

**Adult Social Work PSP**  
**The Top 21 questions (in order of priority as agreed at the final workshop)**

Qn No:	Original questions	Category of Respondent	Relevant literature
1.	How is availability of funding impacting on (a) adult social workers practice and (b) the service users?	P	There are various studies exploring the impact/outcomes of austerity on people using or not using social care. These include:
	Is there a correlation between adults being allowed to make unwise decisions that put them at risk of harm and limited resources?	E	Watkins J, Wulandingsih W, Du Zhou C, et al. Effects of health and social care spending constraints on mortality in England: a time trend analysis. <i>BMJ Open</i> 2017;7:e017722. doi: 10.1136/bmjopen-2017-017722
	How does budgeting impact on social workers being able to promote peoples wellbeing?	P	Ioannidis R, McKee M, Kalkreuth SV, et al. Austerity and old-age mortality in England: a longitudinal cross-local area analysis, 2007-2013. <i>J R Soc Med</i> 2016;109:109-16
	Do adult social workers and managers spend too much time and effort trying to manage budgets and increasing and accounting income than focusing on what good services users like?	M	Hiam L, Dorling D, Harrison D, et al. Why has mortality in England and Wales been increasing? An iterative demographic analysis. <i>J R Soc Med</i> 2017;110:153-62
	Impact of austerity measures in the ability to apply longer-term relationship based practice e.g. in self-neglect cases- building on Suzi Brays work with recent case studies in practice?	E	Studies of social work morale indicate that this relates to organisational factors – there are several recent studies of morale:
	RESTRICTS/IMPACTS UPON THEIR DECISION MAKING	E	Hussain, S. (2018) 'Job demand, control and unresolved stress within the emotional work of long-term care in England', <i>International Journal of Care and Caring</i> , 2(1): 89-107
	How does rationing and austerity/savings agenda that local authority social services are having to make, change the way in which social workers interact/think about support options?	E	McFadden, P., Manthorpe, G. & Mallett, J. (2017) 'Commonalities and Differences in Social Work with Learning Disability and Child Protection: Findings from a UK Burnout' National Survey', <i>The British Journal of Social Work</i> , 10.1093/bjsw/bcw070
	How do we create better outcomes with reduced budgets?	P	
	The impact of budgetary constraints both in social care / CHC / benefits and third sector grant streams are having on wellbeing?	P	
	The impact of budgetary constraints both in social care / CHC / benefits and third sector grant streams are having on keeping people safe?	P	
	How can we promote people's wellbeing when the service is so underfunded that we use care providers that charge the lowest and deliver poor care. Service users want us to be able to help but the reality of it is even a slight increase in their care package that may really support them has to be scrutinised and go through so many hoops and even then may not be agreed in the meantime s/u are left waiting. There is more adults living longer now and care is something that will need to be considered to reduce these with resources?	P	
	Service users want us to be able to help but the reality of it is even a slight increase in their care package that may really support them has to be scrutinised and go through so many hoops and even then may not be agreed. In the meantime s/u are left waiting. How can we promote people's wellbeing when the service is so underfunded that we use care providers that charge the lowest and deliver poor care – and end up with more safeguarding?	P	
	Why does it feel like it is still less about what support that person needs to be able to live their life and still about how much it is going to cost?	P	
	staffing levels, what is the impact of ever fewer staff and less resources	P	
	What has happened to emotional resilience in the work place	M	
	Effectiveness / impact of prevention initiatives on demand and delaying the need for care and support - as it is becoming harder to justify the spend	M	
	How equitable is decision making in times of austerity	M	
	To what effect have the recent policy changes with regard to Welfare and Adult Social Care provision effected Adults in need of care and support	P	
	How are we meant to provide the levels of care and support we need to when year on year we are told to manage with less staff/money/resources? Social work is to receive due to this and feel it is getting worse at risk	O	
	To what extent, if at all, does the current emphasis on cost constraint and managerial frameworks constrain the quality of interactions with adults, carers, families and communities?	E	
	Explore the effectiveness within current time constraints of social workers ability to interact to identify alternative support systems and incorporate family and community involvement in problem solving	M	
	How to organisations manage the challenges of still using resource panels when trying to develop professional accountability to social workers	E	
	What does Wellbeing really mean in relation to care and support needs at a time when budgets are restricted. There is a huge gap between true wellbeing and the minimal levels of support afforded in these financial times	O	
	How much does the bureaucracy, lagging over money and lack of available resources impact on person centred working?	O	
	How does austerity affect social workers ability to really embrace the principle of well being as underpinned by the Care Act 2014	O	
	Who are the decision makers? The social workers or commissioners? Where is the line drawn between making personalised decisions and having to pay attention to budget constraints? Budgets are causing obstruction to providing care.	P	
	How can this be made easier [MAKING DECISIONS BALANCING NEED AND LACK OF SERVICES]? Are organisational reputations stalling communication for fear of complaints	P	
	How can adult social work better adapt to the fact people with complex conditions are living much longer but in a time when cost of care and budgets are tight? Is the premise of the freedom that direct payments were meant to provide now being hampered by budget cuts? Are budget cuts killing service users and their social workers and carers through stress?	P	
	Social workers are being informed that they need to take responsibility for the decisions that they make using their professional judgement, whilst also being told that they must support the councils funding constraints etc. How does this impact upon professional accountability?	O	
	How do we bridge the gap and make things more equal and services readily available, without it being a postcode lottery.	T	
	How have cuts to services including voluntary sector increased risk to service users including neglect as well as other forms of abuse?	P	
	To what extent is there a free choice in support planning, how is this balanced with financial constraints?	P	
	Decisions regarding supporting needs is governed by budgets not needs	P	
	Do social workers have the resources to keep people safe? Are there enough social worker s? Can health and social care combine budgets to keep people safe?	M	
	Should funding be passed to front line practitioners? Do we make decisions based on what resources we have rather than what is needed?	M	
	What is the impact of austerity upon interactions	M	
	Objective information on what service users value, and what organisational systems promote this. I get the impression that the cuts are putting immense pressure on front line staff, who are at times not given the time to listen properly, making for poor social work. Again it would be useful to ascertain objectively whether this is in fact the case.	E	
	Adults Social Work has had major cuts in funding over the last seven years. It would be useful to identify the impact of the cuts on service users as an objective way. This is always difficult to do objectively in retrospect. However as we are preparing for yet another round of cuts it might be possible to do prospectively	E	
	Also there has been a huge rise in detentions under the Mental Health Act at the same times as cuts in benefits, cuts in mental health care and cuts in social services funding for people with mental health problems. It would be useful to know how these various risk factors influence each other in terms of outcomes and detentions	E	
	What is the nature of relationships between health and LA's and have these changed since the austerity measures have hit harder? In particular how much are both sides spending on debating/fighting CHC eligibility? Is this effective for the public purse in general?	E	
	Individual wellbeing goals, often don't match with resources available – how do you social services manage this reality?	M	
	What is an effective management model in context of diminishing resources and services?	P	
	Research questions in relation to the impact cuts and budgets have on peoples packages and safely managing eligible need	P	
	How can we promote choices when we are so limited by what is on offer?	P	
	How does social work enable choice and control with ever tighter resources	M	
	How are social workers overcoming a shortage in funding and services to ensure best outcomes for people? How are the current austerity measures pushed by government impacting on the people social workers support?	P	
	Although Telecare is available to promote safety in the home. Cuts are being made and less equipment is available. How can we promote people remaining at home when there are limited resources and equipment to maintain their safety at home?	P	
	How can this best be done in the grip of austerity.	T	
	Where does that decision come from, and more influenced by monetary constraints in modernity.	T	
	Whether there is a tension between the aims of the Care Act (particularly in relation to promoting wellbeing) and the realities of social work, now that the Care Act has been in place for a while. Is adult social work really able to promote wellbeing in the current climate?	T	
	How do we maintain peoples safety when we are losing staff as we cannot afford them	M	
	What impact has austerity and neoliberalism had on decision making in adult social care? This can be in regards to budget allocations, available services or professional ethics and values	T	
	How do cuts in adult services impact on decision making, e.g. who to support? What is the impact of cuts in private sector offer and voluntary sector offer on building relationship between social workers and service users?	P	
	What elements of choice and control do people receiving support from Adult's services ACTUALLY have?	P	
	Research is needed regarding the effectiveness of social worker intervention on having positive outcomes for service users, given that we spend the majority of our time looking for ways to cut services, and not on doing what is now old-fashioned social work	P	
	Research is required to explore any correlation between the length of the cutbacks/austerity period and incidents of aggression/violence from service users with challenging behaviour. Is this increased, reduced or static?	P	
	How do staff manage the conflict between promoting well being and austerity	M	
	Conflicts between assessment and budget constraints. Councils dictated to by members how impacts on workers doing their job.	P	
	I would like to know how many social workers self-ratation services. Do they not ask for management approval for care packages, knowing it will be turned down, or do they offer clients less than they are entitled, because they know services are limited and there are others in greater need?	M	
	How can social workers promote wellbeing with increasingly less good quality community resources?	P	
	How can we continue to keep offering more to members of the community in need of support in the face of decreasing resources	P	
	Are local authorities appropriately funded to carry out statutory duties?	P	
	How much do financial implications impact or shape practices? Is there any money left for professional judgement?	P	
	Why are newly qualified social workers leaving social work? Is it through disillusionment or financial restrictions stopping gold standard practice?	P	
	How often do you have to adapt and change what is potentially the best course of action because of budgetary constraints?	P	
	Do social workers feel their involvement is worthwhile? How much of their role do they feel is gate keeping finances and how does this affect their work?	O	
	The impact of budget management on practice decisions	M	
	How much can a social worker promote wellbeing with the restrictions in place from government?	T	
	Lack of services which are being reduced further impact on the well being of the people we serve how can we continue to run a service with reduced services and reduced work force. How do we support and keep moral going when the stress to social workers is immense.	M	
	How is the government's current programme of austerity impacting on social workers' ability to support people to maintain their wellbeing?	M	
	How is the government's current programme of austerity impacting on social workers' ability to support people to maintain their safety?	M	
	How can social workers operate within a strengths based perspective (e.g. that seeks to empower people to live independent lives) when vital preventative services are being cut?	O	
	To what extent do adult Social Workers feel that the wellbeing principle within the Care Act is actually understood and supported by social care managers who are responsible for managing limited budgets?	O	
	Are social workers less able to carry out 'social work interventions' such as: family work, solution focused etc due to an increased caseload/primarily social care role? If so, has this effected the safety and wellbeing of individuals who use the service?	P	
	How can hospital social workers safely arrange the discharge of vulnerable adults when the service provision in the community is so scarce?	M	
	What is the point of assessment of need when the service is not available to meet the need?	M	
	How can Social Work really empower people to help themselves when the situation around them is so negative?	M	
	How are social workers seeking to balance prioritising wellbeing with resource constraints?	P	
	Since 2010 how are social workers coping with increased cuts and demands in services. Rates of social workers reporting work related stress, anxiety, depression. What is the average lifespan of a front line social worker	P	
	How to support professional discretion in social work, in a time of austerity and effects on customers who have to move or lose their support due to austerity and care cuts and how best to support through this process	O	
	To what extent are our decisions about how to support people governed by financial or service constraints	P	
	Is our effectiveness becoming less as we work within tighter budget constraints	P	
	Social worker's wellbeing in organisations which are not funded well enough and which are slow to change.	M	

	How person, strengths and outcome led can we be in austerity?	T	
	How can we promote well-being when we have limited resources. Also how do we measure outcomes? I am working with young people with learning disabilities moving from children to adults and keen to look at how developing good preparing for adulthood outcomes (independent living, good health, participating in the community, employment) from a young age improves outcomes in adulthood	P	
	How does support for meeting well-being depend on what resources there are in the community that social workers can refer adults on to.	M	
	Are adult SW's really able to offer a needs led service and to offer assistance to access community support with the limited time and services available. This has only improved since austerity. How do you see this?	P	
	How is austerity impacting on social work practice?	O	
	How can we address the in-balance between best value (for LAs) and best practice for people needing services? Senior managers are quoting legalities of the Care Act to "justify" cuts but this is in direct conflict with a person centred approach?	P	
	SWs are being told to cut all home support care packages consisting of 2 hours and less. How can this meet the need for people who cannot bathe alone or whose personal care needs are paramount to maintain good hygiene to minimise the risk of several infections?	P	
	SWs identify needs but there are fewer and fewer resources to meet these needs and senior managers are asking SWs to "be creative". When and where will this end?	P	
	There is fewer staff, and fewer qualified SWs with increased caseloads. How can interaction be person centred when this is your starting point?	P	
	How can we maintain person centred support, whilst working with budget constraints?	P	
	We need to work with other professionals to have joined up working. This is in theory what is supposed to be happening but due to limited resources across the board this isn't always possible	O	
	Do you feel that the Wellbeing principles of the Care Act are achievable with the resources available to you? Have you ever felt that you have been unable to achieve a specific wellbeing outcome for a service user due to resourcing issues?	P	
	How well social workers are able to incorporate human rights approaches into their work, and what impact funding decisions have on this. How far funding decisions, funding panels etc. impact of social workers ability to put together person-centred packages of support.	P	
	How creative practice can be given ever dwindling resources	M	
	How can this ethically happen in the context of austerity and cuts? does the case management model still prevail?	P	
	Personal budgets were supposed to give people who use services flexibility as to how their needs are met, in practise if the allocated budget is not used to meet the exact assessed need it is often reduced - how can we in practise allow this flexibility when resources are scarce?	O	
	What impact are austerity cuts having on people's wellbeing?	O	
	What are the greatest threats to well-being and how far can social work ameliorate these in a context of growing inequality, rising demand and austerity?	O	
	Do practitioners think of budgets first and needs later?	O	
	How far do resource limitations constrict enquiries around need?	E	
	In the present climate of cuts, how can the third sector maintain support of the hard to reach members of society? How can social workers find more and more placements from diminishing services?	O	
	Impact of austerity	E	
	Have there been 'unintended' consequences of austerity? Have we got the correct perception of the impact of cuts in services - i.e. has it all been negative?	M	
	Consideration of how current policies leading to local authority cuts are impacting on service provision and what this means in terms of thresholds for intervention / criteria banding for individuals in need of services.	E	
	Moreover the realisation and pressure placed upon workers around cost is becoming more of an influence in the decision making process.	M	
	What is the impact of Austerity funding on adult social worker's ability to realistically promote people's well being?	P	
	As a above, effect of Austerity lack of funding on social work can realistically maintain people's care in safety?	P	
	Clinical/professional decision making has been and is increasingly constrained by budgets. Whilst funded services are only a part of the response to care and support needs, this remains a complex area of practice. Research of the impact of the grip of finance on agreed and professional decision making would be useful as would	M	
	The resources, or lack of, that social workers have access to.	P	
	The issue about lack of social care in the community to enable people to concentrate on retaining their independence rather than having to consider how term care addition	P	
	What resources are available in order for social workers to be able to meet the needs identified. Is there any consistency across the country?	P	
	social workers can make all the best decisions in the world about how best to support people but if they know resources are going to be unavailable it is demoralising for them and may be injurious to service users	P	
	Why does the Care Act 2014 talk about preventative services over funded care? How can we determine how we support somebody with such a small budget allocated to them based on how you answer a question on a computerised assessment form?	T	
	I work in adult mental health services, which remain dominated by the medical model paradigm of diagnosis and drug treatment, perhaps even more so with on-going resource cuts/issues. Therefore, I would like to see more research into how social model approaches, including specific interventions and co-produced initiatives, can promote recovery from mental health problems. I think it is increasingly important to research service-user/survivor-led interventions and co-produced interventions. The research itself could also have an educational	T	
	Is there ever a follow up by social workers once a package has been agreed and an individual is referred to other services?	P	
	What are the protective factors in carers maintaining their own wellbeing?	O	
	The social worker listened to our concerns about the placement and was as helpful as he could be however he was limited due to budget	C	
	also social services have no compassion for placing loved ones close to their home and concentrating on budgets	C	
	I feel that mostly social workers are great but some seem to be more interested in saving money and not interested in what our family needs	C	
	When they had time ?, or since heinous austerity from the Tory party/A world of difference in having time which enables high quality of care and using substitutes for fully qualified staff, diluting standards and causing poor outcomes	CG	
	I think a social worker's job is made so much harder by lack resources.	C	
	We do have serious underfunding in Cornwall so this is still an ongoing issue. Recently I have had contact through supporting others with more CC social workers and they are not like the one I was given and seem to try desperately hard to help people however there are a great degree working for the system and it's needs and not the vulnerable person. Ticking boxes in the short term seems to take priority over achieving long term goals and of course austerity will also be doing serious harm. I don't know why in the UK we do things on the cheap but in the end they are far and away more costly in terms of financial cost to the patient and also the social health and emotional cost to the person's in need.	C	
	Briefly supporting the principle that I should have choices in how I spend the DP I get as a carer. But this has now been overridden so I'm back to square one. How do social workers ever cope with the cognitive dissonance required to act on behalf of a neoliberal state and reduce or eliminate choices for vulnerable people, while maintaining an illusion of supporting these people's choices? Slightly rhetorical but nevertheless genuine question.	C	
	As an individual working under funding restrictions I don't believe there can be any control over what could have been done differently or better. How do all the government changes help clients understand what is going on	S	
	There appears to be a vast party between articulate, informed and compassionate social workers and those that have not got a clue about their role and responsibilities. Some appear to be under a lot of pressure to 'save money' and actually say so, they give an impression of not caring, as opposed to presenting a compassionate aura finding out about their client's real needs and helping to resolve their client's dilemma. It feels like Russian roulette as to whether you get someone able or unable to help you.	C	
	Communicate! Social worker has used visits within the community as an excuse to not engage with me. Does respond to emails or phone messages. Also, social worker should listen more and don't tell service users how bad the government funding is. Service users want solutions not "we don't have the money"	S	
	Social workers lack the innovation to think of alternative ways to support people in these austere times.	S	
	I am not sure they are aspirational or understand different needs, maybe bogged down in case loads and trying not to spend any money given budgetary pressures	C	
	In all honesty nothing but waste my time and ask silly questions. No understanding of working or the real commercial world.	S	
	It feels as if social workers are not on the side of the client. This is not always their fault as they are under pressure from their managers to cut costs. It does not feel as if they are there to help or find solutions. People are constantly reassessed even when things are settled and they are well supported. For many people with learning disabilities and their families social workers feel like part of the problem. Then if you do need one it can be very hard to find someone.	C	
	Most are looking to cut support because of cost.	C	
	It seemed that there was a hidden agenda to make cuts to funding wherever possible.	C	
	2. What impact is the Care Act having on (a) adult social work practice and (b) the outcomes for people using services and their carers, particularly their well-being?	E	The Dept of Health and Social Care has funded a set of evaluations of the Care Act - findings are not yet available. Social work is part of the different studies - according to role. One study is focusing on Carers (CASC study- Dr Jose Luis Fernandez et al) https://www.kcl.ac.uk/spp/policy-institute/scsw/res/capacity/carers.aspx
	time care act, we hope is a return to good social work practice, which includes having time to build trusting, respectful and meaningful relationships, has this happened?	E	'An assessment of the impact of the Care Act 2014 eligibility regulations', Fernandez, L., Snell, T. & Marczak, J. 2015 <a href="http://eprints.kcl.ac.uk/64773/1/_be.ac.uk_storage_LIBRARY_Secondary_URfile_shared_repository_Content_PSSU1_Discussion%20Papers_DP2905.pdf">http://eprints.kcl.ac.uk/64773/1/_be.ac.uk_storage_LIBRARY_Secondary_URfile_shared_repository_Content_PSSU1_Discussion%20Papers_DP2905.pdf</a>
	are people living an improved quality of life post care act the principle of well being is embedded in the care act, is well being actually improved post CA ?	P	A further Care Act evaluation is: "Improving choices for care" - a collaborative research project between the University of Kent and the Institute of Health & Society, Newcastle University. Professor Stephen Peckham University of Kent, Professor Bob Hudson, Visting Professor, University of Kent, Professor David Hunter, Newcastle University, Sam Redgate, Newcastle University and Greg White, University of Kent - initial reporting Oct 2018
	would like to know what the impact of the Care Act has been for adults who might need support but do not fit into the Care Act eligibility criteria - for example, homelessness, immigration and asylum seekers, those experiencing domestic abuse (but not necessarily with additional care needs).	E	
	Has this (well being) improved since the transition from FACS to the Care Act?	P	
	It would be interesting to know what the opinion of adult social work is currently to all above (LACK OF FUNDING FOR SERVICES). If this opinion has improved with the changes the care act has brought about.	O	
	How much has the care act helped improve people's lives?	O	
	Understanding of how different areas manage the wellbeing principle of Care Act.	E	
	Do protection plans (created under s.42 of the Care Act 2014) really make a difference to people's lives in terms of reducing risk and supporting people to live safely?	O	
	to what extent does the care act allow for a promotion of the social model of mental health i.e. eligibility too linked to diagnosis in practice?	P	
	1. What evidence is there from implementation of the Care Act, that this piece of legislation has had a positive impact on Adults and Carers who use services to promote their well-being?	M	
	1. Similar to above - how has the Care Act and Making Safeguarding Personal had a positive impact on Adults who use our services in relation to Safeguarding?	M	
	How do social workers work with independent advocates in relation to 'Care Act 2014 Advocacy', to promote wellbeing - what are the relationships, opinions about advocates and understanding of their role (and advocates' views of and understanding of social workers)	O	
	any research on the iatrogenic risk of section 42 enquiries and domestic abuse? Research on whether section 42 enquiry involving care home enhance outcomes for residents? Links between section 42 enquiries and austerity measures?	P	
	What impact has the Care Act 2014 had on people's wellbeing?	P	
	Has adult safeguarding being incorporated in law, had an impact on the safety of adults? Do adults feel safer after a S42 (The Care Act) safeguarding enquiry?	P	
	Though both physical and mental health adult social workers use the Care Act 2014, how is it implemented within these two service areas are adults assessed with different yard sticks. What are the discrepancies?	P	
	O. What works? How The Care Act can support parents whose children are subject to legal care proceedings?	P	
	I think that particular research is needed to better understand the care act outcome of caring responsibilities for a dependent child. This domain in particular seems open to different interpretations throughout professionals, professions and parents.	T	
	Is the Care Act an improvement or ineffective?	O	
	Whether the Care Act has, in reality, made it easier to promote wellbeing	P	
	Would be nice to have some research of the extent the care act is implemented in adult safeguarding. ? is it more difficult to implement when care is being sought with the police?	P	
	care act - what is the evidence to suggest that the significant impact on wellbeing is being applied correctly and what out of the three state eligibility most makes people ineligible?	E	
	Research into the varying social work interpretation of the three key safeguarding tests in S42 of care act. Where is the threshold?	M	
	Since the introduction of the Care Act, has there been a general awareness of how social workers can determine/analyse risks	O	

	What does social work with different adult service users and carers 'look like' under Care Act? What forms does it take? How is this experienced by social workers, service users and carers?	E	
	Research on how the Care Act is being implemented and whether there have been any positive changes to outcomes, practice, management oversight etc.	G	
	Does the way social workers interpret the care act 'promotion of independence' increase neglect of service users because of pressure from social workers of 'dependence'?	S	
3. How is 'wellbeing' understood and incorporated into adult social work practice? How can we assess whether adult social workers impact on the well-being of people using services?	How do service users rate their wellbeing before and after support from social workers?	P	
	How can we do better; what are service users experiences of the promotion of the promotion of wellbeing and how could this be better?	P	
	How are social workers implementing the principle of well being into the assessment process and supporting people to achieve their personal aspirations?	O	
	What is wellbeing? How can social workers prove their actions promote wellbeing when budgets are so tight? Will expressing how our service users wellbeing is being promoted result in funding agreement? Are commissioners being trained about measures for social workers of 'dependence'?	P	
	What do service users consider to be well-being?	P	
	What role do social models and theories play in improving wellbeing?	M	
	What are the best interventions to help an individual's well-being? What hinders?	P	
	How do rights based approaches impact on well being outcomes	M	
	How is 'well-being' interpreted by local authorities, and does this vary?	P	
	I would like to know what elements of wellbeing are given highest priority in local authority assessments. For example I would guess that physical wellbeing tends to be prioritised over emotional wellbeing. Are there any ways of ensuring all reports are assessed both holistically (aka)	E	
	This might include research around the definition of what wellbeing is.	M	
	How can Social Worker's affect wellbeing	P	
	How do adult social workers ensure it is the persons definition of their wellbeing rather than a societal / subjective view of wellbeing that is being promoted?	M	
	What are the long-term outcomes for people's wellbeing of different adult social work interventions?	P	
	What do people report about how adult social work has impacted on their wellbeing?	P	
	To what extent are outcome measurements being taken and evaluated to consider whether people's wellbeing is being promoted?	P	
	How should the person's wellbeing be measured and evidenced?	P	
	As wellbeing is subjective how can the same service improve everyone's wellbeing? Has your life improved since contacting adult services? Have you welcomed your independence and been able to pursue interests.	P	
	What are the benefits of adult social work for well-being? The statistics	T	
	What do people who use services understand by the term well being and how can social workers best support them with this?	O	
	What impact does a social work allocation have on overall levels of wellbeing? (macro study, comparing cases where social workers have and have not been allocated) How does social work involvement affect wellbeing - micro study, exploring the social work role, in relation to interactions, decision-making and support for decision-making. This would need to include measurement of all outcomes.	O	
	Is the law clear enough as to what wellbeing means?	T	
	People's experiences The experiences of practitioners regarding promotion of wellbeing.	P	
	Do we really promote well being or is it a temporary fix	M	
	Has Social Work input directly contributed to increased levels of wellbeing?	P	
	How can the principle of wellbeing be practiced when adult social work in mental health is intersectoral heavily with the medical model	P	
	Where does state intervention begin and end in the support of wellbeing, how do SWs promote independence around the wellbeing principle. In particular where the person is supported by a family member / carer who is considered to be over providing support	M	
	How do we measure/quantify people's wellbeing, in line with this being unique to each individual? What promotes/improves people's wellbeing?	M	
	What methods are being used to check that wellbeing is being promoted	O	
	What is wellbeing? Is it different for each of us? How do we measure it? How do we evidence that we are supporting people to maintain their wellbeing?	M	
What is wellbeing? Is wellbeing an unhelpful word? Does the word Wellbeing create confusion and raise expectations? Do social workers have the power and autonomy to promote wellbeing?	P		
How is wellbeing defined? - How is wellbeing measured? - What if there is a dispute between the service user and SW about how their wellbeing is affected? - What place should wellbeing have in assessments and support planning?	M		
How are social workers incorporating the wellbeing principle into practice? What impact does long term social work involvement have on people's wellbeing?	P		
Are we doing enough in terms of preventative work and early intervention? How do we argue the value of this work and reconcile it with the fact that, at times, people can't evidence eligibility of need until they are already in crisis, or something awful happens. For example cases where someone has dementia but is still living independently - we are told they do not meet the threshold for residential care and families are left waiting until they are picked up wandering by the police or set fire to their kitchen, before they have the evidence to access the appropriate care.	P		
Does adult social work actually promote people wellbeing?	P		
Whether the people we come into contact with and/or those who request assessment, have an understanding of the concept of wellbeing and the fit with eligibility criteria.	O		
How effective are non statutory safeguarding enquiries in promoting a client's wellbeing and are non statutory safeguarding enquiries actually taking place to address this as per the Care Act?	M		
Is wellbeing as defined by the Care Act understood by all public bodies and applied in integrated assessments? How can we secure integrated services promote wellbeing?	O		
Who defines wellbeing? Who should define wellbeing? Who decides which elements of wellbeing to promote? Does the promotion of wellbeing in an unjust society shift responsibility away from social policy and onto individuals and practitioners? How does adult social work relate to people's wellbeing?	P		
In what way does social work help promote peoples wellbeing? Are statutory social work services for adults supporting the wellbeing of their service users?	O		
Which is the most effective and accurate measure of well-being? Does adult social work create sustainable wellbeing for people, i.e. does the impact of social work last longer than the 'intervention' of the social worker	P		
Does case management hinder attempts to promote wellbeing?	P		
What is wellbeing? How do stakeholders define it? Does it mean different things for people with different needs (e.g. youngster and older adults)?	P		
How do people who use social work services define wellbeing? What do people who use social work services identify as important in improving their wellbeing? How does this relate to the Care Act 2014 definition of wellbeing? What measures are there for wellbeing and what is their validity? Does the length (time scale) of social work intervention correlate with improvement in wellbeing?	P		
How is well being actually measured? who is defining this? is that the right way to go about it?	M		
Social Work needs a better and unified understanding of what wellbeing means to social work.	M		
It would be very helpful to have a literature review and qualitative research into those services that are couched as 'low level' that tend to be related to well being to understand the full spectrum of practice in this area.	M		
What is wellbeing? Please define. How do I explain well-being?	P		
I think the most important questions to ask are: What does the term 'wellbeing' actually mean? It is defined in the Care Act (2014) but what is important is: How do Local Authorities and Voluntary Agencies define this important concept to local citizens who need to use local services?	E		
How issues around mental capacity are to be addressed correctly, in order to promote an individual's well-being.	P		
eligibility criteria impact on early prevention	P		
In making professional judgements about the impact on an individual's wellbeing of their not being able to achieve outcomes, how do social workers demonstrate that they have evaluated the significance of the impact?	G		
Comparing social work practices that are based in communities compared with those that are centrally based? 8c' what impact is there in terms of wellbeing for people who use services?	G		
Are social workers now able to focus on 'well-being' or has there just been a change in vocabulary with the underlying research remaining the same?	O		
The promotion of people's wellbeing is a key precept of the Care Act but, in my experience, it is something that our Short and Long Term Data Return (SAL) performance management frameworks struggle to measure. Could some research be undertaken to try and provide meaningful performance indicators that would enable local authorities to evidence the effectiveness of their interventions in promoting wellbeing?	G		
Could some research be undertaken to look at nationally defining thresholds for safeguarding as these appear to be inconsistent across authorities? Also practitioners often face challenges from other public sector bodies (e.g. Police) in regard to people's capacity and personal responsibility, this can sometimes lead to risk aversion practice that can restrict a person's independence.	M		
To what extent do social workers in adult services understand about the evidence base for some of the key wellbeing outcomes they should be working towards? e.g. do social workers know and understand that employment is possible for disabled people and is cost effective? Do they know that there is no evidence that residential care is more cost effective than other housing and support options (so why do they opt for residential care?) and do they know what those non-residential care housing and support options are?	O		
In making professional judgements about the impact on an individual's wellbeing of their not being able to achieve outcomes, how do social workers demonstrate that they have evaluated the significance of the impact?	G		
4. How could communication between adult social workers and people using services be improved, especially with those people who have difficulty with communication (e.g. use of new media, better communication skills, working with other professionals such as speech and language therapists)?	C	Evidence is available for communication with people with dementia and learning disabilities. See BJ Taylor, M Stevenson (2018) Communicating risk in dementia care: Survey of health and social care professionals, Health & social care in the Community	
More contact and better communication, called back when I left messages, let me know of change of phone number.	C		
Actually seen my parents rather than doing call by phone. The generation that doesn't want to be seen asking for help, avoids letting people know full circumstances.	C		
appalling institutional rhetoric no empathy to speak of.	C		
Their standard of communication was abysmal.	C		
Taken more time to explore options	C		
Communicating what is going on rather than assessing somebody and then disappearing.	C		
Listened to the client Not referred to the client as someone like them. Stop making assumptions with in there reports on what the client could or not do. Shown empathy and give the client time to respond to questions. Stopped using social workers jargon (that is only known to them) during visit. Not writing in there report that the client was non-engaging.	C		
Used new technologies to share information with me - to help me to help myself	E		
She could have been kinder and more patient with me, it takes me a long time to say what I want to say and she guessed and told it wrong.	S		
What language helps social workers convey respect and empathy for service users? Would communication analysis help social workers interact better with service users?	S		
He was not really qualified to deal with a profoundly deaf person. He admitted that his experience was mainly with mental health.	S		
what can we do to improve communication without breaching confidentiality in a new age of technology?	T		
There is an almost irresistible pressure to move more and more interactions on-line. To what extent can we expect customers of social care and their families to engage with on-line information and services?	O		
What is the evidence to support the use of mobile technology in helping social workers to engage with their service user in the community?	O		
How is communication tracked and can it be made easier and less time consuming/more real time? Is written communication with service users and families in formal letters still the most effective method?	O		
'Should social workers be given 'tool kits' to help with ensuring that the information they share is more accessible rather than just long winded written documents.	M		
How can we ensure families understand why we work to legal frameworks and why we undertake certain actions	M		
Using Information tech to communicate. How we can use this to speed up process. Often people are hard to reach or don't have a mobile contract. We use text now but until recently this was not accepted practice.	P		
Question to be asked would concern most effective method of communication - face to face, telephone, electric ...	O		
Could adult social work be more effective if social media such as skype was embraced and utilized to develop a range of communication methods with service users and rather non-effective ones?	T		
Which model exchange, procedural or questioning delivers the best outcomes for the people we work with?	P		

	is there enough communication? what single act would improve communication?	O	
	It would be interesting to know more about what people find helpful and what they find unhelpful regarding the manner in which social workers have been consulted about. Since key values have been documented and we know about positive communication and skills it may be more about whether these are effective or not.	P	
	elderly people are increasingly expected to access information online, to access local services, find local activities and seek help. Is it true that most elderly people will never access such online resources? Why not? What can be done about it? What resources does change require?	P	
	Do people feel respected, are their voices heard? Is the communication satisfactory?	P	
	Do face-to-face assessments and visits and review improve outcomes for service users, rather than phone reviews?	P	
	How do social workers communicate effectively with local citizens? What written communication is shared and owned by local citizens, once assessments have been completed and decisions made about service provision?	E	
	How do social workers ensure they provide full facts to people?	O	
	How social workers and social care workers use information technologies to build relationships with young disabled service users. How social workers and social care workers communicate negative and uncomfortable messages?	E	
	How social workers can work effectively with speech and language therapists (SLT) when working with individuals with communication disorders (e.g. aphasia, dysarthria, apraxia). I am an SLT and for many of my patients with severe communication disorders the social workers will see them independently for mental capacity assessments; however, the social worker does not understand that individual's communication disorder and thus are not providing the information to them in an accessible way or are not able to support their expression. I would argue that this breaks the mental capacity act (2005) because we are supposed to take every step possible to support individuals to understand, retain and weigh-up the information and support them in their ability to communicate their decision. When I work collaboratively with social workers (e.g. I facilitate the MCA to support the individual's communication and the social worker is the assessor) I always receive positive feedback from the social workers that working together is useful. I have struggled to find literature on different disciplines working together to support patients during MCAs and yet it is an important area of all health and social workers job roles.	O	
<b>5. Has the Mental Capacity Act 2005 been embedded into practice and what are the impacts on people using services and their carers?</b>	The assessments weren't done correctly (the carers one or any that the person that I care for). They had an idea of what they wanted the outcome to be and carried out the assessment to fit their needs, not ours. E.g. The financial assessment, only 2 questions were asked. There were no attempts to follow the mental capacity act to give extra material, etc. They made the report on 2 answers to 2 questions, that the person that I care for couldn't answer, because they'd never had the experience to be able to answer them. I contested it, they said I'd have to go to see them so they could explain why they'd come to this conclusion. I studied the mental capacity act, challenged them on it and all of a sudden the social worker was changed.	C	A good early literature review covers practice issues: Williamson, T (2012) Mental capacity and the Mental Capacity Act 2005 - A literature Review, Mental Health Foundation, <a href="https://www.mentalhealth.org.uk/sites/default/files/mca-1t-review.pdf">https://www.mentalhealth.org.uk/sites/default/files/mca-1t-review.pdf</a>
	Why do social workers still not use the mental capacity act to advocate for the views of the elder?	M	A range of studies – some survey, some qualitative, recently consider the subject
	Use of MCA in the context of abuse where a perpetrator utilizes control & coercion	M	Murrell & McCala L. (2015) Assessing Decision-making Capacity: The Interpretation and Implementation of the Mental Capacity Act 2005 Amongst Social Care Professionals. Practice, 28(1), 21-36. DOI: 10.1080/0950133.2015.1074667
	Has Mental Capacity Act provided greater safeguards for people with a learning disability or just put more constraints on having an ordinary life?	P	James, E., Harvey M., & Mitchell R. (2017) The Mental Capacity Act Call to Action: Online Development of Critical Rights-Based Social Work Practice, 29(4), 279-292. DOI: 10.1080/0950133.2017.1291801
	Why are the principles of MCA as embedded in our cultures and practice as they should be?	P	
	Further clarity on conflict re completing capacity assessment and consideration of executive thinking in completing capacity assessments as this seems to be something which health staff is part of the MCA Code of Practice.	M	
	How do social workers support, enable and empower people to make decisions and ensure best practice under the Mental Capacity Act 2005?	O	
	What are the outcomes of mental capacity act decisions one year on? Are there any groups for whom reablement is not effective?	O	
	The use of the mental capacity act to promote choice and inclusion for service users in the community and care home. The effectiveness of the DeLS (DEPRIVATION OF LIBERTY SAFEGUARDS) process in critically analysing the restrictions that the relevant person is subject to, reflecting upon best interests and rigorously testing least restrictive principles. Has the DeLS process resulted in people being discharged from care homes to Extra Care or Supported Living or has this been stymied by	O	
	What conditions/factors effectively integrate the 5 statutory principles of the mental capacity act into practice?	M	
	The level at which the mental capacity act is used.	P	
	Why are SWs still not understanding the importance and how to implement the MCA 2005? How can we improve their practice to incorporate this important legislation? Some SWs seem to believe the legislation should be used occasionally and not to be embedded in every day practice.	E	
	Where does oppressive practice and stigma remain in social work, particularly around use of the mental health act and child protection? How do we challenge this? What more positive methods of working can be applied within these areas?	P	
	Do social workers use capacity law too readily when elderly service users disagree with decisions about their care?	P	
	How much risk should social workers accept on a person's behalf when they lack capacity under the mental capacity act? (Best interest decision process)	M	
	Around practical application of mental capacity - knowledge of literature - support for social workers from employers and government.	M	
	Who decides how to support people? Who should decide how they want to be supported (sorry that's a loaded question)? Is the Mental Capacity Act used against people in opposition to their right to liberty and autonomy? Why is that? (another loaded question)	P	
	How are social workers ensuring that people are involved in the mental capacity assessment process? Is the mental capacity act process being used correctly?	E	
	How prevalent is the issue of social workers using The Mental Capacity Act incorrectly to try to prevent older adults making unwise decisions when they actually have capacity? Is the Mental Capacity Act ever used incorrectly due to the pressures social workers can face from other relatives or their concerns for their relative.	P	
	What 'practicable steps' do social workers take when supporting someone to make a decision, in accordance with the Mental Capacity Act 2005?	P	
	MCA - do we empower people using this or use this to constrain them unnecessarily?	E	
	The Mental Capacity Act and how well it is known.	O	
	To what extent do social workers understand the Mental Capacity Act? How do social workers apply the Code of Practice to provide a useful checklist, when supporting vulnerable adults to make decisions about their lives and circumstances? How confident are social workers in addressing each of the Code of Practice requirements? 1. Assessing Capacity 2. Presuming someone has capacity? 3. Understanding what is meant by capacity and lack of capacity? 4. Treating everyone equally - how do social workers address this notion in a multi-cultural and diverse society in which we live? 5. Supporting the person to make the decision for themselves.	E	
	There's an ongoing need for research into how the Mental Capacity Act is being implemented. The important issues here are quality and relevance of training, supporting social workers to apply the Act reflectively, better multi-disciplinary implementation of the principles of the Act, and having the right oversight in place to provide staff support/quality improvement/evaluation of service care.	G	
	It would be interesting to look at how AMHPs (the vast majority of whom are adult social workers) conceptualise and weigh up risk issues in terms of the decisions they have to make.	P	
<b>6. How are eligibility criteria applied to people with different types of needs and are the thresholds appropriate? What impact does this have on the care and support offered and / or early</b>	It would be interesting to understand how social workers assess the significant impact on a person's wellbeing within the national eligibility framework.	E	
	look at the statements that keep people out of the eligibility framework. can we be more flexible about our questions and judgements especially about capacity. Judgement and analysis about risk and capacity are not consistent as we all have different levels of ability and experience in making a judgement.	P	
	compare studies of LA's to establish if care act eligibility is consistently applied or does postcode leeward still exist? dichotomy between SWs values and having to be based on providing the cheapest option, is this a contravention of human rights? 9 EG people being forced into residential care because its the cheapest option)	P	
	A need is a need whether it reaches resource allocation eligibility. look at imaginative ways to meet those needs and how social workers can be given sufficient time to enable them to do this -p otherwise they become form filling robots who obey the RAC nutcracker only.	O	
	How do social workers translate the application of eligibility criteria, into provision of practical help and emotional support to people.	O	
	What are the consequences of ineligibility for social care for keeping people safe and independent. Are ineligible people more likely to be at risk of an adverse event of some kind?	O	
	How do adult social workers interpret the Care Act's 'eligible needs' in relation to people with mental health difficulties?	P	
	Separation of adult mental health social care and physical health social care means if you are affected by both and the combination is very disabling, but neither enough to apparently require intervention then you get nothing. People with mixtures of problems require support whether through PIBs, PBs, the new IPC, PIP or through social care seem to fall through every crack and have been found ineligible/there is no helpful intervention through any of these (though an appealing the PIP but I am unable to work, to feel myself regularly and healthy, to be able to go out of the house, to socialise. I was able to work full time 3 years ago. I need support but the various ways of obtaining it seem to all require different processes and eligibilities and apparently I cannot have any of them. I feel with help through one of these methods I'd be back in work by now, but you need support to access support if you are struggling. Eventually I found help through 'floating support' for mental health but struggle to get the best from this service.	S	
<b>7. What are the most effective ways for adult social workers to work with people who self-neglect?</b>	What are the most effective ways of working with self neglect across the adult life course?	E	Preston-Shoot, M. (2018), "Learning from safeguarding adult reviews on self-neglect: addressing the challenge of change", The Journal of Adult Protection, Vol. 20 Issue 2, pp.78-92, <a href="https://doi.org/10.1108/JAP-01-2018-0001">https://doi.org/10.1108/JAP-01-2018-0001</a>
	How does front line practice utilise executive mental capacity, research and MDT approaches to self neglect?	P	Braye, S., Orr, D. and Preston-Shoot, M. (2011) "Conceptualising and responding to self-neglect: the challenges for adult safeguarding", The Journal of Adult Protection, Vol. 13 Iss 4 pp. 182 – 193
	What are our practice frameworks? What do we understand by Executive Capacity and the relationship with self neglect, such as hoarding disorder?	P	Braye, S., Orr, D. and Preston-Shoot, M. (2015), "Learning lessons about self-neglect? An analysis of serious case reviews", The Journal of Adult Protection, Vol. 17 Iss 1 pp. 2 – 18
	Further clarity on how to work effectively with service users where self neglect has been identified and the service user has the capacity to understand the risks.	M	Braye, S., Orr, D. and Preston-Shoot, M. (2015), "Serious case review findings on the challenges of self-neglect: indicators for good practice", The Journal of Adult Protection, Vol. 17 Iss 2 pp. 75 – 87
	Safeguarding what is the approach to someone who is self neglecting- i.e. hoarding and who has capacity.	E	
	How to manage self neglecters who have the mental capacity to decide to self neglect? What sort of risk assessment tool can protect all parties in this area.	E	
	How can we help people who have capacity but continually choose to make unwise decisions regarding their health and wellbeing choices, refuse to participate in care and support arrangements to support them?	P	
	How do you encourage an older person to accept additional support when they refuse the service? Taking into account their human rights and safeguarding of vulnerable adults.	P	
	People who have chaotic lifestyles and whose choices lead to risks for themselves and / or others, for example, people who hoard and smoke and drink alcohol or use drugs. The level of intervention, assessing need and considering whether the person is making a caparitous non-choice	M	
	As above, working with people who self neglect is often on a continuum and requires regular support and often only when there is a crisis, can any change take place to protect from harm. Risk management plans	P	
	Older adults with alcohol issues /hoarding and MND	M	
	Capacitated self neglect, how do we best promote wellbeing when there is non engagement by the person?	D	
	Focus on vulnerability and safeguarding and the ability to safeguard in situations when the adult refuses support	E	
	What are the outcomes from social work involvement in cases of hoarding and self-neglect?	V	
	Does the structure and skills of social work promote the wellbeing of people who make self-damaging decisions?	O	
	How aware are social workers of the need to have regard to weighing when making decisions - ie if someone is said to have capacity to self neglecting - what level of consideration is given to their ability to weigh the impact and consider the possible consequences?	M	
<b>8. Does regular contact with an adult social worker and / or a long-term professional relationship with an adult social worker improve outcomes for people using services?</b>	Stayed the appointed social worker throughout the initial assessments which helped our service user feel more at ease when talking about day to day living issues, which was something he always found hard enough.	C	Continuity of care for carers of people with severe mental illness: Results of a longitudinal study, Tom Burns, Joellen Cathy, Kate Harvey, Sarah White, Ian Rees Jones, Susan McLaren, Tl Wykes, and for the ECHO Group. International Journal of Social Psychiatry Vol 59, Issue 7, pp. 663 – 670 (2012)
	I think all young carers should be given a long term social worker and someone who listens to us too as half the time social workers like a lot of other professionals neglect the fact we play a key role in our families care - & also recognise the fact we may need some support ourselves too.	C	
	Our social worker has always been extremely good with putting us at ease and explaining situations and support available to us. Having a constant social worker assisted to us during what have been some very difficult has been invaluable. Building up a rapport with our social worker has really enabled us to learn about each other and especially added our support worker in person to the support available in every day life.	C	
	She was permanent and has been in the post for two years. She knows us well and has been responsive when I have asked for help. I know she has argued and advocated for us with managers and commissioners. However, previous experiences left me not trusting services.	C	
	Not much. There has been no regular contact with social worker, and they seem to regularly change.	C	

	Checked out the quality of the emergency respite care more carefully....the place was closed down a few months later. Kept in more regular and sustained contact with me re my mum. A quarterly 10 minute phone call would have encouraged me to think we hadn't been deserted	C	
	They seem to have lost the role of being central to the care plan and don't keep in touch.	C	
	I have found it difficult having different social workers each time. I can't build a relationship with them and feel they don't treat people with a better ability than others.	C	
	We had a trainee social worker advising us, funding ran out and so we had no support for a while. He had to proactively ask for support. Would have been good to have had continuity of support.	C	
	Worried that lack of social workers means we rarely get a named individual	C	
	The continuity in her being able to be worker for my mother (as well as my late father) was invaluable. She already knew the family situation, hours of explanations were avoided.	C	
	Stay for ever in the background. As a never know. When if I need. Social worker. OT. Community nurse	S	
	Social workers should be named and assigned to clients long term, not constantly changed.	S	
	In matters of urgency or referral Adult Social Work Service worked well whenever needed. However, where the needs are chronic and care needed over a protracted length of time, what is felt as wanted by a client and those funding restrictions known to a Social Worker affects how well needs are met. Available personal money for private care and support funding by local authorities makes a difference to all workers	S	
	I hope that my new social worker stays with me for a long time, because I need their support. She has said to me I may get another one soon, but this isn't good for consistency and understanding a person's needs when their social worker is constantly changing	S	
	Just keeping in contact if things change	S	
	I have had three different social workers over a period of last three years. The reason given is that once they finished their assessment and if I was happy with their assessment they would close the file and if I needed further help afterwards then I would have to call the social services department and speak to the duty social worker and if I did not need any new support for the year the Social Services Department would allocate my case file to a new social worker to carry out the annual review. Each time a new social worker would come, they would have their own point of view though the situation remained the same	S	
	I would like to have the same social worker each time, but I've had 5 in 4 years. I have had an awful experience with one social worker in the past, and this makes me scared about the assessments, but the social workers never make allowances for that. This time they changed something I'd written because they didn't understand it, without talking to me. I complained and they fixed it, but it feels like it's always me doing the work. My approved hours of care increased, but they forgot to add this to my direct payment so I was running out of money. When I chased them, they then made a mistake and over-paid me (this is the second time) by about £400 (they still haven't confirmed the exact amount). Again, I've had to chase them about this and it's been hard work. I have a chronic illness and have been assessed as having 25% of the energy of a non-ill person, so I don't want to waste my time and energy on getting my social workers to do their work properly.	S	
	Be more available - very difficult to get in touch with them and too long to respond to you when you need them. Too many changes in personnel without being told why/when and not adequate cover if your worker is on holiday or sick	S	
	Kept in regular contact during a period of unstable mental health.	S	
	I don't know what she does when I don't see her. I get worried that she will go away and I need her to help me sort out my pockets appointment	S	
	I personally feel social worker should do outreach, to support people when it's needed. Bit like counsellors surgery where people can book in to see someone. Could be 1 to 2 hour a week at a church. The person could be there to take information rather than you having to book in an appointment or email. Just a suggestion	S	
	Be more accessible - not having a named social worker when you are long term user of services is not helpful and there is inevitable delay in starting as a new referral	S	
	How long are social workers involved with client? do they remain involved on an ongoing basis and build up a relationship or manage from crisis to crisis?	O	
	Effectiveness of named social worker approach?	P	
	How can adult social work offer continuity of service and involvement when people's issues and situations are ongoing? i.e. support in terms of chronic situations?	E	
	What's happened to long term social work - the false economy of short intervention	M	
	Does having a named social worker really help achieve more positive outcomes?	O	
	Usefulness of a named social worker from the local authority in end of life care	P	
	Should social workers be seen as skilled professionals who are recruited to work with a case on a consultancy basis or should they be seen as the key worker with full responsibility for co-ordinating every aspect of a case, even when stability for the individual or family etc. has been established?	M	
	Does having an allocated social worker improve outcomes for people with addictions? How do people feel that having an allocated social worker has supported them to reach their desired outcomes?	P	
	Does having an allocated Social Worker to call and build a relationship lead to less crisis working and to less packages of care?	P	
	Does continuity of social workers help promote people's wellbeing?	T	
	continuity of worker-pros and cons	P	
	Whether there is a role for longer term relationships between SWs and their clients rather than short term, task focussed work. Some argue that this is a false economy, although that it is the role was first and foremost	O	
	Does the frequency the person meets or talks to their Social Worker, or keeping the same Social Worker throughout a crisis (e.g. changing from hospital Social Worker to intermediate care Social Worker to community Social Worker to reviewing efforts) have an impact on the wellbeing of the person or not?	P	
	Is it better to have a long term social worker - or lots of different social workers intervening when necessary to address the wellbeing of clients with complex needs. I personally feel that having lots of social workers is of less benefit to the client and family?	O	
	Is there more that can be done to ensure people have the same worker consistently over the period of time they receive support? - I think the impact of having continuity of care and the chance to build a relationship with someone is currently significantly underrated. Some research to attempt to quantify the difference in experience of someone who has the same worker for all calls versus someone who sees different workers each day would be very interesting.	P	
	Should there be a standardised framework for face to face for timescales of regular contact - like in mental health?	M	
	Relationships, theory and practice. How current practice of short intervention with service users impacts on long term wellbeing especially if they have frequent involvement with ASC	P	
	I feel it is important that person have continuity of an allocated social worker to enable the person to form a good working relationship with the social worker and for the social worker to have a good understanding of the person.	P	
	Is there any link between effectiveness and consistency of named social worker involvement?	E	
	What evidence is there to support the benefits of a named social worker for older people rather than support provided as needed?	M	
	Does longer term input from social workers improve long term outcomes for service users, rather than short term interventions to improve statistical outcomes and maybe explode on faces?	P	
	How does the lack of continuity in working/staying with people and families increase the likelihood of reaching crisis point?	T	
	What impact does the raising of the bar for access to social care due to austerity cuts have on the prevention of future deterioration of mental health?	E	
	Impact of constant changes of service users and workers.	E	
	The social worker could have argued better with the contracted agency to take my mother's mental health needs (anxiety and depression) more seriously as she appeared very able physically for her age and therefore was deemed by the agency as coping well. The agency tended to 'fit her into' the demands of other service users who had more physical needs.	C	
	Help was in person and too generalised. People are different so help needs to be. Not a one size fits all approach.	C	
	Out of the many social workers we have come into contact with, two have done a really good job for our disabled sons. One was responsible for setting up every aspect of supported living and putting him in touch with someone who helped him find supported employment. Another understood why our other son was in good residential provision. She put his needs first and supported us to have him in the care placement.	C	
	Keep the needs of the individual at the centre of everything.	C	
	No one ever saw him as a whole person. I was being told 'that's medical' nothing to do with us.	T	
	Person centres using narrative therapy	T	
	She did not seem to want to know about the things I worried about that she did not know, I was and am worried about my boyfriend, he is a lovely person and I think that our relationship needs help, she just turn away from that, it was too difficult for her. This is what makes me sad that I can't seem to be able to talk about it	S	
	How to focus adult social work on emotional/psychological issues as well as physical needs?	E	
	To what extent is the communication between social worker and service user / family geared towards person centred/personalised approaches?	E	
	To what extent does a procedural focus in social work structures promote a procedural approach to communication and engagement?	E	
	Exploring how practice tools can support interventions with adult service users that demonstrate creativity and a person centred approach.	E	
	That decisions are evidenced as person centred.	T	
	How do we promote a greater holistic approach with health	M	
	What role do service users want their social workers to have in developing community resources and relationships that meet their individual wellbeing needs? currently all services and support seems to have to go through procurement channels which appears to block more organic and person centred/individual arrangements.	O	
	How can social workers help people maintain participation in expansive roles - ie people do more than wash dress each and toilet themselves.	O	
	How well do we share information to ensure good person-centred care and services	O	
	How more holistic work with the client and the people/ systems around them can reduce risk.	P	
	Links to health colleagues and how this promotes better outcomes overall for individuals with learning disabilities?	P	
	Are integrated pathways/systems benefiting patient outcomes? What are patients experience of multi-agency/integrated working? Can people identify roles/responsibilities and whom is key lead? How effective is integrated working?	O	
	What is the benefit of networking internally and externally. What is the costs/benefits of a loss of multi-disciplinary team working?	M	
	Are adults' mental health related needs met better through integrated or unintegrated NHS/LA services?	M	
	How does a close working relationship between sw and other different professionals working in social care impact on service users. Eg. Does an initial joint visit with an OT or sensory officer improve a service users feeling of wellbeing compared to separate assessments and visits.	O	
	Does closer communication and information sharing between sw and others have a direct impact on service users satisfaction and outcome measures	O	
	Do we know that integrated mental health services provide better outcomes for adults and carers?	M	
	Does a multi-agency approach benefit customers?	P	
	with the move towards connecting care and working in teams with health colleagues and the third sector can you identify any blue offers for the mental health support	O	
	We know that over the last two years the number of people being assessed under the MHACT has increased. People are being detained because they are assessed as being of such a risk to themselves or to others that there is no less restrictive option. Is there a difference in morbidity in areas where social work and health remain integrated under s75 agreements vs those areas that have disaggregated with separate social work structures and separate health structures?	O	
	The effects of collaborative working on individuals wellbeing. Effects on individuals who have a collaborative part in their care plans/decisions from a service	P	
	I have worked with LAs that have integrated with health financially and those that don't. Neither seems to work well. Are joint visits with district nurses of more benefit? Is sharing an office with health colleagues more beneficial? I think it is.	O	
	Impact of integrated working/effectiveness of this and best models for community social work	M	
	Research on hearing actual client experiences of both health and social care, (and the gaps between the two) could provide clear leverage for local systems to work together instead of focussing on externally imposed targets that drive dysfunctional behaviour. A personal thing but I would be happy to translate experiences against what health & social care think they are achieving. Strategic priorities often miss the experience of the individual and are then almost allowed to operate in a vacuum because the interface with the system is at a client/practitioner level that never reads into strategic and financial implications.	M	
	What are the strengths and limitations of a collaborative approach	O	

<b>11. What are the most effective ways for adult social workers to work with people with acquired brain injury? What knowledge and skills do adult social workers need to work with this group?</b>	The first social worker we had did not have an understanding of the type of injury my father had and was insistent on placement in over 60 dementia care homes when in fact he was an older adult who had suffered a severe brain injury our registration social worker was more understanding and has previous experience in this area, I think social workers should be better matched with the patient needs and not just given a case	C	Mark Holloway,* and Rachel Fyson (2016) Acquired Brain Injury, Social Work and the Challenges of Personalisation. Br J Soc Work. 46(5): 1301-1317.
	After 5 years of beating on doors and near to collapse actually got a social worker who had learned about Head Injury in her own time	C	
	Had a better understanding of brain injury for example when I explained that my son becomes fixated on things such as persistent testing almost making noise - she commented him to be heavier.	C	
	The social worker was dealing with my brother who has a traumatic brain injury. At no point did the social worker consider that the problems my brother was dealing with were associated with diminished mental capacity due to executive impairments following his injury. She should have asked for specialist neuropsychological assessments of capacity rather than assuming he had it. They should always received training in managing brain injuries early on as it is my belief that they have the resources to do this.	S	
	My social worker was poorly trained and ill informed about my care needs and my situation. Complaining served to introduce an intervention that resulted in better supervision and case load management	S	
	Communication - updates would be helpful and just checking in with me to see how I'm doing would make me feel valued. Being available to talk to - understanding brain injury and its effects - a social worker trained in disability at least would be better. Reports are too confusing Takes too long to sort things out - when I was in hospital for 2 weeks, my care package at home was cancelled and I had no help for 3 weeks afterwards. I rely on carers to support me with my personal care. It can feel quite threatening when a social worker is in your home assessing you and making these huge life decisions. It sometimes feels like they are threatening you with losing your funding and you feel pressured. For example, I still attend Headway when I'm ill because I'm worried I will lose my place otherwise. They don't think about your wellbeing enough.	S	
	How do social workers conceptualise, understand and respond to the needs of families affected by acquired brain injury when lack of knowledge of the condition is endemic?	O	
	Being in my SW's lack of knowledge of executive impairment and reduced insight in the case of acquired brain injury, how do they begin to conceptualise the condition and assess risk adequately?	O	
	As social workers are not trained in relation to the complex and invisible nature of acquired brain injury, how do they formulate their assessments that underpin the plans that they make?	O	
	Acquired Brain Injury, why/how is it misunderstood/misperceived when services are required	O	
	social workers - do I know enough about Acquired Brain Injury	O	
	How does social work meet the often complex needs of adults with Traumatic Brain Injuries (TBI) when they do not neatly fit in to any pre-determined tick box, i.e. not just physical and not a learning disability but cognitive and/or physical disabilities arising out of a brain injury?	O	
	What clinical evidence is there that social workers use GAS (Goal Attainment Scaling) goals or outcome measures routinely to evidence their decision making when working with people, particularly Traumatic Brain Injuries clients?	O	
	how many social workers have either experience of or training in managing people who have had a brain injury and their families?	O	
	what training/experience do social workers in the area of safeguarding have of working with people with brain injury?	O	
	Brain injury: There are significant numbers of adults with brain injuries, often acquired rather than 'born with'. Statistics that exist demonstrate that a large proportion of prison inmates and homeless people have brain injuries. Further research is certainly required into the impact of brain injury on adults, and how social workers and other professionals can recognise and support these individuals to manage the impacts of their injury. research regarding the impact that adult social workers can have on this particular client group could be invaluable. It is an under-recognised issue which can have a dramatic impact on the welfare of their families.	O	
	Again, in relation to acquired brain injuries, research about how best to train and equip social workers is needed, and then about what differences they can make in co-operation with other professionals.	O	
	How a good knowledge/understanding and skills for working with and/or carrying out assessments on people with acquired brain injury impacts on the services they receive.	O	
	why are there so many adults with acquired brain injury (ABI) in the prison system, homeless and at high risk of self harm/suicide. Why is it that adults with ABI who do not have a physical disability are not assessed as safeguarding when there is clear evidence to demonstrate otherwise.	O	
	Adults who have acquired brain injury often do not fit into the criteria for support and therefore miss out, assessments are generally not made to address cognitive functioning, and decisions are made on the outcome of limited observations or conversations, people with BI can manage a task on one day but they can't do it the next. Decisions about supporting people should be flexible.	O	
	How we support people with ABI to live safely in the community	O	
	How we work with people with ABI to manage risk, capacity, safeguarding	O	
	There needs to be understanding around executive / frontal lobe impairment and how it affects individuals and their capacity and in turn their safety living in the community.	O	
	She made my family member who was under her care feel listened to.	C	This could be researched in several areas such as Advance Care Planning where there is a very recent systematic review. CW Wang (2018) Social workers' involvement in advance care planning: a systematic review, BMC Palliative Care.
<b>12. How can adult social workers work more effectively with people using services to involve them in decisions about their own</b>	Making forceful 'suggestions' to the disabled adult. [SHOULD HAVE] Listened to the disabled adult.	C	Stein Gary L., Cagle John G., and Christ Grace H. (2017) Social Work Involvement in Advance Care Planning: Findings from a Large Survey of Social Workers in Hospice and Palliative Care Settings. Journal of Palliative Medicine Vol. 20, No. 3, Published Online: 1 Mar 2017https://doi.org/10.1089/jpm.2016.0352
	When first visiting the home actually speaking and looking hubby in the eye whilst speaking not as though he did not matter also not to dismay things that are asked as soon as they are mentioned maybe not to talk down to people as though they do not care or have much compassion that everyone is the same and there's no different problems because there is also make time it is not always about rushing in and rushing out	C	
	My father has expressive communication difficulties, but is fully able to understand and make decisions, yet she kept speaking to me and my mother. She should have spoken to him directly.	C	
	Referred us to carers trust etc. Listen not control or talk over etc.	C	
	Does the psychologist that work in the social department courts? The psychologist is exactly just that, to listen, assist and guide their clients, with the knowledge and responsibility of their work. Being non judgemental and act with the full understanding of the client, especially in the adolescent and young adult client and their family background.	C	
	She always returned calls and I did not feel rushed. When the phone call came she really focused on my questions or concerns	C	
	Listened to the service users views more	T	
	How well do social workers involved adults with Mental health problems in safeguarding processes?	S	
	Consider me as a person, follow proper guidelines/legislation re the Care Act etc, provide useful up to date information. Give me more control and input into the whole process.	S	
	Listened to me, saw beyond what I was telling her as I am a proud person, kept in touch with me.	S	
	She should have listened to me more carefully and try to remember what I said about the things that matter to me. She does not like my dog. She gets quite cross when I forget the things she says.	S	
	Listen to me and when I gave her my opinion on my life it was acted on, And her not chatting to anyone behind my back without include me.	S	
	A good social worker gets or gives you the help you need not the help they think you should have.	S	
	Is enough being done to move to a more progressive model of support? Are we able to say no and reduce over prescription of services? Fine balance between choice and need.	M	
	Do care plans in mental health enable service users to be involved in their decisions?	P	
	Level of inclusion ability to allow promote individuals power and control over their lives.	M	
	How do AMHPs (APPROVED MENTAL HEALTH PRACTITIONERS) ensure that the service user maintains some control over the process?	E	
	How good are we as professionals at treating people as equal citizens and often do we slip into 'Professional knows best'?	O	
	Do social workers place too much emphasis on the wishes of the family, when service users lack full capacity? Are service users' wishes maximised?	P	
	Is decision making transparent and inclusive. Who do you think has the power, yourself or the social worker	P	
	Are social workers using reasonable adjustments to support service users to make decisions about their own support needs?	O	
	Does 'personalisation' work equally well for people from all service user groups? Does 'personalisation' work equally well for people from all social classes? Does personalisation work well for people who cannot afford to 'top up' their personal budget with private care?	T	
	How can social workers work more effectively with service users - what is the balance between care and control?	T	
	How does mental capacity influence the 'right' balance between care and control in individual situations?	T	
	Service users experience of involvement in planning their care and planning risk management?	O	
	Are social workers involving a person/their representative fully when looking at decision making Are people fully engaged and how is this understood?	P	
	Do adults feel involved in decisions made by Adult Social Care? If not, how can we improve their involvement?	P	
	Do adults with care and support needs feel they can challenge social workers or other professionals working with them?	P	
	Collaborative approach is suppose to involve the person using services but how far are there views considered? what value/power/weight does that person hold within that partnership working? how tokenistic is this?	P	
	How do social workers make decisions about outcomes with service users and manage expectations of the service provision.	P	
	Is person centred practice effective in achieving better outcomes for people?	P	
	How can social workers ensure that service users are empowered to be as independent as possible whilst ensuring their personal needs are being met?	O	
	Do adults who access community services feel they are empowered to make decisions about their support?	O	
	To what extent does social work increase the options and choice of service users?	O	
	are you given enough opportunities to be involved in decision making what would help you get more involved	O	
	How many service users are directly involved in adult care processes - to what extent does the advocacy principle mean we rely on family or friends to advocate.	P	
	Is there sufficient time to engage in effective partnership working towards clients' own objectives?	E	
	Impact of people centred planning	E	
	Are social workers being led by more what families' want rather than the individual? If so how can we support a move away from this practice, besides reiterating the importance of person centred work?	P	
	How service users are empowered and involved in decision making where possible. Where a service user is lacking in capacity, research needs to ensure that Best Interest Decisions are made.	M	
	Do people feel involved in the decision making process? Do people feel listened to by social workers? How could things improve?	P	
	There is a need to understand co-production/early intervention/what kind of universal offer can be made by social services.	G	
<b>13. How can adult social workers use their professional judgement to produce flexible and creative care plans that (a) meet individual's needs, and (b) anticipate and respond to changes in people's</b>	How comfortable are SW in putting forward creative plans that may not be the 'norm'	O	
	The use of general advance care planning, asking people what their views are as their age, health, circumstances change. These types of questions underpin the Care Act - advice and information and preventative awareness.	M	
	It sometimes feels hard to be 'creative' with personal budgets to meet people's needs when trying to get package of support agreed if the support requested is not the 'normal'. Are they are tools or anything to support practitioners to evidence how they are meeting people's outcomes with less traditional services and also for local authorities when formulate the same process to agree the funding.	P	
	How to support people to plan their own futures using all possible agencies	O	
	How do we evidence that Support Plans are driven by the individual's needs and wishes? All too often, it looks like social workers are still only thinking about how many hours of support might be needed as they are conducting assessments.	O	
	Formulations leading to Crisis plans.	P	

	Care plans - are meant to be the service users document to own and share. Service users can read them, don't understand them and don't own them. Care plans are done to people rather than with them. Care plans only meet the authorities agenda for targets, information sharing and record keeping. Care plans are not read by carers of care agencies. There is a culture of carers showing up at peoples homes and having a list of tasks to complete and some background of the person but the majority of the information shared about a service user is not read by the people delivering the care on the front line. My research question would be, "whos needs are we meeting when we write a care plan?" I believe the answer is not the service users. I would like research to focus on asking care providers - particularly from the domiciliary carers - how often they read a care plan, how often are they encouraged to read a care plan, how often they follow a care plan, how often they understand the middleclass language of care plans and can interpret it, how often they look for a care plan when they enter a property, how important do they think they are - how relevant are they. I would like research to ask service users the same questions. Considering I spend my days writing care plans and assessments for the 'benefit' of the service user I do not think the service user is aware that it is their document to own and I do not think my agency behaves as though the document belongs to the service user. I believe that the assessments and care plans are written by my agency for their benefit and the benefit of other agencies and I believe they are not read by the professionals/providers we share them with (because they go ahead and do their own assessments and duplicate the work much to the frustration of the service user)	P	
	who defines what support is? how can this be looked at more creatively so it isn't about commissioned services?	M	
	In support planning what risk empowerment tools/approaches work and what do not? is it better when it is not the social worker who assessed doing the support planning - what has been the experience for service users? what is the role for professional judgement in support planning and creative interventions? whatever happened to nil cost support plans and unmet needs?	E	
	How many LAs are flexible in their approaches to care planning?	O	
	Further research into the role of social work as identified in the final report of the Competition and Markets Authority (CMA) into the working of the Care Homes Market. This report contains a mainly positive section on the role of social workers in helping people assessing care options and the positive difference their advice made in helping people make their decisions. This research was mainly "about" rather than with social workers and it would be useful research to look at the evidence on supported decision making on care placement and how this works in practice from the social worker and service user viewpoint and the reasons for variation between authorities.	G	
	Have a wide knowledge of a range of activities/provisions available. I kept being asked what I wanted my son to do - but I didn't know. No SW has ever suggested any activities for my son to do, e.g. special olympics, inclusive football, drama, dance. Recognise that when Services repeatedly break down, or when a client won't engage- maybe this indicates a needier individual than usual services can deal with. My son never quite fitted in to anything provided. I thought there was nothing available that would work for us.	C	
	Could have taken care with writing a correct care plan rather than just pasting and copying the last one causing contradictions that I have just had to bring to his attention.	C	
	We could have had more evaluations on the care plans	C	
	Took time to talk about the services that would be available, when we came in to requiring a care package. This came about suddenly when cared for became housebound - and was a new experience for me. Also was available when needed.	C	
	She could have found out that my Direct Payments would end when I had to retire on ill-health. I could get them when I was on sick leave, so we put in place a Personal Assistant etc, but then payment stopped when I had to retire on ill health as my pension took me a couple of pounds over the limit and I would have had to pay A£20 a month for the few hours I had the PA for. Obviously couldn't afford this so went through the whole assessment process for just a few months, then it was withdrawn and I was left on my own. She had no contact with me after that either.....	S	
	I had a care package put in place when I was on sick-leave, but when had to I retire on ill-health, my small pension took me a couple of £s above the cut off rate for Direct Payments so all help was stopped as I couldn't afford to pay. I then got no follow-up with the social worker or anyone else. I was just left, sinking further and further.	S	
<b>14. How can adult social workers develop whole family approaches that enable all family members to be involved in decision-making? Which models work best (e.g. family group conferencing or open dialogue models)?</b>	She could have listened to what we told her about my mother and her condition instead of just listening to my mother. It was a 26 mile round trip to my mothers (I don't drive) yet mother told the social worker that family lived nearby and were always on hand to help (not true and as I and my sibling work full time, miles away from her home).	C	A NIHE SSRC study investigated this recently; Tew, J., Nicholls, V., Plumridge, G and Clarke, H (2016) Family-inclusive approaches to reablement in mental health: models, mechanisms and outcomes. British Journal of Social Work.
	Think of us as a whole family unit not just in terms of my sister. I was identified as a Young Carer 18 late & that was only by school when my grades crashed despite having contact with care services for my sister... & even then when we did have one they didn't say, but even when they were around no one ever thought in terms of us as a whole, like my sister being autistic is obviously gonna struggle more when mums health worse (she's got cancer) & the responsibility of it fell to me, but no one ever asked what we can do to help her situation.	C	There is a broad literature on Family Group Conferences.
	he could have acknowledged my knowledge and expertise and built on that as he carried out a assessment of my son's needs.	C	See SCIE review 2012 - At a glance 62: Safeguarding adults: Mediation and family group conferences <a href="https://www.scie.org.uk/publications/ataglance/ata glance62.asp">https://www.scie.org.uk/publications/ataglance/ata glance62.asp</a>
	[SHOULD HAVE] Listened to me as a carer. I understand the patient comes first but our social worker listened to completely unbelievable allegations which were unfounded (and proved to be so) even though she said she didn't believe them but had to follow them through. This caused enormous pressure and tension with everyone involved - common sense did not prevail in this case as it would be helpful if there were ways to avoid such situations.	C	
	My first social worker was terrible - had a 16 year old daughter who has learning difficulties and autism and she wasn't willing to listen to anything I was saying apart from the times that she's to come round and see my daughter's behaviour was well but not the other times when she wasn't well she didn't want to know much about it. I had to then get an advocate and a close friend who knew me and my family very well before I could get further help. I thought she was a terrible social worker.	C	
	Social workers need to communicate with both child and parents. Give the parents chance to speak and tell them about the care and how they deal with it (not that they need it) as no parents would go to a social worker if they do need any help. Social workers need to have empathy emotional feelings show that to the carer show them that they are here for them and not against them it is very important that carers feel supported and Will Heard.	C	
	Nothing. Inaccurate care plans. Not listening to family when trying to give advice. Not altering incorrect care plans.	C	
	Listened to family members who know them well, rather than trying to force them out. Not come with a pre conceived plan.	C	
	Treated me as an asset rather than a liability. Believed me. Respected my experience both generally in caring for disabled people and specifically in my knowledge of my daughter and her very specific needs.	C	
	Worked with me to support my son effectively. Listened to my concerns. Communicated clearly with me. Read information I had sent about attachment disorder to understand my son and his needs and behaviours.	C	
	They need to understand families fears and work with us.	C	
	Communication with family was a bit specific, although I appreciate my mother in law has capacity and some aspects of her assessment she wanted to keep private, but general family communication could have been better. We also could have given a bit of information about what has happened.	C	
	The social worker has never contacted me, my mothers carer along with my dad.	C	
	To understand the depth of the young adult client and his family, their relationship, and cultural background. To not assume or impose their own ideas, on the young client's need or parents need, without truly exploring the facts. Basing only on 1-2 interviews, separately, the social worker actually sum up the whole dynamics and interaction of this young client with cancer, and his family. We didn't find that helpful at all, and a wasted resource of the social work done.	C	
	Keep in regular contact with the family about parents; and it was difficult to try and make contact with them; also wasn't updated when the social worker was changed to a different one. Definitely need to have a better communication system when dealing with families.	C	
	Listened to what we told them. Treat us as a family unit taking into consideration the needs of all the family.	S	
	I think it would be interesting to do some research about the use of Family Group Conferences in adult safeguarding.	E	
	Do service users and their families value interventions such as family group conferences? Which recording systems enable information to be shared or accessed according to service user wishes?	P	
	Where there are tensions e.g. where the needs of a service user and their carer may be at odds what skills and knowledge does the SW develop in decision-making re support?	E	
	Why do social workers not use a family centred approach and work with other professionals (those who are trained and experienced in working with adults with learning disabilities) to address the needs of children as well as parents/grandparents?	O	
	Models that do not pose an inevitable conflict between person's needs and autonomy and those of their family. Models of decision making that allow for both. Why do services tend to exclude family carers from decision-making?	O	
	I'd like to see an exploration of how whole family approaches can improve familial experience of social work interventions including trust between family and SW.	M	
	How can we ensure that social workers in the adult care sector are interacting with and understanding the needs of the whole family? This is particularly pertinent as the adult and children's social work are moving apart as disciplines.	M	
	Importance of involving the service user/family in multi-agency meetings and discussions.	P	
	Considering whole family - rather than being specialised in one specific diagnostic group or age.	O	
	How can we develop supportive and effective systems of support for adults? Can family group conferencing be more prominent on the social agenda for adults?	T	
	Why aren't more social workers being trained in open dialogue models.	O	
	Adult Social Workers do not work in isolation with just the service user. For intervention to work, it needs to be with the whole family & this may include children who do not need CRF services, others with disabilities, mental health issues, etc. I would like to see research into the effects of services now being so strictly split off & how holistic work across service user, family and community can help for those people with home.	P	
	How much time social workers are able to give to supporting families and others who are significant to individuals to be involved in care reviews and setting up packages? What happens when a social worker has to advocate for the wishes of a service user?	P	
	What use is made of Family Group Conferencing in resolving client need?	E	
	With the person's consent it would be good to bring everyone together to discuss how needs can be best met, which I understand is being considered with family group conferencing. How can we progress this?	P	
	To ensure that families/carers are fully involved and are treated with dignity and respect.	M	
	How do social workers balance their responsibilities towards both service users and carers when there are conflicting needs and concerns?	E	
	Research into the effectiveness of Family Group Conferences in complex cases involving families supporting an older person or person with a disability.	G	
<b>15. What are the most effective ways for adult social workers to work with individuals who are transitioning between child and adult care?</b>	There is a need to entirely re-think the transition from children to adult social care. It is not effective at the moment	M	Several studies of transition funded by NIHR - see also recommendations of NICE guidelines "Transition from children's to adults' services for young people using health or social care services" <a href="https://www.nice.org.uk/advice/ra13">https://www.nice.org.uk/advice/ra13</a>
	How can we enable better transition to adult life for young people who have mental health difficulties? More specifically, how can we engage with these young adults in meaningful discourse? It seems there is a transition in decision-making which can be challenging for both professionals and young carers.	M	And COC report <a href="https://www.coc.org.uk/sites/default/files/COC_Transition%20Report.pdf">https://www.coc.org.uk/sites/default/files/COC_Transition%20Report.pdf</a>
	what difficulties do SW experience when working with people transitioning from children's to adults? (reduction in provisions etc).	M	
	Why are there gaps in (workers) knowledge base and understanding of Mental Capacity, especially in respect of 16-18 year olds , which may impact on their (service users) rights, autonomy and access to appropriate services when they become adults.	E	
	How to develop details plans to support people in transition. How to improve transition between services.	O	
	How can service users of social work get a smooth transition from children's services to adult social care and from adult social care to older people's services?	O	
	How can we prevent service users from falling through the cracks between children and adults services or adult social care and older people's services?	O	
	The contribution and impact of social workers re successful hospital discharge, end of life, transition to adulthood and employment in particular the role social workers play in multidisciplinary environments.	G	
	We think there is an issue about the interface across education and health. Particularly the lack of working from children to adult health and understanding of continuing health care needs across the two.	O	
	Could have not told me, after requesting an assessment for my son, as advised by his school, that "not everyone needs a social worker" and "what did I want?" he was transitioning to adult social care from children's, is severely affected by cerebral palsy. I never got an assessment and this was my last contact with social services, over 7 years ago. Useless and degrading. Another would have been better.	C	
	not what I expected for my son by way of transition planning and the legal requirements between the Children and Families Act and Care Act.	C	
<b>16. What model of management and supervision provides the best support for adult social workers and ensures quality control of their work?</b>	How the effect of models of organisation management helps or hinders the ability of practitioners to operate in a way that supports people's well-being e.g. rationalist/objectivist models with quantitative performance indicators- is this really the best model for social work?	E	There are some ongoing studies of supervision eg. Wilkins D <a href="https://www.ris.org.uk/news-and-views/blog/reflections-from-a-series-of-empirical-studies-of-supervision-what-have-we-learned-so-far/">https://www.ris.org.uk/news-and-views/blog/reflections-from-a-series-of-empirical-studies-of-supervision-what-have-we-learned-so-far/</a>
	How do organisations manage supporting social workers to work in a strength based way?	E	Keran O'Donoghue, Ming-sum Tsui; Social Work Supervision Research (1970-2010): The Way We Were and the Way Ahead, The British journal of Social Work, Volume 45, Issue 2, 1 March 2015, Pages 616-633. <a href="https://doi.org/10.1093/bjsw/xtt115">https://doi.org/10.1093/bjsw/xtt115</a>

	How well are they supported by their managers in supporting people when there are so many pressures to allocate the next piece of work, waiting lists etc. How do social workers manage these tensions and make decisions about what they can fit time for and what they cannot?	O	
	Review of senior managers professional background, what informs their strategic thinking and how they support best practice in SW decision making - including how they design services, manage budgets and support innovation.	O	
	What does the professional background of team managers impact on job satisfaction and career plans of social workers? and why?	O	
	role of managers in supporting staff to manage aggressive clients and members of public. Also research that looks at how to provide the skills for management so that management can provide support to bolster social workers from complaints that arise from the difficult balance that social workers have to make between being supportive/client centred etc with having to make difficult decisions on resource allocation.	P	
	Supervision to support social workers to be aware of how their emotions affect the decisions that they make	P	
	to what extent do employers of social workers enable their social work workforce to speak up/challenge management decisions that go against their recommendations? how are these overturned recommendations formally recorded within case files? Do employers of Social Workers expect Social Workers to be autonomous in their professional recommendations or are they expected to put their name to decisions their managers have made?	O	
	More about the use of the supervisor and his/her skills in supporting the social worker to make this decision.	O	
	Yes. Does the effectiveness change when the Social worker is provided with strength based supervision?	O	
	How well are adult social workers supervised and supported to fulfil their roles?	O	
	How frequently is group supervision used in social work practice? As this can actually be a really effective and helpful way for social workers to share knowledge and ideas, rather than this discussion just being limited to the individual and their manager	E	
	How well supported do social workers feel in adult protection work?	O	
	Questions about our diminished rights as workers, the poor pay and poor working conditions, the increasingly stretched management and support networks that are no longer adequate and therefore potentially put people at risk.	P	
	The use of reflective supervision, is it happening? Its impact on decision making and the most effective approaches of enabling this for working with adults?	E	
	It would be helpful to understand how effective support and reflective supervision translates into learning and development at a practitioner level that then impacts on service user's experience.	M	
	I think support workers competency to be proactive in prompting, engaging and supporting people to meet their goals needs to be properly supervised (as in how therapists are supervised) and quality controlled - many people I know with ongoing MHT problems have found support workers at best to be both difficult and making things worse and helpful and at worst just harmful. I think with ongoing conditions, some care coordination support would be really helpful. It is one of the most disabling aspects of having a few difficulties, many professionals and a deep fear of phones and difficulties with motivation - to have to chase up, make appointments etc but support workers are not able to take on this role unless you lack capacity or are physically unable to.	S	
	17. What are the most effective ways for adult social workers to work with people with learning disabilities and adults with autism?	T	<a href="https://www.scie.org.uk/social-work/named-social-worker/finding-from-pilot-steps">Recent research on named social workers https://www.scie.org.uk/social-work/named-social-worker/finding-from-pilot-steps</a>
	How can we best support pregnant women with learning disabilities and mothers and fathers with learning disabilities so as to prevent traumatic care/child separations?	O	
	One area that is neglected is the parental duties of adults with a disability with responsibility banded back and forth between adult and children services. I would like to see how much neglecting this area is actually costing services in the end.	O	
	How do social workers come to decisions about children of parents with learning disabilities - whether the children should be removed or stay with their parents?	O	
	Are social workers good at supporting people with learning disabilities from minority ethnic communities?	O	
	How can social workers make sure people with learning disabilities have the best housing options and residential support?	O	
	How does integrated health and social care for people with learning disabilities when led by social care, make a difference to their wellbeing as compared to models of integrated care that are more health-led? What impact does this have for cost effective care for service users and carers, the teams and health and social care commissioners/organisations? Are there long term savings related to different models of delivering care and if so what are these and how should service models be informed and commissioned as a result? What impact does savings in health and social care have on outcomes for people with learning disabilities?	E	
	Social workers who need to work with parents with learning disabilities need to take more time with the parent and not just assume that the parent can look after their child properly. Think differently about communication methods!	C	
	18. What are the most effective approaches to building relationships with people using services and their families? What working conditions enable adult social workers to use such	P	
	The value of time spent with people leading to improved wellbeing. The benefits of building relationships with both service users and their carers / communities, which seems to be the last thing on senior managers agendas these days. Solid research around this would support social workers to deliver really beneficial support. See the best outcomes for people coming from working with their wider network, within communities, spending more time on this and this leads to greater creativity in support, away from the traditional menu of packaged care. However, convincing managers that more than 15 mins is required either per visit from us OR visit from professional carers, is still very difficult	P	
	To what extent is there evidence that social workers are allowed sufficient time to build effective relationships with service users / families with complex needs?	E	
	Cares and services What gets in the way of building relationships and working closely with people?	O	
	I would like to see research to evidence the effect of relational work with people. We all know that forming relationships and being congruent to those we work with is beneficial to success in any kind of intervention, be it overt or subtle, but also are acutely aware that performance measured outcomes limit our ability to undertake this in individually diverse ways. Can the value of relational work be measured against functional work?	M	
	How many times can a social worker go back until a connection is made with a person? How much does the system / capacity / resources allow for a 'trusting' relationship TO BE BUILT SO THAT ENGAGEMENT CAN TAKE PLACE?	M	
	Is there a particular 'work style / worker approach' that gets the best working relationship from clients and therefore the best results for the client?	O	
	Social Workers not only reacting in a crisis, time to get to know families so you can identify stress and strains on caring roles and identify strategies. Smart working charities and support groups	P	
	Qualitative research exploring what constitutes a great relationship across all of the above and what are the working conditions needed to support that	O	
	How much effort social workers put into rapport-building with clients?	T	
	What is relationship-based social work and is it still happening?	M	
	How much time is spent undertaking relationship based intervention? rather than inputting data.	M	
	Do they have sufficient time to listen and gain trust and confidence in helping people make difficult decisions and moves in their lives - are we becoming deskilled in this activity.	O	
	Understanding the most effective approaches for Social Workers in engaging with and interacting with others in Adult Social Care. Perhaps looking at relationship based practice, again practical tools to support this process and how systems impact on this success?	E	
	How do social workers form professional relationships with local citizens (adults)?	E	
	How does the fragmentation of the social work role impact on social workers ability to build relationships that enable them to work effectively and to also build meaningful with carers?	T	
	What role, if any, does relationship-based practice have in current social work with adults? In what circumstances is it important? How do social workers manage to achieve this in their practice?	O	
	I can't think of anything that the social worker did well when my mother had one. However, when my father had one, she managed to find him accommodation the same day that he needed it, and on a weekend too. She was very helpful. However, I did know her, not sure that made a difference (see student feedback)	C	
	It is very important that social worker is very friendly and has good manners has empathy has motivation has sympathy so the carer that they are there for them and show them they are there to support them and not against them understand the situation get to know the family get to know the child and parents and not judge them over what they see ask them more visit them call them but their friend be someone that they can trust you be loyal and honest and respect them from whatever background they're from what they see isn't always what it is this is why they need to know the family more they need to speak to the parents to find out what are the names they kind of care that they provide and what kind of help that they need for the child to do better so the more they help the parents with the care the less they will need to do in the future.	C	
	Got to know my adult son more	C	
	Give me time	E	
	Social workers that stayed and listened were always useful. Social workers who had to rush away always left us with a sense that we were being sold short	S	
	19. What difference does it make if social workers are the first point of contact, rather than receiving referrals via a triage	O	Some work on triage but it need more work to define this as a topic. SWs as triage workers? Street triage schemes seem to help those with mental health problems who come in to contact with the police.
	20. Would the use of therapy-based skills (e.g. counselling) benefit adult social workers' practice?	M	<a href="https://www.guilford.com/excerpts/hutman.pdf">Research on motivational interviewing in England has been undertaken recently. See Hutman chapter 2012 https://www.guilford.com/excerpts/hutman.pdf</a>
	Can we explore adult attachment more?	M	
	What clinical/therapeutic/relationship based skills do social worker's need to promote people's wellbeing?	M	<a href="http://www2.mmu.ac.uk/media/mmuacuk/content/documents/PhDs/Research/Alcohol-and-other-drug-use-report.pdf">Sarah Gavani (2014) Motivational Interviewing: Helping People Change (3rd edition), Social Work Education, 33:6, 854-855. See Gavani S http://www2.mmu.ac.uk/media/mmuacuk/content/documents/PhDs/Research/Alcohol-and-other-drug-use-report.pdf</a>
	How can the use of counselling and therapeutic skills improve interactions and interventions? (There is plenty of evidence but never links to the importance of social workers having and being allowed to use these skills is needed)	M	
	Adult Safeguarding and therapeutic/counselling/clinical interventions ('making safeguarding personal' taken a step further by using family therapy and systems/our/other/other skills)	M	
	Is motivational interviewing an effective intervention in improving service users' wellbeing?	P	
	What social work interventions/level of relationship improve the vulnerable adults lived experience? I.e. evidence to consider whether longer term therapeutic relationships with social workers improve outcomes	O	
	Motivational interviewing. CBT informed practice	P	
	Would social workers be able to deliver more by offering more group based support in communities such as information sessions and therapy groups while work?	P	
	Should social workers be playing a direct therapeutic role with people who use services	O	
	How can early interventions be shaped by nudge theory?	E	
	21. How can the health and wellbeing of adult social workers best be maintained (e.g. through working conditions, support and supervision)?	M	May be overlaps with supervision studies. Key to define baseline of health and wellbeing.
	Is wellbeing of social workers impacting on their ability to support wellbeing of adults they work with? If it is what support social workers have to ensure they can help others effectively?	O	
	Self care and organisational care for social workers should be priority research area to consolidate considered practice and professional	O	
	Emotional impact of decision making: Role of supervision and types (models) of supervision that is most effective	M	
	Does flexible/Agile working help to maintain a happier social care work force?	P	
	1. How well is our social work workforce? If we provide good working environment's and a culture of reflection and senior management involving Practitioner's about service development from would this improve out comes for people in need of care and support.	E	
	How do can safety of female workers been assured when ratio of male to female workers is so disproportionate and a high percentage of patients are a risk to women?	P	
	How social work promotes wellbeing at the cost of the social worker. What is a healthy balance?	P	
	How are adult social workers protected against abuse, violence and poor practice from others?	P	
	How being a carer impacts on social workers.	E	
	I would like research to address the risk that social workers take to ensure citizens are safe/well	P	
	Research could address our decision making process is handled as lack of supervision with case remains the social workers responsibility.	P	
	The remaining shortlisted questions (and the answer)		
	What factors facilitate effective partnership working between adult social workers and other organisations/professionals? What are the barriers and how	P	A lot known about integration and working with some professions - but still scope to look at some aspects of working together.
	The competing priorities of agencies and organisations mean that often social workers find it challenging to work 'with' them so finding areas of good practice where the social workers and people from communities and NHS service etc work together would be useful		
	Why do we believe that integration should be with health and not working h our childrens colleagues	M	



	How to ensure partnership working with nurses who do not want to work together	M	
	The problem of 'silo' thinking - as we move towards integration we become over protective of our uniqueness? What happens when we collaborate with our colleagues (health and housing colleagues)? what happens when we make efforts to look for and accept our common ground/health issues?	E	
	Further clarity on how to work effectively with health colleagues when risks to health have been identified but there is no specific social care needs in the development of health practitioners to act as a point of contact with other colleagues and to refer into social care if necessary	M	
	Why does multi-agency working not work?	M	
	How do social workers engage with other organisations to have an holistic response to risk situations How do social workers support other organisations who they cause to make section 42 enquiries	E	
	I would research to look at the interface between Social Care and Adult Mental Health to see how we can improve relationships to enable greater outcomes for people with care and support needs	P	
	What would the most effective practice be for working with the hospital? A lot of my teams work revolves around the hospital and I feel that 90% of the time it's us saying they aren't good enough or them saying we aren't good enough. What works well in other areas where this may not be an issue?	P	
	This is a big topic. In terms of agencies and organisations: What supports multi-disciplinary working and what gets in the way?	O	
	Can we learn from (Cultural and Historical) Activity Theory concepts of collaboration such as Knot Working (Engeström), Learning Learning and Co-Production to become more effective in the way we work together?	M	
	Social workers ability to listen and take notice of what other agencies and other professionals expertise. Particularly when undertaking assessments as they do not always have the insight or understanding into peoples disabilities or difficulties and others can assume this	O	
	How can social workers work with organisations that are faith based?	O	
	More work needs to be done to address integration of health with social care, there still seems to be a 'them' and 'us' attitude	P	
	Are social workers integrated with health? What is integration? How do social workers show social work values and professionalism? How do social worker s communicate? Do social worker s show dignity and respect to all?	M	
	How to overcome organisational barriers to multi organisational/collaborative working and stop duplication of work for effective and positive outcomes for the service user. With the emphasis of the service user being at the centre and participant of the processes	O	
	How can health and social work together more cooperatively?	T	
	I am really keen to learn more about Social Work in mental health services. This is an area that all Social Workers I come into contact with seem to struggle with: - to be able to understand the criteria for engagement from mental health services, how to promote wellbeing across these services when Mental Health services close cases very quickly to non engagement.	O	
	Promote joint working with mental health services when health services refuse to work with people who are not engaging due to mental health concerns	O	
	How coordinated are agencies and organisations interventions with people we support, and what could be done to improve this?	M	
	Why at times does it or should it fall to one person? More effective multidisciplinary team approach needed rather than a boundary focused and lead service that occurs at times.	O	
	Health literacy of SWs and social literacy of health care professionals.	O	
	I would like to see some research that evaluates the role of good practice social work in enabling integration with health.	M	
	Do Social Workers feel connected enough to multi disciplinary colleagues in order to make decisions about community, health and family support with Support Plans.	O	
	Is it appropriate for non-health or social care registered managers to lead social work teams?	M	
	What could social workers do differently to help increase integration effectiveness?	M	
	What can be done to eliminate JPOC disputes between health and social care over funding and responsibility? I've sat in meetings watching professionals arguing over who is responsible for each individual minute of each call and seen support plans where a 15 minute call is funded 6 minutes by health and 9 minutes by social care. The time and money wasted in these bureaucratic processes is absurd, when it should all be government money anyway.	P	
	With Care Act 2014 how are social workers managing within Community Mental Health Teams to ensure they are meeting their legal responsibilities?	P	
	What factors promote or impeded the development of good working relationships between social workers and professionals from other agencies. This should identify individual, organisational and societal factors	O	
	Difficulties of inter-professional practice	O	
	Q- Evaluation of the challenges of work between Local Authority Adult Teams and Community Mental Health Teams - Bridging the gap? In 18 years experience as a Social Worker, most in ASC, there is always significant tension between ASC and CMHT. The advice that there needs to be 'better multi agency working' is not working. We need a different perspective.	P	
	Multi agency working in a prison setting, how does this work in practice? Success of interdisciplinary work with health.	M	
	I would like to ask why social workers do not call for more multi-disciplinary meetings to help determine best outcomes for clients.	O	
	Do you feel that your relationship with the third (or voluntary) sector is genuinely collaborative?	P	
	Is there positive and regular liaison at operational level, with community and non-statutory agencies, to look at scenarios, train and prepare for joint working? What opportunities are created for joint training and mutual information-exchange with high quality commercial home-care and residential care sectors?	E	
	Interface between Social Care and Health - specifically CQC funding - arguments about funding/lack of	P	
	How do social workers work in multi-disciplinary teams and work effectively with allied professionals?	E	
	What are the effects of inter-professional working upon both social workers and the potential value to local citizens?	E	
	How do organisations work within a collaborative climate, given different priorities and financial constraints?	E	
	What support do health colleagues need to provide to social workers	O	
	How can we work effectively with other agencies to ensure good understanding, common endeavour, system leadership?	M	
	Are there particular risks for different groups of people? Are there some areas of risk that seem to be difficult for services to spot and engage with e.g. coercion and control/DV in older people?	M	
	We are interested in the knowledge and practice interaction between social workers working with children and those working with adults. i.e. To what extent do social workers operating in children's services know and understand about outcomes and good practice in adult life and thus services that they should be preparing people for (the four PFA outcomes) and, equally, to what extent do adults social workers understand and engage with what their children's counterparts are doing that will have a positive impact on their life outcomes.	O	
	How can we look at working across labels better? So for example a Community Led Social work programme that supports across all vulnerabilities. Social workers working with Adults are also working with families which often include children and young people too, and may well include those with mental ill health, unemployed, etc. etc. The troubled families agenda has gone some way to address this with some level of success but could still be stronger (and definitely needs a different title). From our experience in LA, most adult services don't actually know about the troubled families agenda and there is often duplication of resource. For info on this programme you can see the report published last April at <a href="https://www.gov.uk/government/news/troubled-families-programme-annual-report-published">https://www.gov.uk/government/news/troubled-families-programme-annual-report-published</a>	O	
<b>When adult social workers work with other professionals, how are their decisions influenced by other professional cultures and values?</b>	Do social workers feel that they are permitted to make such decisions (about risk) given other professionals expertise above their own? Do social workers feel they are often unable to make such decisions due to other professional influence?	P	No research but would need to specify which decisions are being meant - e.g. capacity assessment, best interests, compulsory treatment /assessment? Would be helpful to identify which 'other' professionals are being meant.
	We need further evidence relating to the "gilded cage is still a cage" issue. This is a difficult area to address with other professionals when records are making complex decisions, which of course is their role	P	Morris, Lisa (2016). Being seconded to a Mental Health Trust: the (in)visibility of mental health social work. British Journal of Social Work. Advance Access published March 27 2016.
	Does adult social work push back to other professionals such as medics and mental health practitioners to enable people to live safely in the community instead of being institutionalised?	M	
	Explore power imbalance within multi ds teams and how this may impact on social work decisions.	M	
	How are the needs of vulnerable adults in hospital balanced with the political rhetoric of bed blocking and non holistic recommendations of medical staff in hospitals.	E	
	Who is the most appropriate professional person to make decisions, person who knows person best v the professional who's qualification it is? Continue on the method of risk assessment, taking the least in risk assessment	P	
	I would like to see a comparison of co-located and separate NHS social work teams to see whether there is a difference in the independence of the social workers and the dominance in the medical model in these different areas.	P	
	How much influence do social workers feel that have within a hospital environment?	E	
	The impact on social workers, both personally and in professional decision making, of being lone or minority workers in larger medically dominated teams.	M	
	Adult social workers promote the persons right to take positive risk, respect their right to make unwise decisions - how can the impact of this be weighed against the views colleagues from other areas who believe that safety is about protection.	M	
	I would be interested in the area of risk aversion - considering the interplay between social care and other professionals. Potentially looking at the role of social workers in advocating for people to take risks.	P	
	Research in to impact of social workers often being the professional with a different view point and apposed to others	P	
	How can we promote independent decision making, and choice and control by individuals when other's views may see out support as enable "dangerous" or "detrimental" behaviour?	P	
	Are social workers less risk averse than health colleagues	M	
	Are social workers accountable to another professional in a MDT or to citizens. How can this be demonstrated if they are the gatekeeper of resources.	M	
	Adult Social Work in mental health services how they maintain Social Work standards in a predominately health environment.	O	
	reduced understanding by health managers when working within a NHS trust Most of the senior managers are health by background and do not understand the legislation and are happy not to follow this, this puts added stress on the social workers when looking at risk.	M	
	How well do SWers feel they are able to be person centred when working in NHS setting	P	
	Do SWers feel they have support from srr managers in their decision making if they work in NHS setting	P	
	How do social workers overcome professional power imbalances, particularly with the medical profession?	E	
	Did integration ever really work or is it a thing of the past? How can we integrate without assimilating?	E	
	What role do nurses, physios and OTs play in working with social workers to deliver joined up adult social care?	E	
	My impression is that decisions in respect of peoples safety are lead by NHS professionals and rarely challenged by local authority staff. NHS staff with no responsibility for budgets are frequently confronted by frail sick patients which the hospital experience has rapidly intensified and institutionalised are risk averse. I make the distinction between patients who can lift their body weight independently and those who cannot. The former require 24 hour care availability but the latter who are the majority of older patients require a focus on remaining as independent as possible.	O	
<b>How do other organisations/ professionals understand the role and responsibilities of adult social workers and how could this be improved?</b>	I think it would be useful to identify what the public and partner agencies understanding is of what social care provides and who it provides it to, especially in relation to adult social care as it appears that partner agencies believe that adult social care is responsible for everything. This may be due to austerity and cuts in the 3rd sector but I do believe there is an over reliance on social care to solve everything.	M	
	what is the standing of social work among other professionals especially those in health professions?	M	
	How does the profession of social work come across to various agencies. the 'I don't know what social workers do' comment does get discussed regularly	M	
	highlight where there is a need fir professionals to receive more information/education on the remit of social work	O	
	How can we help raise the profile as holistic workers across multi agencies. How can we raise our own identity by being good assessors and case managers and co-ordinators of multi agency work, particularly in Adult sector.	P	
	what is the role of social work in a clinician dominant MDT? How is this viewed / recognised by the MDT.	P	
	Similarly, it would be interesting to know what Health Professionals' perspective on Social Work is, its role and benefits.	P	
	How do we ensure that SW is given recognition by other professions including health services? Why do Health professionals not consider SWs when referring, eg give no notice of hospital discharge? Why do other agencies not even know what a social care need is?	M	
	Research into the view of health professionals in social care res.	M	
	Educating others in relation to the role of a social worker. What do others such as GPs know about the processes procedures that need to be followed. Understanding the legislation such as the care act that social workers have to follow. The lack of knowledge creates decisions and expectations that can not be fulfilled.	M	
	Other agencies and organisations - how they see the role of social workers working with individuals/families. Housing Organisations not being co operative with social workers where environmental factors play a critical part in supporting vulnerable adults. Too much emphasis is made of IT and on line referrals etc - and not enough on the individuals. Example - patient in hospital, had door broken down by police in order to access her. Housing Office will not issue new keys to social worker, but insist that they will be posted to patient's home despite knowing that patient or their relatives can access the house.	O	

<p><b>How can communication and information-sharing between individual adult social workers and between agencies?</b></p>	<p>Communication with other services - criteria's for sharing information when their is question in regard to the SU's capacity and the SU is deemed at high risk.</p> <p>Research to look at communication as this has been a huge part of serious case reviews</p> <p>How can the number of duplicated conversations be reduced, without increasing the risk of falling through the net?</p> <p>I wonder if data protection rules are having an effect on social care providers working collaboratively?</p> <p>I feel that local authority social workers are not using enough resources available to them and would ask if they really are aware of other organisations and services available to assist in addition to themselves?</p> <p>How strong is the handover of information from children's to adult services? Is the information and learning gained as a child accessible to adult social workers in the future - ie maintained on the same system or lost?</p> <p>Currently I work with agencies and organisations when I need to, but that is about being a confident experienced worker. This is not about providing workers with information to be able to do this which they do not get given and waste time trying to find out. How can we offer support if we do not know where that support can be found?</p> <p>How effectively do staff working for different agencies communicate? (e.g. are home care workers encouraged to communicate with social work staff if they notice changes in need or circumstance that make independent living less safe?)</p> <p>how we join up, housing, health, et al, data-sharing agreements, one single assessment, IT implications</p> <p>Under use of the resources that are already in place in the community again it's about sharing information which would be easier if communication systems interlinked</p> <p>Information sharing, communication is a big issue especially when arranging discharge from an acute hospital into the community.</p> <p>The responses were slow and I was unable to get anywhere on behalf of my family member without having to practically stalk the social worker and she very rarely returned my calls. I think they are just completely understaffed. It would also make a difference if the social worker were able to talk to the finance dept and other departments regarding the client as it was totally disjointed and each dept. Could not access another information so the repetitiveness of dealing with social services was unbearable.</p> <p>Changing of worker regularly meant that it felt as though the situation had to be explained time after time and the same questions were asked. Some paperwork I received had the wrong name or DOB which really didn't make it feel like anyone actually cared.</p> <p>It is incredibly complicated and time consuming. There are so many different personnel to deal with and the systems aren't in place for them to communicate with each other. Health and Social Services often seem to be working against each other. Quality care for older people is massively under funded. It doesn't seem fair that older people who have worked hard and paid tax all their lives can be deprived of the savings and the home they hoped to pass on</p> <p>The social worker did not seem to know enough about local agencies and be able to offer advice about whom to approach</p> <p>The process is very long and very time consuming. You have to repeat all your history to every new social worker. It would be better to have your old forms available at each meeting even if it is a new social worker.</p> <p>They could have been better coordinated with my last social worker. Since she retired I had to wait 2 years for a new social worker. This was a long time for me and I did hit crisis before they finally gave me a new social worker. My new social worker is nice, she is going to try and get me more hours for my direct payment but it will take a long time for her to get to know me, although she has been in touch with my partner about my wishes.</p> <p>data protection act and information sharing between agencies, DPA is used to withhold information IT systems and how these help / hinder, the IT system directs and 'rules' what we do, we are bound by what it allows - process is more important than action - links between children's and adult social care and their IT systems when they don't lead on from children's to adults - links between health and social care, joint working - how many years have we been talking about this as a way of</p> <p>Sharing information/systems?</p> <p>How can this be improved to benefit the service user and improve services we provide - for example sharing information and not asking people to tell their life story time and time again.</p> <p>Would all professionals having access to all systems improve multi-agency working and information sharing?</p> <p>The usual and long, long, answer of lack of, or poor communication between agencies.</p> <p>How do MAT (MULTI AGENCY TEAMS) work? How is information shared? What barriers do social workers usually have to overcome in relation to families?</p> <p>Can there be better information sharing between adult services and the police?</p> <p>How can outcomes and information sharing be tracked more quickly and easily?</p>	<p>O</p> <p>E</p> <p>P</p> <p>O</p> <p>P</p> <p>O</p> <p>P</p> <p>O</p> <p>E</p> <p>M</p> <p>P</p> <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>S</p> <p>S</p> <p>P</p> <p>O</p> <p>T</p> <p>P</p> <p>T</p> <p>P</p> <p>O</p> <p>M</p> <p>E</p> <p>P</p> <p>M</p> <p>O</p> <p>P</p> <p>P</p> <p>O</p> <p>E</p> <p>O</p> <p>O</p> <p>V</p> <p>V</p> <p>O</p> <p>P</p> <p>M</p> <p>P</p> <p>O</p> <p>E</p> <p>P</p> <p>P</p> <p>G</p> <p>P</p> <p>E</p> <p>E</p> <p>O</p> <p>E</p> <p>O</p> <p>E</p> <p>E</p> <p>O</p> <p>P</p> <p>M</p> <p>E</p> <p>E</p> <p>E</p> <p>O</p> <p>P</p> <p>M</p> <p>M</p> <p>O</p> <p>O</p> <p>P</p>	<p>There is some research on the work on non-social workers in roles that are predominantly done by social workers eg Approved Mental Health Practitioners. Thus it is hard to say that this is unique. There is also research on social worker in multi-disciplinary teams eg in mental health</p>
<p><b>What is the unique contribution of adult social workers to decision making? What is their unique contribution when working with other professionals to provide support to people using services and carers?</b></p>	<p>What is the role of social workers within the CHC [CONTINUING HEALTH CARE] process?</p> <p>An analysis of the changing role of an Adults Social Worker: Greater assessment/safeguarding role vs. reduced therapeutic/supportive role?</p> <p>Does it need a social worker to do this job?</p> <p>Do Social Workers who are AMHP make different decisions to support people to other professionally qualified AMHPs?</p> <p>What difference does a social worker make, compared to other professionals, both qualified (eg occupational therapist) and non qualified (eg assessor SW assistant type roles)?</p> <p>How damaging is the dominant biomedical approach to mental distress to service users, and what part can social workers play to counter this? Should social workers and not community psychiatric nurses be care coordinators for people open to mental health services?</p> <p>Is it beneficial to refer isolated older people for social work assessment (as opposed to unqualified support workers or volunteers)?</p> <p>The title of Social Worker in adult services seems to be used as a generic term for any caseworker in adult social care and there seems little widespread knowledge that the title should only be used for qualified and registered practitioners. This is damaging to recruitment, retention, professional conversations and expectations and professionalism in general. Is this just a regional thing or is this national? My managers are very reluctant to adopt a narrative that only attributes the registered Social Work title to social workers and prefer to say that social work is undertaken by everyone including nurses and unregistered workers. I think historically we have had difficulty recruiting social workers so a pragmatic decision was made to adopt a case management model and to then say everyone does the same job. ....then they wonder why social workers left en masse. Having told unregistered workers (nurses and nurses) that they do the same job as social workers they are now fearful of saying that only social workers undertake social work and that there are a whole range of other valuable skills and roles that other practitioners undertake. They fear a backlash from unqualified workers who are now very vocal in their upset about being told that social worker's role are now going to be distinct. Unregistered workers now have a script that they do the same job as social workers but are just paid less. ....Please do some research that exposes the ways in which adult Social Worker's roles are distinct, professional and complementary to other professions. Perhaps some research about the impact of 'case management' and whether this is a viable social work function - does it fit with PCF/KSS etc?</p> <p>To define what it is about the Social Work intervention that achieved the outcome.</p> <p>What do social workers do that enables sharing of information to promote independence and well being</p> <p>What is distinctive about social work? Are social workers necessary in an integrated world?</p> <p>Should social work be part of the NHS?</p> <p>I would question the notion that Adult Safeguarding seems no longer to be the province of specially trained and experienced social workers and now is diluted to almost anyone. This undermines the importance of safeguarding. Was this the intention?</p> <p>It is review of whether we're stuck with a case management style model still. Whether there is a role for two systems - one for people who want support but are able to define what they want where case management is still appropriate, and one for people who want or need social work intervention with its toolbox of approaches</p> <p>Examine the multi-role of social workers in society - who are they working for? The loss of integrated teams in mental health and the impact on wellbeing as fewer care coordinators come from a social work background</p> <p>I would like research to really address the crisis in role identification in ASC social work</p> <p>What specific interventions do mental health social workers offer to adults that is distinctive from that of other mental health professionals?</p> <p>I would like there to be research on the articulation of the different elements of the SW role (Ruth Allen did this in MH). What should adult SWs be doing? How do we define outcomes? I think that unfortunately we're a long way off the IFSW definition of what SW should be</p> <p>Are there differential outcomes for citizens based on the allocation of a qualified Social Worker or social care worker?</p> <p>is the care management model the right model for social work?</p> <p>Working in the Mental Health field for numerous years and noting, although we as social workers may be meeting/assessing citizens needs more frequently we have reduced chances of building a rapport with the citizen. Back in the day this was a safety net which kept many out of hospitals and respite units. It was also high in promoting the wellbeing of our citizens. Many citizens will remark that they can never find a social worker when they need one and sometimes the intervention from the NHS can be medication led. This can sometimes lead to disengagement from service and a lack of understanding from our citizens. How can we change behaviours that has seen social work from being that guide, shoulder to lean on, and more...to what was a highly respected profession and in a high demand?</p> <p>Is there any significant difference between first contact provided by social workers or by staff who are not qualified, in terms of user satisfaction, the numbers of people who subsequently receive services and the cost of those services?</p> <p>Can the role of adult social work be undertaken by other professionals? Is adult social work being diluted? Do we really need adult social workers?</p> <p>The role of adult social work within multi-agency working is still unclear and I think this might mean that social workers lose sight of the 'social'. I think there needs to be a review of the research currently available of adult social workers in multi-agency teams and then a consideration of other models of adult social work practice- for example, how would social pedagogical approaches support relationship building across adults, carers and other agencies.</p> <p>What role does social work play in an integrated team, in supporting wellbeing and what added value does a social work perspective bring? What added value does a social work give to an integrated team and what is their unique contribution?</p> <p>Impact of the power social workers have within their statutory and legal frameworks and how this can influence decision making within multi disciplinary teams.</p> <p>1. What is the distinctive contribution social workers make to teams and contexts including: multi-disciplinary decision making in geriatric and old age psychiatric/mental health settings; hospital discharge; AMHP decisions; capacity decisions and how does what SWs do contribute to wellbeing and/or safety?</p> <p>1. What is the distinctive contribution social workers make to teams including multi-disciplinary decision making in geriatric and old age psychiatric/mental health settings; and in work with other agencies e.g. the police, health professionals and what do they tend to deal with that others do not (e.g. high emotion, risk etc)? 2. Where SWs are based (or embedded in) primary care services what kinds of issues and problems can they prevent escalating or deal with effectively that helps the patient/carer to reach the SW's remit?</p> <p>Do social workers have a different approach/set of values than previous professionals, if this is applicable? If yes, how so?</p> <p>How do social workers manage their professional identity within a Multi Disciplinary team?</p> <p>Again it would be looking at the cross over with mental health services. Assessing criteria levels.</p> <p>Are social workers taking the key worker coordinating role as developed with children's services.</p> <p>What is the organisational position of social workers within services run jointly with health.</p> <p>What value to social worker assistants add to the MDT?</p> <p>Use of rat/patient/social workers prof judgement in deciding packages. Do people with fully funded continuing health care have a need for social work, as opposed to or in addition to care coordination from the csg? If so, what do they need? If not, what does this say about the future role of social work in a multi agency context? I feel that case management mean social work has lost its way and we are often doing case coordination work that other professionals such as nurse or ot are equally able to do. I fear others criticising packages prescribed by health professionals as excessive, but those savings alone cannot justify our entire professions salaries, and also cutting and efficiency does not reflect our value base. I think there needs to be a focus on what we want to and should be doing.</p> <p>This depends on which area of need, where I am now complaints are high about services in mental health as there are not enough social workers employed and who understand what to do, the nurses only work on the medical model and have no idea what to do about anything else, and when you start to inform them they tell you that SW is too complicated and they don't want to be involved.</p> <p>Is there evidence that shows whether safeguarding outcomes are achieved if a social worker is involved in the enquiry process rather than a non-qualified agency?</p> <p>The role of social work (specifically) alongside other organisations in promoting wellbeing and identifying the gaps and where social work should/could locate itself.</p> <p>Whether there are any independent skills specific to social care or whether there would be no difference if NHS professionals provided care and / or provision was based purely on the demand of users.</p>	<p>M</p> <p>E</p> <p>P</p> <p>V</p> <p>M</p> <p>O</p> <p>P</p> <p>E</p> <p>O</p> <p>O</p> <p>O</p> <p>P</p> <p>O</p> <p>M</p> <p>P</p> <p>O</p> <p>E</p> <p>P</p> <p>P</p> <p>G</p> <p>P</p> <p>E</p> <p>P</p> <p>P</p> <p>G</p> <p>P</p> <p>P</p> <p>E</p> <p>O</p> <p>E</p> <p>O</p> <p>E</p> <p>O</p> <p>P</p> <p>M</p> <p>E</p> <p>E</p> <p>O</p> <p>P</p> <p>M</p> <p>M</p> <p>O</p> <p>O</p> <p>P</p>	<p>There is some research on the work on non-social workers in roles that are predominantly done by social workers eg Approved Mental Health Practitioners. Thus it is hard to say that this is unique. There is also research on social worker in multi-disciplinary teams eg in mental health</p>

	The social worker's role in the MDT. There are indications that the social work skill set may be more effective than others in certain areas. The research question could be: Looking at where social workers are involved with MDTs what types of interventions are most suited to their skill set?	G	
	Some research around the role of social work in adult mental health care (including where social work fits in the context of other mental health professionals such as nursing and psychiatry) would be very welcome as this appears to be a perpetually contested area and sources of angst for social workers and others professions alike. In other words, should social workers be integrated into health teams or have their own service? Which type of service arrangements produce the best outcomes for people? Where can social work have its biggest impact in the mental health field? etc.	P	
	A question which interests me is what does social work add that is unique and different from what other professionals offer? So often I hear parent carers saying that they 'need' a social worker even when they have a plethora of other professionals involved in their life and that of their children's life - very seldom can they define what a social worker will offer to the mix. Why do people think they need a 'social worker' and what do they offer that this different. In my own situation my daughter is funded by continuing health care - yet I continue to value the input of the care co-ordinator who attends reviews and it at the end of the phone. For me, it is because he is a named and consistent person whereas the nurse from continuing health care is not easily available - is that a valid reason for asking for input from a scarce resource of social care professionals or is it because they are propping up an inadequately staffed health resource?	C	
	They seem to have lost the role of being central to the care plan and don't keep in touch.	C	
	Myself and my father were very happy with the service provided by the social worker, however, we were most disappointed in the service we received by health care professionals which resulted in the social worker coming to our rescue. The social worker is much more visible than health professionals.	C	
	My social worker was supportive and gave lots of information which I was unable to get from the doctor. My social worker explained my daughter's diagnosis and how I could support her with this condition.	O	
What is the role of adult social workers in safeguarding children and the role of children's social workers in adult safeguarding? How can they work together?	To what extent do child protection services meet needs of parents as well as children?	O	
	Do child protection services provide sufficient legal protection to take account of human rights of all stakeholders? Are court procedures balanced in respect of giving all stakeholders a voice in legal proceedings?	E	
	How do adult social workers prepare and understand their responsibilities in relation to child protection situation	O	
Would adult social work practice be improved by social workers developing specialist knowledge (e.g. in working with people with complex needs or in a specific area such as safeguarding)?	I would like research to look at how knowledge of family systems and interactions with whole family groups has been affected by the division of generic teams into adult child ops. Is there a concern that if social work becomes too specialist in one area other important areas may be overlooked for example would an adult social worker be aware of the signs of child abuse and of safeguarding procedures in relation to this and vice versa would a children's social worker have knowledge and experience about safe care and safety?	P	
	How often do we receive specialist training to effectively communicate with complex people? i.e. adults with attachment disorder etc?	P	
	How should social workers be trained post-qualifying to ensure that they develop the skills and knowledge to communicate with carers/users with complex needs (e.g. onerous and language difficulties, memory impairment)	E	
	Could there be a dedicated team within local authorities to work with families and those with dementia? This would allow a tailored assessment with trained professionals in this area	T	
	What is the right organisational arrangements for adult safeguarding: questions about the right balance of specialism and support for adult safeguarding social workers How social workers can to balance rights to protection and rights to self-determination and safety	O	
	Should social workers be more specialist? Should all social workers be the equivalent of Best Interest Assessors?	V	
	We are interested in postural care in relation to safeguarding. Positioning is a safe-guarding issue and yet it is often viewed as restrictive practice. This is a very under-researched area and we would be interested in what social workers know about it and if they do consider it as a safe-guarding issue, if not, why not and how can we reframe it?	O	
	Difficult to answer - we were only allocated a social worker because of a SU and my son could have died. My son has learning disabilities and complex needs - the social worker allocated had very limited learning disability knowledge - he specialised in older people he was ill equipped to understand what his needs were - and therefore what his support needs are. after a few weeks he left without a handover (he was a locum). after several weeks another person was appointed - he also has very limited learning disability knowledge and no experience with people who display behaviour that challenges.	C	
	The social worker had specialised training & experience working with my problems ie dissociative Identity Disorder. This was very helpful.	S	
How do adult social workers contribute to serious case reviews and how do the lessons influence practice?	Research around Serious Case Reviews and how they impact upon practice.	T	Neither of these 2 questions has been specifically addressed though there is a range of analyses of Serious Case Reviews, now called Safeguarding Adult Reviews
	An understanding of a country wide detailed analysis on learning / appreciative enquiry from all Serious Adult Reviews. Perhaps on the same level as the work produced by Marion Brandon et al in their bi-annual and tri-annual Serious Case Review research for children's sector	E	EG Preston Short, Manthorpe and Martineau <a href="https://www.kcl.ac.uk/spp/policy-institute/scwru/res/knowledge/scr.aspx">https://www.kcl.ac.uk/spp/policy-institute/scwru/res/knowledge/scr.aspx</a>
	Research into the role of social workers and their effectiveness in the findings of serious case reviews.	G	
	An area of research that looks at multi agency working in areas of high risk, informed by serious incidents/learning lessons	M	
	What is the impact of learning from SARS? How is learning from SARS best disseminated?	E	
	How is work prioritised within the decision making process?	E	
What is the optimal way to allocate caseloads to minimise the stress for adult social workers and maximise the benefits to people using services and carers?	Considering skills to support caseload prioritisation and management	O	
	Could we be more effective practitioners if we were assigned work differently. Could we work quicker, more productively and maintain our morale if we worked on small caseloads intensively (say under 10 active cases) as opposed to caseloads of anything up to 50 per client? Knowing you have a thousand things to do, no time to do them and that you're only going to get even more allocations dumped on you only creates low morale, stress and sickness absences to skyrocket. The perception in management that not having a waiting list is deemed more desirable is erroneous and counter productive. Waiting for a short but intensive intervention in all but crisis situations would surely be far more satisfying for workers and ...	O	
	How case loads are managed? Hierarchy? Micro management?	O	
	What are the priorities for adult social work in terms that determine their decisions about how and who to support? If the priorities are financially and resource based (given how can adult social work redress this?)	E	
	How do we effectively work within the 9-5, get everything done and support our mental wellbeing? The team I currently work in is so busy that not one of us works our 9-5 hours. I see people in other teams coming in on time and going home at 5 and wondering how they manage it	P	
	the main issue for me is the workload and stress. Even though we know there are problems there is not enough honesty about the impact. What is a proper effective workload that would enable everything to be achieved appropriately????	O	
	How well are they supported by their managers in supporting people when there are so many pressures to allocate the next piece of work, waiting lists etc etc. How do social workers manage these tensions and make decisions about what they can do for the client and what they cannot?	O	
	How many cases should Mental Health Social Worker's have, in order that they can effectively manage them safely? This question needs to take into account days spent on duty, and whether a Social Worker works part time.	M	
	Case load management	P	
	Research in Caseload Management, in particular in Local Authorities - how many LAs use a Workload Management system and how successful these are; what ways there are to manage increasing workload in a period of austerity where there are no funds available to increase levels of staff	P	
I would be interested in a detailed time audit of social worker days. To see where the time is really spent, whether it could be spent more effectively and if there are any examples of better working models to reduce the bureaucracy. How does this compare to other 'reasonable' professionals. Who is it so efficient in social work?	P		
Do you get enough time to research the alternative provision before putting things in place so that the person is able to make their own choice and do their own risk assessments and reduce this ability?	P		
when the case load becomes so much that people burn out, how are we to combat this to make sure every one is given enough of our time?	T		
How much power and responsibility to do social workers have and is it too much considering their caseloads?	O		
Caseloads and the stress social workers are under. How does this impact their practice and decision making.	O		
How do large caseloads impact on supportive and empathetic relationships.	P		
High caseloads: what risks are escalated when social workers are given high caseloads where they are the named worker but are not able to visit or have face to face contact with all of their clients? what are the essential elements of establishing a 'safe' caseload? not necessarily a numerical equation but a combination of factors that can be objectively discussed and negotiated at the point of allocation/supervision to establish the workload and time for necessary professional decision making and actions are involved	O		
The time we can spend with clients is far too limited, can we have more social workers and smaller case loads? Not just change the thresholds for eligibility, meaning lots of people miss out of the support they need	O		
How can a social worker give enough time to those under his/her care with ever increasing case loads?	O		
Time spent with the person is very little due to pressures of through out of cases.	M		
I feel I did most of the chasing and leg work finding my father placement in a care home because my own social worker who was fantastic was so overwhelmed by his other cases didn't have the necessary time for a more complex case.	C		
Its hard to think of a specific thing that our social worker could have done better as we genuinely have not had a negative experience. The only thing could be the regularity of visits. This is by no means a reflection on our social worker and expect this is more due to demands and work loads	C		
Its so slow to respond due to his workload, and although will usually agree to make referrals.	C		
Tried to be less frantic and rushing around and on a time schedule, didnt do very well for mums anxiety	C		
What are the pros and cons of an adult social worker being an independent professional versus being part of local authority services?	I would like research to investigate the pros and cons of social work being a more independent profession, disestablished from only being authorised via local authority work. This could allow the state and others to commission independent social work practice that could be regulated to similar ways to Independent Financial Advisers and create a new kind of support economy. A 'disestablishment' could create the conditions for increased levels of expertise to grow, particularly in niche aspects of need, where the levels of that need in a local economy are small but over a wider geography make sense for specialisation. On another level, a greater efficiency in the future contracted out elements of statutory duties and arrangements for care and support would take new characteristics and businesses and social enterprises as well as individuals offered authorised social work solutions.	O	
	Could research consider personal professional accountability for social workers as they determine safety and liberty?	O	
	Safeguarding, in general, is the responsibility of the state and the social worker is placed in the position of being a functionary or bureaucrat of a process for the local authority instead of a more independent professional akin to a nurse or doctor. Such an approach would liberate social work, albeit with greater responsibility to challenge and advocate for people without fear of employment implications from a local authority's priorities and management systems.	O	
	Is there a case for taking adult social work out of local authority provision?	E	
	Would an independent profession provide better interaction?	O	
	How can we address power imbalances when we are agents of the state?	E	
	How far is the SW role in adults services determined by statutory responsibilities and within those parameters what can SWs do to promote people's wellbeing?	E	
	Does a social worker being part of a Local Authority change how you view them in the decision making process	P	
	Role of MCA advocates should this role be within the local authority	P	
	Social work within a statutory setting is not social work. It is risk management and care co-ordination only. We are rarely allowed to use the word 'wellbeing' when justifying a need and are not allowed autonomy in decision making. The identity of the social worker within a statutory setting is not the same as the social worker they portray on university programs and hasn't been for a very long time. I think either the social work program needs to change or the social work identity within the statutory setting needs to be protected. But who will do this? where is the voice of social work's the social work role dying? Can we be replaced by unqualified staff and what is the expectation? We are an autonomous profession yet our role is continuously dictated by the statutory organisations we work within and we have no-one challenging this.	P	
	Are social workers acting as agents of the state?	O	

On what basis do adult social workers make their decisions (including the law, evidence, accepted practice, social work values)?	How does practice utilise learning from case law in terms of balance sheet approaches to weighing up risks and autonomy?	P	See Taylor BJ (2012) Models for professional judgement in social work. European Journal of Social Work, 15(4), 546-562.
	To what extent do social workers use existing evidence to inform their decisions and choices?	E	
	Adult Social Workers should be making decisions which are evidenced based, defensible and law abiding.	M	Taylor B (2014) Heuristics in Professional Judgement: A Psycho-Social Rationality Model, The British Journal of Social Work, Volume 47, Issue 4, Pages 1043-1060. <a href="https://doi.org/10.1093/bjsw/bct084">https://doi.org/10.1093/bjsw/bct084</a>
	Do people believe social workers understand and implement law around mental capacity?	T	
	What theories are most employed by adult social workers and do they change depending on the area of speciality? Are there Social Work departments that promote a specific theory or do they let Social Workers themselves decide?	P	To some extent this is being addressed in Angela Jenkinson et al's study funded by NIHR SSRC
	Are theories of communication used?	P	M Svensson, BJ Taylor (2017) Risk communication in dementia care: Professional perspectives on consequences, likelihood, words and numbers, British Journal of Social Work.
	How they evidence the methodology behind the decisions made any rational used and if they critically reflect on the impact of their decisions.	O	
	What resources do social workers have in the here and now, ie could there be ways of assisting better nationally e/g case law data base	M	
	What theoretical evidence is used and how does this benefit the individuals or carers we work with.	M	
	Does evidence inform decision making working in practice?	P	
	What evidence do people use? To what extent are social workers using evidence in their practice? In what ways are social workers applying theoretical models in their work with people? How do social workers engage with the legal frameworks and what are their levels of confidence in legal literacy.	O	
	What are the key drivers for your decision making?	P	
	How do social workers apply theory to practice? Why is theory not evidenced more in practice?	M	
	What theories and methods do social workers utilise in their practice? What research do social workers draw upon in risk assessments?	P	
	To what extent is adult social work practice and people's wellbeing compromised by practitioners' personal prejudices and needs?	P	
	To what extent does adult social work practitioners' personal prejudices and needs compromise people's safety?	P	
	To what extent does adult social work practitioners' personal prejudices and needs compromise their decisions about how to support people?	P	
	To what extent does adult social work practitioners' personal prejudices and needs compromise their interactions with adults, carers, families, communities and people from other agencies and organisations?	P	
	To what extent does adult social work practitioners' personal prejudices and needs compromise the effectiveness of adult social work?	P	
	Understanding the decision making process, who participates in this and how decisions are reached to support people in various settings. Perhaps a consideration of useful practical and evidenced based tools which support Social Workers and Managers in their decision making.	E	
	Would be good to see research into how we promote confidence to make evidence based judgments (rather than decisions led by processes).	M	
	How best interest decisions are made for people who lack capacity.	O	
	A further area for literature review and research are the judgements made in the Court of Protection, an increasingly socially liberal judiciary are enforcing human rights, considering past wishes and bringing the voice of the individual into the Court. Social Work needs to take account of this in practice with individuals.	M	
	How do social workers use the legislative framework to enhance their professional 'effectiveness' when involved with vulnerable adults?	E	
	What is a professional interpretation of an assessment of needs? How do social workers use critical reflective analysis within their practice as underpinning evidence to justify their decision making?	E	
	How are unmet needs arising from adult social care assessments used to inform decisions about how to support people?	E	
	Many social workers that I worked with found that the values they brought to the profession and those promoted through social work degree courses, clashed with the culture and reality of working within a local authority, one of the reasons I have now taken a different path is 80% paperwork to justify everything and 20% with clients was not a balance I felt comfortable with. I believe there is some trials of local authorities who have switched this on its head and reduced paperwork, form filling etc. and tried to have a culture based on 80% time with service users, if such practices exist it would be great to have research that looks at this and looks at ways to help local authorities change their culture form one of process drive support to service user centred practice.	P	
	How does low pay, the organisational issues, low low staff, resources and lack of social worker respect/recognition affect the workers who are there to promote others wellbeing? Do social workers feel discouraged and become less confident due to lack of social worker recognition and does this impact on decision making?	P	
	What underpins the decisions we make as social workers - is this truly underpinned by research / theory etc or is it based on procedures and bureaucracy within councils? How far have we shifted away from true social work practice in local authorities.	M	
	Look at psychodynamic principles- what impact does the organisation have on practitioners identity, sense of being- we cannot act outside the narrative we set for ourselves- what narratives are social workers operating against in terms of supporting others e.g. where would they see themselves within a metaphor of a machine- 'doing to' the service user? Is the service user just an output?	E	
	It would be good to research the impact of the current organisational context on how adult social workers assess risk. Social workers are taught positive risk yet many organisations are becoming more risk averse with budget cuts and higher litigation threats from the public.	E	
	With reference to question 2, I think it would be interesting to look at what factors influence adult social workers decision making. Are adult social workers' professional decisions being overridden by funding panels? Are decisions becoming more defensive rather than defensible?	E	
	The extent to which social work skills are encouraged and utilised in an increasingly automated and pathway directed system.	M	
	The ability of social workers to work in a person-centred manner in view of organisational restrictions on their professional autonomy.	M	
	Are interventions from adult social care led by process and policy or the needs of the individual. Does ASC take the necessary moments to resolve challenge and maintain needs or does process take priority.	P	
	Appropriateness of extensive recordkeeping is too much time spent on paperwork versus support?	O	
	How can statutory policy and procedures recognise the need for social worker's intuitive and practical skills in a way that would enable social workers to develop personalised safety plans and interventions with the people they work with?	M	
	Is ASC risk averse? Has process/procedure stopped SW from making common sense decisions?	M	
	To what extent does professional judgement and decision making play a role in decisions about how / what to do to support people?	E	
	To what extent do social workers with adults feel that they are able to utilise a specific knowledge, skill and value base in executing their role?	E	
	Do organisations empower adult social workers to perform as professionals in the context of process led care management practices that continue in spite of care act changes.	E	
	What informs practice? Do we make decisions based on my knowledge of local services, my wish to support people who are finding things difficult and budgetary information. What other things do people consider when making a decision?	P	
	What factors - individual, structural, systemic, funding issue - do SWs need to take into account when deciding about how support can/will be provided - including the support they themselves provide - to users and their carers? How far do 'big picture' concerns e.g. funding, direct payments, eligibility criteria - influence the decisions? 3. What do SWs think matters about their role and approach in coming to a shared (or at least honestly known) decision about sustainable care?	E	
	Do you feel that safety or well-being is paramount? Does adult social care paperwork, intervention and services reflect this?	P	
	How do we get away from the more process led social work that still does our profession, and how can our paperwork be rationally brought up to date in order to allow our practitioners to work as creatively with service users as possible in order to allow them the best personalised care.	P	
	Do social workers feel able to build a rapport with adults, carers, families, communities and to be able to apply social work theory, values and ethics or are they simply form filling following one visit?	O	
	Research into the focus of local authorities and KPIs and the need to "move clients on" and the conflict this can have with social work values, particularly when working with complex clients who often require more time to build up relationships with before fully being able to support them with various aspects of their lives. KPIs do not measure the complexity of a client's needs/circumstances, and more research around KPIs and the conflict it can have for social worker when supporting people with complex needs.	O	
	How much do you think your managers listen to you? Do you feel confident and listened to when you visit the finding panel for a care package?	P	
	1) How comfortable do SW feel in arguing the need for support on behalf of their clients when the funds are very tight 2) How often do SW go back to 'the drawing board' 3) Do SW feel able to look outside of the box when putting together a package of care or do they feel confined to provide what is acceptable.	O	
	There are more women in residential and nursing homes than men. Although women generally live longer than men my observations as a social worker are that women are disproportionately represented in residential and nursing settings (notwithstanding increased life expectancy). I would be interested to know whether society's assumptions about older women affect decisions about their care in later life. Do social workers that make best interests decisions about whether to arrange a residential/nursing placement have an unconscious bias that care homes are more appropriate for women than men, thus increasing the number of older people in care homes?	P	
	To what extent do government policies such as welfare reform impact on social workers ability to promote independence?	P	
	the impact managers have on social workers decision making	M	
	are models, methods and theories as relevant today or are internal processes the primary driver for action. Is defensive practice a driver?	P	
	what tools are used in decision making process - do people use theory to assist in defensible decision making	M	
	The mis-match between what social workers are able to do when employed as local authority workers and decisions that would be made without these restrictions, and possibly a comparison of the outcomes.	M	
	how much positive risk taking is able to take place in a litigious and corporate compliant / MP enquiry led system?	M	
	I would be interested to know the current state of professional judgement in Adult Care. We have a very Care Management and Budgetary focused organisational protocol that sometimes removes the 'social work' from the process. Local Authority social work can often feel like, you just present people with the 4 pre-prescribed options and if they decline all of those then you've discharged your duty. What are management and supervisory processes doing to support Professional/Clinical judgement? Could this be reviewed?	P	
	We need more evidence to support the voice that say that professional judgement is important. What evidence can we find that giving workers more autonomy with their professional judgement yields improved outcomes for service users?	P	
	What factors affect the decisions Social workers make. EG skills and knowledge/ Supervision and Support Finances/ Leadership/ anxiety, criticism	M	
	Should Decisions should be quick and decisive? Should Practitioners be Autonomous and not having to get senior managers to validate their decisions?	O	
	should Social Workers be able to interact with all those without fear and interact on the basis of evidence and best professional advice on a case by case basis and accountable without fear of litigation on the basis of their mind?	O	
	Do changes in legislation change the way that social workers work with people? How much are social workers influenced by past experience when making decisions?	P	
	What are the conditions supportive of social worker practice supporting adults to achieve their outcomes rather than meet service needs.	M	
	Explore where and when social workers make the best decisions (in the SW's & clients experience) - what are the conditions that lead to best practice?	O	
	Despite their masterd degree training, how much of the knowledge and training do they put into practice.	M	
	Whose agenda is driving us? eg Delayed Transfers of Care.	P	
	How do social workers balance support and advocacy for individuals, with statutory duties and powers? This needs examining from multiple levels, to explore the interactional tasks involved and impact on practice at a wider level.	O	
	Do social workers look outside the policy to support people?	P	
	How do Social Workers ensure they are supported/get the best support from their managers to make sure they are making safe decisions. - to ensure decision making does not affect them negatively.	P	
	Are all decisions made in a best interest or at the convenience?	P	
	Is social work practice being negatively affected by the draconian use by HCPC of sanctions against social workers that make mistakes due to the too high levels of stress and anxiety?	P	
	How autonomous is an assessment if funding is agreed by a panel and not the worker. How objective can it really be	M	
	What approaches and processes do social workers use in making decisions? How far do they use professional judgement/discretion and how far are they expected by their employer (and others) to follow processes and procedures	O	
	Effect of expectations of clients on decisions made by social worker. Eg if expectations are unrealistic does this have an effect on social workers self confidence, satisfaction at work. How does this affect practice.	P	
	What is being done promote a positive risk taking approach to social work? Is culture of fear having an impact on decision making when it comes to risk i.e. "It this ends up in a coroner's court"?	P	
	From the angle of the worker themselves - why work in the way we do? It's more like the job is paper based, tick this check this criteria rather than the safety of the worker and the public.	O	

	How far does the culture of the LA/team impact on the individual social worker and how they make decisions about how to support people?	P
	Are decisions always based on service users views and wishes or on targets that need to met within an organisation?	T
	Social work is inaccessible by the main. We are getting smaller and harder to reach. We have no role in communities and we frustrate other organisations because we are constrained by politics, time and a lack of autonomy. Our mandate from the organisation is to limit our face to face contact with service users to one visit if possible. It is now a performance target in order to maximize our time and capacity to work with other cases. We do not attend meetings that are not necessary. We have no capacity to have a community presence or to interact with people whom we are not directly involved with.	P
	How do Social Workers feel about closing complex cases? Do they feel clients are handed over appropriately before their involvement is ended? Is agreement ended in agreement with them or by management pressure?	O
	Has adult social work become too process driven?	M
	In my authority I cannot make decisions anymore about how to support my clients - I can suggest, but my panel ultimately decides.	O
	How much of a social workers assessment is for bureaucratic purposes? How much time have to face to social workers spend with people in comparison to completing paperwork? How can access to social care be more streamlined with less processes/bureaucracy?	O
	What factors influence social work decisionmaking? Is money and making savings the main driver influencing decisionmaking? How much real autonomy do adult social workers actually have? What impact do having decisionmaking panels and manager sign off have on social workers, their practice and ability to make decisions?	P
	Do you think social workers are given the ability to make a professional judgement or do you think everything is too wrapped up in red tape and individual council procedures?	M
	Often it feels like a paperwork exercise rather than making any difference. Keeping surveillance and recording risks without reducing the risk.	P
	How much social workers are affected by council policies, rather than their own professional reasoning and core beliefs. As a health practitioner it is quite noticeable that social work advice and recommendations vary widely from one area to another which is not as obvious for health professionals.	O
	Level of autonomy Number of frontline staff in relation to managers and senior staff	O
	In addition, questions about how the threshold for accessing support has been raised, the way that SWs are sometimes "gatekeepers" to services, in addition the impact of neoliberal ideas, the way that we seem to view service users as being a burden, a drain on resources, and that the language of the state i.e. "hard working families" means that service users are sometimes robbed of their own autonomy.	P
	It would be interesting to see how authorities with less paperwork compare to those with much more paperwork/pages of assessments and panel processes in particular. I mean with regards to staff being less stressed and people receiving the care they needs in a more timely manner instead of the current months of waiting time (until people hit crisis point).	P
	Social workers can only make decisions with the information they have. In the present climate it is an expectation that workers encourage independence and self determination. This is not a bad thing however one size does not fit all and the flexibility is sometimes lacking which puts workers under pressure.	M
	Role of Adult Social Worker being that of gate keeper in increasingly financially restricted times, role of Panels need to be addressed, and how decisions are made there on what basis.	P
	The context in which statutory Social Work operates is often peppered with bureaucracy and inefficiency. The concept of swapping needled and organisation created procedures and processes for capacity to work with the service user strikes me as a rich area for research. We, (as a profession) need to take research into the practice field and encourage the academy to ensure relevance and rigour, preparing workers for practice not only academically but relationally and reflexively.	M
	How the time constraints faced by all social workers hinders us from fully performing our duties and what protective measures can be measure d in protecting us from the risk of court proceedings if a case is taken to court.	P
	How autonomous are social workers? Are funding panels working in the best interest of older people?	P
	Are social worker perceived as form filling bureaucrats? Is the purchaser/provider split preventing SW 's engagement with service users? Is the purchaser/provider split lowering the standards of the provided care?	P
	What are the key factors that inform social workers' decision-making? (I suspect that the needs and wishes of service users play a relatively small part and that organisational priorities and resource constraints play a key role).	E
	Social work has become a desk-based profession based on performance. As a social worker the more you output the more your input. Input I am referring to allocations. Yes we have training to support our work and a management system that will correct our decision making.	P
	In determining that a personal budget is sufficient to meet an individual's needs, how do social workers demonstrate their professional judgement has had a role?	G
	When a local authority is deciding on an individual's personal budget, to what extent is the social workers professional judgement significant in determining that it is sufficient to meet an individual's needs.	O
	Do social workers restrict access to conversations 2 and 3 to try to gate-keep resources? Do individuals, families and carers receive the service they wanted or do they feel they have been "tobbed off" onto non-statutory community resources? Or does the Three Conversations model make significant improvements to peoples' lives and meet their outcomes?	P
	Does strength-based practice delay the need for care?	M
	Does a practice framework keep people safe? Does it make any difference at all?	M
	He did not understand the legal process for continuing care assessments and did not arrange for a capacity assessment. He is not proactive and does not make a positive contribution due to his lack of expertise with this client group.	C
	Be honest, not to lie to us or about us. Remember who they serve (i.e. us and not their career or boss). To keep their knowledge updated about legislation, local services. Learn to actively listen.	C
	Poor knowledge of social care law	C
	We had to try too many alternatives to please "Managers" before things worked out when we really knew from the beginning that residential care was needed.	C
	In my experience (over 30 years) most social workers try to do the best they can. Unfortunately they are very constrained and what happens after they have done their assessment is out of their hands.	C
	Where do I start? Communication, reporting the TRUTH, trying to help us rather than covering her own back.	C
	Listened from the beginning rather than think they knew best. Worry less about legislation and more about being human till they know us. Listen as time goes on this improved. I'm consistent.	C
	My mum needed a care assessment and it was very negative the SW was putting her off having care and said it would be very difficult to get the hours passed by her manager. The hours were passed but a week later Mum was back in hospital.	C
	Over the years we have come across a fair number of social workers some good and some not so. We find that when a social worker is using their training to its full potential the working relationship is good and trust can be engaged. But when it clear, to some extent that they are following instructions from their management then the trust can quickly evaporate and the relationship suffers.	C
	Nothing much as they have to ensure they follow the employers directives, whether this be good or not for the persons require social worker input.	C
	Listen it and acted without being overridden by managers who are auditors. Unfortunately SU has massive expensive needs.	C
	How does legal literacy amongst social workers impact on service users experiences of processes?	S
	How well do social workers understand the human rights and disability perspective on "independence" ie independence is not synonymous with self-sufficiency and discharge from services.	S
	I had three social workers and I believe their age and experience played a major role in my experience with them and how they helped me.	S
	To be honest, I've never really had a decent social worker. They seem more like assessors only nowadays. They do an assessment for me and take it to the panel and relay their decisions back. They have suggested/signposted to other services but they were either inappropriate (I didn't fulfil their criteria to get the service) or another time the service had actually been closed for some reason. So, sorry, I'm not really.	S
	I feel she was caught between the policies required by the local authority she works with and her own values and beliefs as a social worker. I know how busy they all are but communication is very slow and it would help if she returned calls/emails quicker.	S
	How well do social workers challenge systemic safeguarding issues within local authorities and NHS trusts that impact on mental health service users?	S
	Furthermore, management's requirements and paper does free them us to really have a meaningful relationship with clients.	S
	As I felt everything I said was being translated in a way that fitting in nicely with senior social work management, so boxes could be ticked nicely.	S
	The last one nothing, the previous one, was nervous, abrupt and a little patronising, very unprepared, made numerous errors of fact and was then not contactable. So what one needs is someone who models professional behaviour, is self aware and "parks" their own culture and attitudes at the door, knows their stuff, is engaged but neither patronising nor inquisitorial. I'd like to be able to trust a social worker but will make do with someone who inspires confidence. I'm afraid I don't ever trust social workers, too often they act as agents of social control.	S
How well are asset and strength-based decision making work in practice? What factors promote or prevent its use?	3 conversations models, strength based practice in a culture where there is an expectation that the State will provide for the individual.	M
	strength based decision making vs care management decision making.	M
	Would strength based conversations engage adults, carers, families more effectively than traditional ASC assessments?	M
	care management style vs strength based conversations, USER-LED Are social enterprises more effective than LA ASC for adults's wellbeing?	M
	How is the strength based model being used in practice? What is its focus is about managing lack of resources and budgets or is it centred on moving away from needs based assessment? What is the experience of social workers in using this model?	E
	Has there been any evaluation on the effectiveness of the use of strength based models and impact on both practice and service users experience?	E
	Yes. Clear research on - effectiveness of social work using strengths-based and assets based approaches - effectiveness of social work with people with complex and multiple conditions (comorbidity) and - the use of MCA 2005 best interest decisions.	M
	I am interested in how often / whether therapeutic approaches are used meaningfully with clients to bring about change in circumstances, or strengths based thinking from clients.	P
	What is meant by strength meant approaches and how does it translate into tangible behaviours and attitudes. Do strength based approaches make a difference to adults's wellbeing and in what areas?	M
	I would like to see an evidence base developed for asset based social work, community development and the positive impacts they can have on people's lives.	M
	To what extent are social workers as autonomous as other allied healthcare professionals - from NQ stage onwards? Can we name the commonalities and differences about how we make recommendations and decisions and follow these through without management oversight? Are those differences acceptable?	O
	What are the financial/economic, cultural benefits of promoting independence and asset based approaches beyond the cost of care?	O
	Would be interested in better understanding whether practitioners that use 'asset based' practice have a differential impact upon those that perhaps may not be applying the methodology - which of course one might expect.	M
	What else should social workers be doing when the strengths perspective isn't working?	O
	do social workers start by thinking 'what can this person do for themselves' or do they start with 'what cant this person do' one is negative and will set up a process of fact finding rather than looking at promoting independence.	M
	Demonstrate how strengths-based working is an effective practice to promote wellbeing.	O
	Why has strengths based social work not got an evidence base &c? how could this be constructed?	E
	Impact of 'strengths based working'	E
	As every LA is seeking to make more of a community based offer based on strengths-based approach - what can we learn from other countries or other areas of the sector? i.e. CVS's have been trying to do this for years.	M
	I would like there to be an RCT on a 'pure' strengths based assessment approach versus a standardised Care Act Assessment approach. How can we assess how the outcomes might be different?	O
	Strengths based approaches - what benefits do they bring?	M
	In addition, in looking at strengths based approaches maybe look at the opportunities models more commonly used by Children's Services could potentially offer Adults sector e.g. Signs of Safety approach among others of which there is a lack of evidence base?	E
	What impact do tiered interventions and strength based community approaches have on social care decision making?	E
	Strengths based approaches benefits of in particular in relation to improved self esteem and self autonomy.	M
	How well social workers communicate with service users - this is in respect of gaining a 'can do' rather than a deficit model of assessment. I have witnessed colleagues asking very (assessment) form led questions and not having the understanding that the question may have to be re worded to facilitate a full understanding for the service user. If this issue is not addressed it is likely that many assessments are not reaching the heart of what is needed and what capabilities the service user has.	P
	How can social workers be encouraged to work in a strength based way, and be creative, within a Local Authority framework?	P

	What 'strength base' Social work means in practice and what evidence is there of the impact on wellbeing of this approach?	G	
	I would like to know whether this model [Three Conversations model] is genuinely something the social work profession can get excited about. I'd be interested in the outcomes experienced by people who receive this service. I'd also be interested to know the view of those non-statutory services who may receive increased referrals but no further resources. The enthusiasm which local authorities are adopting this model without critical research is concerning.	P	
	<b>How often is safety and minimising risk prioritised over the preferences of people using services? What impact does this have on people using services, particularly in terms of their health and wellbeing?</b>		
	Safeguarding process and its impact on a range of service users group. The way social workers and social care workers carry out risk assessments and management. How they reduce confirmation bias and deal with loss aversion.	E	See M Stevenson, BJ Taylor, J Knox (2016) Risk in dementia care: searching for the evidence - Health, Risk & Society
	Are we too risk averse or not recognising the risks enough?	P	
	Again, research to support outcomes from supporting people to make those unwise decision that other professionals, carers, struggle with. They would rather we kept people safe, no matter how miserable that might make somebody. Research around whether that leads to further illness, shortening of lifespan etc, would really guide the practice.	P	See current study by Sarah Carr et al (NIHR SSCR Study) Keeping Control: Exploring mental health service user perspectives on targeted violence and hostility in the context of adult safeguarding
	We need further evidence relating to the "glided cage is still a cage" issue. This is a difficult area to address with other professionals when people are making unwise decisions, which of course, is their right.	P	Carr, S., Holley, J., Halford-Letchfield, T., Faulkner, A., Gould, D., Khisa, C., & Megele, C. (2017). Mental health service user experiences of targeted violence and hostility and help-seeking in the UK: A scoping review. Global Mental Health, 4, E25. doi:10.1017/gmh.2017.22
	How risk averse are interventions in safeguarding enquiries / protection plans. Are we too risk averse? Are we creating a glided cage more often than empowering people to take risks?	M	BJ Taylor, C McKeown (2013) Assessing and managing risk with people with physical disabilities: The development of a safety checklist, Health, Risk & Society
	Again as above I think it would be good to get a view on positive risk taking, choice in relation to lifestyle, unwise decision making and robust risk assessment/evidence in relation to adult services. Does risk aversion reduce quality of life?? positive outcomes for people?	M	
	How is risk managed and how is this measured against outcomes? How reliable is the data? How does the data impact on change?	O	
	does risk enablement help people stay in their home longer, vs care home placement.	M	
	researching the outcomes of Adults who experiences the safeguarding process. Does this have a positive impact on an adult's wellbeing? are we truly person centred? do Social Workers adult a 'making safeguarding personal' approach. Qualitative Data needed.	M	
	I think more research into the impact on people if social workers/managers are too risk averse when trying to keep a client safe. The MCA does protect people to a degree but more research into cases where risks have been taken (or not) and how successful/unsuccessful /the outcome for the client would be useful to improve social work practice in this area.	O	
	Safeguarding guidelines and actions are being continually refined in response to developments...however at some stage they always tip over from being individually chosen to becoming embedded risk-averse processes, effectively interventions by The State which are sometimes unwelcome and patronising. How can we step back from a risk-averse snowball effect and retain MSP (making safeguarding personal) individuality.	M	
	I would be interested to know whether social workers' perception of acceptable risk varies depending on whether the person they are supporting is a man or a woman. Is there a lower threshold for acceptable risk when supporting older women in the community, thus leading to more residential and nursing placements?	P	
	How do social workers arrive at a best interests decision to move someone into residential or nursing care? How do social workers weigh the risks of someone staying at home and are these perceptions of acceptable risk affected by the individual's gender?	P	
	are we too focused upon safety rather than the wishes and feelings of adults to at times live in situations that are not ideal, what significance is given to their wishes and feelings	M	
	I would like to know if the Care Act principles of safeguarding and the application of the MCA have increased the number of cases where risk taking has been viewed in a positive way. I would also like to know whether there has been any link with positive risk which may have led to an early death and how a coroner's court has viewed this. Are they abiding by the concept of a shorter but happier life being in a person's best interests in some circumstances.	E	
	Research around the importance, to service-users, of the balancing of choice and control and safety.	M	
	Is adult social work risk averse?	O	
	How does 'making safeguarding personal' help social workers to ensure an individual's safety? How can social workers ensure they balance the least restrictive option while reducing risk as much as possible? Is social work too risk averse?	P	
	Should safeguarding override the persons ability to make their own choices? Do you feel safer since being supported by adult services?	P	
	Are social workers risk averse, though fear of having a negative outcome, or that service users risk taking with reflect on the social worker?	P	
	Safeguarding since the Care Act. Have we lost proportionality??	P	
	What does person centred safeguarding, rather than process orientated, look like?	T	
	How happy are people to have social workers make judgements about their safety	P	
	Do Social Workers make people too safe?	P	
	How can social work be least restrictive in other ways than just relating to capacity? is it?	P	
	Service-user's views about making safeguarding personal.	M	
	The relationship between risk taking and wellbeing is key. As human beings we generally need to push our boundaries and reducing the choice of adults with disability from taking risks impacts on sense of fulfillment and wellbeing. I'd like some research on the impact on wellbeing of managed risk taking.	P	
	The role of heuristics and biases in decision making especially around assessments of risks of harm, abuse and neglect. I also want to better understand what we can do to minimise the impact of these on assessment practices, care planning and commissioning decisions.	E	
	A global analysis of best interest decision making or supported decision making in Social Worker - balancing a persons rights with a Social Workers professional responsibilities. Evidence for outcomes?	P	
	Do social workers effectively undertake a person centred approach when conducting safeguarding enquiries.	M	
	Again, organisational research and secondly, how values/beliefs of professionals influence risk assessments.	M	
	Here, the primary question for us is how to ascertain the views of people who have undergone a safeguarding investigation i.e. the 'victim'. The challenges are evident in obtaining a sufficient number of contributions to make any analysis meaningful.	M	
	have we become too risk averse?	M	
	Who decides what safe is? Who should decide what safe is?	P	
	The conflict between vulnerability and the assessed need for intervention to safeguard and the wishes and decisions/refusal of support from service users. Research into outcomes when the social worker makes safeguarding recommendations which are refused by the adult. What was the actual impact of empowering the adult to refuse support and make an assessed poor decision in the situation where the law does not enable the professional to act.	E	
	Do you feel able to achieve the right balance between upholding rights and protection from harm in your practice?	P	
	How confident social workers are to support risk taking when people have capacity to make their own (unwise) decisions	P	
	Try and arrive at what is an acceptable level of risk taking for people with capacity to make decisions about their daily lives and for those with more limited cognitive functioning specific task related capacity. Also the dilemma between the safety of the user and safety of wider community	O	
	How social workers interact with risk-based practice procedures? Do they find these practices and policies helpful, or obstructive? how do social workers approach dealing with the obstacles, and how have social workers been able to work effectively with these procedures? (evidence to be obtained through case studies, interviews with social workers and the recipients of care).	O	
	Management of risk.	E	
	Questions about creeping managerial-ism, its impact on risk taking ETC	P	
	where is the line between abuse and risk taking drawn? why is decision making often left to SW?	M	
	I would like to challenge the preoccupation with statutory functions. Could we review how positive risk taking approaches impact on people's safety in the longer term and/or leads to lower use of services.	O	
	How focused on outcomes is adult safeguarding? What is the best evidential approach to positive risk management	M	
	I think it would be useful to explore questions about risk and see whether and to what extent there is discrepancy between the views of users and carers and social workers.	P	
	what proportionate responses to the service users desired outcomes have worked and what have not? non statutory safeguarding - where does this fit in? what is the guidance? can this infringe on human rights?	E	
	How can local authorities become more person-centred and strengths-based when working in a system of RISK panels and RISK assessments that delve into every aspect of a person's life and history?	P	
	Risk assessments and positive outcomes? and how this is measured.	M	
	I would like to see research around risk analysis that balances self-determination alongside intervention. We have a Court system that is increasingly taking an empowering view of people's 'right to risk' but a Court of public opinion that has not caught up. Peer reviewed research could enable Social Workers to support people in their choices and satisfy clear accountability.	M	
	How do social workers approach the notion of Safeguarding and have the capacity to practice in a none-risk adverse way to assure safety?	E	
	How do perceptions and responses to risk compare between different professional groups, service users and carers? To what extent do current responses to risk take account of these differing perceptions and evaluations?	E	
	Just an observation that it is a source of frustration that social work does not always seem to be on a same footing as other professions and I wonder whether this is to do with concepts such as "evidence-based practice" and the some of the difficulties in evaluating social model approaches and interventions.	P	
	How does the unconscious bias of social workers influence their decision-making?	M	
	What mechanisms social workers or social care workers use to decide best interests for people who do not have mental capacity? How they influence service users in relation to their decision making?	E	
	How can we manage risk without infringing on people's rights?	P	
	How can we promote positive risk in a risk averse society, particularly when working in risk averse environments like hospitals	P	
	How is the Mental Capacity Act used as a means of controlling vulnerable people when they choose to step away from the plans professionals have for them? How can we move away from risk-focused practice and back to one of support?	P	
	What are social workers perspectives on risk and to what extent do they encourage positive risk taking to enhance well-being and independence.	E	
	Research into risk and defensible decision making	O	
	managing risk and defensible decision making	O	

	if we know a person has capacity about something then they are able to make an unwise decision, but should it be important to safeguard before a person makes a decision? how can we do this without restricting people's rights?	T	
	How to promote positive risk taking. How to monitor how choices are made.	O	
	What does positive risk taking look like in successful support arrangements?	T	
	How do social workers approach reducing support to promote independence, assuming that they do this? It is very easy to put a service in but it is much more demanding on assessment and reviewing skills to reduce or withdraw it, where there may be some concern for the safety of the person. (Balance safety with promoting independence)	M	
	How do social workers help promote people's rights and enable them to live the lives they want, including taking risks	O	
	How can social workers promote positive risk taking in people's own homes whilst managing the challenges of less resources and less social interaction between neighbours	P	
	risk assessments in adult mental health and interface with NHS systems and barriers to positive risks taking	P	
	How can adults social work balance positive risk taking with individual rights and eligibility?	M	
	To consider who positive risk taking is also managed effectively as well as responding to risks of harm	M	
	Is social work making people safe? How do social workers balance the need to protect with positive risk taking? Do the views of social workers and managers differ in relation to supporting people to be safe and take positive risks?	P	
	What is safe? A public, a private and a professional perspective. Considering the tensions between the public's perception, the person's views and rights and the Social Workers responsibilities with a particular focus on 'safeguarding' communities. Comment: I find that families, friends and general media struggle to accept that significant risk taking for an individual may be more beneficial than harmful. I'm weary of having to address this time and time again with individuals and feel we need government and cultural actions to address this.	P	
	Importance of positive risk taking as well as risk awareness.	O	
	Positive risk taking as social workers reluctance to take risks, creating a dependency culture	M	
	How social work methods can be deployed in positive risk taking can reduce risk and promote personal responsibility and how individuals can take responsibility in managing and reducing risk.	M	
	Impact of positive risk taking on people's future risk taking?	M	
	see above. more training for managers and social workers on handling safeguarding risks. Also making Social workers more aware of the everyday risks that happen to people who are not in the usual referral arena (i.e. older person)	P	
	It would be interesting to know how effective VARM processes are in reducing risk. They feel very much like a process for covering professionals' backs, rather than potentially engaging that person in change or ownership of their own risk reduction. Similar comment at MARAA tool	P	
	Does the approach of the social worker impact on the choices clients make about their safety and risks?	O	
	How skilled are social workers at really understanding risk and risk management beyond a numerical tool. How can they advocate	M	
	I would like to see some research into 'poor' decision making by people who have mental capacity. By this I mean the people who turn down a stairlift, and then fall on the stairs and break a hip; or who turn down a place in sheltered accommodation, and who then need to go into residential care instead. These are choices people have a right to make, but why do they make them? Are we giving them the wrong options? Or asking the question in the wrong way? Or should we be respecting their choices more than we do?	P	
	I think an answer to this question would also help social workers make decisions on behalf of people who lack capacity.	P	
	what qualities and skills do Social Workers need in order to effectively manage risks with their clients, including enabling positive risk taking with adults?	O	
	How we support vulnerable customers to understand as much as possible the reasons why we put in support to minimise risk	M	
	How aware are social workers in general regarding safeguarding?	O	
	When service users have capacity, they can choose to make unwise decision. It is therefore difficult for social worker to minimise risks. Is it possible in such cases to do more than document that client has chosen to make an unwise choice, and is aware that this is a risk to their safety	O	
	How can we improve the support of people who have mental capacity to make decisions, though may be concerns around safeguarding?	P	
	How can we engage vulnerable people better in Safeguarding processes including those who have capacity & not?	M	
	How do social workers gather and uses the views of users and carers? How do social workers discuss and share risks with users and carers?	P	
	What are the best ways of encouraging and enabling people to solve their own problems and remaining independent for as long as possible? How can this be driven by respect for autonomy rather than the need to save money?	G	
	Any question about safety needs to be carefully defined. Who decides what safety is? I might think that my relative is 'safe' in hospital, but they might be detached from their normal routines, exposed to distressed and angry people and given drugs with unpleasant side effects. Many people court risk as something exciting, e.g. bungee jumping, rock climbing, or choose to take risks with their everyday lives, e.g. speeding, smoking, drinking. Life is inherently risky - even crossing the road carries risks. There is a risk that if we think we can make people safe, we set ourselves up to fail. When we fail, we get pilloried. We need to have a more adult discussion, acknowledging we cannot make people safe and it is not likely to be something they would want. There are degrees of safety. Most people want to be able to conduct our day to day lives without physical injury and to be treated with respect. My father shuffles around his home with his stick and his visual impairment and into the garden and goes for walks. He knows he might fall, lie for three days and die. He does not want to wear an alarm cord, he wants to live in his home since 1978. So research on what protection service users might want and how they might want it would be relevant. Obviously each individual will have their own point of view. But having a better understanding would be helpful. Secondly it would be useful to test whether Social Work is actually helpful - again, objective evidence would be useful.	E	
	There is disharmony between how social work assess safety and how other professionals, the public and relatives assess safety. Social work has the smallest role in keeping people safe because our powers are limited yet the expectation is that safeguarding adults has the most power and authority - which unless its life or limb safeguarding is really just monitoring and sharing information with others. Social work holds too much responsibility but not enough control/power over decisions and outcomes for vulnerable people. We also rely on other services as we are not an island so in isolation social work has little impact on peoples safety. The question therefore is about shifting and sharing the responsibility and managing expectation about what social work has the power to do with regards to peoples safety - particularly if they have capacity.	P	
	There are thousands of minor and major equipment that we recommend to keep people independence/wellbeing at home, but is there a balance to make between giving a person 18 pieces of equipment to promote independence VS their safety due to the risk of overexerting themselves or being given practical support instead if they request it? What checks are in place for people in our area that do not have family support? How can we ensure that a person is safe if they receive private care and don't get regular information from the council on how to stay safe? Or report concerns?	P	
	What areas of safety are people worried about?	P	
	What do we do that helps the person to resolve issues for themselves i.e. to develop the skills and resources they need to keep themselves safe?	M	
	How well do social workers challenge systemic safeguarding issues within local authorities and NHS trusts that impact on mental health service users.	S	
	Are concerns about the safety of adult mental health service users too focused on inpatient and crisis care rather than community, longer term harms and neglect?	S	
<b>How effective are adult social workers in safeguarding vulnerable people? How could they better empower people using services and carers to protect themselves?</b>	How is safeguarding actually protecting the most severely physically disabled who have no verbal communication?	O	
	I am interested in the interface between safeguarding and how this can lead to better outcomes for adults on the autistic spectrum and/or high functioning learning disability. At present, the safeguarding process feels toothless to address issues and offers few solutions to enable the person at the heart of the process to become equipped to avoid future exploitation, learn protective skills and strategies.	O	
	Can we make safeguarding more than a back covering exercise? Child protection does what it says on the tin, adult protection all too often feels like we achieve little more than identifying a problem has occurred. We don't equip people to recognise they are victims of abuse, that reappraising patterns of behaviour could achieve better outcomes occurring which could bring about real change. We don't empower people. We merely commission expensive services to police vulnerable people rather than educate or facilitate their personal development which could result in lasting change and greater autonomy for people.	O	Second may be partially answered by Sarah Carr current NIHR SSCR study- see above
	The extent to which safeguarding enquiries lead to effective protection planning	M	
	What is the time delay in putting in services that keep people safe? What are the reasons or contributory factors for this? What are the obstacles?	O	
	Are we well enough informed about 'where safety resides'? (Of course we strive for safer communities and relationships but SWs are often tempted to 'make situations or people safe' when, ultimately, (at least for adults who have mental capacity), long term safety will lie in also developing the resilience, understanding and agency of the individual to act in the interest of their own safety.	M	
	I would like to see research strike a balance between quantitative data and developing a qualitative evidence base of best practice (and innovative) safeguarding interventions, particularly focussing on how empowered individuals can take control of their safeguarding situation	M	
	How safety can best be promoted when working with those who are deemed as 'vulnerable' and/or at risk, when they are a capacitated adult	O	
	Where clients are given resources to promote their own safety, what follow-up is made to see how helpful these were?	E	
	What are the outcomes people want from 'safeguarding'?	M	
<b>What has been the impact of 'Making Safeguarding Personal', particularly in the longer term?</b>	How does the Mental Capacity Act and Making Safeguarding Personal impact on safeguarding practices?	M	here are several descriptive articles on MSP and one evaluation but no longitudinal study of MSP
	What type of social work interventions make the biggest difference to adult's safety in the context of 1) older age domestic abuse 2) intergenerational abuse.	M	
	research into how certain methods of ensuring personalized approach in safeguarding procedures have improved outcomes and ensured safety.	M	Hopkinson P, Killick M, Batish A and Simmons L (2015) "Why didn't we do this before?" The development of Making Safeguarding Personal in the London borough of Sutton. The Journal of Adult Protection 17 (3) 181-194.
	is there a national awareness of what making safeguarding personal means? How well is MSP promoting empowerment?	O	
	Longer term outcomes of MSP: reviewing protection plans and their effectiveness?	O	
	Has making safeguarding personal resulted in better outcomes for people?	P	

		O	Manthorpe J, Klee D, Williams C and Cooper A (2014) Making Safeguarding Personal: Developing responses and enhancing skills. The Journal of Adult Protection, 16 (2) 96-103
	What is the impact of making safeguarding personal on safety nationally? How do we know safeguarding (i.e. MSP and Care Act approaches) is an effective model? How do we know we have captured a wide enough range of views given a significant proportion of adults at risk may not have the relevant mental capacity?	M	Pike L and Walsh J (2015) Making Safeguarding Personal 2014/15: Evaluation report. Local Government Association.
	What changes (if any) have there been in adult safeguarding now that Making Safeguarding Personal has been incorporated into the Care Act guidance? Do the benefits outweigh the challenges, e.g. the impact of more complex processes to enable service user participation whilst maintaining confidentiality?	G	Butler, L. and Manthorpe J (2016) Putting people at the centre: facilitating Making Safeguarding Personal approaches in the context of the Care Act 2014. The Journal of Adult Protection.
What are the most effective ways for adult social workers to intervene when people are being abused, including older people and in cases of domestic violence?	What are the most effective ways of working with older abuse (identification, referral, assessment and intervention)? (NICE Guidelines could be helpful here)	E	Most work here is from Making Safeguarding Personal – there is a broad international literature <a href="https://obssr.od.nih.gov/developing-effective-elder-abuse-interventions/">https://obssr.od.nih.gov/developing-effective-elder-abuse-interventions/</a>
	Social work and domestic violence - To what extent should adult social workers continue to intervene in cases of repeated domestic violence regardless of all the support given?	P	
	In particular, I would like further research on how decision making in cases of suspected domestic abuse/interpersonal violence and coercion are made.	E	
	How can adult social workers address issues of abuse in an authoritative yet non-patronising way?	E	
	1. research on the level of support given to women compared to men (particularly in situations of domestic abuse where the male is the perpetrator).	T	
	What specific qualities skills and knowledge can Social Workers offer victims and perpetrators of domestic abuse, and their children to live more safely?	O	
	To develop a better understanding of the prevalence and responses to domestic abuse for adults with care and support needs. To what extent do social workers use alternative categories to define the type of abuse when undertaking enquiries into domestic abuse	M	
	Financial vulnerability, especially those with dementia - with and without capacity. How can banks and other organisations support social workers in relation to protecting those who are financially vulnerable (i.e. those with dementia who may or may not lack capacity) - what do banks and other financial institutions do to support social workers worried about a person who may be being financially abused by scams and frauds?	O	
	What are the most successful interventions offered to people who have been abused and improve their well-being?	O	
	How does the professional perception of risk measure up against the perception by the person themselves?	M	
England does not take adult protection seriously from my experience. Older folk have no voice and they are not listened to, nor are their families. The CQC is completely useless - after Orchard View I would have expected a more rigorous approach - however I was informed that they do not investigate complaints from individuals. Where are we supposed to go to have our voice heard? providers are allowed to get away with poor staffing levels, negligence and lack of care.	C		
How can the quality and impact of social work be routinely assessed, particularly in ways that matter to people using services and carers? How could this evidence be used to improve adult social work?	How do we know that social work decisions about support to people are of a high standard?	O	Proctor, E. (2017), "The Pursuit of Quality for Social Work Practice: Three Generations and Counting," Journal of the Society for Social Work and Research 8, no. 3 335-353.
	What measures are there to monitor the quality of social worker's interactions and getting real feedback from the real people for whom it matters?	O	
	How to have more evaluation on our work - to capture if we have helped to meet outcomes, if we have improved quality of life/safety, how can qualitative data be captured - because this may improve the quality of our work but may also help to give more respect to the social work profession.	M	Taylor, B Campbell K (2011) Quality, risk and governance: social workers' perspectives, Journal of leadership in public services.
	Methods deployed and ability to measure success.	M	
	What do older people/older people with mental health problems (8 other adults) say about what matters about a social worker and what are the elements of effective SW and how can these elements be promoted in contemporary SW (by SW and their agencies)?	E	
	What do carers - alongside those they care for - say about what matters about a social worker and what are the elements of effective SW and how can these elements be promoted in contemporary SW?	E	
	How can the impact of a visit from a mental health social worker be measured to gauge its effectiveness?	M	
	how do you measure the effect	P	
	safety is different things to different people how would you measure	P	
	value you for money how do you measure	P	
It would be useful to have research evidence that mental health is improved by Social Work. All my experience demonstrates that it is, but we need objective evidence. This would influence resourcing (we hope). Also there has been a huge rise in detentions under the Mental Health Act at the same times as cuts in benefits, cuts in mental health care and cuts in social services funding for people with mental health problems. It would be useful to know how these various cuts influence the amount of mental distress and detentions.	E		
It would be useful to explore how effective decision making is according to criteria set by the service user and/ or carer	E		
A way of evaluating social work interventions in a meaningful way.	M		
How safe people feel after social workers get involved?	M		
How are social workers dealing with the discrepancy between our professional view on 'significant impact' and the person's view.	P		
How many people have been a risk to society before social worker intervention. How many people are at risk now	T		
'Professionals' talk a lot about 'outcomes'. What does that term mean to those people using social work services and are there ways we could better describe this?	O		
Does having a Social worker make people feel safer	P		
Does it really change peoples lives	P		
How can we measure the cost-effectiveness of services designed to maximise an individual's independence?	O		
Does social work intervention lead to dependency?	P		
Effectiveness of social work when no services have been offered and how could this be measured?	P		
Apart from achieving short term goals such as getting a property or supporting with finances, how does social work interventions impact customers.	P		
Does having social work intervention pose a risk to peoples/ customers safety?	P		
Do Social Workers have a positive impacts on families?	P		
Is Social Work effective? Do customers achieve something through social care support, or is the support seen as a hindrance?	P		
How can outcomes of intervention and services be tracked more quickly and easily? Could monitoring of outcomes mean interventions to improve them are made more quickly and social work services are more responsive? And would this improve services delivered, perception of the profession and willingness of people to engage with social work services.	O		
Does having a social worker reduce service users attempting suicide?	M		
What impact does having a social worker have on service users who are applying for full CHC funding?	M		
How effective is social work in reducing risks and how can this be measured?	M		
Further research into service users/carers/family perspective of social workers communication.	P		
Service user perspectives of the effectiveness of the service offered to them.	P		
Do social workers think that the outcome measures they colate are for business/infrastructure or the person?	O		
* How can you get feedback on how 'successful' social work is for people who are non-verbal and have a cognitive impairment?	M		
would like to see some research into customers experiences who are happy with the support they receive	M		
What is good social work? Can it be measured purely by outcomes when the outcome might be recorded by social workers themselves?	O		
How effective are the outcomes for clients within an adult safeguarding framework in reducing risk and providing effective support.	M		
How can we quantify what good social work practice means to promote the importance and distinctiveness of the profession.	O		
Need to consider outcomes as product of how whole multi-disciplinary multi-agency works together. Cannot just be considered as social work outcomes. Need to be led by what clients think is important.	O		
How to measure 'outcomes' locally and nationally? What are the national carers and service user forums saying about the support they receive?	O		
How do you measure feedback which is meaningful and genuine and evidence based?	O		
cost effectiveness of social work-what value is added by our interventions.	P		
How is effectiveness of adult social work measured	O		
How are good decisions in social work evidenced? What are the components of good person-centred decisions?	O		
What outcomes are produced from social work interventions?	V		
For those subject to safeguarding processes to feed back and help design more person centred processes	M		
Would it be beneficial if local authorities' adult social services departments had external inspections, similar to those carried out by the CQC with care providers?	O		
How can effectiveness be measured?	O		
Does it positively impact on people's support outcomes? Does it require another framework to improve this outcome? How can we better evidence base the specific contribution of social work in this regard?	M		
Is social work essentially doing health tasks and should it be organised differently to empower the disadvantaged?	M		
What follow-up data is routinely collected to establish satisfaction and effectiveness following interventions? At what intervals? What research has been conducted on re-referral rates/reasons etc?	E		
how is effectiveness measured so it isn't reliant on performance indicators that are subjectively completed across authorities?	M		
How we define outcomes & provide evidence of the effectiveness of SW interventions - there simply is not an evidence base.	O		
Well I guess it would be interesting to consider what is meant by effectiveness by different people. For some it will mean obtaining a funded service for others it may be more about process and how they were treated and involved.	P		



	Longitudinal studies which follow the support / service provided to people in need of services over time to understand their world and experiences and what has made the difference for them. Perhaps also consider theoretical perspective regarding lifespan understanding aligned to this?	E	
	Research: It would be nice to have feedback in relation to how we try to make a difference for service users. Also, do all social workers listen to service users views and empower service users throughout.	M	
	Risk assessments and positive outcomes? and how this is measured.	M	
	What are the effects of their decisions upon both individuals and families?	E	
	How is the term effectiveness defined in terms of social work practice? What would effective practice look like to an adult who requires social work services?	E	
	More research is needed to determine the effectiveness of our intervention.	P	
	What are the most effective types of narrative employed by social workers in overcoming the resistance of people who have eligible needs, but will not accept help with meeting them?	O	
	How can we be sure a person is safe with support provided?	P	
	How can social workers measure safety?	O	
	Does social work make people safer? What is the evidence of good practice in keeping people safe?	O	
	Does safeguarding work?	V	
	Does it impact on people's safety? Does it require another framework to improve this outcome? How can we better evidence base the specific contribution of social work in this regard?	M	
	are we making it any better - do people feel safer?	E	
	What quality markers need to be in place to keep people safe?	O	
	What do people tell us about their experience of the safeguarding process - what aspects do they find most helpful? What helps them to sustain their safety and wellbeing?	M	
	What is the value of Key Performance Indicators (KPIs)? Is the quantitative nature of KPIs meaningful?	M	
<b>How can adult social workers work on prevention and what difference would this make in the long-term?</b>	The effectiveness of preventative work?	M	Care Act evaluations are covering some aspects of prevention.
	Mapping a complete service that prevents or delays escalating need. What elements of adult social work practise have been lost over the last 20 years? Have they been taken up by other providers and if not, where are the gaps?	E	
	does social work intervention actually reduce risk of harm has the reduction in preventative work / services increased risk to people	P	
	If priorities are risk led how can adult social work ensure that support for people also include quality of life issues as well as (initially) low level emotional/psychological issues (which can become high level emotional/psychological issues if left unattended?	E	
	How can we stop "buying into" the revolving door model of accessing services and instead focus on more long term investment, which is likely to make long term savings and improve people's lives	M	
	The importance of prevent, reduce, delay and how this can be maximised to benefit the adult you are working with.	P	
	An example currently, single parent with severe mh difficulties not simultaneously being treated often enough or consistently enough to have her children, instead the court is going to take them off her. Why is there no emergency intensive care for mental health to prevent this devastation as the children are already looking like they too will go on to be in need of mh services as they are victims of a system being put before them as a priority. There is not an advocate anywhere, there is not a mh social worker anywhere. It all takes money and education but is still cheaper and better for a happier society in the end.	O	
	Regarding the impact of preventative work	M	
	Research in to how prevention services such as reablement and care packages/equipment at home are supporting people	P	
	Would getting back to proactive Social Working get to know people before they hit crisis, knowing them well so you can suggest alternative ways to support that would not lead to expensive care packages.	P	
	I'd like to see some research that addresses the benefits of community social work and the prevention and well-being agenda as opposed to the deficit models of statutory assessment, eligibility and care management	M	
	I'd like to see some longitudinal research on the prevention and well-being interventions that some LAs are implementing	M	
	To look at the structural inequalities that lead to substance misuse and preventative measures within communities	T	
	How effective is the care management model? Is the model of providing case management care for a small number of complex cases working compared to allowing Social Workers to work in a preventative way and working with a large number of those with low level needs?	P	
	I would also like to see some research that explores how to evidence the business case for moving social work practice to focus on prevention and early intervention approaches in order to mitigate reactive approaches	M	
	How can prevention become a valued part of the social work agenda?	T	
	Can we have long term budgets rather than the annual ones, nothing can get done in a year, all we do is cut to make this years budget look good, but then need to spend sometimes up to 3x the amount of money on crisis managing. We need to keep investing and keep a view of what is changing in the long term, not just the short term benefits of cutting budgets.	O	
	Having smaller more manageable caseloads and lower thresholds of eligibility, not higher ones, will mean we can spend the time with everyone doing some preventative work rather than just coming in to crisis manage.	O	
	Evidence that giving social workers time to undertake preventative work is cost effective	P	
	Prevention - what is the social work offer regarding prevention and what evidence is there for the impact?	M	
	what preventative interventions are being carried out that are positively influencing?	E	
	What is being done and what more can be done in prevention or early intervention to promote a person's wellbeing before they need statutory services?	P	
	Research regarding early intervention of people following a diagnosis of dementia. To research whether there are barriers, and if there are barriers, to assess what the impact is on people accessing preventative / early intervention at an early stage of recognition of dementia. Practice experience would indicate that many people are in denial at this early stage so engaging and supporting individuals and families is difficult as they won't engage. This prevents the prevention agenda taking hold and engagement only takes place when a crisis takes place and then there is a demand for an immediate intervention. If barriers could be identified, then solutions could be developed to allow the prevention approach to better operate. A further stage could be to look at what preventative approaches are most effective for positive wellbeing	G	
<b>How well are adult social workers working with communities to develop community-led and asset-based support? What difference does this make and what are the barriers to success?</b>	My LA adopts an approach of having generic social workers, allocated on an issue based system. This may work well for people with short term or lower levels of need, but it is not helpful for people with lifelong and/ complex needs. It is a reactive approach for when things go wrong what is needed is an approach whereby there is expertise about what is possible (not what available) and an early intervention/ prevention approach to support	C	
	Can community development approaches be initiated and sustained?	E	
	The links between the role of community social Work, poverty and community resilience?	M	
	Do communities feel that social workers are involved and embedded enough in their communities to promote and provide community led support?	M	
	How to use community asset's in promoting peoples well-being?	P	
	What interventions and support enable adults to increase their social capital or community participation?	P	
	harnessing community capacity to support well being	M	
	How organisations are actively working with communities?	E	
	Communities- Do social workers have any time to get involved in their communities?	O	
	How to build social capital	M	
	Is work with communities considered a part of the social work role at all now?	P	
	How effective are social workers in mobilising community/family support	M	
	How can social workers involved communities and individuals to start groups and social movements to achieve positive change.	M	
	How much support can you provide to the support network? What inhibits or restricts the support you can provide?	P	
	How far are they able to influence the development of community support services within their community?	E	
	Learning from models of social work practice outside the UK which are about community-based solutions and approaches	M	
	Q - How can social workers systematically and effectively contribute to 'community development' in their day to day working lives in order to make a real difference to peoples well being? Comment: I understand the need for community development but my day to day work does not reflect this. With the best of intentions I tend to focus on individuals and families and feel that I simply dont have the time, energy or 'space' to address the wider issues.	P	
	Would a social work service which encourages engagement with the family and wider community be better for patient well-being than the present, often used, short term intervention brokerage system.	P	
	Resources - not enough social interaction in rural areas, no transport for people to get to venues, loneliness, day services removed and costs have been increased to attend these. Training staff needs to be mandatory and not done on a choice basis. Networking for people and developing community support with other services, to help this.	P	
	A very substantial proportion of practical and emotional support, is being provided informally by family, friends and communities. How exactly does this help interact and intersect with the provision of formal help following assessment? I'm not aware that this question has been addressed properly. For example, does informal support reduce following provision of formal help, does it stop, does it compliment, does it relate it any way to formal help. I suspect that often the bulk of informal care runs along parallel lines to formal support, but it would be interesting, and of great importance to explore	O	
	How far are family, friends, non-statutory and community agencies engaged in helping to create personalised care packages? Is there follow-up evidence about relative effectiveness?	E	
	I would like there to be some research on the effectiveness of asset based community approaches i.e. is there a vfm/investment argument for early identification/intervention & further work to support the development of resilient communities?	O	
	research into collaborative approaches for support across networks	E	

	Role of social work in encouraging the development of micro providers? Evidence for spending time with adults, carers, family and communities in terms of outcomes for the person and outcomes for the "system"	M	
	how do social workers use the third sector? what would solve the ongoing issue of social workers knowing what is happening in communities - do local area groups working in specific communities work better than generic teams in wider localities or county wide teams? how could social workers better use library spaces and service?	E	
	How can we embed professional curiosity in everything we do/specifically safeguarding bringing back community social work - what would that look like and how would it be most useful?	E	
	Where do the public get information from, sharing of knowledge, practicalities of access to the community. Encouraging participation communicating more effectively. Being more visible and accessible which community led support promotes. How do we break down barriers that have been in place for decades the cradle to grave mentality still exists. How do we become more proactive and more importantly to be given the time to actively engage within the community to build stronger relationships and an understanding of what that community needs.	M	
	Social work practices that are based in communities compared with those that are centrally based.	P	
<b>What is the role of adult social workers in reviewing the suitability and quality of services provided as part of a care plan?</b>	Where's the quality assurance of the care that adults in residential care receive other than an annual visit to complete an annual care review. What does social work actively do to promote the quality of lives of the people it is paying millions of pounds to agencies to care about?	O	
	do signposting to voluntary and independent sector provisions (and closing SW provision) actually assist people in achieve independence in their live - rather than SW commissioning services on behalf of the person.	M	
	Identify warning signs and definite evidence that a placement has broken down.	O	
	With carer, families, communities, once again once assessments are completed and decision are made. There seems to be a very small window to follow up with citizens as the social worker has now further assessments to complete within a time frame.	P	
	The care manager, I forget how many we had been involved with by that stage, took the time to meet with me and my Dad, in his care home. The discharge from hospital had been incredibly messy - downright atrocious, which meant that the last months of his life were spent with strangers in a place that was unfamiliar to him and which was difficult for his friend's and family to reach. The care manager I refer to was sensitive to all of this and plainly cared about my Dad. However she then left the scene, following a back injury and we had no further contacts. Nor did I ever receive any feedback from the number of adult protection alerts I raised.	C	
	Followed up whether the service was adequate.	C	
	As an informal carer I discovered that my friend was paying for two hours and often only got 61 minutes completed but the worker claimed for two hours. The cleaning work was negligible. That cleaner as far as I'm aware was just given another client and my friend (who is partially sighted and couldn't communicate well following a stroke) was not properly compensated.	C	
<b>What are the most effective ways for adult social workers to work with people with dementia and their families?</b>	Are there innovative models led or developed by SWs that reduce risk and/or improve safety of vulnerable groups of adults e.g. people with advanced dementia?	E	
	Over the medium/longer term how can SW contribute to the effectiveness and cost effectiveness of services for people with dementia and their carers?	E	
	For those groups who have little or no platform or voice e.g. people with advanced dementia, how can SWs promote social justice?	E	
	How to promote an assets- based way of working with customers with dementia?	P	
	How to take positive risks with people experiencing dementia?	P	
	There should be an assessment on those with dementia to explain the complexities of their personal dementia to ensure they receive the best care. should we have a standardised document for those who have been diagnosed with dementia at the beginning to express their wishes and feelings instead of when the disease has taken control and their wishes and feelings may not be a true reflection?	T	
	could social workers, families and organisations have more training and awareness to recognise bad practice when working with those with dementia?	T	
	How can we maintain the safety of people with dementia when they live at home? This applies particularly to people with dementia who do not sleep well and are very active at night.	E	
	How do we supply a consistent level of care and support to people with dementia (and their carers) when cases are frequently closed and then re-opened at a later date by a new social worker? Is this not counteractive for a person with dementia when familiarity and continuity is essential?	E	
	Have an meaningful understanding of ALZ and have more advice to families esp ones looking after the carers situation esp when they have young/teens to cope with IE sandwich... as I've heard.	C	
	Believed me. I felt she thought my problems could not be that bad as I would leave my husband. It was suggested that I leave him - we had been married for 40 years at this time. I think they thought 'he would pull himself together' if I was not there. He had multiple health and social problems including vascular dementia.	C	
<b>What are the most effective ways for adult social workers to work with people who need long-term care and their carers, either living in care homes or with their families?</b>	How do SWs/SW agencies conceptualise family carers & families of people with dependency needs?	E	
	What, and how best, can SW contribute to the well being of people living in long term care and their family carers?	E	
	How can SW contribute to reducing abuse and improving the safety of people living in long term care and their family carers?	E	
	How can SW improve the wellbeing of dyads i.e. user and carers living together? How has SW impacted on family carer safety and wellbeing?	E	
	How do you support people who are living with long term health conditions?	M	
	How we promote self-care for family carers of service users	M	
	Should social workers do more in residential care to support residents and care home staff?	V	
<b>What are the most effective ways for adult social workers to work with people with mental health problems, including personality disorders?</b>	How can interventions support engagement in mental health services? What supports service user involvement in mental health services and does this impact on their safety levels?	P	Ray M (2012) Developing advanced practitioners in mental health social work, she argues social workers have a distinctive role and can work with people who may have negative perceptions of other services.
	Additionally it would be useful to explore approaches to the Mental Health Tribunal process in different parts of the world, at the moment it can be experienced as oppressive, intimidating and harmful to the service user's mental health. Other countries have different systems. In France, I understand that the human rights issues are addressed in a far more therapeutic arena.	E	See also Social Workers' Beliefs about the Interventions for Schizophrenia and Depression: A Comparison with the Public and Other Health Professionals--an Australian Analysis, Paloma Cesare Robert King, The British Journal of Social Work, Volume 45, Issue 6, 1 September 2015, Pages 1750-1770, <a href="https://doi.org/10.1093/bjsw/bcu005">https://doi.org/10.1093/bjsw/bcu005</a>
	What are the most effective Social Work interventions with people with mental health needs, including personality disorder?	M	
	How best to assist people with personality disorders? People who repeatedly ask for help but don't take on board anything they are given.	E	
	How best to assist people who have mental difficulties that allow them to convince themselves that they are physically disabled.	E	
	Whilst there are many social work theories I feel that there is a huge gap in research around personality disorders in adult social work and this in my opinion, seriously impacts upon service user's safety and well being. A common area of mental health in this context, appears to be around personality disorders.	P	
	More research and guidance into the above client group (PERSONALITY DISORDERS) would improve the safety of service users.	P	
	I feel that social work research needs to focus around mental health, stigma and understanding of practitioners knowledge of different mental health conditions. I see a lot of stigma and misunderstanding in social work including from AMHPs and this in my opinion, seriously impacts upon service user's safety and well being. A common area of mental health in this context, appears to be around personality disorders.	O	
	The benefits to service users of involving carers and families in any social work intervention in mental health is well documented and researched. Why is it therefore that we consistently fail to involve them in a whole systems approach to solution based work with the individual service user? Is there something specifically about mental health that creates such a barrier? Is it about Nearest Relative concerns, is it about rigidity on behalf of professionals in relation to 'confidentiality issues'.	O	
	I work on a 12 week Mental Health Reablement Team for adults. The team consists of LA social workers and OT's, no health care professionals are on the team. We continuously come across adults who are 'stuck' or unable to move or change these situations. Often myself and my colleagues find we have to use ourselves as therapeutic tools to help adults address ambivalence, 'stuckness' to maximise wellbeing, we all have little to no official psychosocial/therapeutic training. Due to limited resources within the NHS often psychological/talking therapies will make referrals to us and then close to themselves, so joint working is difficult. Questions could be: From an adults perspective how best does a mental health social worker help adults develop a strong sense of wellbeing and thus enable them to address their social situations from an empowered place within short term social work MHT team. What official training do mental health social work practitioners feel is important to support adults with mental health issues to address ambivalence and maximise wellbeing. From my perspective I think we need more psychosocial, therapeutic training, especially to help adults develop a sense of wellbeing.	P	
	Q - What works? Working with people who are ASD (AUTISTIC SPECTRUM DISORDER) and have experienced trauma. A psycho-social model.	P	
	Longer term outcomes of working with personality disorder and high functioning Autism?	O	
	how does the therapeutic relationship help people with mental health problems...how can we improve this experience	O	
	Can social work interventions reduce the risk of suicide? In particular for people who do not have a formal mental health diagnosis?	P	
	DDLS conditions - what is the evidence to suggest these are adhered to in practice and what is their purpose - can we improve on this?	E	
	What works in preventing admission (especially compulsory admission) to mental health services, and discharge planning?	G	
	What are the best ways of tackling racial discrimination in mental health services?	G	
	What differences do social workers make in preventing admission (especially compulsory admission) to mental health services, and discharge planning?	G	
	What in what ways can social workers effectively tackle racial discrimination in mental health admissions? Over the last couple of years the three conversations model has been rolled out across many local authorities. I have looked online but cannot find any independent appraisal of this new model for practice. Even the SCIE website seems to quote outcomes directly from the Partners for Change Website, the organisation that developed this model.	G	
		P	

	They could have had a comprehensive understanding of the issues and difficulties faced by adults with autism and have believed me rather than saying that my son "chooses" to be messy and "chooses" not to do his accounts, tax return, chasing up invoices, making appointments to see the doctor, physio, dentist, optician etc etc etc	C	
	Most difficulties have arisen from lack of Service provision rather than individual S.Ws. They looked at the short term, not the long term. (After eight years at home with either no or minimal service, including me taking three periods of long term sick leave, he has now been Sectioned and is in an Assessment and Treatment Unit). When we did have a SW they did not realise the significance of my son's mental health difficulties. None of them recognised: - how much emotional energy I spent supporting my son so that he could access the community and appear as able as he did. - the effect of anxiety on behaviour and variable ability to access community activities, transport, etc. So yes, when confident he could get on a bus, but once he was anxious he frightened he would "lose it" and may hurt someone. They thought he was being unco-operative. - I adopted my son. At the age of three and a half I was his fifth carer and it was at least his eighth move, he had almost no verbal understanding. Nobody seemed to think that this might still be of significance and have an effect on his relationships with carers. (Now he is diagnosed with Anxiety disorder and has a Personality disorder.) There should be more training on attachment difficulties/disorders and the effects as individuals mature. - There was no understanding by one SW that some temporary provision is not the same as the promised long term provision. We had a plan for a (good) short term health team to support while a long term provider could be identified. Sounded good, but as time passed, my son got more and more anxious wondering when his new carer's were starting. It took over nine months and both of us were at the end of our tether by then. - So I suppose a good piece of research would be to find out attitudes of social workers to people with challenging difficult/behaviours and see if they can recognise how mental health issues can impact on behaviour. - Could high quality (expensive) provision put in place earlier, have prevented the (extortionate) present provision? I believe so.	C	
	One social worker realized that my husband and I had been bounced from Social care, mental health and medical health for years and saw our problems as a challenge to try to get the services we needed.	C	
	I would struggle to fault my first social worker (I am on my fourth now). The last two have also been very good too but the second one in my opinion was not suited to working with individuals with a personality disorder as I got the impression she did not see SWs as a profession and was oblivious to how debilitating it can be. She assumed that as I presented as 'normal' and was able to brush my hair and dress OK (I am compelled by perfectionism so even when unwell I feel the need to put on a perfect facade) that I was not requiring assistance.	S	
	Adult social worker impact on peoples safety - Are practices and understanding of safeguarding issues more geared toward learning difficulties & older people than adult mental health?	S	
<b>What are the most effective ways for adult social workers to work with people with chaotic lifestyles (e.g. problematic gambling)?</b>	How can we ensure that working with challenging families can be supported to get a good outcome for the family, communities and organisations.	P	<a href="https://democracy.sussex.gov.uk/Data/Strategic%20Review%20Committee/20120216/Agenda/05-11-21-Complex-Needs-and-Chaotic-Lives-evaluation%2009A6.pdf">see Suffolk County Council (2012) Complex needs and chaotic lives project April 2010 – April 2012 https://democracy.sussex.gov.uk/Data/Strategic%20Review%20Committee/20120216/Agenda/05-11-21-Complex-Needs-and-Chaotic-Lives-evaluation%2009A6.pdf</a>
	for people with no diagnosis of an LD but perhaps low IQ, living in chaotic lifestyles with potentially dangerous, antisocial, criminal activities being part of their life, benefit from SW intervention - and which services picks these up i.e. Not learning disability, not older people, not physical disability - they don't fit into the box so do some councils have specialist teams to support these people or do they remain unsupported.	M	
	Gambling is enjoyed by many people, some of who have care and support needs arising from disability, illness or other circumstances. Recent figures suggest that almost half of adults in the UK (48 per cent in 2016) take part in gambling. However participation in gambling may lead some people to experience gambling-related harm (i.e. the adverse financial, social and personal consequences to themselves, their family, friends and the wider community) and as a result require new or additional assistance from support services, including social work. We have recently undertaken a scoping review and interviewed people who support adults with care and support about how they help individuals to make decisions about their gambling participation. Our findings suggest that social workers are largely unprepared to manage incidences of gambling-related harm and would like additional guidance, support and training so as to better support adults with care and support needs experiencing gambling-related harm. At present social workers do not screen for gambling-related harm and consequently cases of gambling-related harm are often discovered by chance or when people are at crisis point. I would therefore like to see social workers being upskilled so that they are equipped with the skills, knowledge and resources to screen for gambling-related harm and to confidently provide brief interventions so that affected individuals are signposted to gambling support services. I think a pilot study should be undertaken which provides training, raises awareness of gambling-related harm and empowers social workers to screen for gambling-related harm. Being able to identify individuals who may be at risk of gambling-related harm, would enable social workers to provide individuals with support so that they can manage their gambling participation and mitigate the risk of individuals becoming problem gamblers. Another issue relating to gambling-related harm is the risk that adults with care and support needs may be at risk of gambling-related harm as a result of someone else's gambling participation (e.g. carers, family members, people in a position of trust). Social workers should be aware that carers, family members or people in a position of trust may participate in gambling and this may lead to adults with care and support needs being at risk of acts of abuse, neglect and/or exploitation. It is therefore important to be aware of gambling participation among 'perpetrators' of abuse, risk factors for abuse (e.g. age-related deterioration in health and mobility; social isolation; age-related cognitive impairment; lower literacy levels; psychological wellbeing, memory and cognitive function), gambling support services for affected others and how to safeguard individuals' financial assets so as to mitigate the risk of adults with care and support needs being victims of theft or fraud by those who require money to fund their	O	
	The priority I am especially interested in adding is gambling related harm and social work. The Gambling Act 2005 de-regularised the industry which has become increasingly profitable with advertising, mobile and internet gambling all obvious everywhere today. Gambling related harm includes - debt, poor mental health, poverty, links with suicide, risks of introduction of universal credit for individuals with problems, domestic abuse, family break up, effects on children, financial abuse - abuse of vulnerable people by those with gambling addictions. It is important to understand the extent to which social workers working in housing, addictions, domestic violence and other support workers in the social care workforce recognise this issue, are affected by it and equipped with the knowledge to support people affected by gambling related harm. We have recently investigated this topic with reference to adult safeguarding. But this issue also needs addressing in the above areas. Pilots could be done screening those entering these services, costs to services estimated and training undertaken and evaluated with staff. This would provide the basic information which is not currently available to policy makers in order to prioritise gaps in service provision.	O	
<b>What difference do adult social workers make to people who are terminally ill and their families and how can they do this effectively?</b>	What impact does having a social worker have on terminally ill service users?	M	<a href="https://bmc-palliativecare.biomedcentral.com/track/pdf/10.1186/s12904-017-0218-8?site=bmc-palliativecare.biomedcentral.com">CW Wang (2018) Social workers' involvement in advance care planning: a systematic review, BMC Palliative Care https://bmc-palliativecare.biomedcentral.com/track/pdf/10.1186/s12904-017-0218-8?site=bmc-palliativecare.biomedcentral.com</a>
	How does social work involvement impact on a families experience when someone has a life limiting illness? Does social work support increase wellbeing at the end of life for service users at the end of their life?	O	<a href="https://doi.org/10.1089/jpm.2016.0352">Stein Gary L., Cagle John G., and Christ Grace H. (2017) Social Work Involvement in Advance Care Planning: Findings from a Large Survey of Social Workers in Hospice and Palliative Care Settings, Journal of Palliative Medicine Vol. 20, No. 3, Published Online 1 May https://doi.org/10.1089/jpm.2016.0352</a>
	How effective is social work support at the end of life?	O	
	The contribution and impact of social workers re successful hospital discharge, end of life, transition to adulthood and employment - in particular the role social workers play in multidisciplinary environments.	G	
<b>What are the most effective ways for adult social workers to help people they are working with who are socially isolated and/or lonely?</b>	Connectedness, ending loneliness, connecting ASC work with place based LG initiatives	O	<a href="http://www.communitycare.co.uk/2017/10/25/research-tell-us-social-workers-role-tackling-loneliness/">http://www.communitycare.co.uk/2017/10/25/research-tell-us-social-workers-role-tackling-loneliness/</a>
	I am concerned about what happens after social work intervention ends. There seems to be a lot of research about carers / cared-for within community settings and how to best support both parties. However, I am often left wondering what happens to the person 'left behind'. For example, husband and wife have been married for sixty or seventy years, wife has dementia and day-to-day life is crammed with social workers, CPNs, OTs, care workers, a sitting service, Admiral Nurse, Age UK cleaner etc. etc. We know that husband is undertaking a caring role, lots of focus on his wellbeing, linking into carer support services and such like. Then wife moves into residential care or passes away. Suddenly husband's life goes from being full - perhaps too full - and lots of contact with lots of people all day long, to very very little. He might visit the care home daily, or I have seen some spouses visit twice a day - sense of purpose. If they pass away, then what do they do? Rather than 0-100 it is more like 100-0. The doorbell stops chiming and the phone stops ringing. They may have family, they may not. I often wonder what has happened to the person 'left behind'. Maybe they do discover a new lease of life. Or perhaps they begin to fade. Some carer support services may carry on after the cared-for has moved into residential care or passed away but often no longer eligible. How long before they go from being reasonably fit and healthy to experiencing difficulties themselves? It is often husbands worry about more - women seem to retain more friends as they get older and have other links, whereas I have often found older men are more isolated and with a strong upper lip attitude. How are they feeling three / six / twelve months after their spouse has moved to residential care or passed away? Please note I am referring to husband and wife for simplicity and as the majority - well aware of same sex couples, long term partners without marriage etc.	P	
	With regards to older people how can adult social work address bereavement, loss and loneliness issues appropriately?	E	
	Can social workers and other social services staff be more involved with setting up groups that address solving the basic issue of loneliness?	O	
	I would like to see some impact evaluation of informal support for the isolated and lonely. What is the most effective way to combat the debilitating impact of social isolation?	E	
	Addressing isolation and loneliness Defining "well-being"?	M	
	How can adult social work positively impact the alleviation of loneliness within the community leading to more equality and quality of social interaction and social opportunity leading to more community engagement and sense of purpose.	M	
	How do social workers work with people who do not have any family or community support in relation to the Big Conversation?	P	
<b>What are the most effective ways for adult social workers to help people they work with who are being discharged from hospital?</b>	Are social workers in hospitals effective in supporting safe and effective discharges and managing risk	P	Current review being undertaken by Moriarty, Steel and Manthorpe on hospital social work role for Chief Social Worker, due Autumn 2018.
	Can social work be effective in hospital discharge.	M	
	Hospital social work impact on people leaving hospital, delayed discharges and effective interventions in the NHS	P	

	What is the impact of the time taken between a hospital discharge and a social care assessment being undertaken/completed?	E	
	The contribution and impact of social workers re <b>successful hospital discharge</b> , end of life, transition to adulthood and employment - in particular the role social workers play in multidisciplinary environments.	G	SSCR on delayed transfers of care from hospital to other care – will include social work review.
	made contact prior to my elderly uncle being discharged from hospital	C	
	Contacted inpatient psychiatric staff to express concerns about early discharge.	S	
<b>What are the most effective ways for adult social workers to work with older people with care and support needs?</b>			
	How can adult social work promote positive social networks and cyber security in later life (e.g. promoting social networking online and resilience to relationship scams and financial fraud)?	E	
	older people, a Cinderella area of social work examples of good, dedicated social work with older people, a clearer understanding of what is social work with older people, a distinct and valued facet and asset of social work	E	
	Adult social work seems to have abandoned older people in terms of providing this service user group with a professionally qualified service. Many older service users are serviced by 'unqualified' workers. How can adult social work regain its vital position within issues of ageing? At the moment an older person seems to have to have a multitude of complex needs in order to receive adult social work input - how can this be readdressed?	E	
	Yes, there is considerable scope to do a medium sized project mapping the roles and effectiveness of SW with older people and their families across a number of key domains: services such as safeguarding; contexts such as hospitals, care homes; conditions such as dementia, frailty; and countries/regions. We need a real handle on what SWs with older people do and with what effect.	E	
	Are there innovative models led or developed by SWs that reduce risk and/or improve safety of vulnerable groups of adults e.g. frail older carers?	E	
	Consideration of well-being related to social needs; eg. isolation for older people, impact of grief and loss on older people.	P	
	How to meet the challenges and needs of the older person accessing support, when they do not know who to contact as they cannot access the internet or have access to the internet or are not interested in accessing online support. The older person in the community mainly comes onto the ASC radar when they are in crisis or carer breakdown.	O	
	whether care management improves the long term outcomes/life quality for older adults living at home?	P	
	what do older adults want from their social worker-what are the expectations?	P	
	How far does social work intervention improve the safety of older people and reduce admission to hospital and/or residential care?	E	
	what specifically most benefits older people who have profound cognitive impairment in terms of approaches to assessment, how best to include them in a meaningful way.	E	
	Why older people are overlooked? The issue of dignity in older age The issue of respect The issues relating to choice and decision making in terms of retaining independence	P	
	How could social workers be more involved in play therapy for older people e.g. in care homes or the 3rd sector community groups (this feels important and we see how people could benefit but we are far removed from it)	P	
	The CMA report also quoted an academic study "Older People a vision for the future" in recommending a dedicated social worker to support older people with developing care needs. Much of the evidence in this study is based on international research for example on the role of social work in residential care and hospital discharge and it would be helpful for similar studies to be carried out in the context of the health and care system in this country and for the findings to be well publicised.	G	
<b>What is the best method of making an assessment of support needs and risks? Are current approaches working well?</b>			
	Does it matter how Care Act assessments are undertaken? i.e. face to face or over the phone	E	
	What methods could be created for obtaining second opinions on assessment and advice?	O	
	Do we spend enough time getting to know the service user enough to make such an important decision (risk assessment)?	P	
	Further guidance on how to complete risk assessments for adults both with and without the capacity to understand their care needs.	M	
	What approach to assessment produces the most reliable information about a service user's needs and situation?	E	
	How does a comprehensive assessment inform decisions and judgements about actions and interventions? Is there a way of asking clients in a methodical manner, which issues they want to concentrate on to better their life?	M	
	Do assessments give a true picture? Should forms be standardised across the country?	M	
	It would be useful to explore the impact of the Mental Health Act assessment on service users and carers and what makes a good assessment, this would be timely in view of the proposed changes in Mental Health law.	E	
	How many social workers use a holistic (not just about the presenting issue) narrative when talking to people? By doing this, you can identify other needs worrying them which could prevent a crisis or inappropriate admission to hospital.	M	
	How much time are practitioners spending getting to know their clients before they do a capacity assessment?	T	
	Do service users/carers etc value home visits over other forms of assessment - e.g. attending an assessment centre; telephone assessment; online self-assessment; paper based self-assessment?	T	
	The real impact of needs led assessment in providing support in making life decisions	P	
	What are the dangers of relying on single assessments and narrow snapshots of risk of individuals.	E	
	how we assess risk and how that relates to the decisions around what support is provided	M	
	what risk assessment tools are in place, is there a model that is effective than others.	M	
	What impact does the approach of the social worker to the assessment stage have in the outcomes for the service users. What impact does self assessment have on support costs	M	
	Do assessment tools measure what they are supposed to? (How many assessment tools have been formally validated).	O	
	What communication skills, attitudes and time commitment in front-line practitioners optimise accurate assessment and effective intervention strategies as reported by follow-up studies?	E	
	Are there any advantages for social work and for service users in keeping safeguarding work separate from wider assessment functions?	M	
	Many Local Authorities are using self assessment forms in preference to face to face work with social workers. How effective is this method and do service users etc feel that their well being is being promoted this way.	O	
	Is the use of non qualified social workers (SW Assistants) and OTs in many LAs have any impact on assessments/risk assessments/safety concerns.	O	
	Risk assessment tools are not sufficient when it comes to complex issues of human rights and areas such as the Convention on the rights of people with disabilities.	M	
	In what way are service users and carers (separately) invited to contribute towards their assessments?	E	
	At present referrals to adult social care seem to centre around certain questions and unfortunately this is not always applicable to some individuals. How is support identified for those people?	P	
	Did his best to seek views of all people relevant to my learning disabled son's life and sent me draft Assessment before finalising	C	
	Sent a blank assessment form or at least a list of questions/topics to be covered, to myself and the staff supporting my son, so that we could help him think about the answers/issues before the assessment meeting	C	
	Often the social worker seemed not to understand the challenges of old age for the person concerned. Often they were too inexperienced or too busy to fully appreciate the situation	C	
	The assessment was carried out by phone, with two elderly people who were stressed, no visit to see the real needs of the carer. I had a conversation in hospital to agree details of care package, but SW denied the details, until I reminded her that I had taken notes at the time of the conversation.	C	
	A different assessment with another social worker did not take account of individual circumstances. There was a question about 'opportunities to take part in cultural events such as Bonfire Night or going to church'. These were not suitable questions. The person concerned likes going to a music festival. The questions were not flexible - it was like completing a survey	C	
	One previous social worker seemed less invested and more superficial. As if she was just ticking boxes on her guidance to finish the session. As someone who had recently experienced trauma and abuse, I felt alienated and like a statistic on the year end report.	S	
	Questions about decisions around supporting people - how comprehensive are questions about each aspect/outcomes of care act assessments? (in my experience the assessment has just consisted of asking bald question like 'do you have any problems with eating' rather than any tools or more searching questioning being used) -	S	
	We have had sw input for many years. Some of them spend time to find out about how the disabilities effect the service user others made assumptions which were incorrect and caused many problems	S	
	One social worker would decrease the number of hours of support and another would increase the number hours of support eg: number of minutes of support for lunch one social worker would allow 30 minutes whereas another social worker would allow only 15 minutes. This creates difficulty to find support worker who is willing to come for only 15 minutes. Further when a different social worker does a new assessment then they allow different time for respite for family carers. One social worker would allow 5 hours of respite to members of family who provide care whereas another social worker would either reduce the number of hours or would not allow any hours for respite. Basically there is no consistency in their assessment. We think if the social workers had consistency in their assessment would help.	S	
	Spend more time getting to know about my broader situation. Taken into account the combined impact of mental and physical ill health	S	
<b>How can assessments be more holistic and focused on improving well-being?</b>			
	Can social work provision be geared towards clients day to day problems of life rather than be linked to psychiatric diagnosis?	O	
	Research whether individuals takes into account a holistic outlook of the people's well being	T	
	What is the social workers thought process prior to assessing, and do they have any preconceived ideas of what type of support may be looked at prior to assessment	T	
	Are social workers using all available resources to enhance a service users wellbeing? What are the barriers to a holistic assessment in adult social care?	T	

	Years ago I started to develop a 'self-assessed well-being spectrum' which ran along the lines of the mental health star recovery model and the Patient Activation model. My feeling is that reframing assessments around something like this could have more holistic benefits for people being supported. I tried to design it in a way that other outcomes could be added or removed to change the assessment picture which could pick up health needs or wider determinants of public health needs. As a profession being pushed in the direction of integration, from the practice to the institutional ends of the spectrum, having a single, consolidated tool that focuses on people while feeding all beasts seems to me to be one of the biggest positive changes that could happen to unlock social work from silos and support better health and social care practice. It can also feed in to identifying commissioning needs if designed properly.		T	
	What kind of assessments do social workers make when deciding on the need for support? How far are assessments influenced by medical factors Where the social model is used by social workers what do they understand that this consists of?		E	
	How can adult and children's social care join up for single point of access, and holistic assessments of families needs.		O	
	Is wellbeing given the emphasis it should throughout the assessment process, especially in relation to commissioning the right service and right support		O	
	Do assessments of care and support needs focus on wellbeing?		O	
	To what extent are you able to use concepts of individual or community based assets in your assessment activity?		P	
<b>How do adult social workers respond when service users have different political beliefs? How well do adult social workers support service users to take part in political processes like voting? How could adult social workers influence the types of services being developed and commissioned? Do practice frameworks make any difference to the lives of service users?</b>	How do social workers respond when service users have different political beliefs? How well do social workers support service users to take part in political processes like voting?  What is the interface between the Care and Support plan and commissioning activity? How much influence do SWs have on the types of services being developed as part of the managing the market as they are often able to identify gaps in provision and areas of support which might help people to stay at home longer.  Do practice frameworks make any difference to the lives of service users. At the moment it is a hot topic, but does it make a difference if a organisation has one or not.		S	
<b>How should adult social workers engage with people's spiritual or faith belief?</b>	The impact of spiritual or faith belief in shaping people's lives and the role that social workers could play to engage with this subject (there is an existing body of evidence in relation to mental healthcare professionals engaging with this subject, but it is not specifically adult social work related)		M	
<b>Are there differences in the professional practice of adult social workers with lived/worked experience of having a caring role to those who haven't? Can adult social workers help to improve the mental and physical health of refugees? If adult social workers set their own budget levels, does this achieved innovation in service provision and good outcomes for people using services? What is the impact of private sector care/support agencies on the relationship between adult social workers and people using services?</b>	Are there differences in the professional practice of social workers with lived/worked experience of having a caring role to those who haven't?  Can social workers help to improve the mental and physical health of refugees?  What is the evidence to show that social workers who are allowed to agree their own budget levels have achieved innovation in service provision and good outcomes for their service users?  What is the impact of private sector care/support agencies on the relationship between a social worker and a service user? (looking at how and why some adult social work teams spend more time commissioning services than time with service users)		M	
<b>Does the commissioning of adult care to companies affect adult social work practice? How do changing definitions in gender, religion and race affect adult social work practice? Questions that have already been answered by research</b>	Is there any evidence to suggest commissioning out of adult care and the fragmentation of social work from budget holders in the councils they've been commissioned out from is having an impact on keeping service users safe? Are the hoops social workers in commissioned out from councils have to jump before being able to contact solicitors, safeguarding chairs, commissioners etc causing poor safety outcomes for service users? Has there been any research into the outcomes on social work practice due to commissioning out to companies  how does the ever-changing definitions in gender, religion and race affect practice?		P	
<b>What impact does multi-agency working have on adult safeguarding? What is the social worker's contribution?</b>	Have we any way of comparing the impact of joined up safeguarding policies that would promote a national policy?  Not sure what safety means here but I assume its a relatively narrow term i.e. physical safety. 1. In 'safeguarding' systems what is the role of SW and how has SW enhanced the engagement of victims of abuse in decision-making, supported safe practices (see care homes), stopped or reduced the risk of abuse in the future or helped to develop more responsive services/responses? 2. Without a SW doing X job or Y task e.g. assessments, what risks would increase for users and carers?  Has the evolution of the MASH (Multi Agency Safeguarding Hub) by local authorities enhanced support for the adult at risk in the safeguarding process or has the MASH reduced the inclusion of the adult at risk in the process as care agencies and care homes are more likely to investigate 'one off incidents'. It is less likely that an IMCA or advocate or family member will be involved to support the adult at risk during the investigation? Will the adult at risk be spoken to in a timely manner? Is the care home/agency speak to someone with dementia at the time or leave it for several days before commencing an investigation? Will the adult at risk have the mental capacity assessed to engage in the process?  Do we know how health risk assessments interface with safeguarding and making safeguarding personal? Should social work and the police work together in safeguarding concerns? How effective are safeguarding teams in addressing institutional abuse  The issue of safeguarding is not applied rigorously. Those with learning difficulties are item treated like children. They are not children and this can be overlooked. This must be a multidisciplinary approach. Usually it isn't When is a social worker needed for a safeguarding enquiry? This would need to survey allocation decisions, and explore different kinds of professional involvement in safeguarding enquires. How are safeguarding outcomes measured and implemented in safeguarding processes? The role that adult social work plays in thinking about safety in a wider community context other than family/relatives/carers		P	Models of Adult Safeguarding in England: Findings from a Study of Costs and Referral Outcomes. Stevens Norrie Manthorpe Hussein Moriarty Graham The British Journal of Social Work, Volume 47, Issue 4, 1 June 2017, Pages 1224-1244
<b>How are public perceptions of the role and responsibilities of adult social workers and how could this be improved? How do people's perceptions change when they receive support from an adult social worker?</b>	I think it would be useful to see what people actually see the role as being. Do they recognise the profession, do they identify the values and principles of social work and do they recognise this in the day to day work of a social worker?  Do people think that social workers help them to explore choices at times of critical change?  Do you [CLIENT] understand the various professionals' identities that you work with? Is there enough accessible information out there, particularly in a crisis?  Social work is often portrayed in a negative light so research into the views of other professionals, views of carers, adults and families etc would be useful to learn about so if there are any common themes identified in people's perceived views of social work in this day and age this might help to highlight where improvements could be made with in social work as a service  Often social work is displayed in a negative light b the media, research into what clients have felt about the input of social workers in supporting them would be interesting. Do clients understand the limitations of support that social workers are often able to give based on budget restraints and managing time against busy caseloads?  How can the public understanding of the difference between a professional Social Worker undertaking social work practice and a social care worker who is undertaking some aspects of intervention and assessment that is colloquially known as 'social work' be clarified.  People/communities perceptions of social work- to start with - will be good to be fully explored, and this expectations are still based on current legal framework on previous legislation?  I don't think many people have a grasp on what Adult Social Work can entail - I would be interested in knowing about public perception of Adult Social Work.  Research into what really is the public's perception of social workers and what is shaping this  how do we break the stigma and the fear of "baby-snatching, benefit stealing, jobs worth, bossy" social workers?  What do the people who receive social work support perceive as the social work contribution  Very difficult job and often social workers are in the firing line. This needs to improve as even media reports overwhelmingly negative content about social workers or just plain ignores what they do. Social workers are under valued. And their role often oversimplified by others resulting in spurious complaints. More research is needed to alleviate this overwhelmingly negative public perception as this has a deleterious affect on social workers ability to gain the respect of people that they are working with  What is the public's perception of social work and how can we support them?  What is the public's perception about what qualifies a social worker has that makes them want to engage with social workers?  What are people's expectations of adult social work and how does this fit with reality of experiences?  People's views of social care services - does the stigma of "social services" and "social workers" still occur?  I still believe adults social work is devalued within the social work profession, do you think this is due to the media, societal and governmental views? And do you think this portrayal can be changed?  Our role is not as "cousin out as a nurse" a "police officer" or "doctor". Do organisations and general public understand what roles a Social Worker has? how can we expand our connection with our communities from an office based / paperwork driven base?  What are the general or common expectations from people about the nature of social work before the initial home visit and if these change during the care journey  Social workers currently have really negative media coverage - always seen as "the enemy". The public need to know that there is some really essential work being done and that really positive outcomes can be achieved for vulnerable people.  What was the impression / assumption about what the social worker was going to do versus what the social worker actually did.		M	Exploring How Social Workers Experience and Cope with Public Perception of Their Profession Alison Legood Michelle McGrath Rosalind Searle  A Review of the literature concerning what the public and users of social work services in England think about the conduct and competence of social workers Final Report The Professional Standards Authority March 2015, Bridget Penhale & Julie Young <a href="https://www.professionalstandards.org.uk/docs/default-source/publications/research-paper/what-the-public-think-about-the-conduct-and-competence-of-social-workers-2015.pdf">https://www.professionalstandards.org.uk/docs/default-source/publications/research-paper/what-the-public-think-about-the-conduct-and-competence-of-social-workers-2015.pdf</a>

	A Question regarding peoples expectations of what support Social Care Workers may put in place would , I feel, be useful.	O	
	What do you value in interactions with individual social work practitioners? What has not been helpful? What do you think social workers do? What do you think social workers should do?	P	
	How do we show theory behind practice in a more practical way? Why do we not express what we do well? Where are the messages about what we do well? Why is SW demonised & misunderstood by public?	M	
	Public Awareness and options available in the community	P	
	It would be interesting to ask carers and adults that are new to social care, whether they understand of the social work terminology (e.g. assessments, panel, wellbeing, strengths-based practice) - and whether social workers could change our terminology to make it easier to understand by those that are new to adult social care? Perhaps the language itself can be a communication barrier?	P	
	A shift in culture in relation to the public's expectations on what is on offer.	M	
	Do people recognise the changes that social workers make?	P	
	The role and status of social work does how social worker are perceived does poor creditability and trust have a direct impact on outcome and how could this be improved.	M	
	I felt that a good social worker coordinates the needs of the individual and the other organisations, and gels those needs together.	C	
	The social workers have done assessments very well compared to healthcare staff. I found that social workers wanted to know all about me and my hopes. They asked questions in a way that made me feel like a person.	C	
	It has been very difficult to get advice and support from a social worker. I would have liked it many times, but could not get a referral. I have not always been eligible to speak with one. There should be more, generally available for anyone to speak with, so that people are more familiar with their skills and expertise. At the same time, I have been scared to speak to them because of the stereotype of their involvement with child safeguarding issues and the discrimination that exists around mental health.	C	
	Made it clearer what her role was. My sick mother confused about all the different visitors coming to her home and asking me when they leave what they were here for.	C	
<b>What are the most effective ways for adult social workers to support people receiving direct payments or personal budgets?</b>	What role should social workers be playing with people using Direct Payments - what is the duty of care - how much support should they offer?	O	Great amount on social work and personalisation
	Do service users feel that direct payments have a significant impact on their wellbeing? Who do people want Social Workers to be involved with direct payment arrangements? Currently DP's feel very system driven and red taped with finance departments and contracts with providers and it feels like the wellbeing principle is lost in the systems for most people.	O	See Wilberforce M, and several overviews and PhD theses on the subject. eg Padraig Fleming, Vanessa Davey
	How do adult social workers support decision making for people on direct payments?	O	
	Been better at responding to messages in a timely way, been better informed about Direct Payment to User systems and up to date on hourly care rates, not have told me Mum and Dads Care would each receive hourly rates as they would go individually to the judging panel but then deciding (without communicating this to me or to the Carer agency) that they would take Mums allocated funding and use half of it for Dad. This caused huge stress and problems paying the care agency.	C	
	Arranged direct payment for service user and carer. There was a real effort to make sure these would work for their benefit	C	
	Another social worker told me i could buy a laptop and go to the theatre and out for meals regularly using my direct payment money. Thank goodness I didn't, I want all of my money for care.	S	
	Over the years I have developed my own Person Centred Plan which I upgrade annually. I felt the social worker should have taken more interest in it rather than try & concentrate on a support plan that was impossible for me to complete as it had no relevance to my lifestyle as a Direct Payments user whatsoever.	S	
<b>Are carers' needs and capacity to care being accurately assessed?</b>	I think all young carers should be given a long term social worker, and someone who listens to us too so half the time social workers like a lot of other professionals neglect the fact we play a key role in our families care - & also recognise the fact we may need some support sometimes too	C	See DHSF commissioned study of Care Act and Carers mentioned above and ESRC Sustainable Care study
	The services on offer were all involving me taking and fetching. Plenty of advice but no respite no real understanding of the strain of 24 hour caring. Social worker often does not have the correct training.	C	SSCR studies have shown this is not happening.
	The interface between Carers Assessments and Care For Assessments would be an interesting area to look at in light of the Care Act and the 'outsourcing' of many carers assessments.	P	
	What are the factors that enable carers to feel safer in their caring role, and where there have been safeguarding concerns for the person they care for, what impact does this have on the carer?	O	
	Similarly, I would be interested to gain an idea about Carers views on how they are asked the question of what they are willing and able to provide. Social Workers think that they are asking this, but how does it feel? Is it a real question? Do carers feel that they can actually say, or do they feel they have to take what they can get and then plug all the gaps?	P	
	Do SWers feel they have the opportunity to engage with family/Carers of SUs	P	
	What impact has legislation recognising the needs and role of carers actually had for carers?	P	
	How can social workers skill match carers for clients needs/condition?	O	
	what difference has delegating the duty to assess for carers made in practice and quality of support? have carers been assessed more since the care act? how to whole family assessments make a difference to families if at all?	E	
	To what extent is the emotional dimension to the role of shared lives carers unique situation recognised and supported?	T	
<b>How can the issues related to the recruitment and retention of adult social workers be addressed?</b>	Under the Care Act 2014, we are obliged to offer preventative services over funded services, and obligations are to use family members for care where possible. Where is the carer support and where is the community support when austerity means that all community support is closing down?	T	
	How do we address issues related to the recruitment and retention of social workers? In certain areas it is difficult to keep social workers (competition from other agencies who pay more, high workloads/stress levels) How do we increase the value and status of the social work profession?	M	
	Research into why social workers leave the profession and what other work do they go on to do instead. This may help to provide a better understanding of recruitment and retention issues and how to tackle these positively	O	