on group work and team development was successful during the Somerset implementation. A section about group work has been included in Appendix 2.

Accountability, or being 'called to account', reaches beyond the individual, team and organisation. For example, staff who are registered with bodies such as the General Social Care Council (GSCC) are required to account for their practice based on codes of practice. Most importantly, accountability to people who use services and carers and how public trust is maintained is pivotal to practice.

Encouragement to take action, to be accountable for their own practice and team direction was needed throughout the workshops. Once the teams had become used to this way of working, actions were easier and team members were more willing to participate and involve themselves in tasks that would make positive changes. Initially there was a tendency to expect the manager to take responsibility for team actions and facilitation. However, other team members were encouraged to take action and help the manager step back. Use of the Change, Influence, Accept (CIA) model (Appendix 3) during facilitation was a crucial factor in the success of the team audits.

Ground rules

It is important to establish ground rules as part of the first session. This creates clarity around expectations and begins to set the scene for open and honest dialogue.

'Enjoyed looking at practice issues, highlighted there are a lot of concerns still in the team. Pleased we were in a safe environment to identify gaps etc.' (Feedback following social care governance session).

The ground rules were useful to have and to revisit if difficult discussions occurred.

Embedding social care governance into practice in Somerset

The creation of protected time with a facilitator to critically reflect on work allowed a successful action plan to be produced and thought-provoking discussions to take place. The team then returned to practice where the actions were worked on. At times, participants returned to the original ways of practice and this is where embedding governance is important.

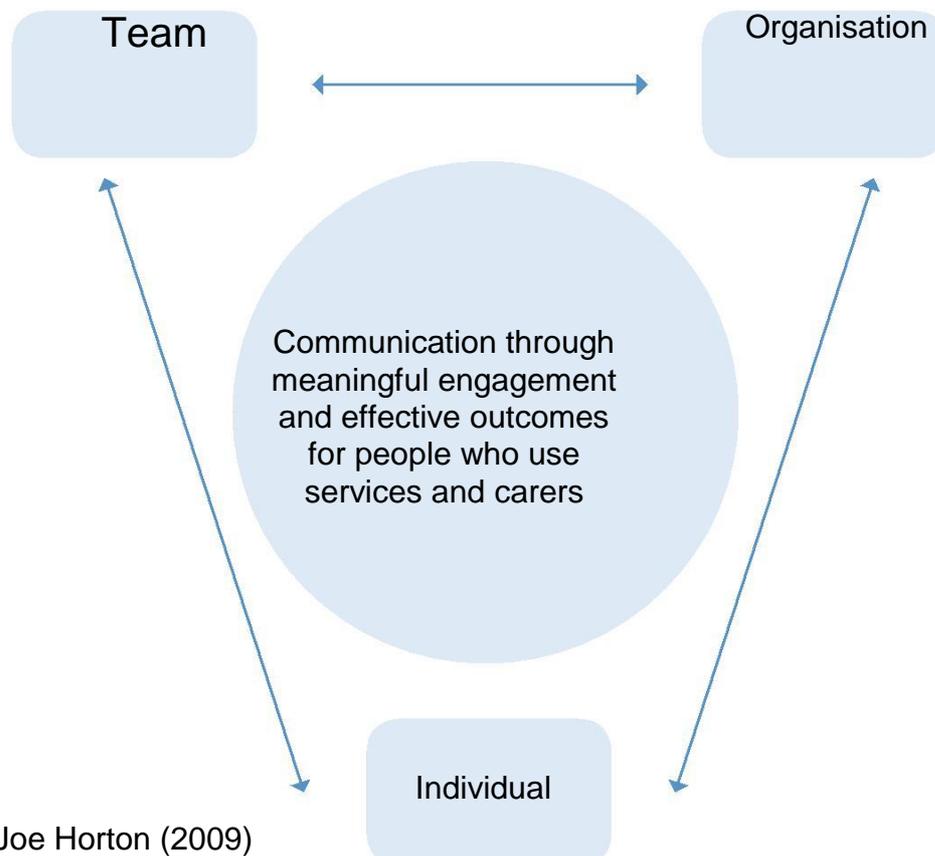
²Henchman, D. and Walton, S. (2008) 'Problematic behaviour at work: a reflective approach for team leaders', *Group Work*, vol 18, no 2, pp 58–80.

Practice in Somerset has shown that the following actions have helped to embed governance:

- provide support and guidance for team managers as well as outside facilitation of the audit process
- provide strategic leadership
- build social care governance into the supervision format
- use case studies linking elements to social care governance
- make it an integral part of continued professional development
- link it to professional registration
- put it on the agenda of team meetings
- include regular updates in newsletters and presentations at events
- build in regular reviews of social care governance and prioritise areas for development
- ensure operational staff receive feedback on issues they have raised at an organisational level. This develops the communication loop across the organisation.

Somerset County Council is also working towards ensuring the social care governance logo is stamped on all relevant policies.

Figure 4: Levels of responsibility



Credit: Joe Horton (2009)

The system of recognising where responsibilities lie for improving services has been developed within the organisation by using effective action planning and the development of systems that support it. The following figure illustrates where responsibility are located.

Action planning

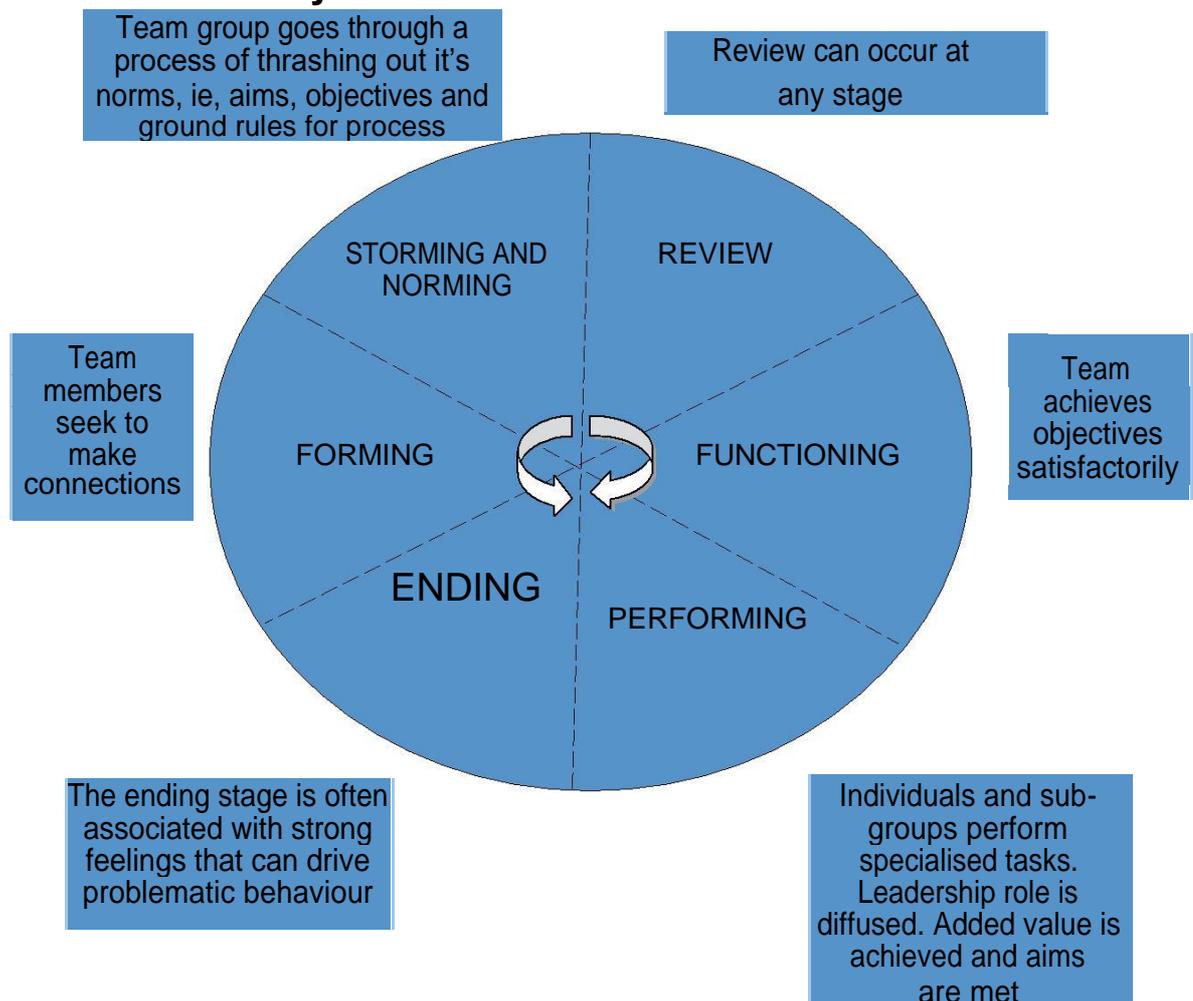
This workbook addresses the core elements of social care governance, prompting people who use it to take time to reflect on aspects of current practice and to answer audit questions that will reveal areas for improvement. For senior managers it also focuses on roles and responsibilities for making sure that systems and structures are in place to support workers. At the outset it is useful for teams to carry out an assessment of current social care governance practice, and to identify an action plan and priorities for improvements with identified personnel, and timescales for making the improvements. Blank templates to record areas for improvement and agreed action plans are provided in Appendix 4.

Appendix 2: The relevance of team groupwork to the social care governance process

Undertaking a social care governance audit is a process that involves staff working *together* to achieve the specific purpose of improving services. This is achieved by *teams* reflecting in a structured way on the service they currently provide and then on how it could be developed. The reflection is conducted *in team groups* and there is an emphasis on the importance of *everyone's voice* being heard. A facilitator introduces and explains the process before engaging the *team* in a series of *group* activities that enables critical reflection and assessment of the *team's* delivery of service.

If we take a team groupwork perspective of social care governance it opens up the possibility of drawing on the substantial body of knowledge about team groups to inform the social care governance process. An alternative view would be that it is *only by taking due account of group processes* that we can expect success and this was a firm conclusion of the evaluation of the Somerset pilot project.

Figure 5: Explaining group work processes and objectives using Tuckman's theory



Source: Henschman and Walton (2008)

We are all members of groups in and out of work and one first task for team group members could be to identify examples of groups that have really worked well and some that haven't. Groupwork theory suggests that groups that work well share features in common and it would be likely that examples of effective groups proposed by group members would demonstrate formally or informally some or all of the following characteristics:

- 1 a set of explicit ground rules
- 2 shared and agreed aims and objectives
- 3 clarity about what resources the group has at its disposal
- 4 clear and commonly understood roles and responsibilities that correspond to the objectives and the resources available to the group
- 5 regular reviews.

The social care governance process has explicit aims and clear objectives. Programme facilitators should present these in ways that promote a sense of ownership in them, rather than a sense of imposition. Clarity about the team group's resources is enhanced by the process of the group reflecting on and discussing the work of the team, and matching the resources to objectives and identifying gaps is very much in accordance with the subsequent action planning and review stages.

The implication is that for social care governance teams to become performing groups all that remains to be done is to agree an explicit set of ground rules.

Ground rules and how to do them

The challenge is to engage team groups in ways that are interesting, relevant and energising and there are some key principles for teams to consider.

- the effectiveness of ground rules is dependent on the quality of the process by which they are agreed
- be aware of, and break away from, the boredom and sense of tokenism that the words 'ground rules' can engender. Instead the team group should take responsibility for finding a term to describe their ground rules
- create a process that makes sure that every team member participates and contributes so that ownership is built in
- focus on how you *will* behave towards each other rather than how you *won't* behave
- go behind every suggestion so that there can be discussion from which a shared understanding is achieved. For example, so often 'respect' is flagged up as an important ground rule, but what does this mean and how is it transferred into behaviour? Ask the question 'Why should you behave with respect?'
- make sure that, as part of the process, you discuss what happens when behaviour is not in keeping with your ground rules
- record the ground rules as articulated by the team group
- having invested time and effort in creating ground rules, use and review them regularly to make sure they do the job they are supposed to. This is particularly important when people join your team. It is important that they have an opportunity to contribute to them and develop a sense of ownership.

Finally, keep the end purpose of social care governance constantly in mind. The workbook and the processes which accompany it are a means to the end of improving services and not the end in itself. Your workbook is a route map that will help you to reach your destination but do not get absorbed in it to the extent that you miss your turning. Set this against the knowledge that the quality of the outcome will be determined by the quality of the process that precedes it and that arriving is impossible without travelling.

Source: Henschman and Walton (2010)¹

¹ Henschman, D. and Walton, S. (2008) 'Problematic behaviour at work: a reflective approach for team leaders', *Group Work*, vol 18, no 2, pp 58–80.

Appendix 3: The Change, Influence, Accept model

Use of the Change, Influence, Accept model

The Change, Influence, Accept (CIA) model (see Figure 7) was used to maintain focus during the audits, encouraging teams to discuss what they could change, and influence, and what they needed to accept.

It was also useful from another perspective – to get teams to think about how they may have learned to accept things such as the pressure of workload, with little time to reflect on what they were doing and what they could change or influence.

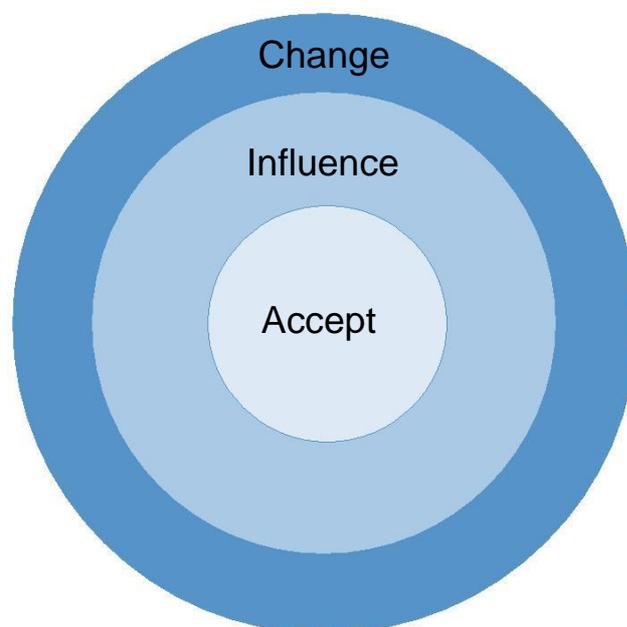
'Interesting to reflect on the skills we use/theories in practice as so often we just do the work.'

(Feedback from social care governance session)

CIA: Change, influence or accept?

Some aspects of a situation you will be able to change because you have the power to do so, others you will be able to exert some influence over. The rest you will have to acknowledge and accept that you cannot change. Apply this tool to see where to put your energy.

Figure 7: The CIA model



'Give me the serenity to accept the things that I can't change, the courage to change the things that I can change and the wisdom to know the difference.' (Francis of Assisi)

Appendix 4: Templates

The following templates were used to record the action plan of each group according to the audit issue identified and as an overall plan. Adapt as necessary.

Team action plan						
Element	Where are we now?	What do we want to achieve?	What are the next steps?	Feedback to the organisation	Who by and who else involved?	Timescale

Community directorate: social care governance action plan

This action plan sets out what the directorate needs to do to improve governance as it relates to staff practice. The areas identified for action have been identified by staff, through team audits and by the organisation itself.

Actions are set out within the social care governance framework, which has four themes:

- A Leadership and accountability
- B Safe and effective practice
- C Accessible, flexible and responsive services
- D Effective communication and information
(Social Care Governance Working Group)

A Leadership and accountability

Ref	Social care governance framework heading	Issue/ identified by whom	Status	Action/by whom/by when	Outcome	Review date

B Safe and effective practice

Ref	Social care governance framework heading	Issue/ identified by whom	Status	Action/by whom/by when	Outcome	Review date

C Accessible, flexible and responsive services

Ref	Social care governance framework heading	Issue/ identified by whom	Status	Action/by whom/by when	Outcome	Review date

D Effective communication and information

Ref	Social care governance framework heading	Issue/ identified by whom	Priority	Action/by whom/by when	Outcomes	Review date

Appendix 5: Checking the health of the organisation

The Social Work Task Force (SWTF) recommended that organisations conduct a 'health check', looking at five key areas:

- 1 Effective workload management
- 2 Proactive workflow management
- 3 Having the right tools to do the job
- 4 A healthy workplace
- 5 Effective service delivery

Somerset has worked with the Department of Health, Skills for Care and other local authorities to integrate the health check into their work on governance.

As some of the key areas in the 'health check' were already covered in social care governance the information was mapped over to avoid duplication. The framework can be found in Social Work Task Force, *Building a safe, confident future*, p 57.

Somerset will develop this work and produce additional material to complement the governance work.

Appendix 6: Pilot teams

Somerset Partnership NHS Foundation Trust Assessment Team,
Foundation House, Taunton

Adult Care Locality Team, Bath (Bath and North East Somerset) Adult

Social Care Community Team 2, Northgate, Bridgwater Community

Team for Adults with Learning Disabilities, Six Acres, Taunton

Present and former members of the Social Care Governance Working Group

Paul Birch, Staff Development Officer, Adult Social Care, County Hall, Taunton

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Somerset Coast, Northgate, Bridgwater.

John Heath, Team Manager, Somerset Partnership, Parkgate, Taunton

Barry Hughes, Project Development Coordinator for Social Work,
Somerset Partnership NHS Foundation Trust, Mallard Court, Bridgwater

Claire Leandro, former chair, Group Manager, Adult Social Care, Mendip

Tim Luxton, Learning and Development Manager, Adult Social Care and
Learning Disabilities, County Hall, Taunton

Sally May, Head of Professional Social Work, Somerset Partnership,
Mallard Court, Bridgwater

Alison Millet, Learning and Development Team Manager, Adult Social
Care and Learning Disabilities, County Hall, Taunton

Liz Neil, Policy and Practice Manager, Learning Disabilities

Jerry O'Beney Team Manager, Learning Disabilities Team, Six Acres, Taunton

Jeff Saffin, Group Manager, Adult Social Care and Commissioning Services,
Bath and North East Somerset Council

Richard Salkeld, Learning Disabilities Service Manager, Fiveways, Frome

Helen Wakeling, Chair, Group Manager, Adult Social Care Services,
Sedgemoor and West Somerset

Nick Woodhead, Mental Health Act Co-ordination Manager, Somerset
Partnership, Mallard Court, Bridgwater

Appendix 7: Feedback form

Completing the following questions is a way of helping us improve the value of the workbook.

Comments

- 1 In what way was the workbook useful or not useful?

- 2 Is there anything you would like clarified? If so, please specify.

- 3 Are there any gaps in the workbook? If so, please specify.

- 4 Use this space to suggest changes to make the workbook easier to use.

- 5 Any other comments

Please copy and return this form to: Social Care Governance Team, Social Care Institute for Excellence, Goldings House, 2 Hay's Lane, London SE1 2HB.

Appendix 8: Useful links

Note that this is not a complete list.

Association of Directors of Social Services (ADASS) (www.adass.org.uk) brings together accumulated understanding of the way services for adults are managed and financed as well as inputs from a widening responsibility for housing, leisure, libraries, culture and, in some cases, arts and sports facilities.

The Care Quality Commission (CQC) (www.cqc.org.uk) is the independent regulator of health and social care in England.

The Department for Education (www.education.gov.uk) is responsible for education and children's services.

The Department of Health (www.dh.gov.uk) is responsible for leading on health and social care.

The General Social Care Council (GSCC) (www.gsc.org.uk) is responsible for setting standards of conduct and practice for social care workers and their employers, for regulating the workforce, and for regulating social work education and training.

Local Government Improvement and Development (formerly IDeA) (www.idea.gov.uk) supports improvement and innovation in local government, focusing on the issues that are important to councils and using tried and tested ways of working.

My home life (www.myhomelife.org.uk) aims to celebrate existing best practice in care homes and promote care homes as a positive option for older people.

National Centre for Independent Living (www.ncil.org.uk) is a resource on direct payments, independent living and individual budgets

National Institute for Health and Clinical Excellence (NICE) (www.nice.org.uk) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

Social Care Association (www.socialcareassociation.co.uk)

Skills Academy for Social Care (www.skillsacademyforsocialcare.org.uk) was established to complement the existing organisations within the sector, identifying gaps, transforming provision and promoting excellence in skills development, learning support and training practice in social care.

Skills for Care (www.skillsforcare.org.uk) is the employer-led authority on the training standards and development needs of social care staff in England.

Social Care Institute for Excellence (SCIE) (www.scie.org.uk) was established to identify and promote the dissemination of knowledge about what works in social care, and the development of best practice guidelines.

Transforming Adult Social Care (TSAC) (www.tasc.org.uk). The aim of this website is to meet the needs of the Regional Joint Improvement Partnerships and other key delivery partners and to promote knowledge sharing and the development of tools and resources to take forward the transforming adult services agenda.

Voluntary Organisations Disability Group (www.vodg.org.uk) is an umbrella body of leading voluntary sector disability organisations, working to influence and develop national policy, and keeping members up-to-date on changes in regulation.

Employer organisations

English Community Care Association (www.ecca.org.uk)

National Care Association (www.nationalcareassociation.org.uk)

National Care Forum (www.nationalcareforum.org.uk)

Registered Nursing Homes Association (www.rnha.co.uk)

UK Home Care Association (www.ukhca.co.uk)

Appendix 9: Update from Northern Ireland

In Northern Ireland health and social care services are delivered by integrated Trusts that provide acute and community services across the region. In 2006 the Directors of Social Work in Northern Ireland identified a need for social workers to become more knowledgeable about governance and its relevance to their practice. This was underpinned by the Health and Personal Social Services Quality, Improvement and Regulation (NI) Order 2003. In response to this, the *Social work governance practice workbook* (SCIE, 2007) was developed and has been used within the South Eastern Health and Social Care Trust since 2007.

The workbook was rolled out on a team basis and was led by a senior social worker in the role of social care governance facilitator. Many of the teams comprised members from a number of disciplines, but others consisted principally of social work and social care staff. Sixty per cent of the teams were children's social work teams.

The experience of using the workbook offered many benefits, particularly in multidisciplinary teams where discussions could take place about roles and responsibilities. Clarification and discussions took place in a positive supportive atmosphere. Front line staff reported that *'it brings governance arrangements into everyday practice and makes it more realistic for us to be clear about our roles and responsibilities'*.

In some multidisciplinary teams, the social care governance facilitator was supported by a nurse facilitator and this provided an excellent opportunity for dialogue and understanding about differing professional practices and ethical issues.

The use of the workbook was of particular benefit in child protection teams where the opportunity was taken to review and understand how they could influence change in the organisation using governance processes. Issues such as complex and difficult working relationships between partner agencies and teams ensured a focus on developing systems and protocols to assist sharing information and supporting staff in their complex roles. Another important outcome was that teams gained a better understanding of lines of accountability and, in particular, how they could use governance processes to highlight practice issues to the senior management team of the Trust, ensuring opportunities for improvement.

The workbook was also delivered to all eight children's residential units within the Trust and this offered opportunities for team building and discussions about the interface with fieldwork teams and the process of sharing and reviewing information in relation to children and young people in care. A key learning outcome from all the teams was the importance of acknowledging compliments and sharing these through the organisation to acknowledge work well done.

The workbook continues to be rolled out in partnership with the independent sector in order to offer joint learning opportunities and to consolidate quality assurance arrangements for those agencies that provide services on behalf of the Trust.

Barbara Campbell, Assistant Director of Social Work
South Eastern Health and Social Care Trust, Northern Ireland.

Criteria for selection of resources

Criteria for the selection of resources for the booklet were as follows:

- selection from a broad range of quality materials (but not more than 50 per cent SCIE materials)
- accessible online
- pertaining to England
- nothing prior to 2007 unless judged appropriate.

Social care governance: a workbook based on practice in England

Social care governance focuses on the responsibility of individual workers and teams to continuously learn from and improve their practice. This workbook is based on practice in Somerset and Bath.

Somerset County Council is at the forefront of effective practice as it rolls out governance to the adult social care workforce, starting with frontline teams, training and development, commissioning teams as well as the voluntary sector. It will be of interest to other authorities as a systematic way of checking and improving practice in social care.

This publication is available in an alternative format on request.

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