

Consultation of Carers for the College of Social Work

Tish Marrable, Andy Cheng, Suzy Braye, and Imogen Taylor
University of Sussex Department of Social Work and Social Care

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Executive Summary: Consultation of Carers for the College of Social Work

- i. **Support for the College of Social Work:** Carers were largely in favour of a College of Social Work as a professional body. It wasn't clear to all carers what the purpose of the College would be, and there was some confusion about it being a training college. This was particularly clear in the live consultations where we were able to clarify the plans for the College and meanings of the values and functions given in the consultation document. The members check gave carers the opportunity to tell us that they would like the College established 'ASAP', as a one stop shop of expertise and knowledge, and a beacon of excellence and leadership for social workers.
- ii. **The proposed values:** The values that the College has proposed received support from the majority of participants. The top three values that they said were important for the College were Excellence, Partnership, and Collaboration. There were comments about some of the words used for the proposed Values. Some were difficult to understand (Coherence) and some had poor associations in carers' minds (Pride). Other values suggested by carers included communication, consistency, and respect.
- iii. **The proposed objectives:** Carers strongly agreed with the proposed objectives for the college. Six of these received 95% or more agreement, and the remaining two still scored highly. Additional objectives included promoting partnership, being a source of information and guidance for carers as well as social workers, and strengthening social work practice.
- iv. **The proposed functions of the College:** The proposed functions received almost unanimous approval. Carers were able to give many examples of the ways that the proposed functions of the college could help social workers, carers and service users. Within the questions for this section, carers also reported cases where they had felt let down by social workers, as examples of practice that needs improving.
- v. **A strong voice for strong social work:** Many carers were careful to state that they had received help from creative, helpful social workers who had 'gone the extra mile', although they often had poor experiences with social workers as well. Other carers had only praise for all the social workers who had worked with them, just as some had only difficult stories to tell. It was strongly felt that the College needs to be a strong voice for Social Work, so that the positive stories about good practice are celebrated more widely. Some carers pointed out that this would make them feel safer and more open to social work help.
- vi. **Carers' involvement with the College of Social Work:** Carers felt it was very important that they stayed involved with the College, through direct participation (sitting on boards, giving talks) and through consultation and forums. Carers were clear that they should be providing advice and guidance to the College, since they were often the experts not only in their particular case, but in areas of specialist knowledge that they had found lacking in some social workers. Many carers in the consultation volunteered to be part of any groups or further consultations that would help the College.

- vii. **Advice and guidance to carers and service users:** Carers also expressed the view that the College should be a source of advice, training and guidance for them. This was not only about the responsibilities of social workers, but about providing support to them as social carers.
- viii. **A strong voice for carers:** Carers pointed out that without the valuable and expert work that carers do, the state would be responsible for many more vulnerable people. They felt that the College of Social Work should be a champion of carers, helping to make them more visible and celebrating the work that they do within society.
- ix. **Communication:** Some of the least favourable comments in the consultation were around the language that the College has used, and that we reproduced within the consultation: one participant wrote “Please! Communicate core values etc. to carers in plain English”. A facilitator from a young adult carers’ group wrote that this might reflect the relationship in the field between social worker and carer, an indication of a power imbalance that can occur between the theoretical knowledge of the professional and the ‘everyday practical’ knowledge of the carer. Carers wanted reassurance that the consultation was not part of this power imbalance and would be taken seriously by the College development team.

Consultation of Carers for the College of Social Work

Section 1: Introduction

This consultation is part of a larger body of consultations which has included social workers and service users, aimed at informing the creation of the College of Social Work. The purpose of the consultations, as set out in the College Development Group's *Purpose and Functions of The College of Social Work: Consultation paper (25 March 2010)*, is to help shape the formation of the proposed College:

'The Development Group is arranging a very wide consultation about the purpose and functions of the College. A range of stakeholders, including social workers, those who use social work services and those who employ social workers, will be involved. This consultation will take place between mid May and October 2010 and will inform the further development of the College.'

This consultation with carers has used the proposed values, objectives and functions set out in the above paper to gather the views of a wide range of carers about the College of Social Work. In doing so, carers were able to express their wishes and ideas for the College, as well as commenting on the proposed purposes and functions which were presented to them.

1.1 Consultation aims

- To seek a sense of what the College of Social Work should do for social workers from the point of view of carers
- To consult with carers on their views of the proposed values, aims and objectives of the College
- To identify the views and values of carers in relation to these values
- To identify why the College may be important to carers.
- To seek a sense of what involvement carers should have in the development and delivery of the college.

1.2 The Project Team

The carers' consultation has been carried out by a team from the University of Sussex Department of Social Work and Social Care. It has been joint project managed by research fellows Andy Cheng and Tish Marrable, under the supervision of professors Suzy Braye and Imogen Taylor. The team brought a collection of expertise to the project, including experience of being carers, researching with carers, social work practice and education, work with multimedia and working with carers directly.

We would like to thank the Social Care Association for their wonderful organization of facilities for the live consultations, members of the College team and other local facilitators for their help and interest on the consultation days, the Princess Royal Trust for Carers and all the Carers' organizations who gave us help in publicising the consultation, and most importantly, all the carers who gave their time to contribute to the consultation.

Section 2: Consultation Plans

2.1 Overview of the Consultation

The consultation delivery was designed to be accessible to as wide a range of carers as possible. For the purposes of the consultation, prospective respondents were given a brief description of the criteria for participation:

You must be a carer (or former carer) to take part in this consultation, and you must be living in, or have lived in England while carrying out your caring role.

This questionnaire is about Social Work, however it is open to carers who have not had contact with social workers, but may have had contact with care managers, assessment officers and other enablement staff who work for the local authority.

The methods for consultation were selected to be inclusive and accessible to participants. All methods of consultation were designed to gather relevant quantitative and qualitative data.

Four methods of consultation were planned, using similar sets of questions so that data could be compiled and compared:

- Regional live consultation events
- An online questionnaire
- A postal questionnaire
- A web-radio live consultation over three evenings

It was anticipated that between 15 and 25 carers would be recruited for each live consultation event. Replies from another 50 carers were sought through the online and postal questionnaire. The web-radio consultation hoped to draw around 15 participants.

2.2 Recruitment of carer participants

The project worked closely with and funded the Princess Royal Trust for Carers (PRTC) to inform the development of the survey tools and assist in the recruitment of carers into all aspects of the consultation. The PRTC disseminated invitations to the 144 carers' centres in their network and make specific approaches to centres in the regions where the four live consultations were located. Additionally the PRTC invited centres with a history of specific outreach work to seldom heard carers to carry out dedicated outreach work in exchange for a small grant.

In addition the project engaged with Crossroads Association and Carers UK who disseminated invitations about the consultation across the country and introduced the project work to key staff in centres local to the areas where the four live events were planned. The Project also made approaches to the Skills for Care centres in each these areas as well, who activity promoted the consultation via the local online newsletters and engagement staff.

The project received additional support from Carers World Radio (Surrey County Council) which disseminated information about the consultation via the network of carers' leads in Primary Care Trusts (PCTs) and Local Authorities in England and informed the network of individual carers subscribing to Carers World Radio.

The project also promoted the consultation to contacts developed in a previous project amongst the 81 higher education institutions (HEIs) providing General Social Care Council (GSCC) accredited Social Work courses, via the 44 contacts in the Developers of Users and Carers in Education (DUCIE) network, via contacts in the Social Work Education Participation (SWEP) national forum development network and posted information to seven social work and carer related JISmail newserver listings.

The project worked closely with PRTC and some other organisations to access carers in seldom heard groups, offering a small grant to support dedicated outreach work to these groups. The project offered grants to:

- The Family, Friends and Travellers organisation to contact Romany and gypsy communities
- Salford Carers Centre (PRTC) to contact lesbian, gay, bi and transsexual (LGBT) communities
- West Sussex Carers Centre to contact rural and isolated carers
- Hackney Carers Centre to contact carers in an immigrant community
- Clasp Carers centre (Leicester) to contact carers in a BME community
- Crossroads Care Surrey (Guildford & Waverley office) to contact rural and isolated carers
- Gloucester Carers Centre to contact carers of people with substance misuse issues
- Carers Buck to contact carers who are additionally continuing to work

In addition the project worked with aMaze to contact parent carers, Dementia UK's Uniting Carers project to engage with carers of the elderly mentally infirm, Royal Association for Deaf People to contact carers who have hearing impairments, the Afriya Trust and Barnet PCT BME carers group to provide further contact with BME carers and A National Voice to contact carers under the age of 30.

The project also developed Facebook and Twitter sites primarily to promote the live web-based consultation. The Facebook site facilitated regular postings to social network sites dedicated to carers including:

- Carers Direct
- Carers UK
- Contact a Family
- PRCT

- Caring with Confidence
- Being a Carer

The Twitter site allowed regular ‘tweets’ about the consultation and has attracted 203 followers.

2.4 Ethical approval

Although this was a consultation rather than a research project, ethical approval was still sought and granted through the University of Sussex Research Ethics Committee. All participants were given an information sheet and formal consent was requested in all forms of consultation (Appendix I). Participants were informed that it was their right to stop taking part, if they wished to, at any point in the process. There was assurance that no details that might identify them would be used in order to preserve confidentiality. An addendum to this was that an exception to keeping information confidential would be made if any potential harm to others was disclosed. Appropriate arrangements were made for sensitive facilitation and support of carers on the consultation days.

2.5 Consulting with carers: methods of consultation

The consultation was planned around the following activities:

2.5.1 Regional live consultations

Day long consultation events were planned in four regions. The days were designed so that groups would feel comfortable and relaxed. Small group discussion was utilised at points to allow less assertive and less confident participants to have their say. For this same reason, groups were mixed to allow different points of view to surface by using a ‘random’ method of numbering name badges and assigning table places during the ‘café consultation’ (see Appendix II). Events began at 10.45 and finished at 15.30 to allow participants to make the necessary arrangements for those they care for. Travel and respite expenses were paid for, and participants were offered payment for the day or vouchers for those claiming benefits.

Schedule for the live consultation days

Time	Activity
10:45	Arrival: Registration, expenses, teas / coffees
11:00	Welcome and introductions: including ‘why we are here’, warm up exercise and rules for the meeting
11:30	Workshop 1 Values: What’s important? This exercise invited participants to discuss their own values in relationship to social work, and whether these had changed over time. Small group discussions moved into larger group feedback.
12:05	Comfort break
12:20	Workshop 2 Values: in comparison This exercise looked at the values which the College has proposed, and asked the

	carers to say whether they agreed, felt neutral, or disagreed with them as values for the College. This was done by taping the floor into areas so that carers moved to their choice, and could place themselves closer or further away depending on the strength of their opinion. They were invited to comment on their choices.
13:05	Lunch (dessert served as part of Workshop 3)
13:50	Workshop 3 Café consultation Carers were organised into small groups. Tables were covered with paper tablecloths and coloured pens provided. Over dessert carers were presented with a 'menu' of questions to discuss, and invited to write their thoughts on the tablecloths. Facilitators helped with this process. After half an hour, carers were moved to new groups with different menus to discuss.
14:55	Plenary
15:15	Feedback questionnaire
15:25	Closing words
15:30	End

Facilitation

Because it was anticipated that some carers might need support due to the sensitive nature of some discussions, facilitators for each live event were recruited in part from local Carers' organizations so that they could provide advice or support if required.

2.5.2. Online questionnaire/survey

The online consultation was carried out via a web-based survey. This was built and delivered using Survey Monkey, an online survey facility which allowed us to create a bespoke, secure survey with individual addresses for specific user groups¹. A copy of the survey is available as Appendix III.

Questions for the survey followed a similar format to those used in the live consultations to enable meaningful collation of results throughout the consultation. The web survey was designed to gather relevant quantitative and qualitative data, and respondents were able to choose which questions they replied to, with the exception of the consent at the start. It allowed us to ask some additional questions which rated the proposed objectives and functions of the College, using Likert scales to measure levels of agreement with these.

The questions for the survey were developed with members from the College and the Princess Royal Trust for Carers to try and ensure that they were clear and understandable.

2.5.3 Postal questionnaire

The postal based questionnaire was a paper version of the web based survey. A copy can be seen in Appendix III.

It was offered to participants who were unable to attend the regional events or preferred not to use the online survey. It was also used by some carers' groups to facilitate

¹ Survey Monkey: www.surveymonkey.com. The consultation is now closed.

participation from some of their members. All postal questionnaire data was then entered by the project team into the online data base.

Participants were provided with a stamped addressed return envelope to facilitate returns.

2.5.4 Prize Draw – online and postal surveys

Carers who completed either the online or the postal survey were offered the chance to enter a prize draw to say ‘thank you’ for their involvement in this consultation. The three vouchers of £50 were provided from outlets specified by the winners. The draw was made in the presence of a second member of the Social Work department at the University of Sussex to ensure fair play. Participants’ names and details were destroyed once the vouchers had been received by the winners to help maintain anonymity for participants. Fifty five of the 97 participants of the online and postal surveys chose to enter the draw.

2.5.5 Live internet consultation event

The Carers World Radio live internet consultation was to give those carers who would have liked to take part in a live event, but were unable to attend the regional events, the opportunity to still participate in a ‘live’ way. One of the key benefits of live consultation for some carers is the chance to bounce ideas off each other and to recognize how experiences are sometimes mutual, providing a member-check on the comments given.

It was planned that a live internet consultation would take place for 60-90 minutes at a time over three evenings, using conference calling in conjunction with a chat facility. Facilitators would lead structured virtual workshops for the participants, and periodically upload summaries of participant comments to the chat facility.

Participants who enquired about the internet consultation but were unable to take part were invited to participate via the online or postal questionnaire instead.

Section 3: Implementation of the Consultation

3.1 Final Recruitment for the consultation

Total numbers of participants in the consultation of carers was 128. This number does not include the facilitators for the live events who, as carers themselves, joined in parts of the consultation.

Although recruitment for the live events was lower than anticipated, with final totals of 31 from three events in the East Midlands, Greater London, and South East regions, these smaller groups (12, 10, and 9) were welcomed by participants, who commented on how helpful it was to work in this way so that everyone was heard. Since most of the local facilitators were carers or former carers themselves, they chose to take part in some of the exercises as well. This does mean that when reporting numbers (in the ‘Values’ workshops particularly) there is sometimes a larger number of replies than carer participants reported.

The feeling of the Project Team is that as carers themselves with an interest in the formation of the College, the local facilitators views are a valid and useful addition to the numbers given. Including the carer facilitators brings the total of respondents to 35.

The numbers in total were balanced by the good response through the online and postal surveys, where we received useful responses from 97 carers (total responses 113). The data from these surveys were rich, expressive and meaningful. The limited time period (1st September to 22nd October) of the online and postal consultation precluded a larger response; regrettably we were not able to use the data from an additional 5 younger adult carers as they were not received in time to be entered into the database for the consultation report.

Although the geographical area of the live events was limited, we found that carers travelled to them from other regions. Furthermore, the online and postal questionnaires gave carers in other parts of the country access to the consultation process, allowing replies to be scattered across England.

We offered a grant to 9 carer’s organizations who were working with more difficult to reach or seldom heard groups. We requested ten replies from each of them in order to qualify for the grant. Although the groups tried various methods to contact or receive replies from their target groups, not all were able to access ten replies or to send them in within the time parameters available, although at least two groups did manage this, including 10 BME attendees to the live events recruited via these groups. Although we had set up a system to try and track the source of replies, this wasn’t always successful. In fact, although the source wasn’t always clear, we did receive strong replies from several groups (shown in table 1) Because of this, and the time and efforts made, all of the groups received their grants.

Table 1 Targetted groups.

Targetted hard to reach/seldom heard groups	Participants	% of total (n=128)
Black and Minority Ethnic (BME)	16	12.5%
Traveller, Romany	5	3.9%
Lesbian, Gay, Bi and Transsexual (LGBT)	1	0.8%
Working Carer (Part time work)	35	27.3%
Working Carer (Full time work)	26	20.3%
Young adult (18-30)	4	3.1%
Rural and isolated	24	18.8%
Caring for someone with a Substance Misuse issue	9	7.0%
Asylum seeking, Refugee	0	0%
Immigrants	0	0%
NB: Some respondents were part of more than one demographic group.		

Despite heavy advertising, the web-radio consultation recruited only three participants and two of these had to drop out due to caring commitments, making this form of consultation

unfeasible at this time. Four further live event participants had also been obliged to cancel attendance due to caring commitments.

3.2 Data gathering methods

The data from carers’ responses were collected in various forms. The online and postal questionnaires had been designed to collect data both through multiple choice selections (Likert Scales) which gauge agreement or disagreement with statements, and through open ended questions which allowed the participant to tell us what they thought about a statement or question. During the live regional events, data were gathered through notes taken by facilitators, by counts of participants moving around the room (live Likert scales), and by the responses that were written on the tablecloths during the café consultations. The members check gathered any additional comments that participants wanted to tell us, and participants at the live events were provided with an email address that they could use for any further comments or issues that they would like to raise.

3.3 Members Check

All forms of consultation included a members’ check. This allowed participants to tell us whether the consultation had been useful to them, and whether they felt it would be useful to the College of Social Work. It gave them further opportunities to tell us anything else they felt we should know, either about the consultation or the College, and to contribute ideas towards the formation and running of the College.

The members check data is reported in Section 4.4.

3.4 Consultation participants – demographic data

All respondents were asked a variety of questions which they were free to answer or leave blank as they chose. Some of these were aimed at identifying seldom heard groups and have been reported above. Others were aimed at demonstrating the diversity of the participants. These included carer status, gender, age, ethnicity, and caring responsibilities.

3.4.1 Carer status, gender, age and ethnicity

Carers were asked whether they were a current or a former carer. The online and postal survey only allowed a choice of one or the other of these. However in the live consultations some carers (n=3, 10%) reported that they were current and former carers, implying that their caring responsibilities had been serial.

Table 2: Current and/or former carer status

Are you a current or a former carer?				
Answer Options	Response Percent	Survey Count	Live Event Count	Totals
A current carer	82.0%	79	26	105

A former carer	10.2%	11	2	13
A current and former carer	2.3%	0	3	3
Left Blank	5.5%	7	0	7
		n = 97	31	128

NB: The answer option 'current and former carer' was given by members of the live consultation only

Including the 'current and former carer' category, the percentage of total participants who told us that they were involved in current caring was 84.3% (n= 108). 10.2% of the group were former carers only (n=13). 7 participants (5.5%) left this option blank.

Are you a current or former carer?

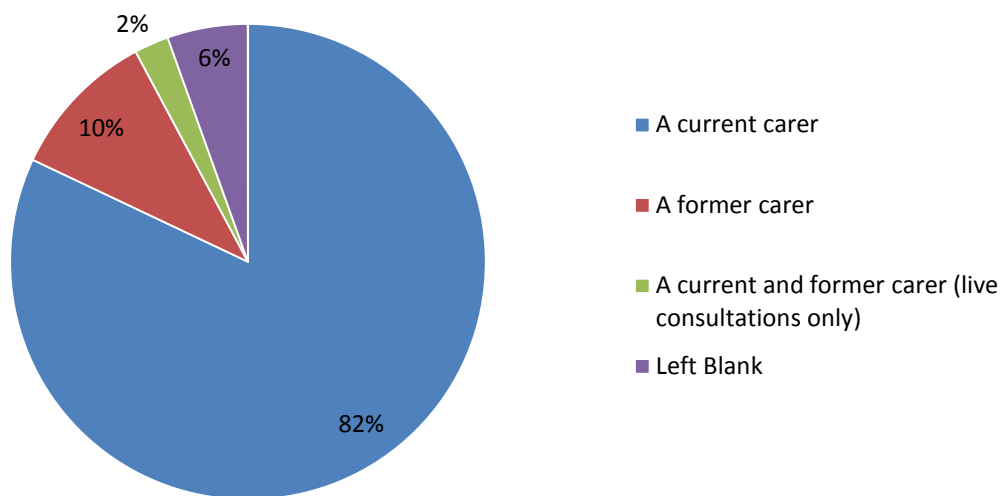


Figure i: Carers and former carers in the consultation

Consultant participants were offered three options in relationship to gender, 'female', 'male', or 'transsexual'. There were no responses to the latter category. One person chose to skip this question. Of the total respondents (n=128) 68.8% were women (n=88), and 30.5% were men (n=39).

Table 3: Gender of Consultation participants

Please tell us your gender				
Answer Options	Response Percent	Survey Count	Live Event Count	Totals by Gender
Female	68.8%	69	19	88
Male	30.5%	27	12	39
	Total Counts	96	31	127
	skipped question	1		

The age of participants was spread across the age groups, with the lowest response from the 18-30 group (3.1%, n=4), and the highest response from the 45-58 group (46.9%, n=60).

Table 4: Ages of Consultation participants

Please tell us your age				
Answer Options	Respondent Percent	Survey Count	Live Event Count	Totals by Age Group
18-30	3.1%	2	2	4
31-44	19.5%	20	5	25
45-58	46.9%	45	15	60
58-70	21.1%	20	7	27
71+	7.8%	10	0	10
<i>answered question</i>		97	29	126
<i>skipped question</i>			2	

In terms of attendance at the live events, while the small group of young adult carers was spread evenly between live and online consultation, (n=4, 50% at each type of consultation), no participants for the oldest group (71 or older) was able to attend any of the live events although with 10 online or postal consultation replies they formed 7.8% of the total group. The other three age groups were well represented at the live events, with 20% of the 31-44, 25% of the 45-58, and 26% of the 58-70 groups taking part in the three live consultations.

Consultation participants attendance: Live and Survey counts by percentage attendance

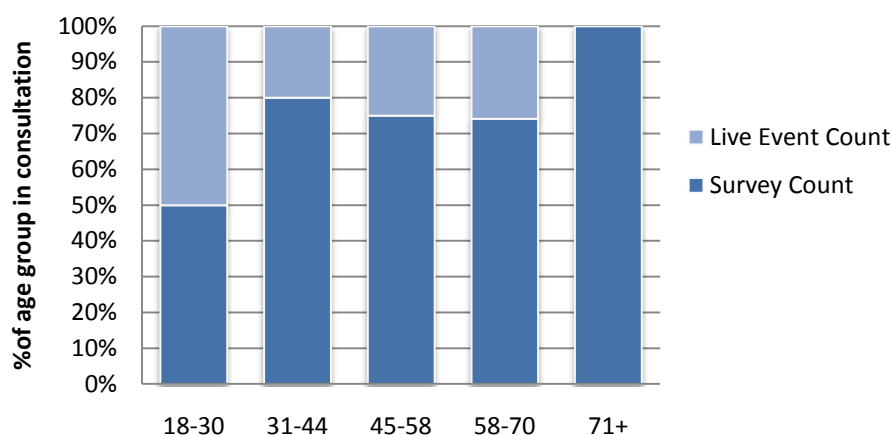


Figure ii: Percentage of carers by age and attendance at live event or survey consultation

There was representation from 12 different ethnic groups, as selected by participants. Carers were given 20 different descriptions of ethnicity to choose from, including 'any other ethnic group', under which we had three separate responses. As well as two respondents stating that their ethnicity were gypsy and traveller, a further carer wrote 'Where is Northern Irish/Scottish/Welsh, other parts/regions. Fed up with non-addressing these areas. England does not speak for all of UK'. This comment can be read as both a general comment about the limitations of ethnicity lists, but also on the limitations of this consultation, which was intended to look at England in line with the initial scope for the College of Social Work.

Table 5: Carers' stated ethnic groups within live and survey consultations.

Please select the choice that most closely resembles your ethnicity:				
Answer Options	%Total Response	Surveys	Live Events	Total numbers
White British	80.5%	86	17	103
Irish	1.6%	0	2	2
Any other White background	3.1%	3	1	4
Asian or Asian British	4.7%	1	5	6
Indian	4.7%	0	6	6
Black or Black British	0.8%	1	0	1
Caribbean	0.8%	1	0	1
African	0.8%	1	0	1
Chinese	0.8%	1	0	1
Any other ethnic group (please specify)	2.3%	3	0	3
		97		128

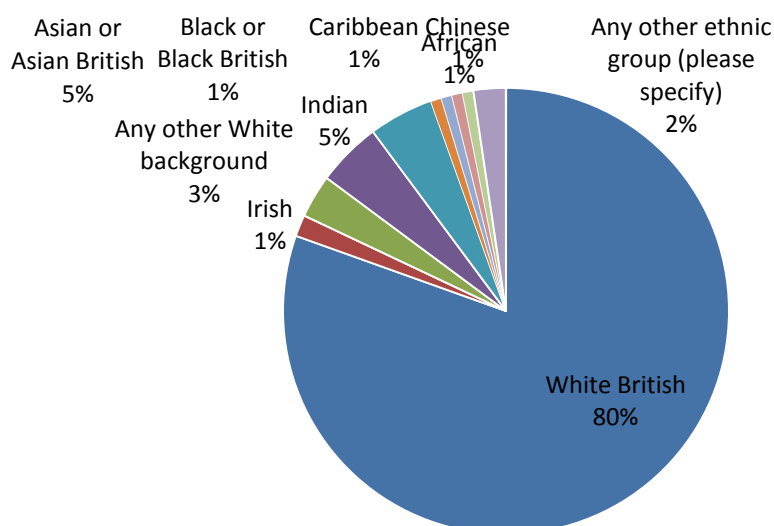


Figure iii: Stated ethnicity of carer participants across consultation types

3.4.2 Carers' responsibilities

The majority of participants in the consultation told us that they were caring for 1 person (n=84), although many were caring for more. There were a number of blank or 0 responses to this question (n=23), which may reflect both former carers and those with both current and former caring responsibilities, who may have found answering this question difficult in its limited-choices form

Table 6: How many people are you the carer for?

N = carers within the consultation	N = people being cared for
84	1
14	2
1	2.5
5	3
1	5
1	6

Similarly, it is difficult to be accurate with the numbers where carers were asked to describe the reasons that they were caring for someone (i.e. the disability or illness). We had permitted more than one answer per respondent for reasons of people having multiple caring responsibilities, but also because illness and disability can in itself be multiple for individuals. Therefore, we can state that there were 106 participants who told us they were caring for 140.5 people in total, and these 140.5 people had 266 conditions between them.

Table 7: Conditions of those being cared for

What is the main condition or conditions of the person or people that you care for? You may select more than one option.			
Answer Options	Child	Adult	Response Count
Physical disability	7	43	50
Elderly and frail (not including dementia) Please ignore the child option here!	0	22	22
Mental Illness (including dementia and elderly confusion)	4	55	59
Substance misuse	1	7	8
Hearing impairment	2	10	12
Visual impairment	2	8	10
Learning disability	13	23	36
Autistic Spectrum Condition	14	14	28
Other - please tell us below	6	35	41
Totals:	49	217	266

As well as the choices which they were offered in terms of conditions, carers told us of a wide range of other conditions which we hadn't listed (total N=41), including brain injuries, life threatening illnesses such as heart conditions and cancer, Huntington's Chorea², strokes, challenging behaviour, epilepsy, neurological conditions and early onset dementia.

Thirty one of the 128 carers (24%) also told us of their own disabilities and health problems. Many of these were related to their caring responsibilities, for instance 'As a result of caring I am struggling with depression & digestive problems', 'ill health due to stress', 'I from my caring role now have mental health issues'. One person noted that advancing age was an issue,

² Now called Huntington's disease.

I am 68 years old - so not in the first flush of youth - or energy. This is becoming an issue, in that the challenge of supporting someone with learning disabilities in "independent living" has not been adequately understood.

It was clear from responses that many carers were carrying a very heavy load, trying to juggle the needs of those they were caring for, other family members, and their own health and well being, often on very little money or working at the same time.

Section 4: Findings of the consultation of carers.

This section reports both the quantitative and qualitative data by area of consultation.

One issue that carers' commented on within all forms of consultation, and that was clear in the slant of some written replies, was around the use of language. Many people thought that the College of Social Work was intended as a training body for social workers. Although this misunderstanding was rectified when speaking with or writing to participants, and was not something that affected the majority of participants' replies, it was a clearly something that affected some of the answers.

The official or technical nature of some of the wording that the College has used in its consultation paper also caused some misunderstandings or upset. Different types of 'communication' were of great importance to participants within the consultation as will be shown. While not requiring 'easy read' formats, most carers appreciate plain language and felt that some of the terminology used by the College was inappropriate to its purpose, particularly in the context of having values such as Partnership and Coherence. These comments will be reported as they occurred within the Consultation.

4.1 Consulting on Values

The consultation with carers about the proposed values for the College was one area which was measured differently between the online/postal questionnaire, and the live consultation events. Because of this they will be reported separately.

4.1.1 Values: What's Important? Online and postal questionnaire.

The online/postal questionnaire provided a list of the proposed values for the College of Social Work, and then asked carers which they thought were the top three values in order of importance. This provided an interesting weighting of the values, showing that amongst the participants all the values received 'number 1' status to some extent, but it was clear that some values were clearly favoured by carers (see Figure iv).

What are your top three values for the College of Social Work?

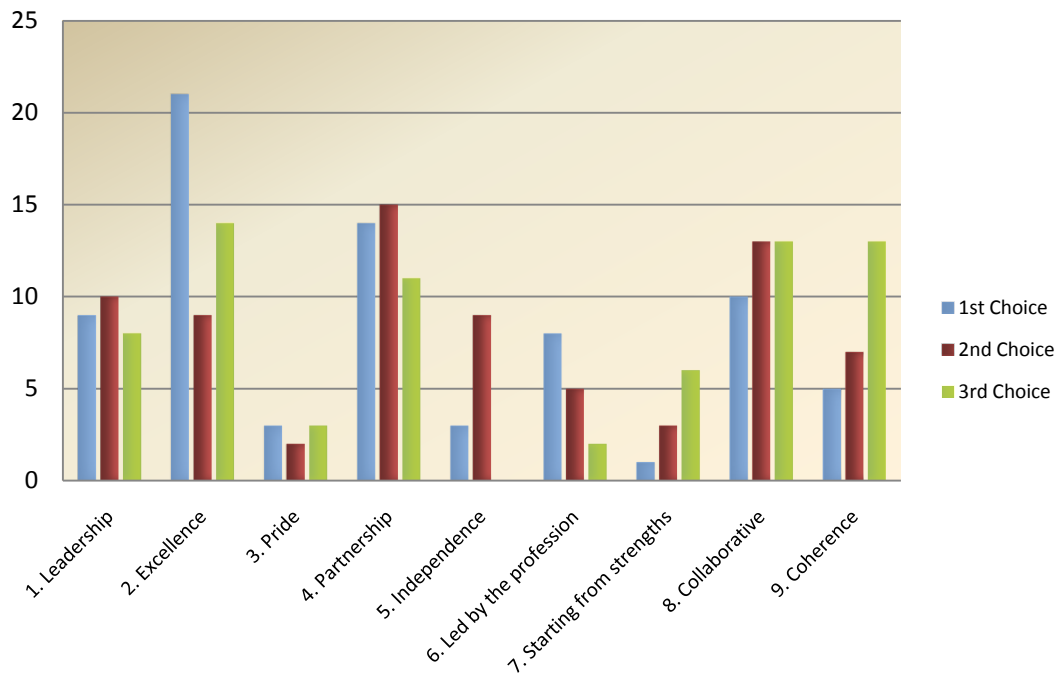


Figure iv: Weighting of proposed 'Values' for the College

'Excellence' was clearly considered the most important value for the College, both in terms of first choices (n=21, 28%) and overall numbers (n=44, 20%). 'Partnership' was also highly rated, coming second as a 'first choice' (and leading as the 'second choice' value). Partnership was the second most important overall selection, with 40 selections in total (18%). 'Collaborative' was a close overall third, at 17% of the total choices (n=36). 'Excellence' was again the lead as the third choice for values, with 14 votes (20%).

Table 8: Carers' selection of top three proposed values for the College of Social Work

	1st Choice	% replies	2nd Choice	% replies	3rd Choice	% replies	Total Choices	% total replies
1. Leadership	9	12%	10	14%	8	11%	27	12%
2. Excellence	21	28%	9	12%	14	20%	44	20%
3. Pride	3	4%	2	3%	3	4%	8	4%
4. Partnership	14	19%	15	21%	11	16%	40	18%
5. Independence	3	4%	9	12%	0	0%	12	6%
6. Led by the profession	8	11%	5	7%	2	3%	15	7%
7. Starting from strengths	1	1%	3	4%	6	9%	10	5%
8. Collaborative	10	14%	13	18%	13	19%	36	17%
9. Coherence	5	7%	7	10%	13	19%	25	12%

Not all participants who took part in this count used the values proposed by the College as the reply was given in 'free text' boxes. One participant said that they 'really reject the idea that tick box values will be useful'. This was made clear to us in the live consultations, where

we were able to elaborate and describe the intentions of the values better. Some of the values may have been perceived to be ambiguous ('pride' and 'starting from strengths'), or to have blurred edges (i.e. 'partnership' and 'collaborative'). So where the intention of the College, as stated in the *Purpose and functions of The College of Social Work: Consultation paper* (2010) was that 'Partnership' referred to working in 'partnerships with people who use services and their carers and should promote partnerships that empower service users', while 'Collaborative' referred to working 'collaboratively with allied professions, and with organisations affecting the profession', some carers felt that the emphasis on collaboration should be with carers. This was about recognizing the *expertise* that many carers have about those they cared for, a theme of experience-led expertise which was strong throughout the consultation. This was also about the College of Social Work having *respect* for carers and their hard work and knowledge,

Additional 'Values' around recognising experience-led expertise and collaboration with carers

"Collaboration with carers in particular"

"Be driven by and informed by the experiences of service users, carers and their families"

"To respect the views of the carer - they often have had a lifetime's experience of caring."

"Listen to people and respect where they are coming from, especially if their views, lifestyle, background etc is different to your own experience – 'the book' is just that - a book and nothing beats the lived experience"

"Must never discount carer, the only hands on care in community"

Another strong theme in the additional values given was communication. This was expressed in two ways, firstly about social work being able to communicate in a way that created "openness" about the profession. In this way it was closest to the College of Social Work value of 'coherence' – 'The College will bring coherence and clarity to the profession', but reflected as well people's experiences of social workers who had been less than honest about what could be provided:

Communication as 'coherence'

"Don't offer service you cannot provide"

"Making the social worker role transparent"

"(Coherence)/consultancy - less law unto themselves"

Other comments about communication as a 'value' referred to the links between social work and other professions, or social work and carers and service users:

Communication between Social Worker and others

“Communication - Value 3 which I have stated is not on your list, this is where the social system fails badly: bad lack of communication between peers & work colleagues”

“Keep carer informed & see a s/worker they are not always back in touch within time limits”

“To maintain same person communication, no ‘from pillar to post’”

Other replies given here reflected many of the values associated with social work and social care, for instance caring, understanding, sympathy, providing choice and control, trust, patience, commitment, and working to 'best practice' principles of equality and human rights. One carer wrote the social worker must not forget that carers and wider family sometimes get forgotten in decision making: “Always be aware of the impact any decision that you, as a professional, make will have a wider effect than on just 1 person”. Again this came down to respect and recognition of the important role of carers and family in the wellbeing of service users.

4.1.2 Values in the Live Events

Agreement about 'values' was measured differently in the live events. Here we took a 'poll' of the values, by asking participants to move into areas of the rooms designated 'Agree', 'Neutral', or 'Disagree' for each value given by the College. This exercise enabled a discussion around the values and what they meant. In general, all the values were considered important for the College. 'Partnership', 'Collaborative' and 'Coherence' all received full agreement, and there was a particularly strong agreement with Partnership (with carers and service users) as a value. One live event conversation about values was summed up by a facilitator as “The core values are needed and required and should be echoed in the care then provided”.

Comments about specific values are listed below Table 9.

Table 9: Poll of proposed values for the College of Social Work

Live Events: poll of Values	Agree	Neutral	Disagree	
1. Leadership	30	3	0	
2. Excellence	31	2	0	
3. Pride	29	4	0	
4. Partnership	33	0	0	<i>STRONG</i>
5. Independence	29	0	4	
6. Led by the profession	19	11	3	
7. Starting from strengths	31	2	0	
8. Collaborative	33	0	0	
9. Coherence	33	0	0	

The words used to express values were sometimes off-putting for carers. Although agreement was strong that the College needed to promote pride in being a social worker, the word 'Pride' itself didn't sit well with carers who may have had poor experiences with social work. This was also reflected in the most neutral or disagreed with value, 'Led by the profession', where concerns were expressed about who was going to be doing the leading. It was felt that unless carers and service users were involved, social workers might be too insulated from the reality of their day-to-day experience.

Carers at the live events made the following comments about the proposed values (recorded by facilitators):

Leadership

- It should be "strong" leadership
- It's all very good having these powers, but College has to be prepared to stand up and say unpopular things, needs to have that bite

Independence:

- This should include being willing to challenge when necessary- Social workers need to be able to stand up and challenge people in authority. Similarly, carers and service users also need to feel empowered to challenge their own social workers.
- Standing by principles?

Excellence:

- It was felt that excellence should be monitored by carers; only carers can really judge the term excellence within this field.
- It's meaningless without the input of carers and patients
- What does that value mean?
- How does the College intend to monitor this standard?
- College definitely has a role in ensuring consistency of training for social workers and newly qualified workers also
- It concerns me that "guard" is one thing and "enable" is another (about the wording of the description of 'Excellence' as a value)
- What does "enable" mean in these circumstances?

- Not convinced – rather than reacting to something that’s going wrong we are looking for someone to stand behind people and make sure it’s going right
- Where is the power actually going to be directed to make sure the excellence is met?
- If the industry accepts these standards then logically all that information should be passed to any client of social services wherever they are.
- Everybody should have access to social workers job descriptions to my mind
- Promotion of what social workers do is a good thing
- Are there plans for The College to go into schools and actively promote social work – in terms of recruitment – promoting social work in a positive way?

Partnership

- All carers at the meeting indicated that this was very important to them
- Not ‘I’ and ‘You’ but ‘We’

Pride:

- It was felt that the word “pride” was misleading in this context, and it should be changed
- Pride also means humble, the best social workers listen, they don’t tell you they know better than you. Being compassionate and then you can be proud.
- Public opinion is very important as it can influence expectations and also user/carer experience
- We only hear about the disasters, need to hear about the good things too

Collaborative:

- Carers need to have an input into social worker training. The perspective and voice of carers needs to be heard in order to shape social work training.
- Think the third sector should be put in here too
- Social workers should be more closely linked to other organisations and should work together to ensure consistency during transition periods.

Led by the profession

- This was felt in a way to be contrary to users and carers being pivotal, it should really be all about what happens to them, so it can negate partnership.
- The language should change as it is misleading
- Be interesting to monitor. Looking at the Universities – which Universities are actually signed up to these values and which are not
- Looking at other systems that work – Social workers should look at overseas models to gain knowledge from successful social work systems that are already in place.

Coherence

- Sometimes inter-professional working can be harmful if there is no coherence between the two services and more importantly if there is no guidance
- The college should be a one stop shop (information and guidance, standards, good practice)
- The College must be intelligent as well as intelligible

The following values were also mentioned by carers as considered important for the College to promote to social workers:

- Respect
- Honesty
- The ability to listen and to treat us as individuals
- Communication skills and forward planning – There should be more communication between social work teams. When our social worker is on holiday, it's not acceptable that we are not informed and then have to wait for to get the support from another team member
- Continuity and consistency – One assigned social worker - It is important to have some regularity and routine.
- Knowledge – Social workers should be able to give us advice and information about different services that are available to us, as well as more guidance on benefits etc.
- Dignity – Social workers should consider the needs of the whole family. We're all affected by an illness / disability.
- Empathy, listening skills, informative, efficiency

4.2 Consulting on Objectives for the College

The College 'Purpose and Functions' paper suggested that in order to make a 'real difference' to social work as a profession, the College would need to work towards eight objectives. We asked carers through the online and postal questionnaire whether they agreed or disagreed with these objectives, using a six-point Likert scale to rate opinion. Replies are shown in Table 10. These showed that carers answering the questionnaires largely agreed with the objectives. 90% of respondents (n=87) replied at least in part to these questions.

Table 10 Rating the proposed Objectives for the College of Social Work

Part 2: Objectives for the College.						
Please consider the following eight statements and score them in terms of whether you agree with these as objectives the new College should work towards:						
	Completely disagree	Partly disagree	Slightly disagree	Slightly agree	Partly agree	Completely agree
a. Generate cultural change and raise the status and standard of social work	0	1	1	10	12	62
b. Act as the source and guardian of high professional standards within and outside the social work profession	1	1	0	5	15	62
c. Bring clarity and coherence to the profession by defining and promoting the responsibilities of the profession	1	0	2	5	8	68

d. Improve public understanding of, and support for, social work through sustained public education and by representing the profession in the media and public debates	4	1	6	7	13	58
e. Facilitate peer review and support to improve and develop the profession	1	0	2	5	21	56
f. Facilitate employee union representation (via partnerships with trade unions)	8	4	3	22	22	20
g. Act as the essential source of advice on social work to bodies who regulate and support social work and social care, and to organisations who deliver social work and social care	1	1	0	8	17	58
h. Ensure that its work is grounded in how social work can best support people who use social work services, and their carers	2	1	1	1	2	78

There was some disagreement, despite one carer’s comment that “One cannot fail to agree with the stated objectives - so there's really no choice”. The highest level of disagreement was about point ‘f’ – facilitating employee union representation, where eight participants strongly disagreed and only 20 strongly agreed. However, the majority still agreed to some extent at least with this objective (n=64, 78%), and one participant commented “Re ‘f’. I would like to see the College evolve into a BMA style union itself eventually”.

Table 11: Percentage of respondents who agreed or disagreed with the proposed objectives for the College.

	% of Replies Agreement	% of Replies Disagreement
a. Generate cultural change and raise the status and standard of social work	98%	2%
b. Act as the source and guardian of high professional standards within and outside the social work profession	98%	2%
c. Bring clarity and coherence to the profession by defining and promoting the responsibilities of the profession	96%	4%
d. Improve public understanding of, and support for, social work through sustained public education and by representing the profession in the media and public debates	91%	9%
e. Facilitate peer review and support to improve and develop the profession	96%	4%
f. Facilitate employee union representation (via partnerships with trade unions)	78%	22%
g. Act as the essential source of advice on social work to bodies who regulate and support social work and social care, and to organisations who deliver social work and social care	98%	2%
h. Ensure that its work is grounded in how social work can best support people who use social work services, and their carers	95%	5%

Despite the comment (above) that there was no choice about the objectives for the College, since the purpose of the consultation was to gauge opinion with regards to these objectives

a space was given so that participants could add a further objective, or comment on those given.

These can be grouped into four categories, *Information and Guidance*, *Promoting Partnership*, *Strengthening Social Work*, and *Responsibilities to Carers and Service Users*. A selection of these objectives that carers found important is given below.

Information and guidance

“To act as a resource for social workers for their own PDP & something about research and evidence based practice”

“Aim for the highest professional and academic standards and so be seen as a centre of excellence world wide”

“A source of information for carers & service users who need information & guidance (not work the government numbers)”

“Training on all disability to enable all social workers to help and support people/families. Please make sure it’s not just one days training and that the training is ongoing”

“Very Important: to be clear who does what when multiple agencies (e.g. NHS) are involved. Info left on paper would be good.”

Promoting Partnership

“Partnership and joined up thinking”

“Promoting partnership and multidisciplinary team working especially with Health.”

“Joined up thinking on what is practical, and doable.”

“Ensure strong strategic partnerships so that social work can be support people”

Strengthening Social Work

“Improve LA understanding of the need for a strong SW team and highlight the savings made in long term of a well resourced team”

“Promoting respect and importance of confidentiality v. important”

“Ensuring that the profession delivers good outcomes for the people it supports!”

“Mentor and partner people through life not closed cases”

“[Objective] ‘H’ should include supporting people using both social work services and others e.g. private/ voluntary”

Responsibilities to Carers and Service Users

“Treat carers with respect and consideration and behave towards carers as they would wish to be treated themselves.”

“Give carers regular, timely and appropriate advice. Listen.”

“To promote the issues of client/carer need over cost - carers save the state millions and this should be acknowledged as a benefit to society not a burden.”

“Encourage understanding of the 'lived in' situations of users of social work services rather than approaching them from a theoretical or idealised stance”

“Advise all carers to take training before and at the same time they are caring”

“Ensure that social workers are able to communicate clearly and provide follow up to their visits.”

“Understand the expertise that carers are able to offer”

“To listen to carers more, it is hard to get a social worker till it’s too late. I know from experience.”

One respondent was concerned that with the current range of objectives given in the consultation document, that the College would simply be replicating existing bodies and making things even more convoluted: “The College seems to add another layer of bureaucracy to an already overloaded system. Do we need one at all?” It will be important that if the College proceeds, it ensures that its objectives set it apart from other parts of the

system, so as to clarify its usefulness to carers as much as to social workers and service users.

4.3 Grouped Questions and the Café Consultation: consulting on functions

The College team set out five proposed functions in their consultation paper. This next part of the consultation asked both online and postal participants, and carers from the live consultations, to discuss some of these.

Because of the format of the questionnaire, we were able to ask respondents to tell us whether they agreed or disagreed with the functions (Table 12). Carers showed a strong agreement with the functions when measured this way, although there was a small amount of disagreement particularly about whether the College should be defining the values and purposes of social work as a profession (n=3).

Table 12: Proposed functions for the College of Social Work

Functions of the College	Completely disagree	Partly disagree	Slightly disagree	Slightly agree	Partly agree	Completely agree
The College of Social Work should provide a strong voice for, and leadership to, the profession.	0	0	1	2	17	59
The College of Social Work should define the values and purpose of the social work profession.	2	1	0	3	15	47
The College of Social Work should develop, uphold and support standards.	0	0	1	0	8	57
The College of Social Work should provide guidance and support to the profession and allied professions	0	0	0	3	14	43
The College of Social Work should shape training and development.	0	0	0	1	15	42

The following sections set out the ‘grouped questions’ which were echoed in the live consultations as the table menus for the café consultations. Because of the mirroring of the methods, data from the live and online and postal data is intermingled here.

4.3.1 Group One Replies

The group one (Table menu 1) questions were built around the statement about the first function of the college, ‘should provide a strong voice for, and leadership to, the profession’. The heading for the questions read:

‘Social workers deal with some very sensitive cases and social work often gets very negative press. As a result individual social workers are often uncomfortable speaking out about their work or pressing for support for their profession.’

Carers were asked to comment on as many or as few as they wished to of a selection of questions. A further text box for the online and postal respondents allowed carers to tell us of any other things they thought mattered for this section, ‘What else should The College consider here?’

1. Can you think of a time when your social worker has felt uncomfortable about 'speaking out about their work / standing up for their profession'?

Many carers interpreted this question as about standing up for the needs of carers and service users, and had found that their social workers were either unwilling or felt unable to 'speak out' about injustice, for instance:

"Yes. Social workers can often see the need there on the ground but they are trapped in a system which cannot deliver what is needed."

"In general I feel social workers do feel unable to 'speak out'. I feel it should be promoted as advocating for a client/patient. All too often people who do speak out are made scapegoats. People in the positions who can make a difference should listen with an open, non-judgmental mind and take the real issues on board. In my own circumstances, not having the support of someone in the profession to advocate on my behalf culminated in very tragic consequences for me and my whole family."

"My family have had contact with over 20 social workers. None of them were willing to speak out about issues of concern, even in private. This does not sit well with the principles of social workers as the advocate for the service user and carer, and the lines will be blurred even more with the onset of personalisation."

"So often a social worker recognises the services required but is unable to find or pay for these services. In these circumstances there should be transparency and the social worker should be able to report to the service user and the local authority that necessary services cannot be provided. This should be a public document. Too often social workers are told to hide behind eligibility criteria designed to save the local authority money."

"Social workers' inability to speak out about their work is at the heart of the current state of social care today. There is no sense of them advocating for the best interests of their clients. They are simply ping pong balls, being batted between service users and senior managers. We are all painfully aware of the resource limitations, but the best interests of service users had got lost in this debate."

Others felt that social workers who were doing a good job wouldn't speak up about it, and weren't given the recognition that they should be:

"I'm not sure about feeling uncomfortable, but I feel there is very little recognition of the more innovative things social workers can do, for example, when my son underwent a fixed term exclusion from school, my social worker arranged for a support worker to take him out on a daily basis so that he did not see the exclusion as a reward for the behaviour which had led to the

exclusion. A difficult situation could have been exacerbated, but instead was addressed creatively.”

Several carers in the live events told us of occasions where their social worker had become very upset and cried because of their inability to deal with a situation:

“Crying SWs - feeling inadequate
- feeling powerless
- feeling overwhelmed”

Although the carers reported feeling sympathetic, they were also frustrated by the person who was meant to be helping them being in no fit state to do so.

2. Would this affect a social worker’s relationship with you as a carer? And is that important?

Where respondents commented on the ways this lack of ‘speaking out’ might affect their relationships with social work, it seemed likely that this was because of their own experiences of this:

“Social workers need to understand that if something goes wrong it affects lives. Including, but not exclusively, their own. They need to accept that responsibility”

Some carers felt that work needed to be done so that social workers could be more open and honest about what was available. This would improve relationships with carers:

“This demeans the carer as it appears that their needs are not being taken seriously. Better to acknowledge the need and be honest and say there is no money or service. I would like to see social workers in a position where they can be honest”

“Avoiding lip service: hearing ‘we’ll just tell them anything’ – carer disillusionment”

“HONESTY → Relationship will be positive”

Equally, the many good stories that we heard about social workers too were often about ‘going the extra mile’, which also affected relationships in a positive way:

“Going that extra mile → means better relationships”

As one carer put it, “maintaining good relationship helps everyone involved including the person being cared for”.

3. What should The College look at with regards to carers in considering this issue?

Replies to this question were mostly concerned with the things that carers could do to help, for instance:

“Whistle blowing- advocate role for carers & social workers”
“Consultation”

One respondent commented that since carers already saved the country a great deal of money in care costs, any help on this matter should be compensated:

“If the government wants more help from carers they need to pay for it.”

Some carers did mention things that would help, for instance, the College should “stress the importance of timely advice”, and should promote “more understanding of the Carer’s needs, more respect, which would result in a better result and environment.”

Many carers mentioned that they felt that social workers had no real idea about how hard it was to be a carer, and this needed to be rectified:

“SWs need to spend time or see videos of real families with disabled children and hear from carers what the impact is long term. Some carers say "they should try living my life for one day" - I disagree- anyone can cope for one day - but day in day out whilst fighting every step of the way gets you down. If SWs were able to do the job they are trained for it would help carers!”

This issue of ‘doing the job they are trained for’ was another category of replies to this question, as this would also help the carer. One person commented that what was needed was

“Excellent training. A professional approach to the job. Remembering what and who social work is for. Humility.”

4. How could you or other carers get involved in this issue? What would be the benefits of doing so and to whom?

There were many suggestions about how carers could get involved here, and willingness on the part of the carers in the consultation to be part of this. Consultations, forums, and providing training or experience sessions for social workers were common themes:

“Integrated training between social workers & carers/service users – compulsory”

“Regular Forums of Carers to gather feedback on social work practice”

“There should always be consultation with carers, many of whom have varied experience, it should not stop but be ongoing. It’s very hard unless you are a carer or have been one to understand the difficulties involved. I have always had

good experience with all the social workers I have dealt with over a number of years. We have always had respect for each other and they have always listened.”

“By coming together to achieve common aims and outcomes. The main beneficiary would be to our charges and the quality of their lives, but also to social workers in realising that informed partnership does lead to correct and high quality decision making.”

“Representatives of carers on college board – non-executive roles?”

One person emphasised that stories about the good services that social workers provide should come via carers and service users, rather than from social work itself:

“Carers/service users can provide ‘good news’ stories ← should be this way.”

Many more people commented on promoting ‘good news’ stories in the next question.

5. Would ‘Providing a strong voice for and leadership to the profession’ help carers and social workers? And if so, in what way?

The main theme in this question strand was about how the College needed to provide a strong voice for the successful outcomes that many social workers achieve, since the media has a powerful role in promoting a poor image for social work. It was felt that carers should be involved in this, if they aren’t already:

“The College should promote the good work that social workers do. The media will always pick up the bad cases and publicize them. The College should consider having a nationwide feedback system from carers regarding the situations, problems etc that have been encountered and how social workers have helped overcome them or not as the case maybe. You are then obtaining real information from real people which can then be used to enhance or change teaching, professional objectives, good practice etc. This information could then be used to promote the generally excellent work that social workers do.”

“There are dedicated, successful professionals at every level. Tell the media the success stories. I try.”

“More campaigning, hearing more good stories, what social workers do, their outcome.”

“To bring forward the good cases social workers do and not just the negative. This may put a different view on people’s outlook of Social Workers.”

“Negative comments about the Profession make me feel unsafe”

A strong voice was also seen as a way of promoting independence from government and other pressures, and so being able to speak out for carers and service users as well as social workers:

“Strong voice – essential. The College can say with authority what social workers/service users and carers cannot say.”

Another aspect of this was the role as a strong voice and leader that the College could have in promoting and clarifying social work roles, so that carers would be able to find out what to expect,

“As carers we have little knowledge or understanding of the Social Services and what little we do know is often as a result of mistakes being made which we then struggle to correct. A collegiate body overseeing standards and behaviours would be a reference point and guide for both carers and social workers.

6. What else should The College consider here?

The comments in the ‘What else’ category ranged from high praise to indignation at poor treatment. On the one hand, several participants, within this category and elsewhere, suggested that there should be an annual award for social workers. The respondent quoted below pointed out that a celebrity would encourage positive coverage:

“It's important that social work gets a balanced press, this would go some way to counteracting the occasional negative story. For example, the College could instigate an awards ceremony or similar with a celebrity to generate interest and positive coverage. They could also encourage local authorities to have internal awards.”

Another type of reply was about social work as a profession needing to ‘strive for perfection but also be realistic’ despite mistakes and pressure from overwork and underfunding:

“All the general public want from social workers is an efficient and very high standard of work which actually makes a difference to their everyday lives. I'm sure people go into the profession with good intentions but they are badly paid, overworked and unable to deliver because of underfunding or some 'political' reason. “

“Social work as a profession needs to be more transparent and accountable and a single professional body is needed to provide leadership in presenting issues from the social workers’ point of view and needs to be seen to be supportive of social workers themselves whilst at the same time ensuring the needs of the client/carer first. Social work needs to strive for perfection but also be realistic and admit that nothing and nobody is perfect. Mistakes are made because we are all human but social workers must learn to be honest, admit their mistakes and LEARN from them and not be so arrogant as to refuse to accept responsibility.”

“A main priority should be to ensure that all people who contact social services get a social worker who actually cares about the job they are doing and actually wants to help the person who has got in touch. I am afraid I do not have a very high opinion of social workers”

Finally, there was the type of reply which relayed some of the bad experiences that carers had had with social workers, for instance a mother whose own poor health was discounted while she tried to cope with a challenging child with autism:

“A social worker said that I couldn't have respite for my overactive ASD son. She said I only needed it because I was ill myself with ME. I had to point out that I was only ill because he was such hard work, I never had a break and I never got any help. So you will see why I have a low opinion of social workers in general - they try hard to avoid giving people the help they need. People might have more respect for social workers if they actually did what they are there to do.”

4.3.2 Group Two Replies

The second stated function for the college, to ‘define the values and purpose of the social work profession’ generated a main statement for the group/menu 2 questions about the role of social work:

‘There is some confusion over the current and future role of social work within social care nationally.’

The questions asked about defining the role, values, and purposes of social work. To some extent, this echoed the questions about values earlier, allowing carers to give their own opinions about what values make a good social worker.

1. Another way of asking about ‘Values’ is to ask ‘what is important?’ What, from a carer’s point of view, do you think is important in a social worker? (And why?)

The majority of these replies emphasised the need for social workers to be understanding and empathic, but also to be honest about the help that is available from them. This echoed comments elsewhere in the consultation about the distress caused by empty promises of help, and the lack of understanding of a situation that sometimes caused no help to be made available.

“Values are probably a main reason a SW is in the job - they are people who care about people. For a carer, they need a SW who listens, tries to understand (not easy unless you are actually living the life of a carer) and who empathises. Personally, I don't need a SW who is "nice" although it helps but I do need one who will be straight with me.”

“Sympathetic nature, understanding, no prejudice, *serious*”

“Realistic and honest about time frame and what was possible”

“To be straight & truthful”

“Understanding, sympathetic, not to raise hopes where help is not forthcoming”

Another type of answer here stressed the need for partnership with carers, since carers were the experts – another equal professional – about their own situation:

“Social Workers should be able to provide a holistic view of the situation. I do think they need to view Carers as partners and the professional in that situation.”

2. Please tell us about a time when you felt your social worker demonstrated clear values and purpose in relation to their role and task undertaken.

This question allowed carers to talk about some of the times that they had been well supported by excellent social work. This demonstrated the importance of taking not only a person-centred, but a family-centred approach to many service users:

“We had a core assessment in relation to my son. While he was not ‘severely disabled’ the social worker and her manager considered the impact of the other factors - caring for another child with additional needs, caring for a frail elderly relative and also the fact that there was no safe way for us to employ our own carers.”

“My Social Worker was excellent in recognising what would benefit us as a family and that because the provision we were asking for wasn't easy to fit in a box we were offered a direct payment to enable us to source the provision which worked for us.”

“After a social worker, everything was a lot clearer, and help was at last sorted. As I am registered severely blind, I physically could not carry a person up or down stairs. A social worker helped with these issues.”

The ability to listen and to communicate with carers, service users and other professionals was stressed in many of the replies here.

“Listening to what you say and not judging you”

“My first social worker listened to my opinions, assessed the person I am caring for and not only gave me excellent advice, but also arranged for care, twice weekly visits to a brain injury centre, and introduced me to a carers’ group for brain injury so I could meet like-minded people.”

“My daughter had a wonderful social worker, following a very negative experience, who was an excellent listener and advocate. She demonstrated an exceptional degree of curiosity in reading the reports of all the experts who had assessed our daughter. After careful discussion with us, she convened a meeting with a number of other experts in a variety of disciplines, who between them agreed a package of care which was entirely sensitive to the needs of my daughter while addressing her wishes very thoughtfully. Interestingly, it also saved the local authority considerable expense”

These last ‘thoughtful’ approaches could be seen to be saving money as well, an indication that what was wanted from social workers was not always about the most expensive solution but the ability to be an advocate: creative in their approach, and sensitive to service user’s needs.

3. Would ‘Defining the values and purpose of the social work profession’ help carers and social workers? And if so, in what way?

Many carers simply replied here ‘Yes’. Some of the more descriptive answers demonstrated how having the values and purpose of social workers defined would enable people to know what to expect from a social worker, to make informed decisions, to ‘save disappointment’ where social workers can’t deliver because aspirations are beyond their scope. One respondent commented that this definition of social worker should be kept positive, and should explain ‘why’ as much as ‘what’.

“We need clear/positive concept so we’d know why and how they can help. It would empower social workers, carers and service user choice”

“At beginning, clear information about social worker's role, resources they have or don't have to offer and info about what to expect”

“This would help Carers in making decisions”

“Most people do not know what social workers actually do. Defining values and purposes would make things much clearer both for carers and for social workers.”

“In defining the values and purpose of social work, a clear statement is made of what can be realistically expected. This will save disappointment in ‘clients’ whose aspirations can never be met - and relieve the social workers of unfair censure. Hopefully it will also facilitate debate about what our society wants for the community.”

4. How could you or other carers get involved in this issue? What would be the benefits of doing so and to whom?

As in all stages of the consultation, carers were keen to get involved, particularly so that social workers would understand their situation, but also so that carers could understand

the perspective from social work, to 'strengthen the bond' between them. Suggestions were for opportunities to talk to and train social workers, as well as to continue consulting with carers about the College.

"Carers might assist with training of social workers, meet informally to discuss issues, listen to each other and seek to understand from each perspective. This would strength the bond and understanding of each."

"Consultations with carers, surveys etc, get carers involved at training stage"

"Carers should talk to social workers and those training to be social workers about how to treat carers and how to respect them."

There were a few comments which stressed the difficult and 'ignored' position of the carer, and the need for acknowledgement by professionals. A suggestion was to do this through a carers' organisation – carers supporting and advocating for other carers who were currently at a 'low ebb'.

"Like doctors, social workers also need to first recognise the role of carer, the person they prefer to ignore."

"Carers could act as advocates of carers who are at a low ebb."

5. Would this affect a social worker's relationship with you as a carer? And is that important?

Being clear about social work value and purposes was perceived as improving relationships with social workers, especially if it meant the carers could trust that social workers would provide a good service to them. The need for carers to be respected in their role, as equals to the social worker, was stressed. As one carer said, 'we are not the enemy', and many throughout the consultation stressed that without the work that carers carry out, the strain on resources that a social worker already needs to juggle would become intolerable.

"Yes. It would make social workers appear more human to carers, rather than formidable, interfering legal public servants. It is vital that carers especially can trust and related to their social worker and believe they are also part of the caring-helping role."

"If a social worker treated me as an equal and not as someone to be pitied or ignored it would build my confidence as a carer and therefore improve my mental well being."

"It would make me more ready to open up."

"What would be important is getting the feeling that the SW is on the same side as the carer. Some are, some aren't. Why are the ones who aren't still in the

job? We are not the enemy. We are the people who have picked up an unbearable load and are just asking for some practical support.”

6. If you were the College, what else would you consider here?

Additional comments on this group of questions stressed how important it was to include carers as well as service users, both in defining the values and purposes, and within any decision making within practice,

“The first question highlights the issue correctly, in that the definition should also involve the people that use the service. I would want experience, compassion, empathy, flexibility. I can give a bad example, I was once told by my husband's key worker, that he didn't work with carers - I think this is a clear example of what is wrong with the system. The social worker needs to work with all affected by the illness, not just the service user. A definition of the values and purpose is essential but it needs to be understood to be flexible to individual situations.”

Working to values rather than fixed policies was seen as vital, as was realising that there was no such thing as a generic ‘carer’, as not only circumstances but people themselves are different from one another. Working more openly and to appropriate values would result in a more person-centred approach:

“If I was the College, I would want to ensure that values and purpose were applied in a person centred way. My experience of being a carer has been a struggle with the social worker when she was attempting to apply policy/values regardless of whether it suited my mother.”

“All Carers are as different as the people we look after. Some need more understanding and patience but in the end we all want the same thing. We want both ourselves and loved ones to be treated fairly and with respect and dignity”

The selection of people with experience of difficulty as future social workers was seen as vital and training for social workers so that they could strive towards better practice was a place where carers saw a strong role for themselves.

“Get people with real life experiences. Not just puppets behaving in a machine like way. Get trainees out into carers’ support groups and environment. Get them to do the assessments as if they were carers (using their own life examples focuses the mind)”

“The college should use carers’ own experiences of services in training social workers who have to navigate through a complex care system of different ‘silos’.”

4.3.3 Group Three Replies

The group/menu 3 questions were based around the third proposed function of the College, to be involved in 'developing, upholding and supporting standards' for the Social Work profession. The statement which explained this mentioned this in relationship to the current role that the GSCC plays in regulating social workers:

'Social workers should be working to the highest professional standards. The General Social Care Council regulates social workers and holds them to account in line with a code of practice. But The College can help raise standards even further by working closely with social workers, their employers, the regulators and service users and carers.'

Again, concerns were raised by a few carers as to whether the College would just be another layer of bureaucracy that social workers could 'hide behind', where what carers really need is more, often practical, help:

"This all sounds like another layer of accountability. We don't need it. Carers need help. The people they care for need help. None of us need to get bogged down in defining professional standards. If I weren't a carer I could see the point of a professional body to define and support standards - of course. But as a carer I can't see beyond the battles I have to face on a daily basis - for help, for support, for information, for respite... I also don't need SW who hides behind the Rules in order to avoid delivering any of the things I need. As a non-carer I can view this question rationally. As a carer I just want to scream HELP ME."

The dilemma here, that stepping outside a caring role this becomes a useful function for the College, but as a struggling carer it just seems more fudging of responsibility, is one that needs to be addressed in making it clear that raising standards should mean better, more consistent services for carers.

1. Please tell us about any time where you felt your social worker(s) needed help in developing, upholding and supporting standards.

This question asked for stories of poor practice, and as such the general slant was just this, as one respondent said, it was not just 'any times' but "many times" that their social worker could have used help in upholding good standards of social work. However, there was also consideration that the social worker is often working within restrictive regulations and budgets, and doesn't always deal with this to the best interests of clients or carers,

"My experience of a social worker in relation to this point is that they can be caught in a tension between their responsible bodies and this is not always in the best interest of the client or their carer."

In another example of this, while the carer described an unhelpful visit from a social worker, they were also careful to emphasise that they had met very good social workers as well.

These they held up as models for good practice which would make their life as a carer less stressful, as other carers did as well:

“One visit in particular was very unhelpful. I felt unheard and resolved no issues, the information I was offered as an afterthought was of little to no use for my son at the time. I felt and the social worker admitted to being very pushed with a too big a case load, and because my child was being looked after and was my responsibility there was little that could or needed to be done. Several social workers I have met have been fantastic – if all were to this standard life would be less stressful, and you would know that the best advice and information would be given.”

There were many reports of times where social workers had acted in very disempowering and dismissive ways, as these next statements demonstrate:

“We were initially excluded from involvement (‘trust me I’m a social worker’) by our social worker.”

“One social worker was a bully and insisted at a school/ social services review meeting that my husband answer his question! When I explained that I work around issues if things don't work his response was each time to ‘make a complaint’. I would have had to sit down and write at least 5 letters of complaint. But no other support from social services, and it made me feel stressed and depressed. Other carers were also not happy with the same social worker. It is important that the College has an excellent set of standards that they expect to be adhered to and that carers can depend on.”

“My son was interviewed by a trainee social worker for an assessment and was dismissed as not requiring any support mainly because he isn't physically disabled; he has Asperger's Syndrome and his anxiety disables him from participating in main stream life”

This last comment supported the need for more specialist knowledge from social workers, and for social workers, particularly those still in training, to work sensitively with conditions where they don't have any expertise.

Despite the negative slant of this question, other people were keen to emphasise that the service they receive from their social workers was already very good, supportive and working to high standards.

“Our social workers already very supportive and have high standards”

A comment from many in the live consultations was on the variations in practice. While some social workers had worked to very high standards and displayed all the values expected by carers and service users from social work, others had ‘let the side down’ by providing a very inadequate service. The impact of this on carers’ health and well being was grave: families falling apart, left living in very poor conditions,

depression or collapse, and physical health problems were amongst the examples given at these events.

2. How could you or other carers get involved in this issue? What would be the benefits of doing so and to whom?

Many of the carers in the consultation told of their willingness to help in defining and refining professional standards. As one carer said, this would benefit them by showing social workers that many carers too are 'professional' about their responsibilities. Carers also suggested that carers' voices should be used to promote good practice in the media.

"For me, a carer developing all the new standards in caring and social work, I would be able to work with them at any time, probably discuss issues they have come across in their duties"

"Involving carers and service users in developing standards and services which affect them, asking for their opinion. Carers could be used in promoting good practice in the media as could service users. Standards need to be nationally rather than local and over work and non availability of staff should not be good enough reasons for standards to fall. I do not feel this would affect me as a carer but may benefit me as a partner in care and to be seen as a professional."

"Carers' views need to be taken into consideration when policies are being developed"

Another popular suggestion here, as elsewhere, was for involvement in forums and support groups.

"Be part of a support group"

"Create a carers' forum and differentiate between carers, instead of lumping us all together."

It was emphasised throughout the consultation that the College needed to bear in mind that 'one size fits all' approaches were not good enough, since carers come from different situations with different experiences. For instance, one participant in the live events mentioned that support groups for young carers and siblings in their area were too broad in their scope, since the experiences of a child caring for parents with substance misuse problems was not comparable with that of a child with a sibling with physical disability. There were different support needs involved.

3. Would 'Developing, upholding and supporting standards' help carers and social workers? And if so, in what way?

A few carers replied to this question that there were already 'high enough' standards for social workers, and the issue was not with the standards themselves, but on those social workers who disregard the standards and act irresponsibly.

"I feel there is already enough pressure on social workers to act and behave responsibly and professionally. The standards already reached seem to be high enough. You will always get someone in whatever profession acting irresponsibly."

"In whatever area a social worker covers the standards should be high. As carers, it is very difficult to influence what actually happens. I believe that social workers should adhere to a code of practice like other health professionals so that there is no confusion."

Others felt that it was clear that this would help both carers and social workers. They implied that part of upholding standards was the responsibility of carers or service users in that if no complaints are made, practice will not improve:

"Of course 'Developing, upholding and supporting standards' will help carers AND social workers. The former will get an improved service and the latter will feel good about a job well done. In 20 years I have twice complained (officially in writing), and on each occasion the error was rectified without delay"

"Person-centred care with regard to client & carer – and need to cut through administrative red tape to achieve this, rather than being bogged down by it. After I put in a major complaint, a senior social worker came out and has managed to get me a carer's assessment which was actioned immediately – hopefully a review of hours for my mum"

"Yes. Higher standards will lead to greater confidence in social work"

Others spoke about the standards as a way to eliminate inconsistency by providing a guide through the College to 'measure' the appropriateness of support given:

"There would be something against which carers can measure the support they receive or not receive from Social Services, this is to the benefit of the person who is disabled"

4. How should The College work with carers on upholding and raising standards in social work? And why is that important?

As in other sections about how the College should work with carers, participants stressed the need to stay involved, through consultation, panels of 'carer experts' to help advise the

College, training in specialist areas (such as cultural awareness) and carer evaluations of 'success' within social work.

"The College should always look to Carers regarding maintaining highest professional standards. I feel the key to this question is communication between the college, social workers, employers & carers."

"Carers have a wealth of experience, consult with them. Invite them to participate."

"Remember carers come in all shapes and sizes, from all backgrounds and so can be of a great source knowledge."

"Carers are THE experts; until you have been there, done it and got the tee-shirt it is difficult to appreciate. Listen and use them"

"Engaging with a group of carers and encouraging them to discuss any relevant themes worth exploring"

"A panel of carers could be set up to which the College can include and refer to in order to maintain appropriate standards of care"

"Training for social workers in various different cultures will be very beneficial – 'Cultural Awareness Training'"

"Carers need to be supported to be involved in the evaluation of success (i.e. making sure the standards upheld are the right ones and the most effective ones) - this is basic as the service is very much for service users and carers (who are also users of services, be it in a different way) and best placed to say whether things are working / helping"

"The College would need to establish a system of contacting carers for feedback on the performance of social workers and then measuring them against the required standard (a Customer Satisfaction Survey)"

5. Would developing, upholding and supporting standards in social work affect a social worker's relationship with you as a carer? And is that important?

In general, it was considered that developing, upholding and supporting standards would improve relationships between carers and social workers. This was considered important because it would improve understanding and rapport:

"I'm sure that developing, upholding and supporting standards would not affect my relationship with the social worker but rather enhance it."

"I think better standards in social work, a better understanding of my son's and my needs would lead to a better working relationship. More money made

available for this would help too. Social work seems to have little money as it is for services.”

“Of course. Unless the social worker and the carer develop rapport, help and advice from the social worker will be treated with suspicion or ignored and the social worker will not listen or MAY NOT BELIEVE the carer”

However some carers took a change in relationship to be negative, and were concerned that if standards were raised, social workers might become more arrogant, feeling ‘above’ carers in terms of training and status:

“It shouldn't but sometimes arrogance, disrespect can create problems”

“Carers need to be taken seriously and not dismissed just because they have no formal training. Many carers know more about the condition of the person they are caring for than many of the professionals they have to deal with”

Carers were keen to stress that they were often more expert than social workers, and other professionals, when it came to the conditions of the people they cared for.

6. What should The College look at with regards to carers when considering this issue?

The last points from question 5 were reiterated in relation to what carers can do to help here. It was seen to be important to many respondents that social workers had real experience of caring themselves. The position of many carers with less education or social standing was that they felt looked down on and ignored by social workers – ‘carer is toilet flush to them’. Concerns were expressed in many parts of the consultation that the carers who ended up with funding were those who were able to speak in an educated ‘university’ way with social workers, or with similar backgrounds to those that social workers were perceived to have.

“Making sure new social workers are trained by oral work in homes of carers/childcarers/vulnerable families, it will serve to train good social workers who will see the light for good or bad so their function is maximised. Carers’ policies already in place must be actioned and direct payments must go not only to carers who also attended university like the social worker, but all carers impartially must be fairly treated & cared for. I have NIL relationship with Social Worker - they make their own unskilled agenda. Carer is toilet flush to them.”

One carer mentioned that what was really needed to improve practice was better funding for social work and services for carers, and this was not in the remit of the College:

“It's great to have high standards - but everything boils down to money in the end. Train the workers to a high standard, pay them well. If you pay peanuts, you get monkeys - it's so true. Fund social care properly and all will be well. None of this is in the hands of the college however, so these questions are all a bit meaningless.”

A suggestion was made again about awards for good practice, as was already happening from within some carers' groups.

"The Carers Gloucestershire Carers Reps have given good practice awards to a couple of particularly supportive SWs"

4.3.4 Group Four Replies

The statement for the fourth proposed function of the College of Social Work was around 'Providing guidance and support to the profession and allied professions'. The Group 4 questions were therefore clustered around this concept:

'It can be difficult to keep up to date with the latest policy and practice in social work, and what it means for individual cases. The College will provide guidance and support social workers and other professionals who work with them (e.g. occupational therapists, nurses, probation officers etc.)'

1. Do you think 'Providing guidance and support to the profession and allied professions' would help carers and social workers? And if so, in what way?

It was strongly felt that the College should have a role in providing guidance and support, not only to social workers but to allied professions too, including wider social services and other agencies such as health. There were questions about who these other profession might be. Some carers spoke of the importance again of treating them as another professional, so that support and guidance should be provided here as well. Poor communication and the need to improve on this was an issue commented on within many parts of the consultation.

"Social services to improve on info sharing with other agencies"

"Yes I do think providing support would benefit carers as at present no two services seem to talk or work with each other. Since our local authority has put health and social care services together things seem to have improved. I think the professions could learn from each other and have a better understanding of what each other's roles are. This can only benefit the service user and the carer. Sharing records, not being afraid of confidentiality and also seeing the carer as a professional for their situation is the right way to go. Since service users were given the right to be heard and say what is best for them it has in some cases become one sided and a balance needs to be struck around what is best for everyone involved. More joint working and sharing of good practice will benefit everyone"

"It would be very helpful for these professions to be more joined up (properly - not just by playing lip service). As a carer, you can spend a lot of time going round in circles just to find out what you need and social workers are not always

very well informed. Carers should be differentiated too. Caring for an elderly relative is not the same as caring for a sick child.”

“‘And allied professions’ - Who? A social worker for young adults should have in their remit the ability to call other departments of government run to help young disabled be employed.”

“If the guidance were accepted by the professions and not limiting or overly politically correct to the point of it being worthless, it may assist carers get a better knowledge of help that is available and could therefore be utilized which in itself may help improve the lives of both the carer and cared for. The college should ensure that any assistance is useful, helpful and clear with an emphasis on it being a guidance rather than the ‘letter of the law’, and allow the information to be interpreted for the needs of the individual not a restriction preventing people getting assistance or help”

Several respondents described this joined up approach as using the same ‘hymn sheet’, implying not only that professionals would be working together, but also using the same approach to supporting people:

“Singing from the same ethics/hymn sheet”

“Just for once it could mean that everyone is finally ‘singing from the same hymn sheet’ and that would be a miracle! When I was a carer, I found that there often seemed to be too many ‘professionals’ involved and I would often get different comments from each one so a bit of ‘joined up thinking’ and clarity would be highly beneficial.”

Sometimes the ‘hymn sheet’ which was experienced as most useful was a social work one, for instance one carer described how it was ‘natural’ for a social worker to visit a vulnerable service user at home, while a medically trained care coordinator took a different, less holistic approach:

“I wish my son’s C.P.N (care coordinator) had even visited the house!! The S.W. naturally met my son at home. The C.P.N. wrote to my son & ‘closed’ his case without even telling him! My son immediately felt that meant there was nothing they could do for him!! When I rang her she defended herself by saying my son didn’t all ways turn up for appointments – I really think some workers forget that people have an illness which can affect memory etc., or make us feel we are a nuisance – sadly.”

“Social Workers needs to model GOOD PRACTICE for other professions”

2. Would this affect a social worker's relationship with you as a carer? And would that be a good thing?

Most carers in the consultation agreed that this would be a good thing for the relationship between carers and social workers. This was on the basis that a better informed social worker would mean better treatment for carers, and a willingness to listen to them.

"Anything that enables the social worker to be professional and helpful when required must help the relationship with the carer as well as the cared for."

"Yes. I can image it is difficult to keep up to date with latest policy and practice in social work, but a system should be developed to answer these problems. Maybe there can be updates for social workers on mini computer courses. Maybe an update every month. I know there is always a lot of reading. Keep it short. When social workers are up-to-date with policies etc, it will give them more confidence to pass knowledge onto carers. Carers themselves may have found or read about things - policies. Share information between professionals & carers. Again communication - the key word"

"The social worker should be able to point me at the right person, SLT, OT, health AND finance, housing, employment"

A few carers used this question to discuss issues around social work practices, in terms of the complex nature of some cases that might call for a more experienced practitioner, or the nature and difficulties of 'sharing information' in joined up practice.

"Am I asking too much of a newly qualified social worker? Should there be levels where the more experienced get out in the field and spend less time at meetings and in the office ticking boxes."

"I do not appreciate a social worker cavalierly passing details to any others such as Job Centres and the DWP. Must only do so with knowledge of carer & disabled/cared one"

3. What should The College look at with regards to carers in considering this issue?

The main type of answer here was about also providing guidance for carers, as well as the importance of guidance to social workers about carers and the important role they play.

"The College should certainly guide and support carers who save the NHS billions in the caring role. The twenty four hour care, day and night, which carers provide is invaluable compared with the costs of care home provision needed when carers fail or become ill, inform or 'give up' on their cared for one(or more). Such guidance needs to be given to social workers to understand and value the role of carers."

"The college should set up a website especially for carers and update it regularly. Because of the ever changing legislation and ways of working, for carers who

have not got access to computers the most important bits of the information should be distributed regularly. The mailing list should be kept up to date.”

“The college should have an open door policy with regards to documents and updates and allow carers to subscribe to an update service, this can be provided at relative low cost using modern day technology of Email news updates.”

The only concern expressed about this was that improving the knowledge of carers might intimidate social workers.

“Social workers could feel undermined by carers having more information/choice.”

4. How could you or other carers get involved in this issue? What would be the benefits of doing so and to whom?

Almost all the responses here were the same sorts of replies to other questions about carer involvement. Carers were willing to help out in consultations, forums, or discussion groups, for instance.

“I could be involved in discussion groups with trainee social workers, in forum meetings with social workers, and in many other ways.”

5. What else should The College consider here?

Carers suggested that communication and accountability were also important to consider here.

“Better communication between social workers and other agencies”

“Ways to bring accountability to social work”

Most comments here supported the proposed function, and welcomed the chance for carers to be involved as well.

“The College needs to be a central, pivotal point for all social workers, and for carers to be able to consult as required. They should also act as a central information point on all updated policies, procedures and practices.”

“There is a lot of confusion around when it comes to policy changes, to try to keep up to date must be very difficult and time consuming. I would think this could only help all concerned.”

4.3.5 Group Five Replies

The final proposed function for the College of Social Work was around 'shaping training and development':

'Social workers need a range of complex skills – including excellent judgment, listening, negotiation and analytical skills, as well as a valid social work qualification, such as a social work degree. As with all professions, social workers are required to continue their professional development throughout their career.

The College will improve the selection, training and ongoing development of social workers by working with those who select, train, employ, regulate and use them.'

The questions for Group/Menu 5 were around shaping training and development. Many of the replies to these questions echoed the themes that have arisen previously: specialist training, involving carers, using carers experience, showing consistency and respect to carers.

1. Would 'shaping training and development' help carers and social workers? And if so, in what way?

The complex nature of the social world and the conditions that carers were dealing with was expressed in the suggestion that more specialist training was needed by social workers,

"Need for specialism & clear understanding (e.g. autism)"

"College should look at developing specialisms, such as supporting people with complex conditions (mood swings, challenging behaviour, changing situations, transitions). This demands a lot of skills to support families."

Training was seen as a way to check on social workers who may have lost their impetus or become removed from new ways of working:

"Shaping training and development would help carers in the knowledge that their social worker was aware of the latest changes in legislation and standards of good practice. It might also assist in 'weeding' out those social workers whose attitudes have become tired or hardened over the years, which unfortunately is quite a common occurrence. These individuals could then either receive further training and support or be encouraged to look at alternative professions."

Consultation with other agencies, service users and carers, as well as including them in training, was seen as an important issue by some:

"This should be done with consultation of other agencies in order to provide a seamless service to the service user"

“The College can shape training and development, but only in consultation with other relevant agencies who work with carers and disabled children and young people, as well as in consultation with these groups just mentioned. Feedback is needed from these people regularly in order to inform the training and development so that it is appropriate to those groups.”

“Training for carers as well as SWs”

One participant commented here on the language used, and wondered if it reflected an approach which was too detached.

“I can see the value of a consistent approach to training. Shaping sounds more questionable. Again, Olympian. Shaping should be done on the ground, in the crucible of real life. Don't sit in detachment ‘shaping’ -come down here and get your hands dirty by seeing the kinds of situations SW could be helping with.”

2. How should the college work with carers on this? And why is that important?

Carers in the consultation were pragmatic about how the College should work with carers, and very willing to get involved so that social workers had a concrete understanding of their lives.

“Visit us. Come & see what life is like. Give us the chance to do video diaries to vent some of the frustration that we are not heard or understood.”

“Work alongside & really see the problems”

“Involve carers right at the start of training”

“Occasionally sitting with a typical carer's day/weekend/or week”

“Feedback from carers to help maintain and improve performance.”

“It is essential that the training is based on the experiences and views of carers. Only then can the full picture be seen, the whole story heard, and services that support all, including children, be delivered. In Surrey - such training has been developed and delivered with carers.”

“The college should work with carers to find out what they need so that training can be adapted. Usually the carers needs are the last thing to be assessed, when sometimes if they were addressed first then maybe so many people would not feel isolated, alone or ill themselves. All too often social workers overlook carers' needs due to lack of staff, funding etc”

Respondents felt that encouraging training and development would help carers and social workers to work in partnership, one of the key proposed values of the College.

“The College should ensure that training regarding carers is encouraged as most carers would feel that they need to work in partnership with a social worker rather than any other relationship. A carer is often isolated and needs to feel that they have the help, support and advice from a social worker together with the contacts that they may bring. It is a very different situation than walking in and sorting out someone’s problems.”

“It’s important for carers to know that the social worker has an understanding of the person they care for’s condition. It’s important you also talk to people like the National Autistic Society and local groups in the area to get the training package right. It’s got to help the carer and the social worker if the social worker has an understanding of the problems and issues.”

“Regular consultation is needed with carers in order to see if services are appropriate or if they need to be changed or adapted in order to better fit the needs of carers and disabled people”

3. Would an improvement in this area affect a social worker’s relationship with you as a carer? And is that important?

Most respondents felt that an improvement in training and development for social workers would improve things for them, since social workers would value them more:

“It ought to as it should result in excellent standards of care. Carers and service users should always be involved in the development of services which in turn leads to development of training.”

“Being treated as a player and not a nuisance”

“By bringing them together and recognising each others' strengths”

“More respect hopefully - They get to choose their job - *most* carers did not”

“Mutual respect and confidence is essential in caring.”

One person expressed concern about being in a position to tell their social worker where they could find guidance, thus potentially shifting a power balance:

“A carer who requests that a SW refers to the College over a particular point, faces undermining an already fragile relationship (between SW & carer).”

4. What should The College look at with regards to carers in considering this issue?

Comments here were again mostly about participation: consultation and forums. One important theme was around remembering that carers have different needs and responsibilities, and don’t want to be lumped into a ‘homogenous group’.

“Remember carers are simply human not machines”

“Create a forum for carers and differentiate between them in relation to who they care for. They are not a homogenous group with the same needs.”

5. How could you or other carers get involved in this issue? What would be the benefits of doing so and to whom?

Again the suggestions around involvement were about participation through forums, surveys, or discussion groups. A main theme was the feeling that carers’ experiences needed to be used better to inform social workers and their practice.

“Hold a forum online”

“Through surveys or forums from time to time”

“Groups - discussing in and out of the college”

“Carers’ experiences could help to develop more understanding of often complex conditions

“Carers can provide examples of case studies and take part in training sessions to pass on examples of mistakes or best practice. Seek participants from caring charities membership records”

6. What else should The College consider here?

Three main issues arose in this final question. The first was a reiteration that carers, and those they care for, come from a wide range of cultures, backgrounds, and conditions. This needs to be kept in mind with regards to training and development for social workers.

“Dealing with variety of people: cultures/Religious issues/learning difficulties/deaf/dumb or mute/ages/backgrounds/healthcare needs”

A second issue was around others in the social care field who should also receive support and training, such as family support workers.

“More and more is being delegated (abdicated!) to family support workers etc - need to cover these staff as well and look at them having more holistic training rather than just which boxes to tick.”

Finally, a suggestion was made about a way to ensure that social workers kept up to date with their practice, using a ‘passport’ scheme to verify that this has been done.

“A ‘passport’ of regulatory achievement and principles, spread over 12 months by which social workers can demonstrate they have refreshed learning of key standards or social work criteria. This would be computer based questions, taken at a time of staff choice, but within a set calendar period. Results would be part

of the computer record for verification purposes. In addition a telephone memory examination of no more than 1 hour duration of key standards that the College considers imperative for social workers to pass in order for them to continue to 'practise' as social workers."

4.4 Members Check

The members check had several purposes. Within the live consultations, it was a chance to gather details about the carers for demographic purposes, such as age and the number of people that they care for.

Within all the forms of consultation, it was aimed at finding out how useful carers had found the consultation process, and to allow them to tell us anything that we hadn't asked about.

An analysis of the comments in the members check showed the following themes.

4.4.1 Additional notes for the consultations from the members checks

Carers need to be respected for their hard work and expertise. Not all carers are the same

"Society will continue to break down. Carers will be forced to hand over 87 billion people for them to care for if they don't do their JOB properly 100%"

"I would like to see you taking note of some of practical suggestions of carers & incorporating the carer as a key part in any process of care. We need to be kept in the loop, not pushed out of it because the SW 'knows best' or is the 'professional'."

"I am the one who deals with agencies on behalf of my son and therefore with firsthand knowledge of the difficulties experienced in trying to access support for him."

"Social workers need to meet with and discuss issues with carers, away from their caring role – should be involved as consultants who are experts!"

"Always include carers – we are the experts"

"We are not all the same!"

"Families being looked at as a whole and identifying what is best for the whole family and not just one person."

"Carers should be able to feel secure in the knowledge that social workers are there to support them and act in their best interests not ignore a carer because they do not fit into the 'normal profile' of a carer."

"There is a group of carers who have a difficult load to look after. They have full time care roles I escape my role by working part time I find when I need help most I get passed to so many different people I become worn out as things take so long to put in place. Both carers and cared for should be in (green red or amber) scale as to needs and without doubt help the reds first"

Good social work practice and good social workers need to be applauded

"Have a National Awards event for social workers!!!"

"I want social workers to feel valued and successful. If they feel like this then there is a far greater chance that we as family carers will benefit."

"For carers to learn much more about social workers and their role, and the positive help that a good, trained, understanding social worker is able to give or achieve."

The college needs to be something new and different from what already exists

"Not duplicate other good intention bodies. Must have some teeth to raise profile of profession. Remains to be seen if it makes any difference, inclined to be cynical that it may not."

"For the College of SW to be established as an accredited professional body endorsed by government"

"Be a beacon of excellence and leadership and reform social work. Things have to improve"

"I would certainly support a central agency to set excellent standards, to work with carers and other agencies, in mutual co-operation without being accusatory and by being more open than some social services are. Things happen, so rather than hiding it needs to be discussed and protocols put in place in order to reassure everyone all round. The College could also encourage other agencies to behave in the same way, by being centres of excellence and promoting their own excellent standards. The College also needs to promote all the different (and excellent) services provided by social workers, in order to overcome the negative image that many people still have. I know social services can be very good and I know that many carers also miss out because of this poor image which makes them afraid to approach them."

“Stay independent. Have a strong and influential chair. Speak out about poor practice. The authority that comes from such a body helps the cause of service users and carers.”

“Act as an overseeing body/standard setting/linking current theory with practice – service development and change raised awareness from within the profession.”

The college should work to improve social work practice where it is poor

“A social worker that listens and helps, not leaves you with a problem to deal with yourself”

“Start ASAP – be the ‘one stop shop’ of expertise and knowledge”

The college should keep carers involved, through consultation and discussion.

“Carers to be involved/participate on equal terms – respect and recognition of care”

“College should involve more carers and social workers and more consultation with Asian ethnic carers and try to understand cultural barriers.”

“College should use carers/service users in planning and policy development all the time.”

“The college will have carers involved as a chair, governors and trustees from the beginning. We are one of your major partners and you need to get us on side. We might not have the professional status but we as well as the individual needing the care we are the most important people”

“I would like to see steps taken to have permanent access to the views of carers and the people they support in order for the service to fit in to the needs of the service user”

“Have a regular committee of carers”

“With regards carers - ensure that they are fully engaged in the development of the college, beyond just being consulted -this increases likelihood that carers are fully understood, in all aspects of the caring role and concept”

4.4.2 Feedback on the consultation process

Carers were concerned that their participation in the consultation process might be a matter of 'lip service', and some asked for more concrete proof that they were being taken seriously

“Would like to see feedback about what comments carers have made, and how these have been incorporated into any review of how the College will adopt these into the way it works. A reassurance that carers will be regularly consulted about the College's work.”

“That changes are made. That more money is made available to help these changes be put in place. All too often we fill in surveys and nothing happens. It would also be good to know that changes have happened. Feed back is really good to have.”

“It depends upon whether consultation translates into action”

We asked participants to rate how useful the consultation had been for carers, and how useful they felt it would be for the college. Although the majority of carers answered both questions by saying that it had been useful at least to some extent, the feelings amongst the members of the live consultations was much more positive than the postal and online consultations.

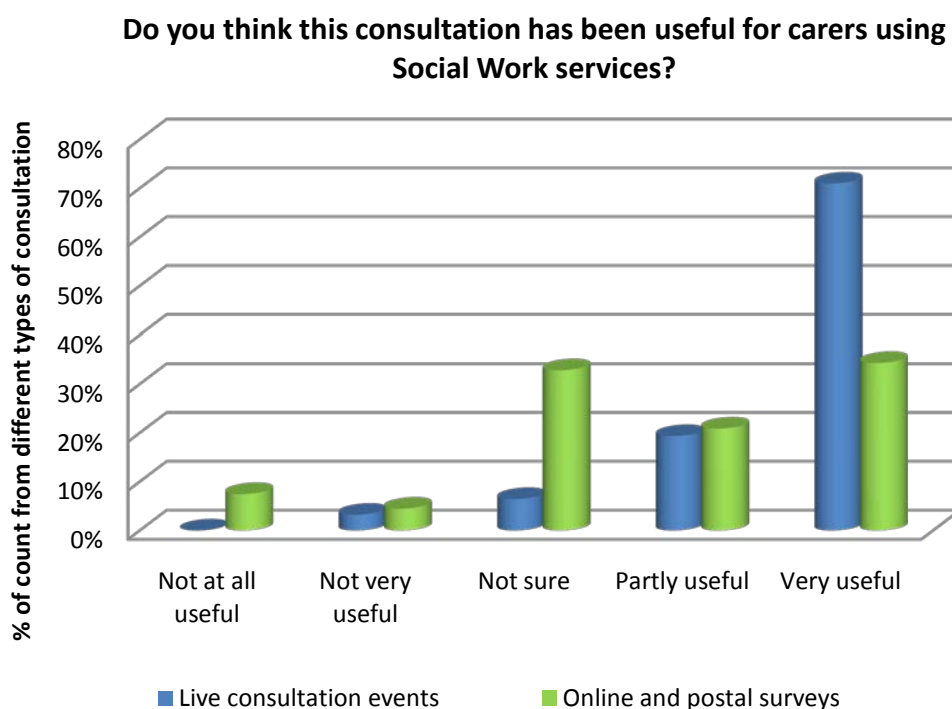


Figure v: Percentage of carers from live and postal/online consultations who agreed that the consultation was useful for carers

Do you think it will be useful for the College of Social Work?

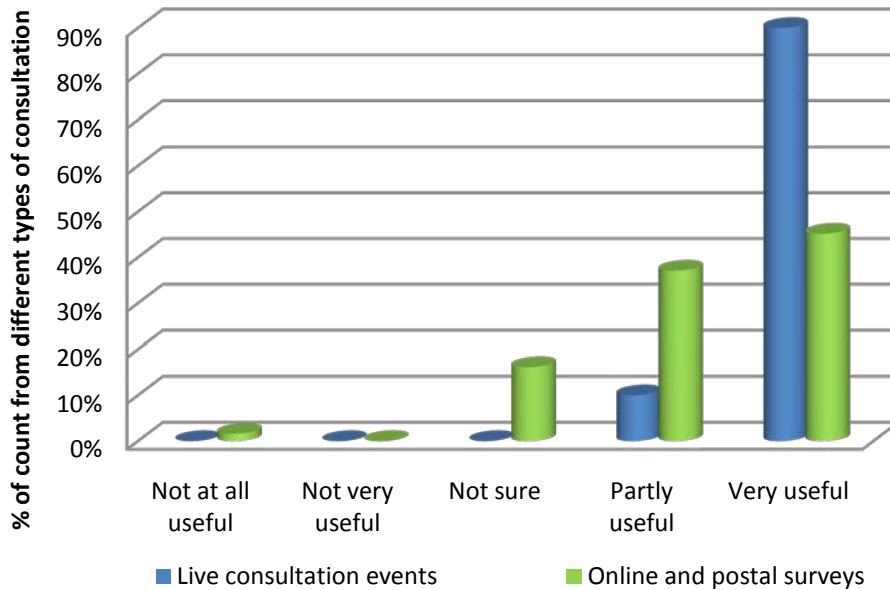


Figure vi: Percentage of carers from postal/online and live event who agree that the consultation will be useful for the College

One of the comments that came from the postal questionnaire expressed one possible reason for the lower count: “I do not expect this consultation to be useful for carers, only useful in part for the college to feel they have yet again ticked a government box by being able to say they have consulted”

Table 13: Number count of members check on usefulness of the consultations

	Not at all useful	Not very useful	Not sure	Partly useful	Very useful	count of replies
Live consultation events						
Do you think this consultation has been useful for carers using Social Work services?	0	1	2	6	22	31
percentage of total count	0%	3%	6%	19%	71%	
Do you think it will be useful for the College of Social Work?	0	0	0	3	27	30
percentage of total count	0%	0%	0%	10%	90%	
Online and postal surveys						
Do you think this consultation has been useful for carers using Social Work services?	5	3	22	14	23	67
percentage of total count	7%	4%	33%	21%	34%	
Do you think it will be useful for the College of Social Work?	1	0	10	23	28	62
percentage of total count	2%	0%	16%	37%	45%	

In all forms of consultation, many carers commented on the language that the College was using in its plans, and which we had used in the consultation itself. It was seen as unclear, technical, and off putting for some carers. Within the live consultations we were able to mitigate this to some extent, and at each event a member of the College team was available to talk about the points. The online/postal questionnaires attracted other comments, mostly around the grouped questions, which were sometimes repetitive and overcrowded, as one carer wrote, “too many questions asked for each section”

“I felt I wanted to give the same answers more than once. Maybe I did not read the question carefully enough; it is 55 years since I got some 'O' levels.”

The majority view within the consultation was that consultations like this should continue to inform and shape the College; one carer wrote that what they wanted to happen as a result of the consultation was “a report produced and the people who took part asked to comment on it and its usefulness. Maybe ½ day consultation.” One person did express the opinion that the consultations were a waste of time, commenting “get on with some real work and stop churning out silly questionnaires”.

The live consultations allowed a much richer experience for people who found it a more useful process both for themselves and prospectively for the College itself. The live events allowed us to be flexible in our approach to timing and to ensure that the repetitive, overcrowded nature of the postal/online questionnaires was moderated. Again, an enthusiasm for continuing the consultation process was expressed: “More group meetings like this”, “I think College should do more often [consultations] like this”.

4.4.4 Limitations of the Consultation of Carers

- Scope of experiences communicated: As carers pointed out, they come from a broad selection of backgrounds and experience. It was not possible within the scope of the consultation to ensure that every experience available was covered by the carers who took part. We noted a lack of comment on some kinds of social work intervention, specifically child protection and deprivation of liberty, although in the latter instance, many carers in the consultation were looking after people with mental health difficulties. We had anticipated carers talking more frequently about carers' assessments, and although comment was made it was clear from the live consultations that many carers had not been assessed. We were told by some carers that they were not aware of these assessments and by others that they had felt that they might be an assessment of their caring, rather than something that would help them.
- Time for data collection: The time available for the consultation had an effect on the postal questionnaire, where some carers were unable to return their completed questionnaire in time to be included in the count. This affected some of our 'seldom heard' groups, in particular the young adult carers who had an additional five participants we were not able to include.
- Seldom heard groups: We had no returns from two of the seldom heard groups, (asylum seeking/refugee and immigrants) as well as only one return from an LGBT carer. Although this was disappointing, this was partly indicative of the demanding work that the carers' organisations do, with few resources and sometimes little available staff.
- Abstract nature of the consultation: It was clear that carers needed to talk about their experiences of being a carer, and within the live consultation initial time had been made available to do this. In the online and postal questionnaire there was less scope to tell their story and then to stand back from their direct experience, in order to apply it to the questions for the consultations. These were relatively abstract, in that they were about a thing that doesn't exist yet. The professional nature of the language used by the College was challenging for some carers and created a barrier which was easy to remove in the live consultations, but remained in place in the surveys.

Section 5: Conclusions

The consultations were fascinating, full of human complexity and stories of carers working through difficult times. It was clear that although many carers had had good experiences with social workers, the negative stories tended to come to the fore in people's minds. One carer emailed afterwards to make this clear, and that many of the issues that she had expressed in a live event were the result of the involvement of a psychiatric team, and that she hadn't emphasised enough the good work some social workers had been able to achieve. However this is not to minimize the stress that many carers find themselves in and they wanted to ensure was heard by the College team, a wish

"That the general sense of hopelessness and undervaluing of family carers could be expressed to whoever can bring about change".

Almost all participants were in favour of the formation of the College, once its purpose was explained. There was some confusion, particularly within the online/postal survey, about the College because of expectations that it would be a training body rather than professional body. However, even where its 'professional' purpose was fully understood, the need for it to provide guidance and development was strongly felt. Carers wanted this to include guidance and training for themselves and social care workers as well, as they are the people having to deal with day to day care in most cases.

Carers pointed out that they are forced to become experts on specialized conditions, and that social workers both need to acknowledge this and respect them for it, and also to become more specialized themselves in order to provide fair and creative services. This sort of good practice was mentioned by some of the participants in relationship to their own social workers. It was important to many of the participants that the College understood that carers are not a homogenous group, and issues around aging, culture, carers' own illness or disability, families, and the many different conditions they were involved with made this very clear.

The poor experiences of social work described by many carers highlighted the need for the College to be working towards improving overall standards, and carers found little to disagree with when it came to the values, objectives and functions of the College. However they were able to add to these with their experience in mind, and the values of respect, honesty, and consistency were strongly mentioned in relationship to practice. Improving communication was a frequent theme within carers' comments.

Carers also did call attention to not only their own good stories, but the need for more positive stories about social work to gain mainstream media coverage to counterbalance the stories of tragedies that many people associate with social work. The role of the College was seen as important here so as to have the pressure needed to alter media's mindset around social work, and suggestions were made about finding a celebrity to 'front' the campaign. It was clear that 'what social workers do' was unclear to many participants, and it was considered important that the College should publicise the wide range of functions that they perform within society.

Carers wanted to stay involved with the College and felt that it was vital that the College continued to use their 'carers' expertise' to strengthen and improve social work practice:

"Carers' views being taken into account at all levels of service provision and training of SWs"

"[The College to] take action on the issues raised at this meeting and feeding this back to SW"

In return, carers were willing to provide their expertise back to the College through consultations and surveys, discussion groups or panels with social workers, helping to improve training overall, and sitting on boards or project groups – "Always include carers – we are the experts!"

Finally, participants asked the College to remember that they were all people in their own right, not just carers, and that the service that they provided by caring for their families and loved ones saved the nation huge sums of money. There was talk by some of having a 'carers strike', and of carers being pushed to the point where they gave up. Within all this, most keep going, because that is what needs to be done.

"I am a widow and so supporting my son on my own. I have laughed and cried my way through, become angry, SHOUTED AND SCREAMED! I'm human too, and a person in my own right. Thank you, a very good day."

Appendices

Appendix I: Information and consent (live event copy)

Appendix II: Café Consultation Seating Grid

Appendix III: Online and postal questionnaire (survey)

Appendix I: Information sheet and consent form (live event copy)



University of Sussex
Education & Social Work

CONSULTATION OF CARERS FOR THE COLLEGE OF SOCIAL WORK PROJECT INFORMATION FOR CARERS

The College of Social Work is being established following a major review of adults' and children's social work services in England by the Social Work Task Force.

The Task Force made the following recommendation:

“We are recommending the establishment of an independent national college of social work. This will articulate and promote the interests of good social work. It will give the profession itself strong, independent leadership; a clear voice in public debate, policy development and policy delivery; and strong ownership of the standards to be upheld.”³

The College of Social Work does not exist yet. A major consultation exercise is being carried out between May – October 2010 to agree the purpose and functions of The College. The College development group are aiming to consult with social workers, service users and carers. The University of Sussex has been asked to arrange the consultation with carers in England as a part of this exercise.

The College of Social Work development group have come up with ideas about the purpose and function of the college.

(These can be seen at: <http://www.collegeofsocialwork.org/files/purposeandfunction.pdf> .)

All the consultations will be focused on a discussion of these purposes and functions.

We will be carrying out consultation of carers through regional focus groups / meetings and web and postal based consultations for people unable to attend focus groups. We may speak to some people over the phone or in a face-to-face interview if the need arises. These consultations will take place in August and September and a report on these will be given to the College development group in November.

If you take part in any of these consultations your comments and experiences will be used to help form the new College of Social Work. We will also make sure you have access to a copy of the report as well.

If you would like further information about the project before deciding whether to take part, please contact:

Andy Cheng, 01273 876689, a.cheng@sussex.ac.uk

or

Tish Marrable, 01273 606755 x2212, L.F.Marrable@sussex.ac.uk

³ Building a safe, confident future: The final report of the Social Work Task Force: November 2009



University of Sussex
Education & Social Work

Consultation of Carers for the College of Social Work Project Participant Consent Form

The Consultation of Carers for the College of Social Work project is working with you (as a carer) to inform the College of Social Work development group about the function and purposes carers would require from the new College. This form is to record your consent to taking part.

Name.....

Address.....

1. I have received the information sheet giving details of the project. I understand what it is about. I have had the opportunity to ask questions and receive any further information I felt was necessary to help me decide whether to take part.
2. I understand that the consultation report that will be generated from my and other carers' participation. The report may include references to any personal experiences I choose to relate during the consultations and will be used to inform the development of the College of Social Work.
3. I also understand the consultation report and associated materials may be used for the purposes of informing research and debate to improve social work and social care, and may be seen by allied professional and participants of seminars, conferences and related events.
4. I understand that (for items 2 & 3), if my personal experiences are used, that my name and any information that can identify the personal experience to me will not be included in the consultation report.
5. I understand that the only exception to the confidentiality of my personal information is in relation to information about likely harm to a vulnerable person, in which case I will be informed of details of any disclosure considered necessary in order to ensure appropriate attention to that person's safety.
6. I understand that I will have access to a copy of the consultation report at the end of the project (November 2010).
7. I understand that I can withdraw from this project at any time, and that I can also withdraw my consent to my materials being used in the future.

I consent to being a participant in this project.
I wish to record under my own name / an assumed name of(please delete)

Date.....

Signed.....

Appendix II Café Consultation Seating Grid

Assign each participant with a number (e.g. assigned to Name Badges)

Seating for five tables
For 15-25 participants

Round one:

Table One	Table Two	Table Three	Table Four	Table Five
1	4	7	10	13
2	5	8	11	14
3	6	9	12	15
16	17	18	19	20
21	22	23	24	25

Round two:

Table One	Table Two	Table Three	Table Four	Table Five
4	7	10	13	1
8	11	14	2	5
12	15	3	6	9
20	16	17	18	19
24	25	21	22	23

Appendix III Online and postal questionnaire (survey)

Please see attached (pdf format)