

**Service user and carer input into the review of the
standards of proficiency for social workers in England
by Shaping Our Lives on behalf of the
Health and Care Professions Council**

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Executive summary

Shaping Our Lives has been asked by the Health and Care Professions Council to undertake a review of the standards of proficiency for social workers in England. This is part of the HCPCs wider review of these standards taking place in 2015 and 2016.

Social workers in England joined the Health and Care Professions Council on Wednesday 1 August 2012. These standards of proficiency are effective from that date and are the standards which every registrant must meet in order to become registered and must continue to meet in order to maintain their registration. It is important to reflect that since these standards were published, social workers have to operate within increasing financial constraints. The Care Act 2014 provides for preventative action and for meeting the needs not only of service users but carers too. Going forward social workers will have to provide good quality care to a population which is growing, ageing and increasingly diverse. It is therefore important the standards are reviewed regularly to make sure they continue to be fit for purpose.

Shaping Our Lives recruited a group of service users and carers to reflect on the standards from their experience of interacting with social workers when in receipt of services. We also discussed the standards with a group of social work students and service user educators at London South Bank University and New College Durham. These discussions took place during the summer of 2015. Participation was enthusiastic and informed; service users and carers took the opportunity to help improve the standards, recognising their importance to strong social work practice.

Shaping Our Lives has analysed the feedback from both groups, cross referencing against each standard to look at the robustness of the standards when viewed from the service user perspective. The findings are presented against each standard and it is noted where the feedback given by participants could be applied to several standards. Discussions prompted by the standards led to wider points being made about social work practice and in particular the impact of budget reductions. Participants noted that social workers, service users and carers are in unequal relationships with the balance of power tipped towards professionals, however positive relationships based on good communications lead to services which have a positive impact on service users and carers' daily lives.

From the findings Shaping Our Lives have made recommendations for amendments to the standards of proficiency which address the following issues:

- Relationships between service users/carers and their social workers
- Good communication leading to services which meet the need of the client
- A person-centred approach as an integral characteristic of strong social work practice
- Involvement of service users and carers in service design and implementation
- Reflections on practice by both the social worker and the client.

Finally Shaping Our Lives has made some suggestions about ways of involving service users in future reviews of the HCPC's standards of proficiency.

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Introduction

Shaping Our Lives has been commissioned by the Health and Care Professions Council (HCPC) to help with a review of the profession specific standards of proficiency for social workers in England (referred to as SOPs in this report). This report will be used by the HCPC alongside other activities they are undertaking to revise the SOPs for social workers in England, with views on the revised draft then being sought via a public consultation in 2016.

The HCPC has engaged Shaping Our Lives to seek the views of service users and carers about the existing SOPs from their perspective as experts by experience and to identify whether any amendments, additional standards or changes are recommended from that perspective. This review will detail areas that could be changed to reflect the lived experiences of people who use social care and social work services.

As part of their wider review activities, HCPC are seeking the views of groups including education providers, HCPC education visitors and registration assessors, employers of social workers, practice educators, social work students, professional bodies, the Department for Education, and the Department of Health.

The SOPs are a comprehensive list of 76 standards and it would be impractical and difficult to discuss all of them in a group setting. So this report also provides recommendations for future reviews involving service users and carers.

In this report Shaping Our Lives has occasionally discussed issues that are outside the remit of the research that was commissioned by HCPC. However, we have chosen to include the comments as they provide important context for the overall findings.

The standards of proficiency

The standards of proficiency are the threshold standards for safe and effective practice for entry to the HCPC Register in each of the professions that they regulate. They describe what someone needs to know about, understand and be able to do by the time they complete successfully pre-registration education and training and become eligible to apply for registration and to practise. The SOPs for social workers in England were first published in 2012 before the opening of the Register to this profession on 1st August 2012.

The HCPC recognises that once someone has completed their qualification and registered, they are likely to specialise in social work, often in work with children, adults or people with mental health problems, or move into areas such as management, academia or research. This may mean that over time the professional may not meet all the SOPs required for entry to the Register but this is not problematic as HCPC require all registrants to practise safely and effectively within their scope of practice and to meet those SOPs which are relevant to their scope of practice.

HCPC use the SOPs in the following ways:

- Approval of education programmes. When HCPC visit and approve pre-registration social work programmes, and when monitoring them, HCPC make sure that they deliver the standards of proficiency. In particular, education providers are required to map their learning outcomes against the SOPs so HCPC can be certain that the standards are taught, met and assessed during the programme.
- International applications for registration. They are used when considering applications for registration from social workers who have qualified outside of the UK.
- Fitness to practise. Panels refer to the SOPs when they consider cases where it is alleged that a social worker's fitness to practise is impaired by reason of lack of competence.

The SOPs have two parts:

- Generic. There are 15 standards which apply to all registrants and they provide a consistent way of structuring the standards of proficiency for all of the professions HCPC regulate. They were agreed in 2011 following a public consultation.
- Profession-specific standards. There are 76 specific standards for social workers and these appear as numbered statements (for ease of reference), each related to one of the 15 generic standards. The standards are not hierarchical and are all equally important for practice.

Where practical and appropriate, many of these profession-specific standards are kept as consistent as possible across the 16 different

professions HCPC regulate. The standards of proficiency for social workers can be found on HCPC's website.

The following are outside the scope of this review:

- The standards of proficiency for other professions.
- The generic standards of proficiency and the overall structure of the standards
- The HCPC's other standards including the standards of conduct, performance and ethics and the standards of education and training.

Definitions

Service users: The definition of 'service user' for the HCPC is someone who uses or is affected by the services of one of their registrants from the 16 professions regulated.

The definition of 'service user' for Shaping Our Lives is different as detailed below. Service users may also be disabled people, but not necessarily. The term service user generally stretches to a wider group of people and includes homeless people, people with experience of long term care and people with drug and alcohol use issues. Shaping Our Lives sees 'service user' as an active and positive term which means more than one thing. It is important that 'service user' should always be based on self-identification. But here are some of the things we think it means:

- It means that we are in an unequal and oppressive relationship with the State and society.
- It is about entitlement to receive welfare services. This includes the past when we might have received them and the present. Some people still need to receive services but are no longer entitled to for many different reasons.
- It may mean having to use services for a long time which separate us from other people and which makes people think we are inferior and that there is something wrong with us.
- Being a service user means that we can identify and recognise that we share a lot of experiences with a wide range of other people who use services. This might include, for example, young people with experience of being looked after in care, people with learning difficulties, mental health service users, older people, physically and/or sensory impaired people, people using palliative care services and people with drug and alcohol problems.

This last point about recognising our shared experiences of using services, whoever we are, makes us powerful and gives us a strong voice to improve the services we are given and to give us more control and say over what kind of services we want.

Service users welcome the use of the word 'support' alongside 'care', and sometimes in place of it. People we interviewed are very used to the term service user to refer to them, or people they care for. Some might not like the term but it is widely adopted and understood in this context.

In this report however we will use the term service user as defined by Shaping Our Lives.

Experts by Experience: A term used to describe people whose daily lived experience of being a service user gives them knowledge and understanding beyond that of non-service users and professionals providing those services. Some professionals are also service users.

Disabled People: In this report disabled people is used in its broadest sense to include people with physical and sensory impairments, those living with long term conditions and life-threatening illnesses, people with learning disabilities and those living with mental health issues.

Carers: A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.

Support Worker: Someone employed to provide support with work and/or daily living to an individual service user. They can be employed directly by the client or through an agency. Some service users prefer the term personal assistant or PA.

Professionals: is a term employed in the context of this report to mean a person providing health and/or social care services to the general public. It is a term used interchangeably with service providers and practitioners.

Social worker: A social worker is someone who is practising in a social work capacity. The following definition of social work was approved by the IFSW General Meeting and the IASSW General Assembly in July 2014 as the global definition:

“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing.”

IFSW – International Federation of Social Work

IASSW - The International Association of Schools of Social Work

The wider context

The standards of proficiency for social workers in England were first published in 2012 prior to the opening of the Register to this profession on 1st August 2012. We have detailed some environmental changes since 2012 that are of relevance to service users and carers. How should the standards of proficiency take account of these?

Austerity Policies

Since publication of the standards there has been a general election and a Conservative government took over from the Coalition in May this year. Austerity policies have had a deep impact on health and social care services.

Shaping Our Lives hosted a round table discussion with Lyn Romeo, Chief Social Worker for adults and service users, in July this year. There was a feeling that austerity and perceived 'ideological drift' in a certain direction has created uncertainty for the social work profession, with doubts and fears about practice and reluctance by practitioners to speak out, in case of repercussions by employers. Service users also commented that there was a lack of continuity and consistency for people using services because of overstretched social workers and cover by duty social workers. This view was raised by both groups of participants in this review.

“I know there are budget cuts but the amount of staff is cut, people have to deal with more cases, so not safe anymore and not giving every case what is needed because they are too busy.”

Comments were made about the increasing use of non-statutory and non-charitable agencies to deliver services coupled with tight budgets for contracts which are awarded year by year. This can lead to a care package which is limited, a service which will find complex and ongoing cases challenging, and repeated changes of social workers for a client.

“Many services are a commercial enterprise e.g. drugs and alcohol, tendered out. Anyone can bid. All about money, staying within budget and no way can [a social worker] manage caseload.”

The Care Act 2014

The Care Act is intended to help improve people's independence and wellbeing. It makes clear that local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support. Local authorities now have to consider not only people in the local area who might have care and support needs that are not being met, but also carers in a similar situation.

It is recognised that adult social care services have been asked to deliver more with less and the management of this increasing demand will fall on to social work teams.

Personalisation

Service users and carers who took part in this review often described social work good practice as resulting from equal relationships with their social workers that enabled them to work in partnership and design their care packages to suit their individual needs. However, this is increasingly hard to achieve in the challenging financial environments, particularly in adult social care and the impact this is having on both the provision of support services and the capacity of social workers to manage expectations.

The timing of this report has coincided with the publication of the Care Quality Commission's State of Care report 2015 and some of the findings reflect comments made in our research. The following quote from a summary by David Behan, Chief Executive, draws out one of the most prominent themes:

“Evidence suggests that person-centred care is not only better for the individual, but can be more economical for service providers. We can only be successful in achieving this step change if we all work together and as the quality regulator, we commit to playing our part in enabling change, not being a barrier to it.”

A changing demographic in England

The UK population is growing, ageing and increasing in diversity and this is going to increase pressures on social care systems, both in demand for services and how services can be best delivered. Three quarters of people aged 65 and over will need care and support in their later years (Department of Health). Only one third of men (33%) and 15% of women will never need social care (Care Quality Commission). The impact of the ageing population on health and social care services is hard to predict but the number of older people with care needs is expected to

rise by more than 60 per cent in the next 20 years (Kings Fund, Time to Think Differently 2013). By 2018 the number of people in England with three or more long-term conditions is predicted to grow from 1.9 million in 2008 to 2.9 million (Kings Fund *ibid*). It is also forecast that the number of people in England and Wales aged 65 and over with dementia (moderate or severe cognitive impairment) will increase by over 80% between 2010 and 2030, to 1.96 million. (Ready for Ageing, House of Lords, 2013).

This commentary comes from the State of Care 2014 report by CQC:

“The health and care system in England has come under increasing pressure during 2014/15, driven by changing care needs and financial demands on all public services. Providers and staff are being asked to deliver significant efficiency savings, to meet the more complex needs of an older, changing population, while ensuring that the health and care system remains sustainable for the future.”

This increased demand for social care services to support people with age related problems and their carers will continue into the future. The SOPs need to support social workers to manage both the increase demand for care and the increased diversity of their client group.

Methodology

This review was carried out between early July and late October 2015. As part of the initial proposal we were asked to recommend a robust methodology within a modest budget and to suggest other activity that could be done with additional funding. The following research methods were considered: interviews, focus groups, open discussions and alternative and more inclusive research methods Shaping Our Lives has developed. However, involvement of a small group of service users and carers reflecting a range of diverse communities was agreed as the most effective method within the budget, rather than a broader, less in-depth approach with more people.

The research is qualitative, focusing on experiential knowledge to inform the review.

The views of service users, carers and social work students are reflected with the following considerations:

- The research and consultations are limited to the Profession Specific Standards and does not include the generic 15 standards framework.
- Comments and opinions are sought in this report but there was no requirement to write or amend new or existing standards.

The researchers undertook a paper review of the 76 Profession Specific Standards prior to the focus group discussions to determine which were the most relevant for service users and carers to reflect on, given the limits on time. Questions were then devised, with prompts, to facilitate group discussion.

Recruitment and Profile of participants

This report details the findings from a core group of nine service users and carers (referred to as the SU&C group) and a further focus group who have been involved in a social work education programme at New College, Durham and at London South Bank University. This second group, referred to in this report as the LSBU group, are part of another Shaping Our Lives gap-mending activity to develop involvement of service users and carers in social work education and practice.

SU&C group

These participants come from different local authority areas; four from London boroughs and the others from five different counties. The group

had four women and five men, three of whom declared themselves as carers and all as service users, at least two were ex-social workers and one worked for a social welfare agency. Several had unpaid positions on partnership boards or their equivalent. Participants had a diverse range of physical and sensory impairments and experience of mental health services. There were people from black and other minority ethnic communities.

LBSU group

There were 15 in this group. They were social work students and service users and carers, both male and female of different ages, living in London or the Newcastle area, and from diverse backgrounds and communities. Four participants declared a mobility impairment and were wheelchair users.

The SU&C group were recruited through open advertisement on Shaping Our Live's website and through the Shaping Our Lives network. Over 60 people responded. As the standards of proficiency for social workers in England provide a professional specification for people entering the HCPC register, a minimum requirement for participation in the SU&C group included experience of social work services as a user and some knowledge of social work education and/or practice. Other selection criteria ensured we had people living in different parts of the country as well as an equal gender balance.

The LBSU group is a pre-existing one.

Research methods

The SU&C group was brought together for three detailed discussions, two as focus groups and then a review managed remotely through email and conference call. The focus groups were facilitated to express aspirational viewpoints around themes such as safety, knowledge of legislation and fitness to practise. They reviewed all but two groups of standards (SOPs under Standards 4 and 10) of the 15.

The conference call and email was used to agree the findings and recommendations prepared by the facilitator.

The open discussion with service users and social work students in an academic setting was held at London South Bank University. Following the work with the SU&C group the facilitator was able to identify those standards that had been most important to that group as there was insufficient time to discuss all the standards at the LBSU event. The standards discussed were:

- 5 Be aware of the impact of culture, equality and diversity on practice
- 6 Be able to practise in a non-discriminatory manner
- 7 Be able to maintain confidentiality
- 8 Be able to communicate effectively
- 11 Be able to reflect on and review practice

The findings of this activity are detailed in this report. Quotes are verbatim unless an edit was required for clarity and this is shown in square brackets. Quotes are attributed to the LBSU group so by default non-attributed quotes come from the SU&C group.

Findings

Introduction

The focus group explored each standard in turn and those findings are recorded below. There were discussions which ranged beyond specific standards and we felt it was important to report these as follows:

There is a general concern about how financial cut backs are affecting the role and relationship between service users/carers and social workers.

“If your Independent Living Fund is about to be cut whatever empathy and ethical boundaries the social worker has is minimised when [you are] fighting against government policy and budgets.”

The concern about budget cuts was also linked to safety for service users/carers.

“I know there are budget cuts but the amount of staff is cut, people have to deal with more cases, so it is not safe anymore and [social workers] not giving every case what is needed because they are too busy.” (LBSU group)

It is recognised that many social workers are very passionate about their job, but this systemic problem means they cannot do their job, however hard they try, because their manager has made it clear there is no money. Participants said that proactive working would be more economical than waiting until there is a crisis situation.

“The conference I was at, it was managers who had got out of touch. Sometimes need to think outside the box, be more creative, to find solutions, not necessarily through social services, maybe community support. Managers need to allow enough time for staff to think laterally.” (LSBU group)

Another general point raised was that social workers need to be given a platform outside their work where they can report their concerns and confidentiality can be assured.

Frequent changes of social workers and cuts to support budgets makes partnership working and relationships very difficult, and reduces control for service users and their carers. Reduction of services at a local level

gives little or no choice between providers or the range of support available.

There is a general concern that relationships are not equal between social workers and service users/carers and that establishing an open and transparent relationship is difficult to achieve for a range of reasons:

- Frequent changes of staff
- Inconsistent communication
- Reporting procedures/lack of for concerns regarding practice
- Reluctance to disclose all conditions and/or impairments and living circumstances.

Finally, there were references to the quality, accessibility, timeliness and reliability of communication between service users/carers and their social workers disregarding which standard was being reviewed. Although this is covered in more detail under the review of Standard 8, there is a strong connection between good communication and a positive, trusting and equal relationship between professionals and their clients. These positive relationships are seen as imperative for a service user/carer to receive a truly person-centred care solution.

Reflections on standards

1. Be able to practise safely and effectively within their scope of practice

In reviewing this group of standards we focused on key words and phrases that participants associated with safe and effective practice in addition to those that already appear in the existing standard - managing risk and referring to other professionals.

Although participants understood that the reference here is to the safe practice of the social worker, participants wanted to make the point that all social workers need to understand what safety means to service users, and that there are different meanings of safety depending on service user perspective.

The first point that was made is that social workers need to understand how safe people are in their own environment i.e. if they are living independently they can do so safely.

“Thinking about me, as a visually impaired person, how do I get from A to B, or operate in the home. Do the social workers assisting me understand what a safe way of operating is?”

There was also a discussion around safety for service users and their carers in terms of physical barriers that they might encounter attending meetings not in their own home. The point was made very strongly that a social worker must have a good understanding of what their client's access needs are and that this should be part of their training.

Safety also extended to the nature of the relationship a service user has with a professional, sometimes a fear or lack of trust between professional and service user/carer may lead to certain environments, e.g. their home, not feeling a safe place to meet.

“Any meeting with a social worker should be in a place that the client feels safe. For me, I meet social workers outside of home as that is my choice and where I feel safe.”

The participants then moved on to discuss risk and concluded there needs to be a flexible approach to risk assessment and one that considers the views and wishes of the service user/carer for all aspects of their lives. Several participants wanted to make the point that they choose to take risks in their life and this should be accepted by professionals and reflected in their assessment and recommendations.

“I cycle in London and I have discussed this with my social worker. They say I should go ahead and enjoy it. “

Although some of the participants said they are risk averse and others are happy to take risks, it was agreed that any risk needs to be considered in the wider context of someone's hobbies, employment and lifestyle, and the impact their condition has on this.

“Risk assessments are important. For me this is about taking a holistic view and assessing a complete set of risks.”

We moved on to talk about assumptions social workers can make about the decision making capacity of their client and the importance of social workers understanding the limits of their own knowledge and skills. If the social worker does not have the appropriate skills to make an informed decision then they should refer to someone who does.

“When I was practising I had to stand back and make sure I wasn't making decisions based on my own standards.”

A general theme for working safely and effectively was working in partnership with service users /carers, communicating and agreeing outcomes together. Good communication is not only about language used and appropriate methods depending on impairment but allowing sufficient time for the service user to fully express themselves and make their needs understood.

“If we can establish partnership it will make it more safe and effective e.g. asking how is it for you, what is good, what is bad? Constantly swapping information with each other about task, and come to some agreement about how to improve things, it would make a vast difference.”

The key elements of safe and effective practice raised by the LBSU group were: a caseload which was manageable in both size and the complexity of the cases; keeping the same social worker so that a client gets both consistency and continuity of care; support for social workers from their management team to prevent overload from cases; realistic budgets so that a service can be delivered without compromise to service user and consequences for health and well-being of professional.

“Accountability and consistency [are the most important], someone who knows about issue already, not someone new each time. [Social worker] should understand it is not a temporary situation.” (LBSU group)

Continuity of care is particularly important if a client has access needs which are complex; in effect the client has to train each new social worker which is time consuming for the service user and the service provider, and therefore not effective.

2. Be able to practise within the legal and ethical boundaries of their profession.

The discussion began with the point that a social worker needs to respect and uphold the rights, values, dignity and autonomy of every service user and carer (standard 2.7). It was felt that ethical boundaries are dependent on mutual respect, honesty and transparency. Honesty as a concept came up in several discussions and was felt to be key to the working relationship, as is highlighted by this quote:

“My first conversation is with my social worker. Need to be transparent with them if I am not getting the service I expect. If

this doesn't work then I make a complaint, which will not be a surprise to that social worker. Helps with the relationship."

There was a debate between the difference between legal and ethical boundaries and it was agreed that if the relationship was based on honesty and transparency then problems or misunderstandings could be avoided and all parties would feel valued.

"My understanding of ethics it's about distinguishing between right and wrong. Applying this in this context, can provide examples for social workers to follow. Most of us would agree about right and wrong."

The discussion about legal and ethical boundaries also considered what makes a good relationship. Key words associated with a good relationship are honesty, trust and mutual expectations. People reported the impact that cuts to services have made to good relationships.

I have had four different social workers in four years. How can I develop a good relationship in these circumstances? It leads to a lack of consistency. None of the relationships are good.

Concern was raised that personal assistants and support workers are often not involved in the relationship between social worker and client. There should be a connection between social workers and other support workers and carers and this is seen as a gap in the service.

Each assessment should consider the individual's needs and not be defined by the service user's impairments or condition. The social worker should understand that everyone has different needs. It is about the client as an individual and the ability of social worker being able to work with them as an individual, not about a specific impairment.

It may be necessary for the service user to have an advocate for their assessment to ensure that they get the service they need. However it was stressed that it is important that the social worker fully understands the role of the advocate and ensures that their interpretation of the client's needs is accurate.

3. Be able to maintain fitness to practise

There is concern that self-regulation does not work and that there should be a mechanism for service user/carer action if they consider social worker not fit to practise.

The group moved onto discuss what measures could be used to support social workers and clients to take appropriate action if there is a concern about fitness to practise. These included:

- Better supervision of social workers by their managers
- Clear written guidelines for conduct
- Ongoing training from service users and carers throughout practice years.

We discussed the training social workers received during education from service users and carers facilitated by education providers and how this was not continued post-training. All the participants felt strongly that ongoing user training would both improve understanding of the diverse needs of clients and help social workers reflect on practice and identify poor practice issues.

“At [our local] University they work with students and service users in first year and assess presentation after they have been on placement. But that is all. It is not repeated once they have gone into practice.”

A participant also described another way of providing input into improving practice which was a senior social worker using him as a case study on how to improve quality of input by the social work team, thus providing on the job training.

Inter-disciplinary learning between teams was raised by some participants as a way of improving practice and therefore enabling a social worker to be better equipped to manage complex cases where service users are living with both physical impairments and mental health issues.

“I have an example of social worker saying they could assess my physical needs but not my mental health needs. They tried to involve a manager on the phone but then social worker said they could not finish the assessment and left. Is this about fitness to practise? Or knowledge?”

People discussed what mechanisms exist for service users to report or raise concerns about fitness to practise. It was concluded that the only resort was to make a complaint. Although one participant said that they had a sufficiently strong and open relationship with their social worker that they would be able to raise this concern directly, most other participants felt that raising a fitness to practise concern would result in damaging their relationship with their social worker, and consequently having a negative impact on the service they receive.

4. Be able to practise as an autonomous professional, exercising their own professional judgement

This group of standards was not discussed in the focus groups. We made a judgement that this group comprehensively covered day-to-day practice issues and did not require additional reflection from the service user perspective.

5. Be aware of the impact of culture, equality and diversity on practice

We asked: what does acting in a non-discriminatory manner mean to you?

The participants discussed the terms culture, equality and diversity and felt the standard could be strengthened by including other life factors such as age, personal relationship dynamics, financial standing and life events e.g. birth, marriage, death.

“I have a partner who has mental health issues, so whatever my partner does impacts on me. It is about the dynamic between the two of us and some social workers cannot deal with that.”

The LBSU group gave examples from their own experience of discriminatory practice in order to describe what non-discrimination would mean and also talked about what good practice meant from a theoretical perspective e.g. giving disabled people opportunities by treating them differently according to their needs and recognising that high support needs will cost more.

“What does non-discriminatory mean – it might mean providing extra to give someone a head start; from a disabilities perspective, it is to allow people to have the opportunities.” (LBSU group)

Others talked about good practice as being empathetic, treating all clients as individuals and not labelling them based on a formal category.

“You need to recognise cultural and structural discrimination, so as a practitioner I need to examine [my] own prejudices and do that regularly to make sure I practise in a non-discriminatory way.” (LBSU group)

Discrimination was talked about in terms of exclusion by a particular characteristic or problem presented (e.g. drug use) and bad practice included ignorant behaviour towards a client based on their perceived difference.

“Before I was educated ... and I didn't know what to do, they [social workers] were patronising and didn't listen to me, they listened to my parents.” (LBSU group)

Good practice was seen as recognising that everyone is different but we are all human. This led on to a point made that putting service users into categories based on difference can lead to segmentation, not cohesion and in this context special interest groups and organisations are not always helpful.

LBSU participants talked about social workers learning about non-discriminatory practice from the experience of service users and the frustration of not being listened to or valued because they, the client, did not have a professional qualification. One participant felt strongly that discrimination was systemic in social work services because of the hierarchical nature of the service; social workers are in a position of power and service users are not equals. This prompted another comment about the very nature of asking for support creating imbalance as you are then seen as weak. A social work student made this suggestion to counteract this issue:

“We have been looking at how to do supervision differently. We should change it to 360 degree appraisal, taking away the hierarchy.” (LBSU group)

The impact of a 'postcode lottery' was raised not only in the context of the differences between one local authority and another, but also the differences in provision between countries in the UK. A national standard would prevent geographical variations in approach.

“My experience is a larger pot of money for mental health services than for physical disabilities. Depends on who does my assessment what services I get”

6. Be able to practise in a non-discriminatory manner

When people discussed this group of standards they described how they experience prejudice from professionals. The discrimination each participant experienced and expression of what this meant to them varied. However, it was commonly felt that prejudicial behaviour could not be prevented by a standard and that it is important to operate without assumption and consider the circumstances of each individual case.

“In my case, [the social worker should] take into consideration my disability, age, culture, gender and do whatever is best for me, taking those things into consideration. An example I use is that you have a house full of different faiths and you are cooking a meal, you would cook people different meals e.g. Halal or vegetarian, to be fair to them. A social worker should not let perceived differences impact on their decision.”

It was felt that people entering a profession such as social work would not be carrying prejudices or be very aware of personal prejudices and be careful that this does not affect their working practice. The participants agreed that the best method to achieve this was to take a person centred approach.

“This is about perception and assumptions. The social worker should not make assumptions e.g. gender – women are a huge group with lots of differences.” (LSBU group)

Others talked about good practice as being empathetic, treating all clients as individuals and not labelling based on a formal category.

“You need to recognise cultural and structural discrimination, so as a practitioner I need to examine [my] own prejudices and do that regularly to make sure I practise in a non-discriminatory way.” (LBSU group)

Discrimination was talked about in terms of exclusion by a particular characteristic or problem presented (e.g. drug use) and bad practice included ignorant behaviour towards a client based on their perceived difference.

Although the focus group was specifically prompted to provide examples of non-discriminatory practice none were forthcoming. However throughout the conversation there were examples of positive relationships, good communication, and consideration of individual needs which indicate that individual social workers are acting in a non-discriminatory manner. Discrimination was raised in the context of the provision of services at local level as the impact of funding cuts are felt and one participant gave an example of how this had negatively impacted on the support package she received, referring to this as organisational discrimination.

7. Be able to maintain confidentiality

The area of confidentiality is recognised by the participants to be complex and sometimes in conflict with service users and carers' wishes because of statutory requirements to disclose information under safeguarding policies. There is also a natural conflict between clients disclosing information that they fear may prejudice the services they receive and the role of the social worker to get a complete picture of the client's needs in order to ensure a full and robust assessment.

From experience it was felt that information was often shared inappropriately. For example one participant reported that her personal information had been shared in an open office and overheard by other professionals.

Service users/carers were concerned about disclosing information because of value judgements. Participants recognise that they have to share sensitive and personal information in order to have a transparent and open relationship with their social worker but fear that this can lead to a prejudicial value judgement resulting in an inappropriate assessment.

“What goes into your notes can be like being branded, when the notes are handed on. I demanded to see my notes. I saw that the way they were written was prejudicial instead of ‘forceful’ I was described as ‘aggressive and manipulative”

The LBSU group recognised that information has to be shared appropriately. Service users felt strongly that they should maintain ownership of the content of their case notes. Once information is shared it is no longer confidential so the accuracy of original case notes is vital.

Most participants expressed the view that they should see the completed assessment in order to sign off on it. At present there is no mandatory requirement but it should be good practice. Several participants said they did not get copies of their assessment, even though it is understood to be a requirement.

“Under a Care Programme Approach it is advanced as good practice. A service user is not obliged to sign it, but it should be shared with you.”

The different confidential policies of different statutory and public services make sharing information complicated. It should also be recognised that service users and carers have other involvement in the adult and social care field; they train social workers, conduct research, sit on partnership boards etc. Some reported that it becomes a challenge to keep information confidential as they find themselves sitting alongside social workers that they have an individual relationship with.

8. Be able to communicate effectively

The SU&C group started by discussing what effective communication meant to them. Characteristics of good communication are listening, assimilating and reflecting back to the service user/carer so that they can agree the findings of the assessment.

The LBSU group added a further characteristic – mutual understanding. They said that good communication must include mutual understanding, so that the service user has a voice and is part of the process. A participant stressed that it was two-way communication, not just the social worker listening to the client.

In addition participants stressed the need for the social worker to be a reliable and timely communicator, and communicate in the preferred method and format of the client. For example, one participant raised the point that they had received a written copy of their assessment one year, and no copy the following year and others referred to specifying method and format that was preferable to them on their assessment form, but this was then ignored.

“I didn’t get last year’s assessment in writing. Then I had this year’s assessment and I was sent a previous document afterwards. She didn’t make any notes and sent me the wrong document.”

Not only in this discussion but in reference to other standards, several participants made the point about inaccuracy of records, and this could have been improved by working more closely with the service user to make sure the information was correct.

“As a social worker don’t be afraid to revisit, don’t assume you’ve got it all, make sure what you interpreted is how it has been said.”
(LBSU group)

Poor and irregular communication tends to result in the service user or carer feeling that their social worker is being disrespectful.

“I was not informed when my social worker was off sick for three months. They could have just written to me, that’s basic manners and courtesy.”

It was evident that regular and consistent communication between a social worker and service user/carer results in better trust between the parties, and hence a more effective working relationship.

Participants showed concern about non-verbal communication and how body language can be misinterpreted or not interpreted at all by some service users/carers.

“I don’t read body language very well. I know people with autistic traits that don’t read body language. Effective communication needs to take that into account.”

Body language, demeanour and behaviours can also be misinterpreted by the social worker and assumptions made, for example people with certain conditions and impairments which manifest in body tics or mannerisms.

The LBSU group linked poor communication with discrimination; it was felt that enabling a service user to be heard in a way that was appropriate for them was crucial to non-discriminatory practice e.g. allowing sufficient time for someone with a speech impairment to express themselves. They also made the point that people from different cultures communicate differently.

“People can show judgement through body language. And [body language] can mean different things across different cultures.”
(LBSU group)

Young carers sometimes have different communication needs to adult carers. It is also not always appropriate to provide some information to young carers which can lead to problems with continuing care.

“Young carers are often the interpreters, and then because of their age cannot be given responsibility with information, with drugs etc.”

People who require an interpreter need information in an appropriate format and accurate translation; both need to be ensured through effective practice.

“If client cannot speak English this then causes a problem with translation. There should be something in the standards about that, added protection required.”

9. Be able to work appropriately with others

When working with other professions the participants felt strongly that the interests of service users/carers should always be paramount. Some participants felt that social workers could end up looking after the interests of their employer, particularly in this current economic climate.

“Some social workers are protecting interests of council, others that of client. Who is a social worker representing?”

Social workers should not make assumptions when talking about clients in a meeting with other professionals; getting a full history first is important.

The issue of confidentiality was raised again in this context, and the risk of information being shared inappropriately.

“I have had experience of a Social Worker sharing information with another community organisation. And that changed my once positive relationship with the organisations, and the dynamic. Sometimes it is necessary to share but make the service user and/or carer aware what is going to be shared.” (LBSU group)

The disparity between services from different counties (and different areas of the country) was again highlighted.

10. Be able to maintain records appropriately

This group of standards was not discussed in the focus groups. We made a judgement that this group comprehensively covered day-to-day practice issues and did not require additional reflection from the service user perspective.

11. Be able to reflect on and review practice

Both groups were in agreement that there should be a mechanism for service users/carers to reflect and review the service they receive to improve on practice, in the same way that services involve user groups to evaluate.

“After a period of empowering a service user, or you have finished working with them, it is integral that the social worker ask client how life has changed. We assume that clients have improved but things can get worse.” (LBSU group)

Nobody was aware of, or had experience of, being involved in reflective supervision or monitoring and evaluation of the social care services they receive.

“There is a gap between social work education, when most training is informed by service users and reality of workplace when working in a cuts/reduction climate where reflection is seen as a luxury.”

Some participants felt it would be very difficult to directly reflect on their social worker’s practice but an example was given of using creative writing to achieve this and reminders were given about using different methods which were appropriate for the client.

There was a lot of discussion about service user involvement in reviewing local service provision and how important this was in ensuring standards of care and that service users’ needs are met. Although this is not directly relevant to critical reflection on practice there were some good examples of service user engagement leading to positive change.

“We have user focus monitoring set up in conjunction with Local [mental health] Trust. We look at how can services be improved, weaknesses and strengths, governance and outcomes. This is mainly done through a user monitoring group.”

A participant from the LBSU group explained how service users wanted to influence service design which will lead to improved systems which

will enable better practice by individual social workers, not waiting for a review which is by its nature reactive.

Although this group of standards is about reviewing individual practice participants were keen to point out that it was important to review effectiveness of a service as a whole from the user perspective and gave examples of how they are engaged in doing this locally or had been in the past before budget cuts.

12. Be able to assure the quality of their practice

This group of standards details how the social worker should be actively involved in influencing the quality of their practice; it does not suggest how service users/carers can be positively involved. As for standard 1, participants felt very strongly that they should be involved in the evaluation and monitoring of practice but this should be valued and rewarded accordingly.

“Social Workers will not know if they are being effective if they don't get feedback. How? They could use service user forums, carer forums. They could make remuneration a lot easier. We want to get involved or have something to say. Two things that hold you back: possible response (fear of how service will respond) and secondly remuneration. There should be rewards if they want our views.”

The LSBU group stressed the importance of joint working.

“Working with groups of service users, it is the only way social workers are going to find out what impact they are having. Builds mutual understanding, a more respectful way of working.” (LSBU group)

Participants felt that making a complaint was often the only current mechanism for trying to improve a service; they recognised that there were agents that could support them doing this (e.g. HealthWatch). However they commented that making a complaint was not a particularly effective way of evaluating a service and anonymised complaints carried less weight.

One participant described a mystery shopper approach that their local authority used as an effective way of evaluating the service.

“We should be treated as consumers, our feedback should be respected.” (LBSU group)

A question was raised about how service users can effectively evaluate services they received if they have no experience of other services (e.g. from a different adult social care team). We therefore briefly touched on the role of external bodies to monitor practice from a service user perspective, acknowledging the role of the Care Quality Commission (CQC) in safeguarding and the HCPC’s own intervention in serious cases of malpractice. Is there a role for a body to evaluate quality in terms of effectiveness and positive impact on service users?

13. Understand the key concepts of the knowledge base relevant to their profession

This group of standards gives a comprehensive list of theory, policy and environmental disciplines that are required for a practising social worker. Participation is included in the list but participants felt strongly that involvement and co-production are missing. Participation is not interpreted as involving people on equal terms and there is a link with knowledge of equality principles.

“I am thinking equality is important. In the sense that they need to understand that service users should be in an equal relationship with them.”

In standard 13.4 the concepts of advocacy and empowerment were also listed. Participants felt that clarification needs to be given to the meaning of advocacy as this should refer to the role of advocacy services and not that the social worker should act as an advocate. The term empowerment was not liked in this context as it is difficult to see how people can be empowered to use services.

“And what does advocacy mean – are social workers supposed to be advocating on behalf of clients, or referring to advocacy agencies? Do not like the word empowerment, no social worker can empower me.”

There was a comment that consistency and continuity should be added but this more relevant to practice knowledge and has been raised in other more relevant standards.

14. Be able to draw on appropriate knowledge and skills to inform practice

The participants discussed standard 14.3 , in particular the statement 'prepare, implement, review, evaluate, revise and conclude plans to meet needs and circumstances in conjunction with service users' and recommended changing the statement to 'develop or co-produce plans with service users' to make it more of a dynamic and evolving process.

"It should be an ongoing process, involving the participants."

It is felt that partnership working is not reflected in this standard and another example of involvement in service planning is detailed below:

"In our area they have set up an equal partners' assembly with service users and carers, and we have a rep on it. We comment and feedback on service plans."

15. Be able to establish and maintain a safe practice

We discussed what makes people feel safe. Safety is perceived differently by each individual and it relates to different things such as physical environment, personal security and preferences. This may be about who and where a service user/carer is meeting e.g. the gender of the person, if it is in a preferred place or if the physical environment is accessible. For some participants they feel the social worker role is to evaluate the safety of their home whereas others prefer not to meet in their own home. Safety needs to be person centred and is part of trust in a relationship.

The key words that reflect what makes service users/carers feel safer are: transparency, non-judgement, awareness of diversity and continuity.

"If I cannot communicate in my own environment with a professional I cannot trust them."

This was the end of the discussions.

Conclusions

All the participants engaged with the task of reviewing the standards because they understood the importance of them in enabling social workers to do their jobs effectively. From experience they know that social workers cannot always do their jobs well either because of structural or environmental issues.

Service users and carers wanted to contribute to improving the SOPs so they and other service users would get a consistently high standard of service in future, one which enables them to live the lives they want to lead.

All the participants understood the problems social workers currently face - cuts to services and lack of resources – and the negative impact that can have on the services they receive. Participants who had had or currently receive a good service were those that had established a strong working relationship with a social worker; this could be because they were an informed or confident service user who was able to guide the social worker or vice versa, or a combination of both.

We were able to identify the elements of a poor relationship from the examples given by service users disappointed in the services they had received. In summary these break down into two areas:

Practical – e.g. mistakes in recording information, not understanding multiple or complex needs, communicating in an inappropriate format or communicating inconsistently.

Attitudes – e.g., not valuing service user's lived experience and working towards a person-centred solution, timeliness of follow ups, perceived breaking of confidentiality.

Although not all service users and carers are disabled people these findings do map onto the social model of disability (see Appendix 1) and reflect the daily lives of many disabled people. Some professionals discriminate against service users and carers because they do not work to the social model in their practice and the HCPC goes some way to ameliorate this with the standards of proficiency. However changes can be made to these which will enable social workers to be trained to provide person-centred services to their clients which promote independent daily living. The findings indicate that progress can be

made in the following areas and we have mapped these onto standards in our recommendations:

- Relationships
- Communication
- Person-centred approach
- Involvement
- Reflecting on practice

Discussing the standards one by one enabled service users to pinpoint those that are most relevant to the issues they were raising which in turn enabled identification of the standards that need to be addressed in the overall HCPC review. The key issues faced by service users cut across several standards and our recommendations reflect that.

However there were two points raised by participants which are not within the scope of the standards but are important for the HCPC to note even though they do not form part of our recommendations. These are:

1. Service users should have a means of reporting any concerns about fitness to practise in confidence and to a body not providing a service to them. At present we understand the HCPC only looks at serious issues of mal-practice.
2. There should be national standards for adult and social care provision. The purpose of these is to ensure quality and remove inequalities caused by geography. A set of national standards will give a framework for good service provision that meet the needs of service users and sit alongside the standards of proficiency for individual professionals.

Finally it is important to note that the methodology employed was a successful approach. The two elements that were key to that success were recruiting experts by experience and offering remuneration. Although a lot was achieved in the time allowed for each group to meet undoubtedly more time would have enabled a more thorough appraisal of those standards which were the most relevant to the service user and carer experience.

We have outlined an approach to future working at the end of the recommendations.

Recommendations

Shaping Our Lives is making these recommendations from the service user and carer perspective to feed into the HCPC review of the SOPs taking place in 2015/6. These recommendations are a response to the conclusions we have drawn from our findings, and also taken from the thoughtful suggestions made by participants.

We have grouped our recommendations under five themes, although they do interrelate:

- Relationships
- Communication
- Person-centred approach
- Involvement
- Reflecting on practice

Relationships

There is a strong correlation between a good relationship and the experience of service users when they use social work services. A relationship that is characterised by honesty, transparency and consistency results in better outcomes for service users and carers; and we assume this is also the case for social workers.

The most relevant standards for this are (2) where there is an impact on the perception that a social worker is working ethically. It is also felt that good communication (8) is grounded in these qualities. However, the qualities of honesty, transparency and consistency should be reflected in (9) when working with service users and carers and the additional group identified by participants - support workers/personal assistants - who are not currently referred to in the standards.

Communication

Linked closely with a good relationship is the quality of communication between service users/carers and professionals. Communication must be provided in the preferred format of the recipient on all occasions to be fully accessible. There is also regular reference to consistency of practice in the findings and this applies sometimes to the way social workers communicate, although it also relates in the findings to practise in general. These points should be considered for (6) to ensure practice is non-discriminatory, in (8) to be able to practise effectively.

In the context of confidentiality, standard (7), participants understood the necessity for information to be shared on occasions with other professionals and agencies, but they stressed that if case notes and other documents are agreed for accuracy with service users/carers then sharing of information is less likely to result in negative outcomes for service users and carers.

The point was also made that good two-way communication supports high quality practice and helps to overcome some of the feelings that the relationship between clients and professionals is an unequal power balance that can result in hierarchy.

Person-centred approach

Standard (1) covers many aspects of safe practice, but there are concerns about the pressures of increasing caseloads putting social workers under pressure to find quick solutions that may not be the most appropriate for the service user/carer, or the most economical and therefore effective. This is seen as a risk to the professional as well as the service user and carer. Supporting social workers to make informed decisions by working in equal partnerships with the clients requires time and creative thinking in the current challenging times of budget cuts. These findings perhaps should be considered in standards (11) and (12) for management and leadership input.

The participants stressed that safety is personal to each individual and can be about a wide range of factors and their attitude to risk so a person-centred approach was essential for them to feel safe. The HCPC may want to consider adding person-centred working to standard (1).

A person-centred approach to working with service users and carers was also discussed as essential for an equal relationship between the client and professional and part of non-discriminatory practice.

“Equal treatment and non-discrimination are a human right and social workers need to remember that.” (LSBU group)

Involvement

In standard (13) there is reference to social workers having knowledge of participation skills. Participants were in agreement that this should instead be the knowledge of the theory of involvement and co-production as this leads to an equal relationship, whereas participation does not describe a partnership working approach.

Participants suggested that standard (14.3) should also reflect a more equal working relationship and that 'be able to prepare, implement, review, evaluate, revise and conclude plans to meet needs and circumstances in conjunction with service users and carers' would be improved by making this a co-produced approach,.

Involvement is thought to be generally under-utilised in social work practice. Many participants had experience of involvement in the education of social work under-graduates but none had experience of ongoing involvement post-qualification. Service users and carers strongly believe that ongoing user-led training after qualification would be beneficial. There were examples of how this happens in health services and also how service users and carers are involved in service monitoring and evaluation, such as the mystery shopper example. As a recommendation, we recognise that this may be outside of the scope of the SOPs.

Reflecting on practice

Participants discussed the relevance of service user and carer feedback as part of reflective supervision and although this may be difficult to implement it is thought to be essential if social workers are to learn from their practice.

Techniques such as a 360 degree appraisal were described by a social work student. There is also the understanding that service users and carers acquire through using services and being involved in shaping services which can be a valuable source of information.

It is recommended that reflective supervision includes this aspect of client feedback.

Future working

As part of the brief for this project we were asked to consider how the HCPC might meaningfully work with service users and carers on the review of SOPs in the future. The techniques used in this review were appropriate but it would have been beneficial to have more time with each group. There was not enough time to allow the participants to choose specific standards to discuss in more detail.

Choosing participants with knowledge of using services and educational and/or practice experience was valuable and is reflected in the

understanding demonstrated by both groups. It was particularly interesting to bring students and service users/carers together to discuss the SOPs as they were able to learn from each other.

The remuneration of participants and refunding of travel expenses and support costs are essential.

A longer consultation involving more people is recommended in future; this would allow for potential drafting and review of some standards as well as give a greater range of lived experience, and a more diverse group who could fully explore how fit for purpose all the standards are for the diverse population social workers serve. We had no shortage of applicants to take part (over 60 applied) and we had to use a selection process to find the participants for the core activity. We would also recommend people with learning difficulties, people whose first language is BSL and older people. This would require a more targeted recruitment activity and setting up separate focus groups.

Finally, it would be interesting to bring professionals and service users /carers together to discuss the findings in this report. A group discussion would provide an opportunity to look for solutions and working practices that work for everyone.

Appendix 1

- **The social model of disability**

Traditionally people have been viewed through a lens of what is wrong with them e.g. they are visually impaired, they are mentally ill, they have an alcohol problem. This is referred to as the medical model. The social model turns the tables and says people are disabled because of the prejudice they face. Using the social model helps identify solutions to the barriers disabled people experience. It encourages the removal of these barriers within society, or the reduction of their effects, rather than trying to fix an individual's impairment or health condition.

Barriers are divided into three types:

- Practical
- Attitudinal
- Prejudicial

All three barriers lead to discrimination.

The social model is the preferred model for disabled people. It empowers disabled people and encourages society to be more inclusive. Although other people who use social care and support services are not explicitly covered by this model, it is a useful reminder to look at all service users in terms of what is really causing the problem in their lives, and not just through a narrow definition of what is 'wrong with them'.

Appendix 2

- Profession specific standards of proficiency for social workers in England

Registrant social workers must:

1. be able to practise safely and effectively within their scope of practice

1.1 know the limits of their practice and when to seek advice or refer to another professional

1.2 recognise the need to manage their own workload and resources and be able to practise accordingly

1.3 be able to undertake assessments of risk, need and capacity and respond appropriately

1.4 be able to recognise and respond appropriately to unexpected situations and manage uncertainty

1.5 be able to recognise signs of harm, abuse and neglect and know how to respond appropriately

2. be able to practise within the legal and ethical boundaries of their profession

2.1 understand current legislation applicable to the work of their profession

2.2 understand the need to promote the best interests of service users and carers at all times

2.3 understand the need to protect, safeguard and promote the wellbeing of children, young people and vulnerable adults

2.4 understand the need to address practices which present a risk to or from service users and carers, or others

2.5 be able to manage competing or conflicting interests

2.6 be able to exercise authority as a social worker within the appropriate legal and ethical frameworks

2.7 understand the need to respect and uphold the rights, dignity, values and autonomy of every service user and carer

2.8 recognise that relationships with service users and carers should be based on respect and honesty

2.9 recognise the power dynamics in relationships with service users and carers and be able to manage those dynamics appropriately

2.10 understand what is required of them by the Health and Care Professions Council

3. be able to maintain fitness to practise

3.1 understand the need to maintain high standards of personal and professional conduct

3.2 understand the importance of maintaining their own health and wellbeing

3.3 understand both the need to keep skills and knowledge up-to-date and the importance of career-long learning

3.4 be able to establish and maintain personal and professional boundaries

3.5 be able to manage the physical and emotional impact of their practice

4. be able to practise as an autonomous professional, exercising their own professional judgement

4.1 be able to assess a situation, determine its nature and severity and call upon the required knowledge and experience to deal with it

4.2 be able to initiate resolution of issues and be able to exercise personal initiative

4.3 recognise that they are personally responsible for, and must be able to justify, their decisions and recommendations

4.4 be able to make informed judgements on complex issues using the information available

4.5 be able to make and receive referrals appropriately

5. be aware of the impact of culture, equality and diversity on practice

5.1 be able to reflect on and take account of the impact of inequality, disadvantage and discrimination on those who use social work services and their communities

5.2 understand the need to adapt practice to respond appropriately to different groups and individuals

5.3 be aware of the impact of their own values on practice with different groups of service users and carers

5.4 understand the impact of different cultures and communities and how this affects the role of the social worker in supporting service users and carers

6. be able to practise in a non-discriminatory manner

6.1 be able to work with others to promote social justice, equality and inclusion

6.2 be able to use practice to challenge and address the impact of discrimination, disadvantage and oppression

7. be able to maintain confidentiality

7.1 be able to understand and explain the limits of confidentiality

7.2 be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users and carers or others

8. be able to communicate effectively

8.1 be able to use interpersonal skills and appropriate forms of verbal and non-verbal communication with service users, carers and others

8.2 be able to demonstrate effective and appropriate skills in communicating advice, instruction, information and professional opinion to colleagues, service users and carers

8.3 understand the need to provide service users and carers with the information necessary to enable them to make informed decisions or to understand the decisions made

8.4 understand how communication skills affect the assessment of and engagement with service users and carers

8.5 understand how the means of communication should be modified to address and take account of a range of factors including age, capacity, learning ability and physical ability

8.6 be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by a range of factors including age, culture, disability, ethnicity, gender, religious beliefs and socio-economic status

8.7 understand the need to draw upon available resources and services to support service users' and carers' communication, wherever possible

8.8 be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5 (The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA) or Switzerland, must provide evidence that they have reached the necessary standard. Please visit our website for more information.)

8.9 be able to engage in inter-professional and inter-agency communication

8.10 be able to listen actively to service users and carers and others

8.11 be able to prepare and present formal reports in line with applicable protocols and guidelines

9. be able to work appropriately with others

9.1 understand the need to build and sustain professional relationships with service users, carers and colleagues as both an autonomous practitioner and collaboratively with others

9.2 be able to work with service users and carers to enable them to assess and make informed decisions about their needs, circumstances, risks, preferred options and resources

9.3 be able to work with service users and carers to promote individual growth, development and independence and to assist them to understand and exercise their rights

9.4 be able to support service users' and carers' rights to control their lives and make informed choices about the services they receive

9.5 be able to support the development of networks, groups and communities to meet needs and outcomes

9.6 be able to work in partnership with others, including those working in other agencies and roles

9.7 be able to contribute effectively to work undertaken as part of a multi-disciplinary team

9.8 recognise the contribution that service users' and carers' own resources and strengths can bring to social work

9.9 be able to work with resistance and conflict

9.10 be able to understand the emotional dynamics of interactions with service users and carers

10. be able to maintain records appropriately

10.1 be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines

10.2 recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines

11. be able to reflect on and review practice

11.1 understand the value of critical reflection on practice and the need to record the outcome of such reflection appropriately

11.2 recognise the value of supervision, case reviews and other methods of reflection and review

12. be able to assure the quality of their practice

12.1 be able to use supervision to support and enhance the quality of their social work practice

12.2 be able to contribute to processes designed to evaluate service and individual outcomes

12.3 be able to engage in evidence-informed practice, evaluate practice systematically and participate in audit procedures

13. understand the key concepts of the knowledge base relevant to their profession

13.1 recognise the roles of other professions, practitioners and organisations

13.2 be aware of the different social and organisational contexts and settings within which social work operates

13.3 be aware of changes in demography and culture and their impact on social work

13.4 understand in relation to social work practice:

- social work theory;
- social work models and interventions;
- the development and application of relevant law and social policy;
- the development and application of social work and social work values;
- human growth and development across the lifespan and the impact of key developmental stages and transitions;

- the impact of injustice, social inequalities, policies and other issues which affect the demand for social work services;
- the relevance of psychological, environmental, sociological and physiological perspectives to understanding personal and social development and functioning;
- concepts of participation, advocacy and empowerment; and
- the relevance of sociological perspectives to understanding societal and structural influences on human behaviour

14. be able to draw on appropriate knowledge and skills to inform practice

14.1 be able to gather, analyse, critically evaluate and use information and knowledge to make recommendations or modify their practice

14.2 be able to select and use appropriate assessment tools

14.3 be able to prepare, implement, review, evaluate, revise and conclude plans to meet needs and circumstances in conjunction with service users and carers

14.4 be able to use social work methods, theories and models to achieve change and development and improve life opportunities

14.5 be aware of a range of research methodologies

14.6 recognise the value of research and analysis and be able to evaluate such evidence to inform their own practice

14.7 be able to demonstrate a level of skill in the use of information technology appropriate to their practice

14.8 be able to change their practice as needed to take account of new developments or changing contexts

15. be able to establish and maintain a safe practice environment

15.1 understand the need to maintain the safety of service users, carers and colleagues

15.2 be aware of applicable health and safety legislation and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these

15.3 be able to work safely in challenging environments, including being able to take appropriate actions to manage environmental risk