

Report on the findings of the BASW England survey on members' experiences of implementation of the Care Act

Report compiled by Joe Godden Professional Officer 5.9.16

1. Introduction

BASW England welcomed the legislation to develop a new Act to update the multifarious previous legislation relating to social care and social work. BASW England were engaged in the pre legislative scrutiny and members also shared their comments on the review of the statutory guidance. BASW England have been supportive of most aspects of the Care Act and the statutory guidance, although from the outset BASW England have expressed severe reservations about the adequacy of funding for the Care Act, which we have consistently stated would lead to potential challenges with application and implementation. BASW England also propose to support the commentary of the former College of Social Work on the Care Act¹

2. Background

Since the implementation of the Care Act in 2015 BASW England has been undertaking monitoring of implementation, particularly focusing on the impact for social workers of the Act. Monitoring has been undertaken in the following ways:

- a. Survey of members in May / June 2015 – significant numbers reported inadequacies in training, some reported poor implementation, but others extolled the principles of the Care Act and the way their employers were going about implementation
- b. Running seminars and giving talks at conferences, where feedback on Care Act implementation was listened to
- c. Monitoring the literature and research

¹ Social workers will have a pivotal role in helping to lead changes from a narrow care management model to one which actively supports people to choose, control and manage their own care. TCSW has produced this briefing to help social workers make sense of these changes, and identify their role within the new social care framework. We outline below the aspects of the Act that we believe will have a huge impact on social work practice, and what employers must consider if the Act is to be a success. In summary, these are:

- Social work and the wellbeing principle
- Social work, information and advice and individual wellbeing
- Social work, assessments and individual wellbeing
- Social work, personalisation and individual wellbeing
- Community social work, wellbeing and prevention
- Social work and carers

Social work, safeguarding and individual wellbeing (The College of Social Work Guide to the Social Work Practice Implications of the Care Act 2014). http://cdn.basw.co.uk/upload/basw_110648-10.pdf

- d. A survey in June 2016 of the views of members on Care Act implementation. This showed a very diverse picture, with positive and negative experiences
 - e. The setting up of a Care Act sub group of the England Social Work with Adult Group (now called Practice, Policy and Education Group (PPEG), to steer the BASW response to the Care Act.
3. The most recent survey of members incorporated a survey that asked detailed questions on people's experience of the Care Act, including enabling members to give open comments. The key findings of the survey were reported in a response to the Community and Local Government Committee consultation on social care funding. Findings included:

"Social workers are experiencing a significant impact on their ability to fulfil duties under the Care Act due to increases in demand and reductions in funding for adult social care. Detailed analysis of the scale of the challenges facing social care funding has been reported by a number of social care organisations. These findings are echoed in research undertaken by BASW to look at the implementation of the Care Act".²

4. The BASW England survey into the implementation of the Care Act (June 2016) gives us a rich source of evidence of the impact of the Care Act on social work practice. A summary report was written for Professional Social Work Magazine, September 2016:

"A survey by BASW England's Policy, Practice and Education Group found general success in improving practice and making safeguarding personal. But social workers said their ability to improve people's wellbeing and achieve the goal of preventing, reducing or delaying need for care and support was limited by lack of resource.

Comments by some of the 95 BASW members who responded showed much positivity around the Act introduced last year to fix the "broken" care and support system for adults and people with disabilities. One respondent said: "The focus on prevent, reduce and delay has resulted in a shift from reactive practice to preventable practice." But typical of less favourable comments was: "The spirit of the legislation is good... but consistent underfunding and time pressures make it very difficult". The findings suggest the Act's biggest success is in ensuring a more personal approach to safeguarding, with 46 per cent agreeing this has been achieved. A far lower 21 per cent thought this hadn't been achieved, while 17 per cent didn't express a view either way. Nearly a third said they have been more able to help people with care and support needs achieve their desired outcomes, compared to only one in five who thought they had not. Nearly 40 per cent expressed no view either way. Four out of ten respondents believe the Act has helped them improve their practice compared to less than two out of ten who said it hadn't. One commented: "The Care Act has made things more clear with regards to our duties". Another said: "It has enabled me to argue the case for emotional and social needs". "A greater emphasis on identifying strengths" was also welcomed. Less positive was one respondent who said: "Resources or lack of them and increased paperwork are a recurrent theme". Issues with the assessment process, including too great a focus on physical tasks rather than

² https://www.basw.co.uk/assets/files/2016%2008%20Inquiry%20Adult%20Social%20Care%20JG17_8_16.pdf

psychological and emotional needs, were highlighted. Difficulties identifying outcomes for older people with dementia or Alzheimer's was another problem highlighted along with assessing the needs of people with autism.

Respondents cited ensuring safer workloads as the area for improvement, followed by effective continuing professional development; having the right tools and resources to do the job and receiving "effective and appropriate supervision". Such factors no doubt contributed to a quarter of respondents disagreeing or strongly disagreeing that the Act has led to an improvement in people's wellbeing. This compared to just over 16 per cent who thought it had led to improvements.

Another worrying finding was that 40 per cent disagreed to a statement saying the aims of preventing, reducing and delaying needs for care and support have been achieved. Nearly 28 per cent neither agreed nor disagreed and only 20 per cent agreed with the statement. One respondent said: "All resources are being directed to the areas of greatest need – this is an error." Satisfaction rates with training around the Act showed room for improvement 36 per cent saying their employer had provided sufficient opportunities compared to 29 per cent who said they had not. The rest expressed no view. Negative aspects of training highlighted included too much reliance on online exercises, lack of time to reflect and too narrow a scope of provision.

5. The BASW England Care Act sub group of PPEG have reflected on the findings of the survey of members and have asked the following questions:
 - a) are shortcomings found in the responses intrinsic to the Care Act itself, or how many issues (positive and negative) are down to local interpretation of the Act?
 - b) to what extent are the problems related to resourcing issues?

The great variation in responses to the survey makes it difficult to tease out where there maybe issues of social work practice, separate from resourcing, and where there may be issues in relation to the wording of the Act / Guidance. However there were some areas where it was felt that further exploration would indicate that there might be practice issues as opposed to resource issues. These include:

- Practice in relation to people with: autism, learning disability, mental health, people in the "Secure Estate," people whose health and well-being fluctuates. There were a number of concerns expressed that there is an over-emphasis on physical functionality in assessment as opposed to psychological well-being. If there is, is that down to local interpretation or does this need more guidance / training?
- Assessment and eligibility criteria – is the guidance adequate, and are more "good practice" examples needed?
- If people are not eligible for services are they being effectively referred to other organisations / services, which may help with well-being and early intervention?
- Whether there is sufficient guidance and training on what: "significant impact on wellbeing" and "sufficiency of the personal budget"?
- Whether examples of social workers being creative in developing resources which may not cost more money can be teased out of the findings and if so to what extent they reflect the TCSW 2014 report

- Examples of good practice in “safeguarding”
- Advocacy
- Carers assessments

6. Summary of BASW findings

The BASW survey, demonstrates a wide variation in how employers are implementing the Care Act and possible interpretation by individual social workers. This variation is probably substantially affected by resourcing issues. However it also appears that the variation in practice may also reflect local policies and practices that employers have implemented to support the implementation of the Act. There is only limited evidence available of the extent that social workers are being supported to implement creative and innovative practice to move away from the limited care management approach.