



Department
of Health

Making the difference together

Guidance on gathering and using feedback about the experience of social work from people who use services and their carers

January 2016

Making the difference together

Guidance on gathering and using feedback about the experience of social work from people who use services and their carers

Dr Ruth Allen

Dr Sarah Carr

Dr Karen Linde

with Hari Sewell

With thanks for their contributions to:

Dorothy Gould, Service user Consultant.

Jack Nicholas, Robert Punton and Clenton Farquharson, Community Navigator Services User-led Training and Development Organisation.

You may re-use the text of this document (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence/

© Crown copyright

Published to gov.uk, in PDF format

www.gov.uk/dh

Contents

Introduction	1
Chapter 1: Service user and carer feedback within the <i>Social Work for Better Mental Health</i> initiative	3
Chapter 2: Developing this guidance	5
Chapter 3: Guidance One: Implementing a tailored 'Experience of social work' feedback questionnaire	9
Chapter 4: Guidance Two: Gathering feedback through collaborative conversations about practice between social workers and people using services or carers	19
References	25
Appendix One: Service user feedback questionnaire	29
Appendix Two: Carer feedback questionnaire	39

Introduction

This document provides guidance on practical ways to gather and use direct feedback about people's experiences of social work practice within mental health services. It is aimed at social workers, their supervisors, managers and workforce leads. It is also aimed at people using services and their carers or families because they should be involved in co-producing approaches to integrating direct feedback into social work practice and service improvement from the outset.

The importance of using direct feedback to evaluate the quality of practice at the level of individual practitioners is increasingly recognised across the health and care professions in England. Service user feedback is central to medical revalidation and the new nurse revalidation process. It is already a core requirement of social work qualifying training, it is included in the Assessed and Supported Year in Employment assessment process and embedded in Approved Mental Health Professional training.

However, it is not a routine activity (neither by custom nor by regulatory requirement) for most qualified social workers in day to day practice. While social workers recognise the value of understanding the lived experience of people with mental health conditions to promote empowerment and service user 'voice' and choice, practitioners and supervisors do not routinely or formally use service users' (and carers') views about the practice as part of reflective learning.

Social work should be a 'user-led' (and carer/family-led) profession – this is at the core of our professional ethics and perspective. The Social Work Reform Board service user and carer consultation on social work reported that:

'the overriding message from the responses was that service user and carer input must be an essential part of any developments and ongoing work. It was stressed that it is important that this is seen as an integral part of social work training and development and not an add-on'

(Social Work Reform Board, 2010 p1)

Service user and carer feedback can inform critical reflection, individual supervision, appraisal and continuing professional development. Individual and group feedback can be collated and analysed to measure and improve individual, team and organisational performance against practice standards (e.g. the Professional Capabilities Framework). Direct feedback enables us to assess the quality of working relationships between service users, carers and practitioners and it can be used to improve people's experiences of processes and relationships as well as outcomes – as service users and families often say, it is not just *what* social workers do but *how* they provide support and the *relationship* context that is so important for recovery and empowerment.

Chapter 1: Service user and carer feedback within the *Social Work for Better Mental Health* initiative

1.1. The *Social Work for Better Mental Health* (SWfBMH) initiative proposes that direct service user and carer feedback on practice should be explicitly embedded in local mental health social work workforce and practice development frameworks. There are a variety of reasons for this, most particularly:

- To find out directly what people find beneficial/detrimental.
- To learn and make changes in practice from both positive and critical feedback.
- To enhance service users and carers' opportunities to influence practice and the definition of quality support from the professionals who service them as citizens.
- To identify locally what is found to be distinctive or valuable about social work within multi-professional systems, thus supporting the definition of the social work role *vis a vis* other professionals.
- To support and maintain reflective practice throughout the career of practitioners.
- To support the content of effective and creative supervision and appraisal for staff through providing a framework for them to present and discuss service user and carer feedback.
- To provide managers and practice leaders with useful service user, carer and family experience and service quality information regarding individual practitioners and/or groups of staff.
- To provide a platform for further service user, carer and family involvement in staff development activities e.g. informing curricula of workforce plans and training courses which may include service users or carers in delivery.
- To provide information about whether conditions for good practice are being set – e.g. gaining feedback from service users and carers about the amount of time staff have available to spend with them or the frequency of contact, or whether social workers appear rushed or inattentive which may relate to stress, caseload or workflow management problems.

Chapter 2: Developing this guidance

2.1. This guidance is based on research into what service users and carers value and find effective in social work practice; research literature on service user quality of life indicators and recovery measures; practice feedback tools from social work education and patient satisfaction surveys from general and mental health. It also incorporates consultation responses from senior mental health social work leaders.

2.2. The background research for this guidance and the development of the feedback questionnaires has been undertaken by Dr Sarah Carr, mental health service user consultant and Associate Professor of Mental Health Research at Middlesex University, working with the other SWfBMH authors¹ on the final guidance. The document also draws on consultation material gained specifically for this project from other Experts by Experience.

2.3. There are many possible approaches to gaining service user and carer feedback, and this guidance is not a definitive approach to cover all situations. Each service system needs to consider with service user and carer partners what approaches most suit their context.

2.4. There is, of course, an existing evidence-base on the principles and practice of administering service user experience and satisfaction feedback tools. The Picker Institute evidence review and consultation

identified the following recommendations for approaching service user feedback, which must be:

- ‘Tailored to the professional group...[and] service user groups.
- Designed according to judgements about the capacity and willingness of a particular service user group to respond to a particular form of [feedback] assessment: a standard format questionnaire, story-telling, supported conversation, or a face-to-face evaluation, bearing in mind the costs and benefits of each...
- Service users should be able to choose between methods of feedback according to their communication abilities and preferences but in practice this may be difficult to implement.’

(Chisholm & Sheldon, 2011 p2-3)

2.5. Speaking of student social workers, the College of Social Work (TCSW) noted that ‘there is no single way in which students of social workers should seek feedback from people they work with’ (now closed), suggesting that a choice of several approaches may be relevant including:

- Questionnaire, online survey or feedback forms (including open-ended questions).
- Direct observations (of practice).
- Gathering feedback over time (verbal and non-verbal, formal and informal).
- Supervision records.

¹ Dr Ruth Allen, Dr Karen Linde and Hari Sewell.

- Feedback from other people involved;
 - Work products and records.
 - Critical reflection and storytelling.
- (adapted from TCSW, no date)

2.6. This document proposes two specific approaches to gaining service user and carer or family feedback:

- Implementing a tailored ‘Experience of social work’ feedback questionnaire for service users and carers (see Appendices 1 and 2).
- Gathering feedback through collaborative conversations between social workers and people using services or their carers.

Guidance One: The experience of social work feedback questionnaire

2.7. The first of these approaches was chosen because, while there is an evidence base for the development and use of service user feedback questionnaires in mental health generally, there is no pre-existing tailored tool for mental health social work. A questionnaire is useful because it can be used by an individual or it can be administered across a workforce and the results aggregated and analysed for trends etc. Anonymity may be offered and this is often very important to enable service users and carers to feel safe enough to provide feedback. But a questionnaire can also be used with a named individual and/or it can be used to find out about a specific social worker or a group of staff.

2.8. The questionnaire content provided here is derived from research into what we know is often important to service users and carers in their encounters with social workers (and other mental health staff) and thus the questionnaire itself may be a useful

‘topic guide’ for further exploration of service user and carer views and experiences at the individual level, where appropriate.

2.9. A questionnaire can be tested for validity and reliability over time to gauge its usefulness and accuracy in providing feedback across settings. Developed in this way, a questionnaire is particularly useful for formal research purposes and this is something that the Social Work for Better Mental Health (SWfBMH) initiative will be taking forward.

Guidance Two: Gathering feedback through collaborative conversations

2.10. The second approach within this guidance encourages practitioners and supervisors to work with service users and carers to develop a local methodology to hold collaborative conversations to explore and capture the experience of social work services from the service user or carer perspective. This is a simple thing to describe and quite a hard thing to do – which is probably why it is not a common form of gaining feedback in practice outside of training courses for social workers. It offers great potential for learning at all levels of the organisation, improvement in practice of individuals and groups of staff, increased transparency about professional activity and promotion of conversations about experiences of social work across an organisation. It has the potential to change culture and practice. However, to be successful key obstacles need to be overcome.

2.11. The difficulties in this approach relate both to staff and to service users/carers. The former may be concerned that this will expose them to undue criticism and may not trust how their organisation will use such

feedback unless supervisors and managers make the framework for the process very transparent. Social workers may also need training in how to make the most of such conversations, how to reflect on the feedback in a helpful way and integrate it into their practice. This may be particularly true for social workers who have not undertaken formal training involving reflective practice for a long time.

2.12. Supervisors and managers may also need training in how to support staff within this process and how to evaluate the emerging feedback constructively. If an observational element is introduced – i.e. the supervisor or other colleague observes the feedback discussion, which is one of the options discussed in the local framework guidance below – then the observer may need induction or training in that role also.

2.13. Timing and choice of which service users and carer to speak with are also important; not all social work encounters may be suitable for such reflective conversations and choosing the right moment to approach a service user or carer is essential for the conversation to be useful to both parties.

2.14. Service users and carers may (at least initially) also find a collaborative conversation approach unwelcome and/or exposing – and crucially may fear the experience will re-play power differentials with professionals rather than providing a safe and equitable space for a truly collaborative exploration. Service users and carers may also fear criticism will negatively impact on their care and support in the future and considerable assurance is required in order for this fear to be allayed.

2.15. Service users and carers need to have full access to information to be able to feel in control of their part of the process and to be able to speak freely. Choice and control over *when*, *where* and *how* such a conversation happens will be very important. Access to

peer support from people who also have had similar experiences of social work and mental health services may also be crucial. And service users and carers should have clear information about what the process is for and to what end the information gathered may be put.

2.16. Like the questionnaire, the use of collaborative conversations in routine development of social work practice in mental health has rich potential for further research and the guidance here should be seen as a step along the path to our understanding how we can co-create future professional practice through better dialogue with service users and carers.

Chapter 3: Guidance One: Implementing a tailored 'Experience of social work' feedback questionnaire

3.1. For this guidance, a tailored questionnaire for social work in mental health has been developed that draws upon existing research into service user feedback in mental health. It has been suggested that tools to provide service user and carer feedback on professional practice should build on existing validated instruments (Chisholm & Sheldon 2011). However, existing measures may have limitations if they have not been co-designed with service users and carers, and therefore may not capture what matters to them. There is also a lack of existing tools about social work practice. Such instruments exist for patient feedback and patient satisfaction in the medical profession, particularly for GPs and mental health practitioners including psychiatrists, but outside of educational contexts there are very few social work feedback tools.

3.2. Well-validated instruments are already available and in standard use for the measurement of general service user and carer outcomes, such as the Adult Social Care Outcomes Framework (DH, 2014). A range of specific mental health outcomes measures, including those with user-defined outcomes (Rogers et al, 1997; Crawford et al, 2011), are also widely available for adaptation and use in mental health social work (Kiresuk & Sherman, 1968; Connell et al, 2012; Connell et al, 2014). The aim of the approaches presented here is to define and provide guidance on the implementation of a questionnaire that contains measures tailored to the mental health social work context.

3.3. 'Patient satisfaction' questionnaires are increasingly used in the health professions (including mental health) for 360-degree performance appraisal, training and professional development (Academy of Medical Royal Colleges, 2009). Although used for social work education and practice placement assessment, at present no service user and carer feedback mechanism (such as questionnaires) is systematically used in social work practice, including mental health. A Picker Institute evidence review and consultation on service user feedback tools in healthcare professions concluded that implementing effective use of service user feedback is complicated and did not automatically improve practice. It always needs to be understood in context and should be used as one of the relevant suite of measures of quality and performance for professionals. The review concluded:

'Service users are uniquely placed to assess many aspects of the practitioner-service user interaction which have been demonstrated to be associated with satisfaction, engagement and clinical outcomes... Service user feedback [is] a useful measure of a practitioners' performance but not in isolation of other feedback (e.g. 360 degree feedback) and performance measures.'

(Chisholm & Sheldon, 2011 p1)

What should be covered in a questionnaire about social work in mental health?

3.4. Being involved as much as possible in social work decision-making and understanding how decisions have been made is very important for the engagement and empowerment of service users in mental health (Munford & Sanders, 2015). Even where social workers are legally required to use powers of control (such as detaining people under the Mental Health Act 1983 using the powers of an Approved Mental Health Professional, there are often opportunities to seek involvement and find out a person's wishes, even within an ultimately containing and controlling decision framework. Even retaining small amounts of control.

3.5. However, in a document on service user carer feedback for social work practice, The College of Social Work noted that it can often be 'helpful to focus on the (social work) process and the service user and carer experience of it rather than the decision, which they may not be able to change' (TCSW, no date). Service user and carer research literature is clear that, from the service user and carer perspective, the experience of the process – that is the quality of the communication, responsiveness and relationship with the social worker – is as important as the outcome of the service or support.

'(the) process of getting a service and the way in which it is delivered can have a major impact on users' experience of a service ... users did not perceive process as detached from outcome.'

(Shaping Our Lives National User Network et al, 2003 p2)

3.6. Service users and carers have long defined what is important for a positive experience of social worker and social work practice:

'They value courtesy and respect, being treated as equals, as individuals, and as people who make their own decisions; they value workers who are experienced, well informed and reliable, able to explain things clearly and without condescension, and who "really listen"; and they value workers who are able to act effectively and make practical things happen... The way workers behave, and what they do or not do, makes a big difference to the way people feel about themselves and the quality of their lives...'

(Harding & Beresford, 1996 p1)

3.7. Specific user-controlled research into mental health 'case management', highlighted similar findings on the effectiveness of the following for social work practice:

- ongoing, continuous relationships;
- trust and communication;
- strengths-based working and self-determination;
- empowerment and choice;
- practical help;
- social integration and community activities;
- family relationships; and
- cultural sensitivity.

(Beeforth, Conlan & Graley, 1994)

3.8. In the specific case of risk management and safeguarding, mental health service users have reported the following about the importance of involvement in assessment and management:

- Support to reduce the chances of crisis.

- A 'full and frank' discussion of risk with the practitioner, with opportunities for 'increased trust between user and professional' and 'collaborative risk management'.
- Service user involvement in risk assessment and management and practitioners looking 'holistically at all aspects of a person's life may go some way to enable more effective risk management.'

(adapted from Langan & Lindow, 2004)

3.9. For social workers who are in the Approved Mental Health Practitioner role, particular sensitivity to the balance of power in the relationship with the service user is important:

'The 1983 Mental Health Act allows people to be detained in hospital and treated against their will on the grounds of safety or for the protection of others. It is not really possible to change the balance of power in services – really enable people to take control over their own lives and foster genuine co-production and shared decision-making – if at the bottom line, the professional can force the patient to do what they think best.'

(Perkins, 2012 p19).

3.10. The Carers Trust Triangle of Care approach for the inclusion of both carers and service user in mental health care and support similarly emphasises the need to draw on carer knowledge about risk management and crisis prevention (Worthington et al, 2013).

3.11. An evidence review of existing validated instruments for service user feedback in the health professions found that they broadly covered aspects of professional practice such as 'communication, respect for privacy, role in providing training, body language,

competence in developing therapeutic relationships' (Chisholm & Sheldon, 2011 p2).

3.12. Finally, the tool can be informed by an existing validated evaluation instrument that measures staff support for personal recovery in mental health (Williams et al, 2014). The INSPIRE instrument includes Likert scale measurement of these aspects of the relationship between clinical practitioner and service user:

- 'I feel listened to by my worker.
- I feel supported by my worker.
- I feel that my worker takes my hopes and dreams seriously.
- My worker respects me.
- My worker treats me as an individual – more than a 'diagnosis' or a 'label'.
- My worker supports me to make my own decisions.
- My worker keeps hopeful for me even when I feel at my lowest'.

(KCL, 2013)

3.13. Mental health service user and survivor research has shown that practitioners should be open and responsive to individual mental health service user concepts of recovery and resilience, particularly taking account of diversity and equalities issues such as might arise for people from black and minority ethnic, 'new migrant' and other marginalised communities such as LGB and T people (Gould, 2012; Kalathil, 2011a; Kalathil 2011b). This relates to the discharge of legal duties under the Equality Act 2010 and the experience of service users and carers with regard to public authorities meeting equalities duties in tangible, beneficial ways.

Current national regulatory standards and professional guidance for social work

3.14. Any feedback process on the experience of social work should reflect regulatory requirements and good practice guidance. A questionnaire (and any other process) should include questions designed to elicit information about these various aspects of social work practice in mental health. This includes the extent to which defined roles are evident in social workers' practice, how they shape the experience of service users and whether they are felt to be valuable. The main current guidance across the sector for social workers in adult mental health services is the 'Role of the social worker in adult mental health services' document (Allen, 2014) produced by the College of Social Work (now hosted by the British Association of Social Workers). This defines five overarching roles for social workers which provide a distinctive framework for practice within multi-professional workforces. In synopsis, these roles are:

1. Enabling citizens to access services to which they are entitled, discharging legal duties (particularly of the local authority) and promoting personalised working.
2. Promoting recovery and social inclusion for individuals, carers, families and friends.
3. Intervening and showing professional leadership in complex situations.
4. Working co-productively with local communities and individuals to support capacity, resilience and active citizenship.
5. Leading the Approved Mental Health Professional service.

(adapted from Allen, 2014)

5.1. Underpinning the roles of social workers are interrelated national performance and capability frameworks.

Regulation

3.15. The profession is regulated through the Health and Care Professions Council which, since 2009, has held the following proficiency standards for social work:

- maintenance of fitness to practice;
- ability to practice safely and effectively;
- ability to practice within legal and ethical boundaries;
- awareness of impact of culture, equality and diversity on practice;
- ability to practice in a non-discriminatory manner;
- assurance of quality of practice;
- ability to practice as an autonomous profession, exercising professional judgement;
- ability to reflect on and review practice;
- ability to communicate effectively;
- ability to work appropriately with others;
- understanding of key concepts of relevant knowledge base;
- ability to draw upon appropriate knowledge and skills to inform practice;
- ability to maintain records appropriately;
- maintenance of confidentiality; and
- establishment and maintenance of a safe practice environment.

(adapted from HCPC, 2012)

The Professional Capabilities Framework

3.16. Since 2012, in qualifying training and continuing professional development, social work practice in England has been widely assessed against the Professional Capabilities Framework (PCF). This is a

framework 'owned' and developed by the profession, for the profession. It currently uses the following nine domains:

1. 'Professionalism – identify and behave as a professional social worker, committed to professional development.
2. Values and ethics – apply social work ethical principles and values to guide professional practice.
3. Diversity – Recognise diversity and apply anti-discriminatory and anti-oppressive principles in practice.
4. Rights, justice and economic wellbeing – advance human rights and promote social justice and economic wellbeing.
5. Knowledge – apply knowledge of social sciences, law and social work practice theory.
6. Critical reflection and analysis – apply critical reflection and analysis to inform and provide a rationale for professional decision-making.
7. Intervention and skills – use judgement and authority to intervene with individuals, families and communities to promote independence, provide support and prevent harm, neglect and abuse.
8. Contexts and organisations – engage with, inform and adapt to changing contexts that shape practice. Operate effectively within own organisational frameworks and contribute to the development of services and organisations. Operate effectively within multi-agency and inter-professional settings.
9. Professional leadership – take responsibility for the professional learning and development of others through supervision, mentoring, assessing, research, teaching, leadership and management.' (TCSW, 2012)

The Knowledge and Skills Statements

3.17. The two Chief Social Workers for England have each produced separate children and families (2014) and adults (2015) Knowledge and Skills Statements (KSSs) that guide the standards to be reached by the end of their Assessed and Supported Year in Employment (ASYE). As noted above ASYE programmes include direct service user feedback within assessment processes but this reflective approach does not routinely continue once ASYE has been passed.

3.18. The KSSs are being further developed in both children and adults social work (through the Department for Education and Department of Health for England) to include expected capabilities beyond ASYE and including supervisory and practice leadership levels.

3.19. The key knowledge and skills areas for the KSS for adults are:

- Person centred practice.
- Safeguarding.
- Mental Capacity.
- Effective assessments and outcome based support planning.
- Direct work with individuals and families.
- Supervision, critical reflection and analysis.
- Organisational context.
- Professional ethics and leadership.

3.20. The KSS for social workers in adult services includes the following statement about the direct practice of social workers.

Social workers need to be able to work directly with individuals and their families through the professional use of self, using interpersonal skills and emotional intelligence to create relationships based on openness, transparency and empathy. They should know how to build purposeful, effective relationships underpinned by reciprocity. They should be able to communicate clearly, sensitively and effectively

(KSS for adults para. 7 – DH 2014)

3.21. In order to assess that this skill (and many of the others described in the KSS) is developing and deepening beyond the ASYE year, ongoing direct service user and carer feedback must be necessary. This is an emerging thread running throughout the implementation of the KSSs at different levels.

3.22. But, as previously noted, there is currently no standard method used across agencies for gaining such feedback and few available frameworks from which to choose that are aimed at employers and experienced staff in practice rather than those in qualifying or post-qualifying training.

3.23. Service user and carer feedback is a vital source of knowledge and data for measuring social work performance within the HCPC, PCF and KSS frameworks. Effective tools and processes are needed for gathering and utilising feedback efficiently within the real world care social work delivery environments and the guidance offered here is a contribution to this requirement.

Implementing a feedback questionnaire

3.24. The success and acceptability (to staff and to service users and carers) of any feedback process depends on a

thorough understanding of context. A range of feedback options may be required and the questionnaire proposed here is but one option. A different set of questions – or a different approach (including that described later in this paper) may be required, or an altogether different approach to gaining feedback may be required.

3.25. These points about suitability and the provision of a range of options depending on service user group, professional group or service context are supported by extensive consultation work within health professions (including clinical mental health practitioners) in respect of patient feedback for revalidation, which concludes with some key indicators for administering patient feedback that are transferrable to the social work context:

‘Is there evidence that the language and content of the PF [patient feedback] reflects the principles of equality and diversity?’

Is the content and language used in the questions and rating scales of the PF?

- Understandable and in Plain English?
- Clear and unambiguous?
- Neutral in tone?

Are the scale points in the rating scales of the PF mutually exclusive with a clear threshold between satisfactory and unsatisfactory performance?

Does the PF include an opportunity for participants to register “not applicable” or “does not apply” to any in response to the questions?

Does the PF include a free text box for participant comments?

Does the PF generate information that can facilitate constructive feedback about professional performance?

Has the PF been tested to identify:

[.....]

- The amount of time required to complete the questionnaire?
- Whether additional support may be required for some participants (e.g. those with literacy problems; learning difficulties; or sensory impairment)?

Does the MSF and/or PF include information and instructions about:

- How to complete the questionnaire?
- The purpose of the questionnaire?
- What the information gained from the questionnaire will be used for?
- The implications for participants of completing the questionnaire?
- Whether the answers to the questionnaire will be confidential or anonymous?
- Respondents being able to choose not to complete the questionnaire?

Are participants who agree to complete the MSF and/or PF informed about whether the information they provide will be confidential and/or anonymous?

Are the PF participants able to access the questionnaire in a format that is appropriate to their needs (e.g. large print etc.)?

Is information about how to raise serious concerns in confidence made available to patients who complete a PF?

(Academy of Medical Royal Colleges, 2009 pp.11-14)

3.26. Putting service user and carer feedback into context is particularly important – that is ensuring the sense made of service user and carer feedback takes account of the context in which social work practice happened and the context in which the feedback

was sought. The consensus achieved through consultation by the Picker Institute was that 'service users have a valuable perspective on practitioners' performance' and their views should be understood in the broader 'financial, organisational, political, environmental and... individual' context (Chisholm & Sheldon, 2011 p3).

3.27. Research also shows us that:

'Service users are happy to provide feedback if there are tangible outcomes and benefits for them or those who come after them' (ibid p3).

3.28. In using the questionnaire provided here, consideration must be given at the outset to informing both staff and people completing the questionnaire about how data will be used, how anonymity will be preserved where relevant, how this questionnaire is distinct from others (as many people will experience multiple requests for feedback) and how their participation may assist in quality improvement. People are sometimes inundated with requests for feedback and may have multiple experiences of providing their views and seeing no tangible results. To be successful and worthwhile, service users need to be involved and informed about the whole feedback cycle.

The questionnaire – core questions, local tailoring and testing

3.29. The questions in the service user and carer questionnaires in Appendix One and Appendix Two represent the broadest range of indicators for social worker performance and service user or carer experience of the social work process, based on the literature discussed in this report and on feedback from mental health service user leaders and mental health social work leaders. The

questionnaire framework is based on the 'I' statements from the 'No Assumptions' narrative for personalised, coordinated care and support in mental health, which was co-produced with mental health service users and carers (National Voices, 2014). The questions can be analysed in thematic clusters, according to PCF domains and cross referenced with the KSS statements. The 'co-production' cluster is an addition.

3.30. The core questions in the questionnaires for service user and carer feedback can be administered and feedback gathered in a number of ways, according to service user and carer needs and preferences. It is recommended that 'service users should be able to choose between methods of feedback according to their communication abilities and preferences' (Chisholm & Sheldon, 2011 p.2-3) so when introducing a questionnaire it should be clear there are other ways to feed in if the questionnaire is not appropriate.

3.31. Assuring service users and carers that their feedback is confidential and will be reported anonymously is important for administering questionnaires. Introductory sections on questionnaires also need to include contact details for a person who can answer questions and respond to concerns. There should also be clear agreement on how to respond to risk and safeguarding concerns (including alleged professional misconduct), if they arise from the feedback.

3.32. Individual mental health trusts, local authorities and service providers may already have a number of service user or patient satisfaction surveys, so the wider context of demands for feedback should be assessed and accounted for when designing feedback administration options. Agreement needs to be reached locally on the feedback cycle process and survey frequency.

3.33. Feedback might be best gathered by independent local agencies that have the requisite knowledge and skills in engaging service users and in disability access and communication needs, such as user-led organisations. Independent administration could also help avoid practitioner or organisational 'cherry picking' of the most positive respondents.

3.34. The option of the social worker and service user or carer using the core questions as a basis for face-to-face, collaborative conversations about the experience and process of social work is also discussed further below.

3.35. It is proposed that organisations use the questionnaire in its current form initially in a local 'pilot' phase to test out local context and then tailor it according to feedback. The SWfBMH initiative intends to develop the tool further (and to build further on the whole process of gaining and using feedback and developing practice through co-production) through evaluation of the implementation of the feedback methodologies.

Putting the information gathered from the questionnaire to good use

3.36. Service user and carer feedback on social work practice is only as good as the way it is used to improve practice and experience. The overall purpose of this feedback tool is to support professional practice development and improvement. It is not intended primarily to be used for performance monitoring and management, nor is it a complaints system. This needs to be made clear to all parties, including social workers, social work managers and organisations. The primary purpose should be identifying, promoting, maintaining and improving best practice. This should be made

clear to all potential service user and carer respondents, who should also be informed about how their feedback is making a difference to social work practice (explaining what happens to the feedback, what the limitations are and how it is used to support good practice). Evidence shows that service users and carers are more likely to engage in giving feedback if they are clear about the limits and benefits (Chisholm & Sheldon, 2011).

3.37. The responses to core questions and thematic clusters can be locally mapped to the PCF domains, the KSS and the HCPC competencies. There are also a small number of questions directly relating to the five social work role categories (see p.11 above). Social workers, supervisors and organisations can use the questionnaire response to explore areas for additional training and development that relate both to regulatory/professional standards and to service user concerns and positives – but keeping the perspective of the latter as the primary focus. This can be done at an aggregate level, using multiple pieces of feedback to inform workforce development strategies, or at the level of one service user or carer feeding back on their experience of one social worker.

3.38. The Social Work for Better Mental Health initiative will be looking at how to develop the questionnaire and provide tools to assist in analysis and interpretation of the results.

3.39. If you use the questionnaire, you are encouraged to contact the Social Work for Better Mental Health implementation team via email at swforbettermentalhealth@gmail.com We would like to hear your views and feedback

Chapter 4: Guidance Two: Gathering feedback through collaborative conversations about practice between social workers and people using services or carers

What do we mean by 'collaborative conversations about practice?'

4.1. This guidance is about how service users, carers and social workers can talk together in safe ways that enable service users/carers to give honest and open feedback about their experience of what has worked and, what they would have liked to have been different from their social worker. The recommendation here is that this is set up as a routine means of improving individual and whole workforce practice, within a clear framework and with a clear purpose. While this guidance refers mainly to one to one feedback discussions, the same approach may be applied to gaining feedback from more than one person and from whole families. Social work is often about working with people in their social context so it is important this approach is seen as relevant and applicable to hearing about family or group experiences of social work too.

4.2. Supporting and encouraging collaborative conversations can be seen a 'core business' in healthy organisations and systems interested in promoting continuous organisational learning and development. An 'Appreciative Inquiry' approach to interactions can be particularly beneficial as it foregrounds what is working well and how to build on it (Brown & Isaacs, 1997) through dialogue and a focus on growing the positives. This is a strengths based approach

that is founded in the notion that what we talk about grows bigger. Organisational and individual development through engagement in conversations promotes the importance of:

- Intimacy: Gaining trust and listening well.
- Interactivity: Promoting dialogue.
- Inclusion: Expanding roles.
- Intentionality: Pursuing an agenda.

(Groysbery & Slind, 2012)

4.3. While collaborative conversations are primarily envisaged here as free-flowing and exploratory, the questionnaire provided in Guidance One may be used as a topic guide and/or local topic guides may be developed. Some initial structure around the content of the discussion may be important in order to give the encounter focus from the outset.

4.4. The key benefits of establishing a system to gain collaborative conversational feedback include:

- Each conversation can be personalised to meet the needs of the individual so it can be adapted to almost any service user/carer/family and professional working relationship and can cover any topic of relevance to the person.
- Specific equalities matters can be addressed e.g. communication aids and styles can be adapted; a service user or carer can be supported to provide feedback by whoever is best placed; matters such as gender, ethnicity, sexuality, age (etc.) can be openly dealt

with in the discussion (see the guidelines for developing a local framework below).

- Once set up, the process makes feedback material available immediately (rather than waiting for forms to be returned etc.).
- The process can be easily adapted in response to the experience of the process.
- The process can be truly co-produced and thus jointly owned across the system.

Obvious – but not easy

4.5. Holding conversations about how professional support is experienced from the service user or carer perspective is perhaps an obvious way of gaining feedback on the quality of professional support – and yet it can be a daunting thing, both for practitioners and services users and carers. From the professional point of view, it may be seen as a reversal of the usual power dynamic and ‘normal’ information flow from professional to service user/carers/family. Yet, as described on page 4, service users and carers may be concerned that such conversations will not in fact reverse the power dynamic. They may be concerned that feedback conversations will re-play usual power differentials between them and professionals. They may doubt that a safe and equitable space for collaborative exploration can be established.

4.6. Service users and carers may also fear criticism will negatively impact on their care – and support in the future and considerable, credible assurance may be required in order for this fear to be allayed. And, indeed, service users and carers may see providing such feedback as a distraction from what they want from the professional. People may also feel overburdened by requests for their views on the quality of services as there are

often multiple points at which people are approached for feedback. The collaborative conversation proposed here should be made as welcoming and interesting a prospect as possible to encourage all parties to feel it will be worthwhile and offer something different and fresh.

4.7. From the perspective of professionals, they may find the prospect of such dialogue threatening and may fear what supervisors and managers will do with information that arises. Without the right, facilitative framework it may be difficult for staff to set up the right conditions for the conversations and to choose the right moment or the right service user or carer to speak with. How, for instance, does one decide about seeking a feedback discussion with a person or a family where there has been disagreement and/or hostility towards the social worker? How should staff and their managers ensure any risks are identified?

4.8. Making the time for a reflective conversation may also be felt to be too difficult and so the activity may be de-prioritised. In rushed and overloaded services, and in organisations where reflection on practice is not a part of the culture, it may be difficult for staff or managers to prioritise this process without senior agreement. To be successful, collaborative feedback conversations need to be established in a joint professional/service user and carer – agreed framework that promotes it as a positive, safe, well-supported and useful activity that encourages all parties to take part.

Consent, mental capacity and accessibility requirements: an inclusive approach

4.9. Another key issue is ensuring service users and carers can give valid (informed

and voluntary) consent to being involved. A local implementation framework needs to be clear about consenting procedures. Using the principles of the Mental Capacity Act 2005, this should not preclude people simply on the basis that they lack capacity in some areas of their life or have particular mental health condition that affects their capacity. For instance, many people with a learning disability or dementia may be able to give valid consent to this process, even though other decisions in their lives may be taken in their best interests by others.

4.10. People may also have specific communication or accessibility requirements, including the need for first-language interpretation, British Sign Language or visual communication aids. The need for such communication supports should not be a barrier to participation. One of the key opportunities with this approach is that it can be adapted for people who are less frequently heard through feedback processes and choice of participant should be motivated in part by making it possible for such people to be heard through this approach.

Co-production

4.11. Collaborative feedback conversations and the framework in which they happen can be approached using the principles of co-production (Carr, 2014). A helpful framework for co-production with mental health service users is the evidence and experience based '4PI National Involvement Standards' (NSUN, 2015). This broad framework outlines key stages in the involvement and co-production process, specifically for mental health service users and survivors and can be applied to setting up:

- **Principles:** Meaningful and inclusive involvement starts with a commitment to shared principles and values.

- **Purpose:** People need a reason to get involved. The purpose of involvement needs to be clear and clearly communicated to everyone involved in the activity.
- **Presence:** We would like to see a diversity of service users and carers involved. The people who are involved need to reflect the nature and purpose of the involvement.
- **Process:** The process of involvement needs to be carefully planned to make sure that service users and carers can make the best possible contribution.
- **Impact:** For involvement to be meaningful, it needs to make a difference to the lives or the experiences of service users and carers.

(Adapted from NSUN, 2015 p 6-9)

4.12. Research evidence shows that reciprocal, co-productive relationships are best fostered outside formal service settings that maintain traditional service user or carer/practitioner power dynamics (such as those in assessment interactions):

'To build effective co-productive relationships it may be necessary, at least initially, to move away from the point of delivery and create forums in which officials and citizens can articulate service experiences, recognise common ground and negotiate service improvements' (Needham, 2008 p229)

4.13. In this way the face-to-face feedback conversation needs to be transformational, rather than transactional, in line with the principles of transformational leadership and co-production which seeks to engage and empower, rather than instrumental exchanges dependent of set roles and behaviours (Lowe et al, 1996; Needham & Carr, 2009). This type of leadership is consistent with that required

for co-productive, person-centred working in mental health (Allen et al 2009).

4.14. Brown and Isaacs identified the following as approaches to support and improving the quality of collaborative, learning conversations:

- Find the right setting – most workplaces are not conducive to good conversations.
- Create shared space – this could include ways to work together and clarify thinking, such as visual images or common themes.
- Slow down to speed up – taking time to listen as well as speak.
- Honour unique contributions – explore how each person can contribute to the other's learning.
- See reflection as action – to enable new meanings to be recognised and shared and to allow 'questions that matter' to surface.

(adapted from Brown & Isaacs, 1997 p5)

Capturing the conversation and the use of observers

4.15. Options for recording and utilising the conversation should be agreed in advance with all involved. This process can draw on the principles of research ethics for qualitative study interviews, where participants give informed consent and are assured about confidentiality and data protection and management (i.e. that recordings will be kept in a secure place and destroyed after use) (Gray, 2013). Tape recording conversations is one option that would require a clear written consenting process. It may not be acceptable to all service users and carers and/or may not meet local information governance protocols. Jointly agreeing the main points of feedback which are then written by the social worker

is another, potentially more collaborative but less free-flowing approach.

4.16. Another approach, which adds a different dynamic to the approach altogether, is to include an observer who captures aspects of the exchange in writing and may (according to their role) also add their own interpretation of what has occurred and been said. This could be a supervisor of the social worker and the whole process could be developed around an observed piece of practice for supervisory or appraisal purpose. To be successful, this needs to be carried out with careful planning and in the context of high levels of trust between all parties.

4.17. It is recommended that when a social worker seeks feedback from more than one service user or carer, or from a family, an observer and/or co-worker is present to both support the worker, potentially be part of the conversation and to capture the complex conversation – reflecting multiple and systemic communications – that is likely to occur.

4.18. Another option for an observed conversation is to have a peer (service user or carer) observer. They can provide both a supportive and trusted presence to the process, and also potentially add a peer perspective and reflection on the conversational content and other aspects of the communication.

The role of peer and other sources of support

4.19. Whether or not a professional or peer observer is present, the service user or carer may want – and should have the right to have – a 'peer' or other support worker present. It should be suggested by the social worker when setting up the process. In order to feel safe enough to provide feedback, service

users and carers may value the presence of (or preparatory time with) peer support – i.e. support from people with lived experience whom they trust to see things from a similar perspective and be sensitive to matters such as power imbalance and the risks of domination of a professional perspective.

4.20. Service users and carers may choose to involve other supporters, carers, family members, friends and advocates. The key issue here is to ensure there are no barriers or prohibitions (overt or hidden) to people involving whoever they feel would be helpful and supportive. Staff should be aware of the need to promote this sort of support and be explicit about recognising the involvement of, e.g. a peer support worker may be invaluable.

Setting up your local framework for collaborative conversations

4.21. It is proposed that social workers, their supervisors, managers and workforce leads across a local system agree a framework for collaborative feedback conversations in mental health and that this is done through a co-productive process with local service users and carers who should be involved from the outset. A local process should be established to find out what people think would be a helpful approach, what the boundaries should be, when and how frequently such conversations should happen and how service users and carers should receive feedback about what has happened with the information arising. A framework should be worked up to answer the following 12 questions:

- I. What is the agreed local purpose of collaborative feedback conversations from the perspective of service users, carers or families, social workers, supervisors, managers and workforce development leads?
- II. What outcomes are hoped for?
- III. What preparation/training do staff, supervisors, managers and workforce leads and service users/carers require in order for such conversations to be meaningful, safe and made practically possible?
- IV. What plain English, accessible information will be provided to all involved?
- V. How will people be approached to participate in the meetings? Will staff or service users/carers determine who should be approached by staff or their supervisors/managers?
- VI. What governance arrangements need to be in place so that either staff or service users and carers can (e.g.) raise a complaint, compliment or ask further questions?
- VII. What will be the process of consent and how will this be inclusive to ensure (e.g.) people who may have lack of capacity in other aspects of their lives can have their capacity supported to give their feedback in this process?
- VIII. What support do staff and service users/carers need to make this successful? This would include:
 - staff understanding clearly how feedback information will be used and how their professional practice will benefit, whether the feedback is positive or critical e.g. is it part of appraisal and/or reflective supervision? Is there an understanding with their supervisor using any criticism positively as a learning opportunity;
 - service users and carers understanding how the feedback will be used;

- service users/carer/families should have access to peer or other self-selected support for the process and the conversation should only go ahead if the person is clear they have the support they need;
- IX. At what point in the care and support process should a feedback conversation be held – i.e. is it a one off at a particular point in the working relationship or is it an ongoing/repeated process?
- X. How will all relevant equalities and power issues be dealt with e.g.
- Ensuring equalities and power issues are part of the discussion.
 - Ensure people feel able to raise concerns about discrimination or exclusion.
 - Ensure the social worker is able to facilitate discussion about equalities issues and also to manage any issues of relevance to the conversation itself e.g. being prepared for any specific communication issues such as interpretation or using different media (picture etc.) to facilitate conversation.
- XI. What is the process by which the information will be used to develop practice and how will this be fed back to all participants?
- XII. How will the effectiveness and acceptability of your local process be reviewed and improved over time?

References

- Academy of Medical Royal Colleges (2009) *Multi-source feedback, patient surveys and revalidation: Report and recommendations* London: ARMC
- Allen R (2014) *The role of the social worker in adult mental health services* London: TCSW
- Allen R, Gilbert P & Onyett S (2009) *Leadership for personalisation and social inclusion in mental health* London: SCIE
- Beeforth M, Conlan E & Graley R (1994) *Have we got views for you: User evaluation of case management* London: Sainsbury Centre for Mental Health
- Brown J & Isaacs D (1997) Conversation as a Core Business Process *The Systems Thinker* 7 (10) pp.1-6
- Carr S (2014) Guide to co-production in mental health and social care, *Community Care Inform Adults* (online publication)
- Chisholm A & Sheldon H (2011) *Service user feedback tools: An evidence review and Delphi consultation for the Health Professions Council* Oxford: Picker Institute
- Clandinin D. J & Huber J (2010). Narrative inquiry. In B. McGaw, E. Baker & P. P. Peterson (eds.) *International encyclopedia of education* (3rd ed.) New York, NY: Elsevier.
- Connell J., Brazier J., O’Cathian A., et al (2012) Quality of life of people with mental health problems: a synthesis of qualitative research *Health and Quality of Life Outcomes* 10: 138 www.hqlo.com/content/10/1/138 (Accessed 07/04/2015)
- Connell J., O’Cathian A. & Brazier J. (2014) Measuring quality of life in mental health: are we asking the right questions? *Social Science and Medicine* 120 pp.12-20
- Crawford M.J., Robotham D., Thana L., et al (2011) Selecting outcome measures in mental health: the views of service users *Journal of Mental Health* 20 (4) pp.336-346
- DH (2014) *Adult social care outcomes framework (ASCOF) 2015 to 2016* London: DH
- Gould, D. (2012) *Service users’ experiences of recovery under the 2008 Care Programme Approach* London: Mental Health Foundation/ National Survivor User Network
- Gray D (2013) *Doing research in the real world* London: Sage
- Groysberg B & Slind M (2012) Leadership is a conversation *Harvard Business Review*, June 2012 pp.2-10
- Hansen L K., Vincent S., Harris S., et al (2010) A patient satisfaction rating scale for psychiatric service users *The Psychiatrist* 34 pp.485-488
- Harding T & Beresford P (1996) *The Standards We Expect – What service users and carers want from social services workers* London: National Institute for Social Work
- HCPC (2012) *Mapping of the PCF against the SoPs* (no publisher)
- Greenhalgh P & Heath I (2010) *Measuring the quality in the therapeutic relationship* London: Kings Fund

- Kalathil, J. (2011a) *Dancing To Our Own Tunes* London: National Survivor User Network
- Kalathil, J. (2011b) *Recovery and resilience: African, African-Caribbean and South Asian women's narratives of recovering from mental distress* London: Mental Health Foundation
- KCL (2013) *INSPIRE patient questionnaire* London: KCL
- Kingston University and St. George's University (2013) *London and South East England HEI Agreed Common Practice Learning Documents for Social Work: 2013-14 Part 6 – Service user and Carer Feedback* (no publisher)
- Kiresuk T & Sherman R (1968) Goal attainment scaling: a general method for evaluating comprehensive community mental health programmes *Community Mental Health Journal* 4 (6) pp.443-453
- Langan J & Lindow V (2004) *Mental health service users and their involvement in risk assessment and management* York: JRF
- Lowe, K. B., Kroeck, K. G., & Sivasubramaniam, N. (1996). Effectiveness correlates of transformational and transactional leadership: A meta-analytic review of the MLQ literature. *The Leadership Quarterly* 7 (3) pp.385-415.
- Munford, R. and Sanders, J. (2015) Understanding service engagement: Young people's experience of service use *Journal of Social Work*, January 29, 2015, doi: 10.1177/1468017315569676
- National Survivor User Network (2015) *'Nothing about us without us': 4Pi National Involvement Standards* London: NSUN
- National Voices (2014) *No Assumptions: A narrative for personalised, coordinated care and support in mental health* London: TLAP/ NHS England
- Needham C (2008) Realising the potential of co-production: Negotiating improvements in public services *Social Policy and Society* 7 (2) pp.221-231
- Needham, C. & Carr, S. (2009) *Co-production: an emerging evidence base for adult social care transformation* London: SCIE
- Open University (no date) *Service user and carer involvement in student selection and practice learning* Milton Keynes: The Open University
- RCGP (no date) *Patient Satisfaction Questionnaire* London: RCGP
- Rogers E.S., Chamberlin J., Langer Ellison M. & Crean T (1997) A consumer-constructed scale to measure empowerment among users of mental health services *Psychiatric Services* 48 (8) pp.1042-1047
- Ruggeri M., Lasalvia A., Dall'Agnola R., et al (2000) Development, internal consistency and reliability of the Verona Service Satisfaction Scale – European Version *British Journal of Psychiatry Suppl.* (39) pp.41-48
- Shaping Our Lives National User Network et al. (2003) *Shaping our lives –from outset to outcome* York: JRF
- Sheffield Hallam University (no date) *Example Service User and Carer Feedback Form* (no publisher)
- Social Work Reform Board (2010) *Building a Safe and Confident Future: One Year On – Feedback from service users and carers* London: SWRB
- TCSW (no date) *Assessing social work practice against the PCF: Principles for gathering and using feedback from people who use services and those who care for them* London: TCSW
- TCSW (no date) *Domains within the PCF* London: TCSW

Williams J., Leamy M., Bird V., et al (2014)
Development and evaluation of the
INSPIRE measure of staff support for
personal recovery *Social Psychiatry and
Psychiatric Epidemiology* DOI 10.1007/
s00127-014-0983-0

Worthington A., Rooney P., & Hannan R
(2013) *The Triangle of Care. Carers Included:
A guide to best practice in mental health care
in England* (Second Edition) London: Carers
Trust

Appendix One: Service user feedback questionnaire

Introduction

This is a questionnaire that gives you a chance to feedback on your social worker and to say how they're doing. Your answers will help the social worker to do things better and to know what they do well.

Your feedback will also help the organisation your social worker comes from understand what good social work is and how social workers can support people better.

What do I need to know about taking part?

For some questions there are a range of answers to choose from and for others you can give the answers in your own words.

You don't have to answer all the questions, but it will really help if you can answer as many as you feel you're able to.

If you fill in the questionnaire and hand it back, this means you're happy for us to use what you say in helping your social worker to do a good job.

But there are some important things you need to know about confidentiality in order to help you decide about taking part:

- Confidentiality – what you say will be reported anonymously and you will not be named unless you say otherwise.
- You don't have to share anything you don't want to – but it would be good if

you could be open and honest about your experiences.

- Respecting for your views – this is not about testing, or 'right' or 'wrong' answers. Everyone's contribution is equally valuable.
- Safeguarding – everything everyone says will be anonymous. Personal information will not be shared with any other people or organisations except if it is felt that someone is at significant risk of harm or abuse.

This feedback questionnaire is not for specific complaints so if you have a particular complaint please contact.....[insert appropriate contact details].

If you have any questions or concerns about this feedback please contact...[insert appropriate contact details] and they will do their best to help or explain.

What happens to my feedback afterwards?

Your feedback will be used to help your social worker to understand what they're doing well and where they need to get better. Your social worker's manager will use your feedback along with feedback from other people to help everyone do a good job in supporting people and helping them with their lives.

No one will know the feedback is from you unless you say otherwise.

4. Could anyone else have done what the social worker did?

5. If the social worker took a decision about your care and support that went against your wishes at the time, how do you feel about that now?

6. Are there any other things you'd like to say about your social worker?

Rating how much you agree with statements about your experience

For these questions you have some answers to choose from. Please put a mark by the option that most represents how much you agree with the statement.

Respecting me

1. The social worker gave me time and space to tell my own story in my own way
Strongly Agree
Agree
Undecided
Disagree
Strongly Disagree
2. The social worker was interested in me as a whole person, not just my mental distress
Strongly Agree
Agree
Undecided
Disagree
Strongly Disagree
3. I felt the social worker understood my whole situation and the things going on in my life
Strongly Agree
Agree
Undecided
Disagree
Strongly Disagree
4. The social worker asked about and showed respect for my background, identity and culture
Strongly Agree
Agree
Undecided
Disagree
Strongly Disagree

What's important to me

1. The social worker wanted to know about my family, friends or neighbours

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

2. The social worker talked openly with me about taking risks and staying safe and took my experiences and opinions seriously

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

3. The social worker wanted to know what I was good at and what I enjoyed doing

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

4. The social worker knew about things going on in my neighbourhood that I would enjoy or find helpful

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

5. The social worker helped me make connections with people and places in my neighbourhood if I said it would help

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

6. The social worker helped me take control of things in my life that were causing me stress

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

Making decisions and getting support

1. The social worker built on my ideas and experiences when we were making decisions

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

2. The social worker made sure I had the right information and advice to make my own decisions

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

3. The social worker went away and looked at all the options and was open and honest with me about what they were

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

4. The social worker always explained things clearly and kept me informed about what was happening and why

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

5. The social worker explained to me what my rights were (things like personal budgets, mental health law, benefits and housing)

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

6. I could ask questions and the social worker was able to answer them properly

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

7. The social worker and I worked as equals to draw up my plan and goals

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

8. The social worker made practical things happen that helped me

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

How I was treated

1. The social worker was polite and treated me with respect

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

2. The social worker came on time or let me know if they were running late

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

3. The social worker was easy to contact

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

4. The social worker did what they said they would do

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

5. I felt comfortable talking to the social worker

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

6. I felt the social worker understood what I was saying and how I was feeling

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

7. I felt the social worker was trustworthy and on my side

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

The role of the social worker

1. I feel the social worker helped me understand and get access to services I was entitled to

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

2. The social work worker helped me and my family and friends feel we could get on with our lives and take ordinary life opportunities

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

3. I felt confident that the social worker was able to sort out complex or difficult problems if needed

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

4. The social worker knew about my local community and how I felt about the place where I live and the people around me

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

5. I felt confident that I could talk to the social worker and they would know what to do if I or the person I care for was at risk of harm from anyone else

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

Thank you very much for helping.

Your time and thoughts are very much appreciated as they are valuable for helping your social worker do the best job possible.

Appendix Two: Carer feedback questionnaire

Introduction

This is a questionnaire that gives you a chance to feedback on the social worker who is supporting your relative or friend and to say how they're doing. Your answers will help the social worker to do things better and to know what they do well.

Your feedback will also help the organisation the social worker comes from understand what good social work is and how social workers can support people better.

What do I need to know about taking part?

For some questions there are a range of answers to choose from and for others you can give the answers in your own words.

You don't have to answer all the questions, but it will really help if you can answer as many as you feel you're able to.

If you fill in the questionnaire and hand it back, this means you're happy for us to use what you say in helping the social worker who is supporting your relative or friend to do a good job.

But there are some important things you need to know about confidentiality in order to help you decide about taking part:

- Confidentiality – what you say will be reported anonymously and you will not be named unless you say otherwise.

- You don't have to share anything you don't want to – but it would be good if you could be open and honest about your experiences.
- Respecting for your views – this is not about testing, or 'right' or 'wrong' answers. Everyone's contribution is equally valuable.
- Safeguarding – everything everyone says will be anonymous. Personal information will not be shared with any other people or organisations except if it is felt that someone is at significant risk of harm or abuse.

This feedback questionnaire is not for specific complaints so if you have a particular complaint please contact.....[insert appropriate contact details].

If you have any questions or concerns about this feedback please contact...[insert appropriate contact details] and they will do their best to help or explain.

What happens to my feedback afterwards?

Your feedback will be used to help the social worker who is supporting your relative or friend to understand what they're doing well and where they need to get better. The social worker's manager will use your feedback along with feedback from other people to help everyone do a good job in supporting people and helping them with their lives.

No one will know the feedback is from you unless you say otherwise.

Questions about your experience of your social worker

Your experience in your own words

These questions are the ones you can answer in your own words, so please write down (or get someone to support you in writing down) your answers in the space under each of the questions. Please be as open and honest as you can.

1. What do you think the social worker did well?
2. What do you think the social worker didn't do so well?
3. Has the social worker made a difference to you, and if so, how?

4. Could anyone else have done what the social worker did?

5. If the social worker took any decisions about your care and support that went against your wishes at the time, how do you feel about that now?

6. Are there any other things you'd like to say about your social worker?

Rating how much you agree with statements about your experience

For these questions you have some answers to choose from. Please put a mark by the option that most represents how much you agree with the statement.

Respecting me

1. The social worker gave me time and space to tell my own story in my own way
Strongly Agree
Agree
Undecided
Disagree
Strongly Disagree
2. The social worker was interested in my relative or friend as a whole person, not just their mental distress
Strongly Agree
Agree
Undecided
Disagree
Strongly Disagree
3. The social worker was interested in me as a whole person, not just my caring responsibilities
Strongly Agree
Agree
Undecided
Disagree
Strongly Disagree
4. I felt the social worker understood my whole situation and the things going on in my life
Strongly Agree
Agree
Undecided
Disagree
Strongly Disagree

5. I felt the social worker understood the relationship between me and my relative or friend

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

6. The social worker asked about and showed respect for my background, identity and culture

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

What's important to me

1. The social worker wanted to know about my family, friends or neighbours

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

2. The social worker talked openly with me about my relative or friend taking risks and staying safe and took my experiences and opinions seriously

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

3. The social worker wanted to know what I was good at and what I enjoyed doing

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

4. The social worker helped me make connections with people and places in my neighbourhood if I said it would help

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

5. The social worker helped me take control of things in my life that were causing me stress

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

Making decisions and getting support

1. The social worker built on my ideas and experiences when we were making decisions

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

2. The social worker made sure I had my own assessment separately from my relative or friend

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

3. The social worker made sure I had the right information and advice to make my own decisions

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

4. The social worker went away and looked at all the options and was open and honest with me about what they were

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

5. The social worker always explained things clearly and kept me informed about what was happening and why

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

6. The social worker explained to me what my rights were (things like benefits and housing)

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

7. I could ask questions and the social worker was able to answer them properly

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

8. The social worker and I worked as equals to draw up my plan

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

9. The social worker made practical things happen that helped me

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

How I was treated

1. The social worker was polite and treated me with respect

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

2. The social worker came on time or let me know if they were running late

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

3. The social worker was easy to contact

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

4. The social worker did what they said they would do

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

5. I felt comfortable talking to the social worker

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

6. I felt the social worker understood what I was saying and how I was feeling

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

7. I felt the social worker was trustworthy and reliable

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

The role of the social worker

1. I feel the social worker helped me understand and get access to the services I was entitled to

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

2. The social work worker helped me and my family and friends feel we could get on with our lives and take ordinary life opportunities

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

3. I felt confident that the social worker was able to sort out complex or difficult problems if needed

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

4. The social worker knew about my local community and how I feel about the place where I live and the people around me

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

5. I felt confident that I could talk to the social worker and they would know what to do if I or the person I care for was at risk of harm from anyone else

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree

Thank you very much for helping.

Your time and thoughts are very much appreciated as they are valuable for helping your social worker do the best job possible.



Department
of Health