


# Optimising the quality of social work decisions in supervision

## RESEARCH FINDINGS



The supervision experience had no effect on social workers' decision-making about case vignettes presented in the study.

Social workers participating in the study appeared not to recognise that the Care Act 2014 includes a counselling type of social work role and rarely decided to provide the individuals with this.

Social workers' answers often assumed that the Care Act prohibited them from intervening when there were grounds to suspect that a person might not be the best judge of their well-being or when following their wishes might not promote their well-being, even where these appeared to adversely impact on their well-being.

Social workers did not recognise that the Care Act requires well-being related to protection to be promoted through the assessment and related care plan, nor that the assessment must be completed and eligible needs met if an adult is at risk of abuse or neglect, even if the adult does not wish this.



# BACKGROUND



# METHODS

Social workers in adult social care make decisions about adults in need of care and support when, for example, they might not be the best judge of their own well-being, or they might need assistance with well-being relating to protection from abuse or neglect. Their decision-making must at minimum comply with the decision rules of the Care Act 2014.

## AIMS

Social workers often make decisions in consultation with a supervisor. This study sought to provide empirical evidence of the effect of the experience of supervision on social workers' decision-making on fictional cases, to explore their reasoning for their decisions, and how compliant with legal frameworks their decisions were.

Two phases tested whether the psychological experience of the structure of a supervision session would have an effect on the quality of social workers' decision-making using case vignettes.

A third phase explored why social workers were making the decisions they made and the rules they relied on.

## WHAT WERE DECISIONS MADE ABOUT?

Four case vignettes to prompt social workers' decision-making were produced by a group of Principal Social Workers (PSWs) and a social worker consultant.

Each vignette included at least one problematic circumstance which indicated the need for statutory social work, as identified in an earlier consultation with 112 social workers and corroborated by PSWs and frontline practitioners throughout the research. These circumstances included when it appeared that a person might not be the best judge of their well-being or when there might be a need to protect individuals from abuse or neglect.

## WHAT WERE PARTICIPANTS ASKED TO DO?

169 social workers in adult social services authorities across two phases of the study were given two vignettes and asked to identify and write down five problems and five decisions for each case.

Half discussed the cases with a supervisor before making decisions and half did not.

Participants were given a list of 40 decision rules, some of which had been included as factors in the vignettes, and asked to identify which five they had most relied on.

Participants also completed a questionnaire on how authoritative, accountable and responsible they had felt.

Finally, eight of these social workers also participated in a Think Aloud exercise in which

they completed the same decision-making task on one vignette without the supervision experience and spoke aloud their thoughts in the presence of a researcher.

## WHAT WAS THE SUPERVISION EXPERIENCE?

The supervision experience was provided by two experienced social worker supervisors.

Participants were given sufficient background information to recognise that the supervisors were authority figures and the supervisors reinforced this by controlling the sessions and asking the supervisees to account for their decisions. They provided participants with an experience of attentive, active listening similar to real-life supervision and helped the participants structure their thinking. They asked pre-set questions such as "What are the social work issues in the case?" and "What are you proposing to do next?"

## HOW WERE PARTICIPANTS' ANSWERS MEASURED?

The quality of decision-making was scored according to whether it conformed to the relevant decision rules.

An expert panel of PSWs and a social worker consultant agreed a set of correct problems and decisions for each vignette and advised on whether a sample of answers conformed sufficiently to a correct answer or not.

A scoring guide was produced based on this professional advice and all answers were scored against this and moderated by the social worker consultant.

# FINDINGS

## WHAT WAS THE EFFECT OF THE SUPERVISION EXPERIENCE?

The research found the simulated supervision experience to have no statistically significant effect on participants' decision-making.

## WHAT DECISIONS DID PARTICIPANTS MAKE?

Participating social workers appeared not to recognise that the Care Act includes a counselling type of social work role, and rarely decided to provide this to meet psychological or interpersonal needs for care and support. Instead, they mostly decided to assess for or provide other forms of care and support, such as care in the home.

For example, of the decisions made about a vignette designed to include a need for social work support, 22% were decisions to reassess the individual's care needs and 57% were decisions about their carer's needs, whereas only 22% of decisions were to assess for or provide social work.

Of the decisions made about Vignette AG, 37% related to needs for care and support, including 22% which were decisions to undertake a carer's assessment, whereas only 8% were decisions to assess for or provide social work.

## VIGNETTE AG

AG is a 78 year old woman living alone in the early stages of dementia who has uncharacteristically formed a relationship with a 45 year old man she has recently met who plans to move in with her. AG's daughter and carer believes that he is taking advantage and she is threatening to withdraw her care and support if her mother is not protected from him. AG wishes to continue with the relationship and wishes her daughter to continue to provide her care.

Participating social workers were expected to recognise that there was a need to assess the extent to which AG's judgement of her well-being might be affected by the possible effects of the dementia and/or undue influence.

Only 8% decided to assess this. 90% of participants simply accepted AG's judgement that her well-being would be best promoted by her friend moving in, even if the daughter withdrew her care as a consequence.

Many believed their role was to promote AG's judgement of her well-being even if they thought it unwise. 6% decided to assess for possible abuse by the friend but others would monitor for possible abuse after the friend had moved in.



# FINDINGS

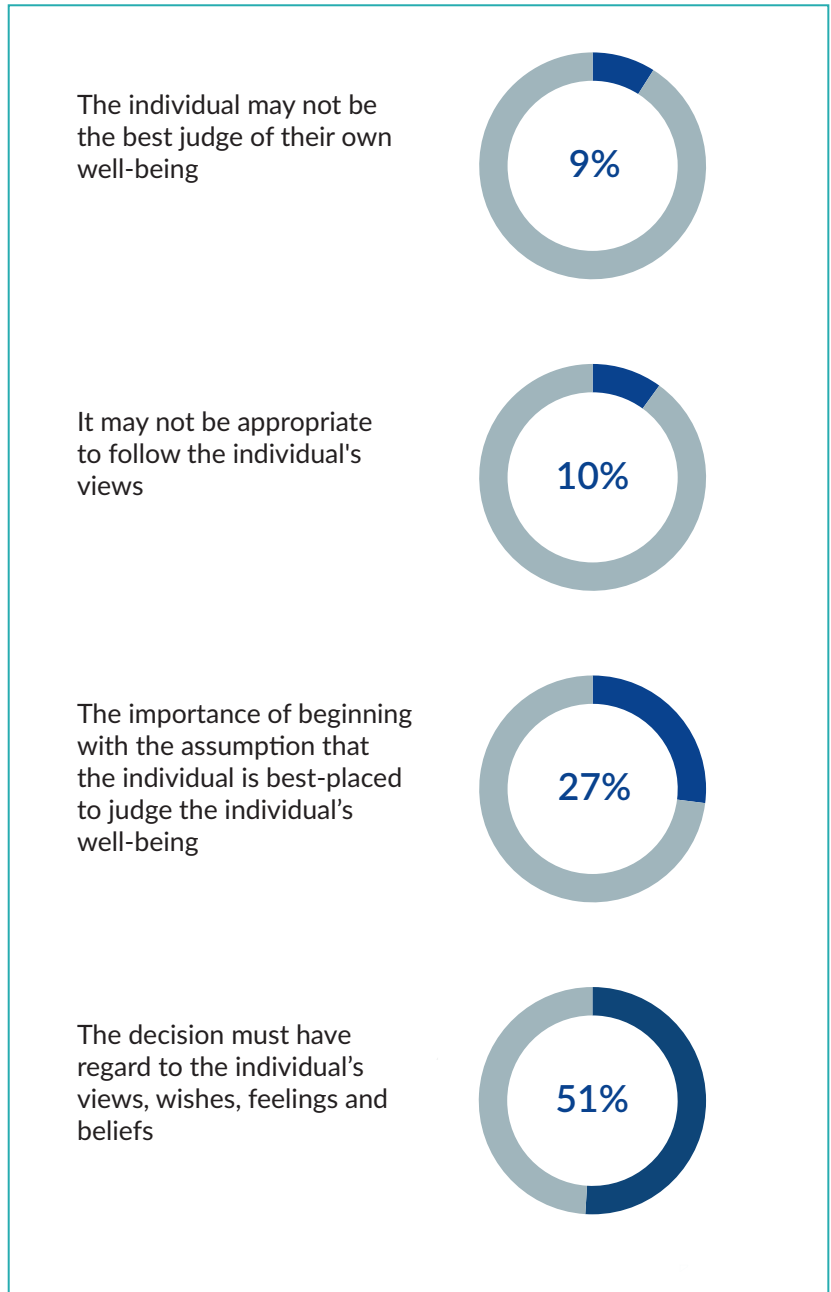
84% of participants in phases 1 and 2 referred in their answers to decision rules taken from the Care Act 2014 and the Mental Capacity Act 2005. This indicated that they were thinking within a legal framework. All eight participants in the Think Aloud exercise explained their answers with references to legislation; all eight referred to the Mental Capacity Act; seven referred to the Care Act in relation to providing services and/or safeguarding and one referred to the Human Rights Act 1998 as the reason for promoting family relationships.

Participants were asked to identify the decision rules on which they had relied. They tended not to identify the rules on which the vignettes were actually based. Instead, they relied on rules which led them to accept the adult's judgement and wishes even where the indications were that doing so would probably not promote their well-being.

For example, as shown in the figure on the right, only 9% indicated that they relied on the rule that "the individual may not be the best judge of their own well-being", whereas 27% relied on "the importance of beginning with the assumption that the individual is best-placed to judge their own well-being". Only 10% indicated that they relied on the rule that "it may not be appropriate to follow the individual's views, wishes and feelings", whereas 51% indicated that they relied on the rule that "the decision must have regard to the individual's views, wishes, feelings and beliefs".

Participants also often seemingly misunderstood some key rules and this had significant implications for their case decisions. For example, participants indicated that they were required to comply with a rule that they must accept an individual's judgement of their well-being and follow their wishes because individuals have the legal right to make what others might regard as an unwise decision. The correct rule in the Care Act is that they must have regard to the individual's wishes when giving effect to the primary rule, which is to promote the individual's well-being.

## Decision rules relied upon by participants across all four vignettes



# CONCLUSIONS & IMPLICATIONS

- The research found no statistically significant effect of the supervision experience on participants' decision-making.
- There is a need to ensure that social workers are following the correct requirements for decision-making in their roles; means to improve this decision-making need to be tested.

The social workers participating in this study:

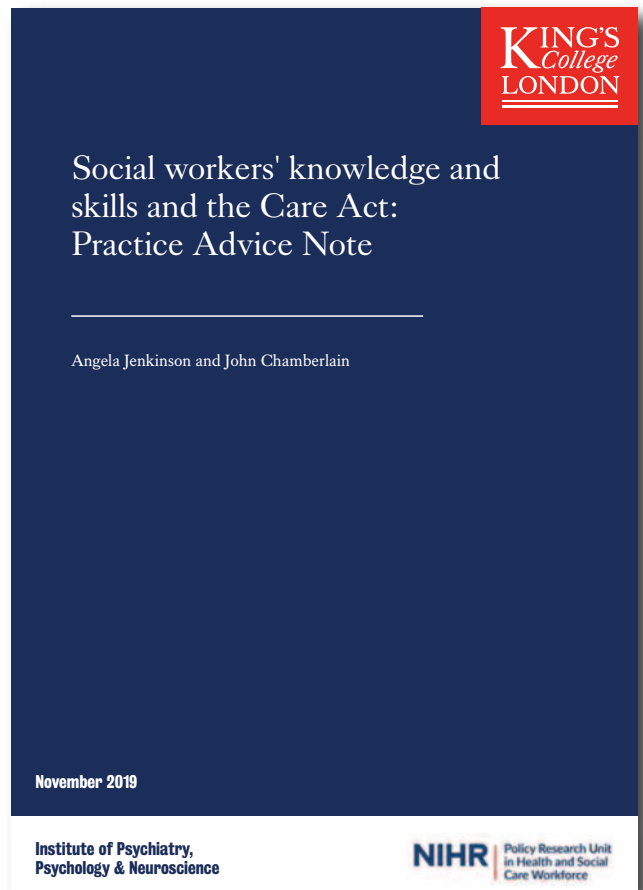
- appeared not to recognise that the Care Act includes a counselling type of social work and rarely decided to assess for or provide this and, instead, mostly made decisions on other forms of care and support. A counselling type of social work is the use of a professional relationship to help an individual, through listening and talking, to achieve a necessary change in their mind or in their relationships with others to achieve a well-being outcome. The vulnerable individuals in the vignettes were typically not assessed for such support
- appeared to believe that the Care Act or the Mental Capacity Act prohibited them from formulating their own assessments when there are grounds to suspect that a person might not be the best judge of their well-being or when following their wishes might not promote their well-being. This implies that an individual whose well-being might well be compromised by their judgement of it, or whose wishes would not promote their well-being, would typically not be counselled by a statutory social worker
- did not recognise that the assessment and plan are the means of promoting protection. Nor did they recognise that the assessment must be completed if there is a risk of abuse or neglect, if an adult does not wish it to be, and that any eligible needs must be met. This implies that an adult with needs which are impacting on their well-being in relation to protection would typically not have such needs assessed nor be provided with services to meet them, other than information and advice. They would typically not be assisted by a social worker to protect themselves.

## PRACTICE ADVICE NOTE

In February 2019, the National Principal Social Worker Network agreed to participate in a series of consultation events with the purpose of producing written guidance on when the Care Act duties of a local authority should be carried out by social workers.

One hundred and forty social workers participated in nine separate consultation events, in which the general content of a Practice Advice Note drawing from the findings of this study was agreed.

Principal social workers convened eight consultation events with practitioners and the National Principal Social Worker Network convened a consultation event with principal social workers. In addition, two Reading Groups consisting of practitioners and principal social workers were convened to advise on the comprehensibility and accessibility of the Advice Note.



Jenkinson A, Chamberlain J (2019) *Social Workers' Knowledge and Skills and the Care Act: Practice Advice Note*, NIHR Policy Research Unit in Health and Social Care Workforce, The Policy Institute, King's College London. Accessible at <https://doi.org/10.18742/pub01-008>

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