

RESIDENTIAL FORUM

SOCIAL WORK, RESIDENTIAL SERVICES AND THE PEOPLE WHO LIVE AND WORK THERE

Executive Summary

The Workshop was an opportunity for a preliminary look at the issues around

- How we identify and respond to the social work needs of young people, working age adults and older people living in residential settings.
- The factors that help and hinder good working relationships between social workers and residential staff.
- How the present situation could be improved.

The legal, policy and practice position is different in children and families services and adults' services. A social worker would normally be actively involved with every child and young person in residential care, playing a leading role in managing plans for their protection, care and development, working with their families and/or making preparation for an alternative permanent family placement.

In residential services for disabled and learning disabled adults of working age, and for those with mental health problems, social workers are likely to remain involved, if sometimes fairly sporadically. There is an expectation that they will move on to more independent living. For older residents, on the other hand, the presumption is that the move to residential living is permanent, and the social worker, after supervising the assessment and admission, generally withdraws from the scene.

Workshop participants agreed that

- **person-centred development, support and care** should be the principal objectives of residential services for children, young people and adults of all ages. The question was how far these objectives were being, or could be, achieved in practice.
- **close joint working between residential and social work staff** was important, but much less widespread than it should be. Priority should go to promoting a joint multi-agency approach to reviews, striving for consistency and continuity, and basing decisions on evidence.
- **issues of abuse, neglect, risk assessment and safeguarding** challenge social workers and residential staff alike. Social workers and residential staff may differ in their approach to risk, and how they view the balance of opportunities and potential harm.
- **ready access to social workers** is important for residents, relatives and residential staff. New models of social work provision, including independent practices and social workers attached to homes, may improve access.

- **clear, inclusive, outward-looking leadership** is vital in social work and residential care. Priorities must include generating a passion for improvement, promoting mutual respect, and tackling the unequal status of social workers and residential staff.
- **the current changes in policy and legislation**, including the emphasis on inter-agency integration, should support person-centred care and development, The extensive change involved, in a context of continuing resource shortfalls, and require staff to develop new skills and ways of working, for which dedicated investment will be needed in management and staff development.

The Residential Forum should approach the College of Social Work to explore the scope for a joint working group to examine how the social work needs of residents can be best met, and how professional working relationships between residential and social work services can be developed.

Social work, residential services and the people who live and work there

1 – Theme and approach.

- Across the UK, upwards of 400,000 children, young people and adults of all ages are living in residential settings. Given the development over the past 20 years of alternatives to residential care, it is likely that the **children, working-age adults and older people in residential settings** will be facing a complex range of difficulties and challenges, and needing high levels of skilled treatment, care and support, and access as necessary to social work expertise and support.
- The Workshop set out to explore **the relationship between residential staff and social workers, and between social work and residential services**. This reflected concerns raised at previous Residential Forum workshops that this relationship operated at a quite restricted level in parts of adult services, and showed room for improvement. It also prompted questions about how well the social work needs of residents are being identified, and what responses they are receiving.
- The **main groups of residents** include
 - older people who are physically and/or cognitively impaired, experiencing multiple long-term conditions or chronic frailty
 - working-age adults with physical, learning, autistic spectrum and/or mental health impairments, sometimes combined with substance misuse;
 - disabled young people experiencing similar problems, and making the transition from children and families' to adults' services;
 - children living in group settings including children's homes, residential schools, secure accommodation and young offenders' provision.
- The **College of Social Work** helped by identifying members interested in attending the Workshop. Three senior local authority staff with social work and broader fieldwork backgrounds took part, and their experience and perspectives made a valuable contribution to the discussions.

2 – Mapping the current position

After an opening session reviewing the changing legislative and policy context in the four UK Administrations, the first stage of group-work addressed a range of similar issues in relation to different age-groups. Each working group was asked to consider, in relation to either disabled adults, disabled young people in transition, or children in group settings:

1 - How far there is agreement that **person-centred development, support and care** are principal objectives of 21st century residential services for children, young people and adults of all ages?

2 - How important a factor in achieving these outcomes is close **joint working between residential and social work staff**? In what sectors and services is it

working well? What are the obstacles to effective joint working, and how are they being tackled?

3 – How well are issues of **abuse, neglect, risk assessment and safeguarding** managed by social workers and residential staff?

4 – How readily can residents, homes staff and relatives **access social work services**?

5 –How will **current changes in policy and legislation** impact on joint working between residential and social work services?

2.1 - The group considering services for **working age adults**

- endorsed the “person-centred” or “relationship-centred” approach in principle, but questioned how far it was **achieved in practice**, and thought the term sometimes meant different things to different people. In their view, person-centred working had to be holistic; to include educational opportunities; to ensure ready access to information (particularly for groups like profoundly hearing-impaired people and those with severe learning difficulties); and to be judged by the outcomes individuals were enabled to achieve.
- identified **risk** and **resources** as key issues. Reablement was desirable, but inadequate funding could prevent it. Targets should be monitored and if necessary adjusted throughout the year, not left to the end of the year to assess. The residential option should be viewed as a positive choice, not a last resort. Younger disabled people should have opportunities to move out of residential settings to live independently, and might move back in at a later stage.
- thought joint working between residential and social work staff is much less widespread than it should be - some people questioned whether the relationships were there at all. It was important to adopt a **joint multi-agency approach to reviews**, and to strive for consistency and continuity; but funding may not allow for regular on-going contact between social workers, residents and staff. In reality contact may occur only in the context of problems or challenges.
- recognized that **risk is central** to a person-centred approach; but in a risk-averse climate, it is important to focus not on every possible adverse event that could arise, but on how likely they are to happen. A balanced view of safeguarding priorities is needed to avoid approaches with an adverse effect on effective risk management. Good clear leadership is essential to create the right environment for sound risk-assessment and risk-sharing. Residential care could not stay in its comfort-zone – it had to keep moving forward.
- believed working-age residents and residential staff should have **access to social workers** as well as GPs and other NHS staff. Models for easy access might be better developed in mental health services than elsewhere. Issues of access may also vary according to locality and user-group. Some wondered whether applying a formal risk-framework might conflict with promoting individualized person-centred support.
- were concerned about the added pressures placed on working-age adult services by the raft of **policy change in the pipeline**, such as mechanisms to promote joint commissioning of services, and major changes in regulation affecting both commissioners and providers. Was there space to take on the Care Act?

2.2 - The second group addressed the questions in relation to **young disabled people making the transition to adult services**:

- There were differing views about the **age at which these young people should be identified** and begin to have their needs assessed. There were arguments for beginning at age 14, 16, 18 and 21. In England, provisions in the Children and Families Act and what will be the Care Act overlap and are not entirely consistent.
- The group defined three broad groups of disabled young people with **different needs and requirements** from residential services :

- Those who could in due course become fully independent, and would be able to manage with just a designated point of contact
- Those who could expect to gain a degree of independence, whilst needing a certain amount of ongoing support
- Those who were likely always to need a significant level of care and support
- Discussion in the group suggested “**transitions**” was a somewhat artificial **construct** imposed on a diverse range of circumstances. Perhaps we were too reluctant to challenge the striking differences in levels of funding between children’s and adults’ services. The result was that parents sometimes felt their family “fell off the edge of a cliff” when their disabled children left school and transferred to adult services for support. Too often, parents who shouted loudest got the best response. Others simply experienced a drastic cut in resources available to them, which quickly led to unmet needs and extra strain on families.
- The group felt the person-centred approach enshrined in legislation **did not always translate into practice** for this group. Children and families’ services tried to take account of the child’s and family’s wants and aspirations, whereas adults’ services focused more strictly on identifying the individual’s needs. Managing and supporting the process of transition should be based on a comprehensive assessment of the young person’s needs, taking account of education, accommodation, social outlets as well as health and care needs. The new provisions in the Children and Families Act for statements of health, education and care needs, and support in some circumstances up to the age of 25, were a move in the right direction, but more was required.
- Joint working between social workers and residential care staff was clearly necessary, but often restricted in practice by **shortfalls in time and resources**. Social workers may lack detailed knowledge of the daily lives of young people and their families, and their approach to reviews could at times be sloppy and poorly-informed. Decisions could be made that a service or placement was “too expensive”, without clear evidence or criteria for the judgment. At times it appeared that the system operated in ways which themselves amounted to abuse of young people and families.
- There was some evidence to support a “resource centre” model of provision, with residential and social work staff working collaboratively. We could perhaps learn from the use in business of a “customer-facing division” which would follow young people through different ages and evolving support needs. As a principle, successful transition arrangements should **guarantee each young person a good life-trajectory** that fitted their individual needs and circumstances.

2.3 - The group considering links between **residential staff and social workers in children’s services** found a mixed picture across the UK:

- There were **differences in qualifying social work education and training**. Scotland and Northern Ireland had adopted modular forms of training, and in N Ireland there was a module on residential social work; in England, the requirement for residential experience during training had been removed, and it was quite possible to complete a social work degree without any involvement in, or contact with, staff working in residential settings.
- In N Ireland, following a major inquiry in the 1980s into abuse at a residential school, the government adopted, and has maintained, a policy that **social work is the appropriate qualification** for working in children’s residential settings. The service attracts and retains skilled and committed social workers. The group considered social work values informed residential care in all settings, and a good deal of the knowledge and skills were common across fieldwork and residential settings.
- The **balance between sectors varies**. In Northern Ireland, all children’s homes are in the statutory sector. In England, local authority provision has been moving focus

from lower to higher needs. Much of the voluntary sector has tended to reduce its residential services in favour of other forms of care, treatment and support for children and families; but private sector provision has grown, catering often for young people with multiple difficulties and complex needs requiring high staff ratios. These placements often carry high costs, but the services are nonetheless run as businesses and subject to the usual pressures to reduce costs, avoid risks and protect their reputations.

- There was discussion of the **different ethical frameworks** – public service, business, professional, philanthropic – and their effects on social work and residential care services and practice.

- Other issues arising included
 - Whether residential work with children, young people and families is part of social work, and vice versa
 - Whether the approach to risk, and the balance of opportunity benefits and potential harm, are viewed in the same way by residential care staff and social workers
 - The relationship between residential leadership and lead social work professionals in children and families services
 - The leadership role of government in children's social work and residential services
 - Shared recognition and management of key issues, especially abuse and safeguarding
 - Lack of pay equivalence between residential and social work staff, and high levels of responsibility carried in residential services by those with lowest status. .

3 – The way forward

Having developed a preliminary analysis of some of the problems and issues in the relationship between social work and residential services, the second stage of the Workshop considered ways of addressing the problems and generating improvements. The groups worked on three aspects:

- Improving the mutual involvement and understanding of residential and social work staff
- Strengthening leadership and raising the standing of the sector
- Maintaining quality in the face of resource pressures and rapid change

Group 1: Social workers and residential staff

Social work is often seen as having a peripheral role in residential care. How can social workers be more involved in day-to-day life in residential homes? How could social workers and residential staff gain a fuller understanding of one another's worlds and cultures?

- The role of social work includes:
 - Assessment and review of the resident's needs, potential and aspirations
 - Planning care and support and identifying resources
 - Monitoring progress and change
 - Assessing and managing risk
 - Safeguarding people who are vulnerable to abuse or neglectThis requires a specific care plan and accountability framework

- The task of social work with residents in adult care services is relationship management. Bringing a wider perspective is an essential part of providing support, and may overlap with the advocacy role. Should responsibility for the initial placement decision, and for on-going support, necessarily be carried by the same social worker?
- Social work resources are stretched, with average case-loads of 40/50; bureaucratic and time-consuming demands of IT systems; time limitations and the need to constantly re-prioritise. We should not necessarily assume that the closure of a case represents a successful outcome and warrants celebration.
- Do service users, providers and social workers all want the same thing? People who use services may have educational, physical, health and therapy needs which are met by different professionals. This may contrast with the social worker's role as the overall coordinator and route to other professionals
- Residential services may experience some duplication of roles between service regulators (such as CQC), local authority contract-monitoring (sometimes reflecting a lack of confidence in regulators), and social workers monitoring care and support outcomes for individual residents.

Promoting mutual understanding of roles

- Part of the solution rests in initial training and on-going professional learning
- Placements in residential settings should be an integral part of qualifying training for social workers and other professionals including nurses and medics
- Registered Managers could consider placements in other settings/teams
- A multidisciplinary approach should be included in training as a basis for later joint working

Group 2: Leadership and the standing of the service

Leadership is vital to the management of challenges and crises in social work and residential services, and to the maintenance of staff morale and public confidence.

What can be done to transform the standing and reputation of the sector?

- Leadership should be about
 - articulating a vision for the service,
 - promoting common values and standards
 - engaging people in a shared purpose,
 - generating a passion for improvement
 - creating an enabling environment of mutual respect
 - giving staff the confidence to challenge
- Steps are needed to tackle the unequal status of social workers and residential staff. Trust and mutual respect for each other's roles is essential for effective partnership working. Respect, trust and confidence should also be built around the individual.
- We need to look beyond compliance with minimum regulation standards. Transformational leadership should enable innovation and creativity, and encourage services and staff to be outward-looking.
- Key features of an improvement strategy include
 - Shared vision (which is credible and makes sense to all involved) so that everyone can see their role and place
 - Shared training and staff development
 - Focus on the body of skills shared by social work and residential care
 - The right conditions for genuine partnership working
 - The capacity to communicate outwards, and construct a coherent vision for the public
 - A well-motivated workforce that trusts the honesty and credibility of management

Group 3: Maintaining quality in the face of resource pressures and rapid change

How far can social work and residential care respond to the general expectation on all public services to “do more and better with less”? And how much can be done whilst faced with the volume and rate of change all around them?

- Each safeguarding investigation equates to a dozen social work assessments. At the same time, prescribed procedures offer very little room to exercise professional judgment in the safeguarding context.
- Some duplication arises from inspection processes, contract management, safeguarding. Are social workers simply bogged down in procedures?
- Part of the social work contribution is to know what services and networks are available in the community, and what other professionals have to offer, so that people can consider their options and resources can be used to best effect. They can also help residential services to be more outward-looking

Potential for improvement

- The service should identify and learn from places where social workers' relationships with residents and homes work, and make a difference. We need to highlight the importance of relationship development, and emphasize the quality of relationships is important. Professionals need to
- Rather than each resident having a different social worker, could a social worker be allocated to a group of residents? The generic social worker should be the route to contact with more specialist workers as necessary.
- Performance management should ensure proper needs assessments are carried out and fully completed before financial assessment takes place. The professional is responsible for ensuring focus is maintained on the real issues, and for reviewing targets not achieved, in order to consider whether they are still appropriate or are having a distorting effect. Making direct payments available to people receiving residential care could lead to positive change.
- New models of social work provision are emerging e.g. independent social work practices at arms-length from LAs. Will they make social work more available and accessible to residents? Areas where social work is provided by an external agency should be examined to see if there are any lessons for improving social work engagement with residential services. It would be useful to collect and publish case studies of experiences with social work practices.

4 – Conclusions

- The Workshop was a good opportunity for a preliminary look at the issues around
 - How we identify and respond to the social work needs of young people, working age adults and older people living in residential settings.
 - The factors that help and hinder good working relationships between social workers and residential staff.
 - How the present situation could be improved.
- The legal, policy and practice position is different in children and families services and adults' services. A social worker would normally be actively involved with every child and young person in residential care, playing a leading role in managing plans for their protection, care and development, working with their families and/or making preparation for an alternative permanent family placement. Staff with social work qualifications may also be employed in residential settings, and in Northern Ireland residential child care staff are required to hold a social work qualification.
- In residential services for disabled and learning disabled adults of working age, and for those with mental health problems, social workers are likely to remain involved, if sometimes fairly sporadically. There is an expectation that for working-age disabled

adults, living in residential care is a phase in their lives from which they will move on to more independent living. For most older residents, on the other hand, the presumption is that the move to residential living is permanent, and the social worker, after supervising the assessment and admission of those who qualify for local authority funding, generally withdraws from the scene.

- It was agreed that **person-centred (or relationship-centred) development, support and care** should be the principal objectives of residential services for children, young people and adults of all ages. The question was how far these objectives were being, or could be, achieved in practice. The approach had to be holistic, and services should be judged by the outcomes individuals were enabled to achieve.
- **Close joint working between residential and social work staff** was agreed to be important, but was also felt to be much less widespread than it should be. Part of the reason was chronic shortfalls in time and resources, which meant contact often took place only if a problem or challenge had arisen. The social worker might lack detailed knowledge of residents and their day-to-day lives. Priority should go to promoting a joint multi-agency approach to reviews, striving for consistency and continuity, and basing decisions on evidence..
- **Issues of abuse, neglect, risk assessment and safeguarding** challenge social workers and residential staff alike. Risk is central to a person-centred approach; but in a risk-averse climate, it is important not to focus on every possible adverse event that could arise, but on how likely they are to happen. Social workers and residential staff may differ in their approach to risk, and how they view the balance of opportunities and potential harm. Clear leadership helps to create the right environment for sound risk-assessment and risk-sharing.
- **Ready access to social workers**, as well as to GPs and other NHS staff, is important for residents, relatives and residential staff. Key tasks include assessment and review of residents' needs and aspirations; planning care, identifying resources, and engaging other agencies and community supports; and raising awareness of safeguarding issues. New models of social work provision, such as social work practices at arms-length from LAs, social workers attached to homes, and "resource centres" where residential and social work staff work collaboratively, may make social work more available and accessible to residents.
- **Clear, inclusive, outward-looking leadership** is vital in social work and residential care. Priorities must include articulating a vision for the service, promoting common values and standards, generating a passion for improvement, and creating an enabling environment of mutual respect. Steps are needed to tackle the unequal status of social workers and residential staff.
- **The current changes in policy and legislation**, including the emphasis on inter-agency integration, have the potential to promote person-centred care and development, self-directed support, and better joint working between residential and social work services. They involve a substantial amount of change, and will be implemented in a climate of continuing resource shortfalls. They also require staff at all levels in residential care and social work to develop new skills and ways of working, for which dedicated investment will be needed in management and staff development.

- **The Residential Forum should approach the College of Social Work** to explore the scope for a joint working group to examine how the social work needs of residents can be best met, and how professional working relationships between residential and social work services can be developed.