# "My Experience of Social Work Services"

- The lived experiences of service users, families and carers engaging with Social Work services in Northern Ireland

**November 2019– September 2023**

**SHARE YOUR STORY, SHAPE OUR SERVICE**

# Foreword

*"I am delighted to present the report on the 10,000 More Voices project, "My Experience of Social Work Service". At its core, social work espouses the values of person-centred care, respect, working in partnership, and the empowerment of people who use our services. The Department of Health (DoH) Strategy for Social Work in Northern Ireland 2012 to 2022 made a commitment to hearing the voice of those who use social work services and to use these experiences to help us learn and improve social work practice. The DoH Office of Social Services and the Public Health Agency (PHA) jointly commissioned and funded the 10,000 More Voices project to explore the experience of service users, families and carers engaging with social work services.*

*The project takes a person-centred approach to shaping the way services are delivered and commissioned. It is based on the principles of Experience Led Co-Design[a]. The 10,000 More Voices for social work survey itself was co designed and its purpose was to elicit qualitative feedback on how social work services have impacted on improving and safeguarding social well-being.*

*It takes courage to share our experience, so I am very grateful to each one of the five hundred and fifty two people who took the time to tell us their story of their experience of social work services. It takes courage too, to listen and learn from the stories shared, so I am grateful to all of the social workers who engaged with this work and were determined to amplify and improve good practice. The learning from the 10000 More Voices project has informed a Regional Social Work Action Plan.*

*I am grateful to our colleagues in the Public Health Agency's Regional Patient Client Experience team for collaborating on this project, particularly their lead on using the 10000 More Voices methodology. As an evidence-based tool, this rigour gives us confidence in the integrity of the work. To the social work leadership teams within each of the Health and Social Care Trusts, thank you for your commitment to this work. And to our social workers across all sectors in NI, I am grateful for your engagement in this work.*

*No story told will go unheard. They will be used as teaching and learning in undergraduate training, in professional supervision, and in the training and development programmes across the health and social care Trusts. In this way, we honour the story tellers, each person who shared their experience, and we demonstrate our commitment to ongoing learning, improvement and development"*

*Aine Morrison,*
*Chief Social Worker,*
*Office of Social Services,*
*Department of Health,*

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[a] Point of Care Foundation (2023) Evidence based Co-design Toolkit. 1. What is Experience-based co-design? - Point of Care Foundation [Accessed 3rd August 2023]

# Abbreviations

| | |
|---|---|
| BHSCT | Belfast Health and Social Care Trust |
| DOH | Department of Health |
| EBCD | Evidence Based Co design |
| HSCNI | Health and Social Care Northern Ireland |
| NHSCT | Northern Health and Social Care Trust |
| PCE | Patient Client Experience |
| PHA | Public Health Agency |
| SEHSCT | South Eastern Health and Social Care Trust |
| SHSCT | Southern Health and Social Care Trust |
| WHSCT | Western Health and Social Care Trust |

# Contents

# 1.0 Project Summary

# Context

Data collection commenced on 15th September 2021 and ended on 31st March 2023.
In total **552** stories were collected across the region

**HSC Trust**
- BHSCT **30%**
- NHSCT **20%**
- SEHSCT **28%**
- SHSCT **11%**
- WHSCT **10%**
- Other **1%**

**Who**
- **287** a service user
- **215** a family member of someone with a social worker
- **40** friends of someone with a social worker
- **10** other/not known

**COVID 19**
- **45%** experiences before COVID pandemic
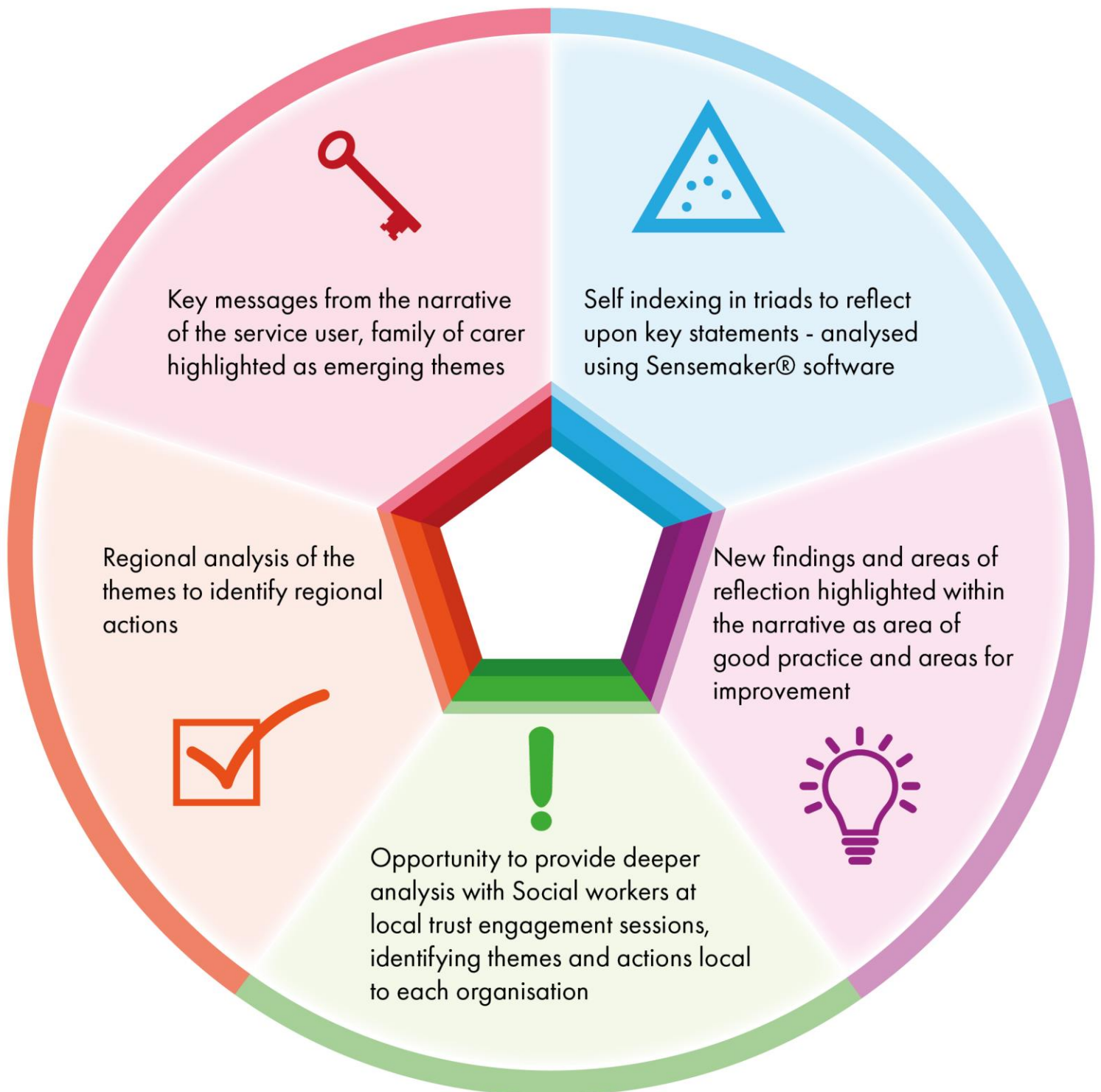- **46%** experiences during COVID pandemic
- **9%** not known

**\*Service**
- **411** stories for programmes of care within adult services
- **418** stories for programmes of care within childrens' services

\*stories covered more than one service within a programme of care

**Rating**
- Strongly Positive **34%**
- Positive **21%**
- Neutral **12%**
- Negative **9%**
- Strongly negative **24%**

# Analysis of Stories

Key messages and areas for reflection highlighted in this report have been identified using a range of analysis tools, these provide rich insight and understanding into the experience of service users, families and carers engaging with Social Work services.

Key messages from the narrative of the service user, family of carer highlighted as emerging themes

Self indexing in triads to reflect upon key statements - analysed using Sensemaker® software

Regional analysis of the themes to identify regional actions

New findings and areas of reflection highlighted within the narrative as area of good practice and areas for improvement

Opportunity to provide deeper analysis with Social workers at local trust engagement sessions, identifying themes and actions local to each organisation

# Regional Key Message

The regional key messages have been identified from the collective analysis of the 552 stories shared and the findings from trust engagement sessions.

**Theme 1**

## The importance of Core Values & Standards of Conduct and Practice

The approach of the Social Worker is central to the experience of the service user, family or carer

**Theme 2**

## The role and purpose of the Social Worker

The importance of clear communication on the purpose of the Social Worker and the role they play with service users, families and carers

**Theme 3**

## Effective Communication

Importance of effective channels of communication with service users, families and carers (this also links closely with quality of communication identified in Theme 1)

**Theme 4**

## Ongoing Learning from Service Users, Families and Carers

It is important to continue to learn as individuals and as a collective from the service user, family or carer. We have learned to recognise people who use services as experts of lived experience and as valuable partners to the profession
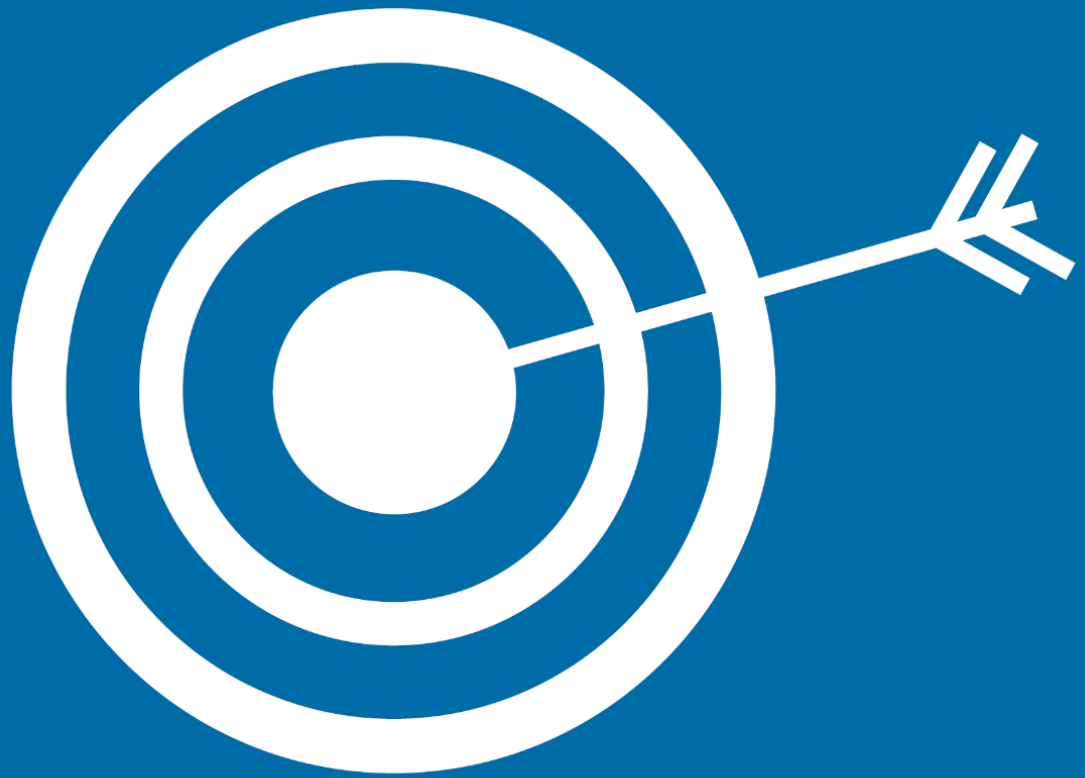
**Theme 5**

## Workforce

An element which underpins all the regional themes is the importance of the workforce. Service users, families and carers highlighted the need for consistency – having an established and trusting relationship with the same Social Worker
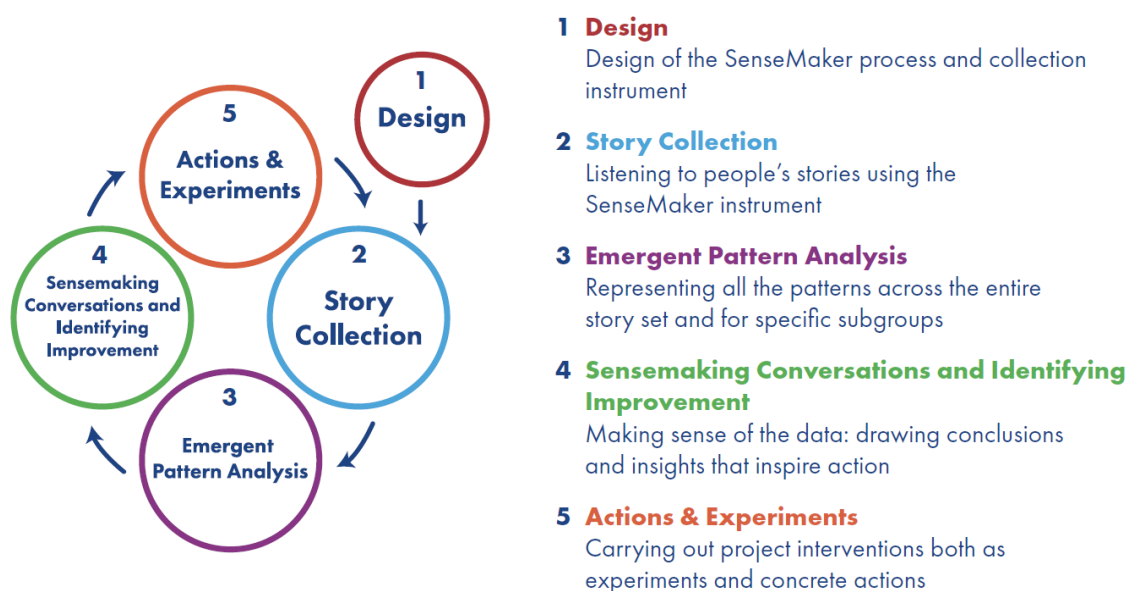
# 2.0 Project Outline

## 2.1 Background

The project, "My Experience of Social Work Services", was commissioned and approved through the Social Work Strategy Outcomes Delivery Board, in September 2019 , with representation from senior leaders in Social Work. It was agreed the project would follow the methodology of the 10,000 MORE Voices initiative. This initiative is led by the Public Health Agency (PHA), and seeks to provide a person-centred approach to improving and influencing people's experience of health and social care services. The 10,000 MORE voices initiative is based upon narrative analysis, using computer software called Sensemaker®. It adopts the principles of Evidence Based Co design (EBCD), to inform the project, and elicit qualitative feedback in the form of stories. The process underpinning 10,000 MORE voices is summarised in figure 1. Each stage is further expanded upon in Section 2.3 Methodology.

**Figure 1. Summary of 10,000 MORE Voices Initiative**



1 **Design**
Design of the SenseMaker process and collection instrument

2 **Story Collection**
Listening to people's stories using the SenseMaker instrument

3 **Emergent Pattern Analysis**
Representing all the patterns across the entire story set and for specific subgroups

4 **Sensemaking Conversations and Identifying Improvement**
Making sense of the data: drawing conclusions and insights that inspire action

5 **Actions & Experiments**
Carrying out project interventions both as experiments and concrete actions

## 2.2  Aim and Objectives

The aim of the project was,

> -to explore how social work services have impacted service users, and their family's, lives over the past 10 years, as set out in the strategy 'Improving and Safeguarding Social Wellbeing: A Strategy for Social Work' (2012).

The objectives of the project were to:

- inform a wider evaluation framework for the DOH Social Work Strategy (Improving and safeguarding social wellbeing - a strategy for social work in Northern Ireland | Department of Health (health-ni.gov.uk)
- influence practice developments at all levels of the system
- inform learning and professional development of social workers
- influence further academic/research studies into social work practice

## 2.3 Methodology

- STAGE 1: Design (November 2019 -March 2020)
  The development and design of the data collection tool was driven by a core Project Team with representation from DOH, PHA and independent consultant (refer to Appendix 5.1). In line with EBCD, the data collection tool was shaped through engagement with service users, families and carers within South Eastern Health and Social Care Trust. Here, the core concepts to be explored were identified, and the final tool to support Stage 2 - Story Collection, was agreed. The final data collection tool was piloted and explored.
    i.    The approach of the Social Worker
    ii.   The impact of the Social Worker
    iii.  Working in partnership
    iv.   Improving the experience
    v.    The outcomes of the experience

  The launch of Stage 2 was postponed in March 2020 due to the COVID-19 Pandemic; In June 2021 the project outline was reviewed by the core Project Team and Chief Social Worker (DOH) agreed to launch Stage 2 in September 2021 after a period of engagement and promotion, as demonstrated in Figure 1.

- STAGE 2: Story Collection (September 2021- March 2023. 552 stories were gathered)
  Story Collection was led by the Regional Patient Client Experience (PCE) Facilitator Group, in partnership with Social Work Assistant Directors for Governance, within each Trust. (see Appendix 5.1)

  Promotion of the opportunity for service users, families and carers to share their experience, was undertaken through a variety of methods to ensure story collection was accessible. This included:
  1- Social Media Announcements to promote the online link and methods to access the tool
  2- Translation of the tool in line with Easy Read format (supported by Association for Real Change ARC UK – Association for Real Change)
  3- Local opportunities for PCE facilitators to engage directly with service users, families and carers and enable people to share their stories
  4- Promotion within Social Work workforce, including final year students to invite service users, families and carers to share their stories using the tool
  5- Regional telephone helpline for information/ request resources and share stories
  6- Sharing printed resources with stamped addressed envelopes directly with services

- STAGE 3: Emergent Pattern Analysis (April 2023-May 2023)

  This stage provides stakeholders with the key messages identified through analysis of the data, via Sensemaker®. Findings present what matters most to the service users, families and carers through their stories. This gives the first insight into the regional themes, exploring the data as a collective, as outlined in section 2.4.

- STAGE 4: Sensemaking Conversations and Identifying Improvements (May 2023-August 2023)

  In advance of stage 4, the Assistant Directors of Social Work Governance in each Health and Social Care Trust, received their organisational analysis (Stage 3), and the complete data set for their organisation, including the breakdown per service. To support the workforce to engage directly with the stories, each Trust hosted a workshop, facilitated by DOH and PHA. The purpose of the Trust engagement was to identify learning at a local level and explore actions to be undertaken in response to the key messages. Each Trust completed an organisational action plan which informed the key priorities and the final regional action plan.

- STAGE 5: Actions (September 2023)

  This is the final stage of the project, with the launch of a Regional Action Plan. This affirms the commitment of Social Work to actions in direct response to the learning identified through the 10,000 MORE Voices initiative. The Regional Action Plan sets out the key themes for action, the desired position/aspiration, and the actions to support an improved experience for service user, family and or carers, of Social Work services.

  It is recognised learning is ongoing, and the need to continue to engage with the service users, families and carers, is part of all actions to improve services. This is explicit in the Regional action plan, which also ensures a consistent approach to learning from people who use social work services.

## 2.4 Data Analysis

In Stage 3, data is analysed using Sensemaker® platform, to identify the key messages around the core concepts within the tool. This is a unique approach blending qualitative and quantitative data in triads and dyads. This allows for deeper exploration, and understanding, of what matters most to the respondents. When completing the survey, all respondents were asked to describe their most memorable experiences of Social Work services, in the form of a story. The second section contained a number of statements to support the respondent to reflect more deeply on their experience. These responses are recorded in Sensemaker® in the form of a Triad (triangles) or Dyad (linear sliding scale), and are included in Sections 3 of this report.

The following outlines examples of how data is interpreted through the lens of triads and dyads.

## 2.4.1  Triads

Triads illustrate pattern formation and clusters of responses to each statement. In relation to triads the dot was plotted according to the relevant answers selected; if none of the responses applied the respondent could tick "this does not apply to me". Each dot within the triad represents an individual experience of the service user, family or carer, with each individual story accessed through the analysis software Sensemaker®. A high concentration of dots in a specific area identifies an emerging pattern in relation to the statement. An example of responses to a triad is demonstrated in Figure 3.

**Figure 3. Example of interpretation of a Triad**
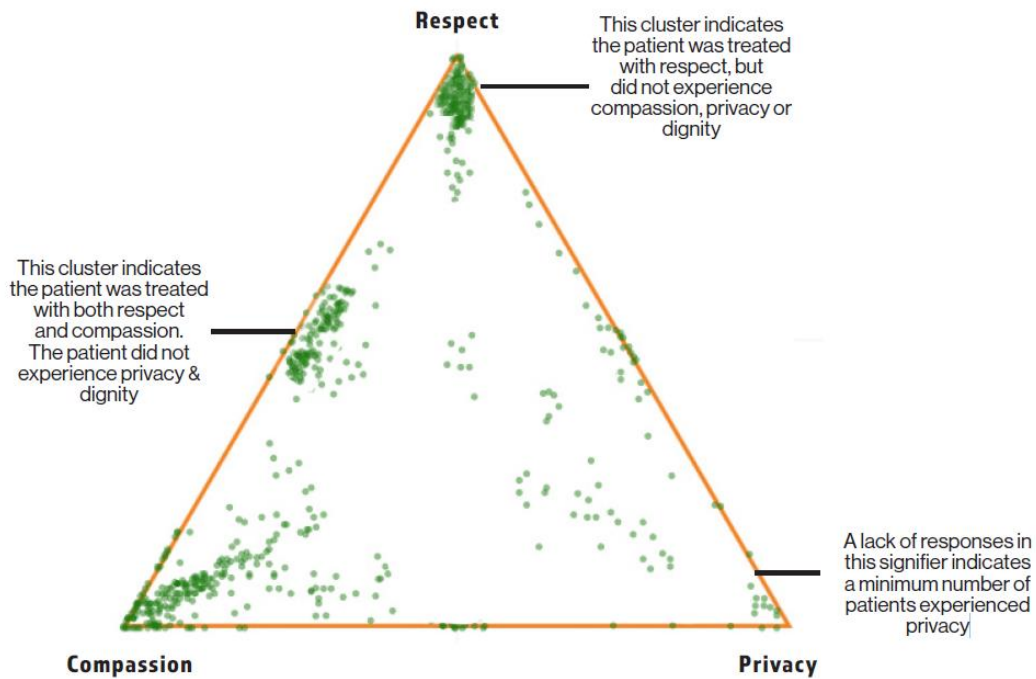
### 2.4.2 Dyads

The same principles apply for dyads, which demonstrate two extreme responses to a statement/question, moving from negative emotional tone to a positive emotional tone. An example of responses to a dyad is demonstrated in Figure 4.

**Figure 4. Example of interpretation of a Dyad**

**Responses to statement: Decisions regarding my care were...**

Made without me -
I was never consulted

Made with me -
I was asked about
everything

This cluster indicates the patients were consulted less about regarding care. These responses demonstrate a negative emotional tone

This cluster indicates the patients were consulted but not on everything. These responses demonstrate a positive emotional tone
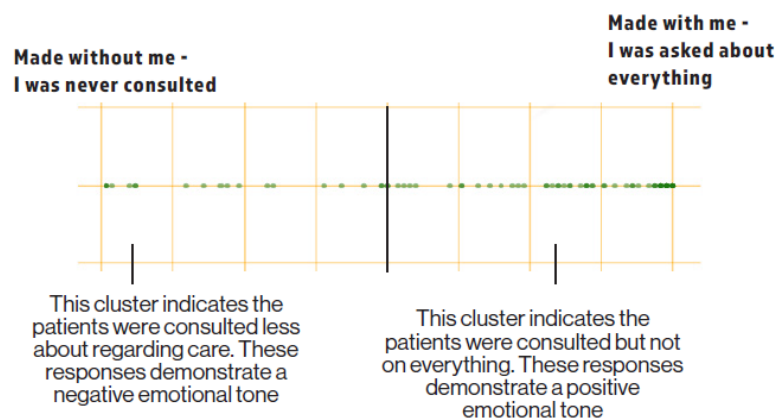
## 2.5  Limitations

It is important to highlight limitations to the project to acknowledge the context and challenges to the process.

1- Stage 2 of the project was launched during second half of the COVID-19 pandemic, at a time when the workforce within Social Work was experiencing unprecedented demands. This limited how staff engaged with the project, reducing potential opportunities to promote the project with service users, families and carers. As part of analysis, however, the overall key messages were not altered by experience before or after the pandemic.

2- Sample selection for the project was opportunistic . Although numbers are not statistically representative of the vast numbers of service users, families and carers who engage with social work services, it is recognised every story counts and learning can be identified in each experience.

# 3.0 Overview

The following overview outlines emerging trends and themes (Stage 3) identified within the collective data, from across all five Health and Social Care Trusts, Community/Voluntary Sector participants and Primary Care where social workers comprise key members of the Multi-disciplinary team. In total **552** stories were collected across the region during stage 2 of the project.
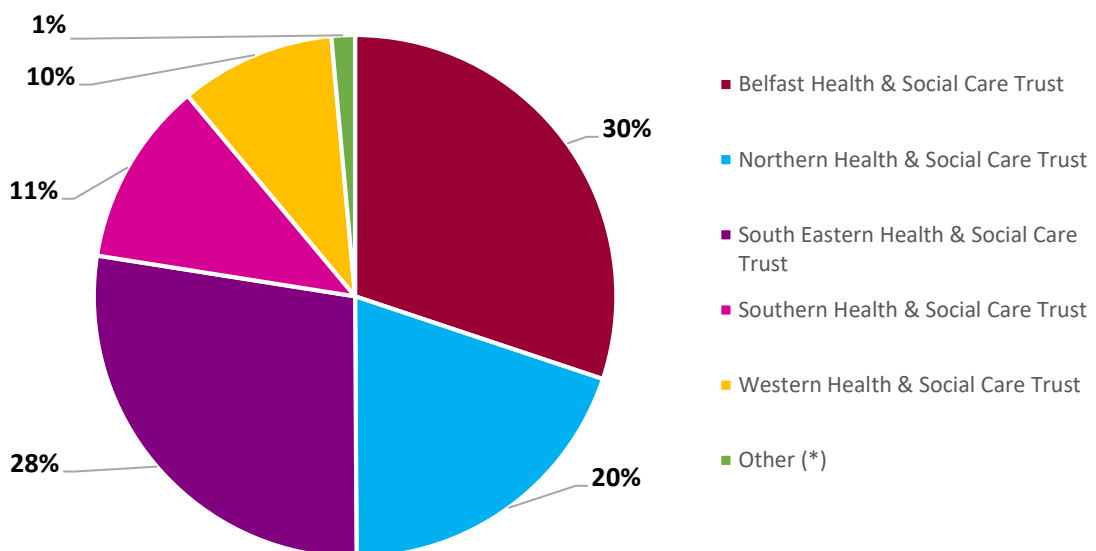
## 3.1 Context

The opening questions to the tool provides insight into the context of the stories shared through – identifying who shared the experience, time of the experience in relation to the pandemic and the programme of care.

### 3.1.1 Which of the following best describes you? (n=543)
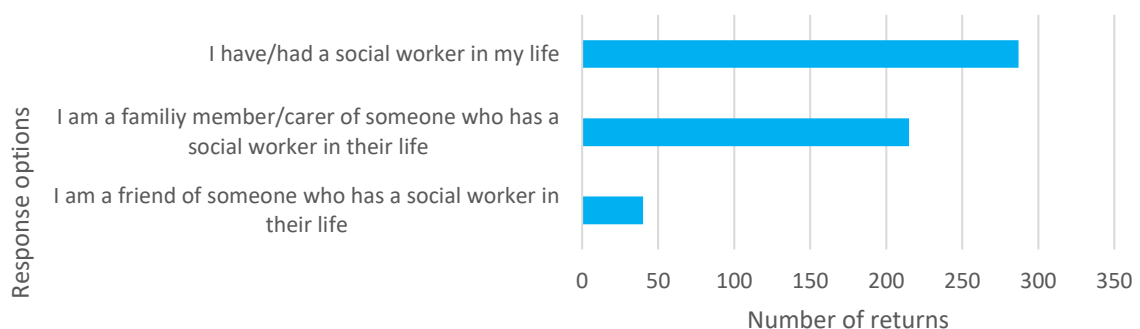


### 3.1.2 Which Trust does your experience relate to? (n=540)



(* Other refers to services outside of HSCNI including fostering agencies, private day care, domiciliary care)

## 3.1.3 Was your experience before COVID-19 pandemic? (n=552)



- Yes - My experience was before the COVID-19 Pandemic
- No - My experience was during the COVID-19 Pandemic
- No answer given
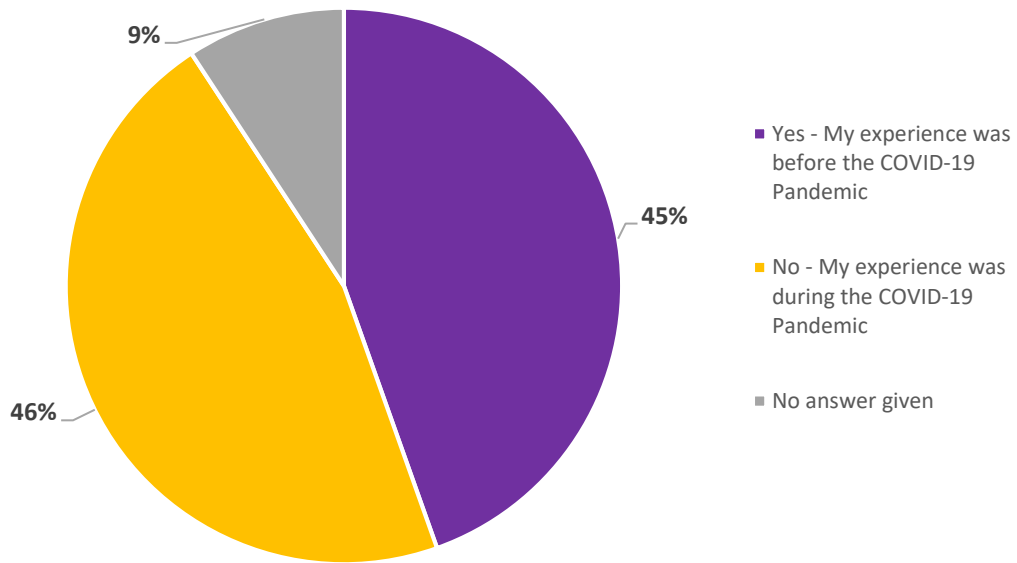
## 3.1.4 What Programme of Care does your experience relate to?

The project was open to all Programmes of Care across HSCNI system

## (a) Adult Services
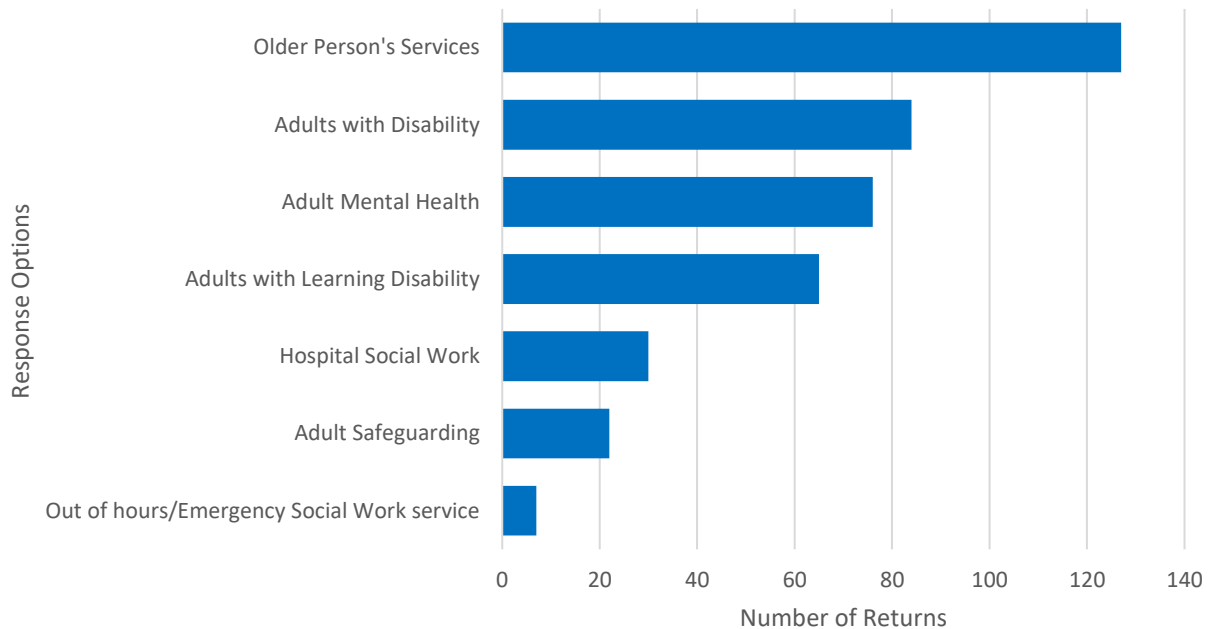
**(b) Childrens' Services**
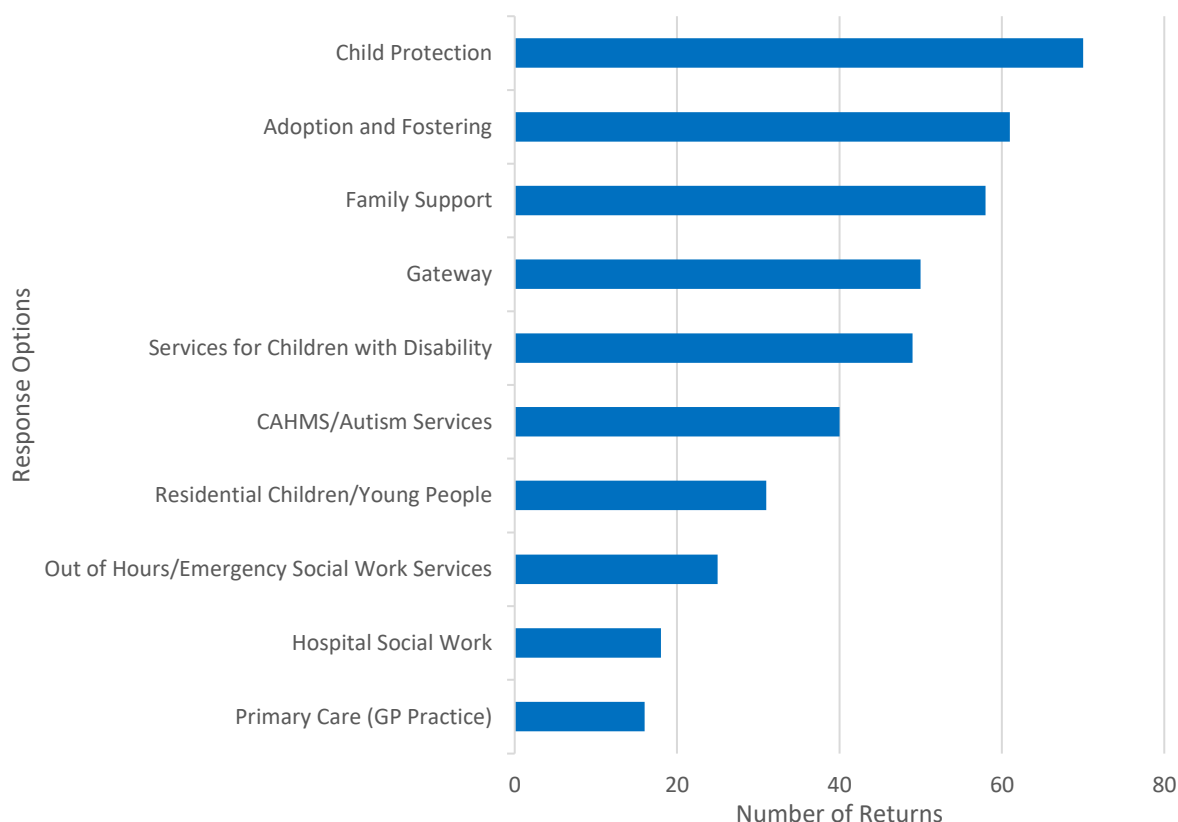


In line with the Sensemaker® methodology, all statements within the tool were tested against the context questions – Trust, context to COVID, Programmes of Care and authors perspective (service user, family or carer). Statements are also tested against demographic questions (detailed in Appendix 5.2). It was identified that these factors did not significantly impact upon the key messages for the Region.

## 3.2 Rating Experience

As part of the tool all respondents were invited to rate their overall experience in a scale from strongly negative to strongly positive. This shows how the respondent felt about the overall experience as illustrated in 3.2.1. Within the emerging themes for the complete data set, rate of experience indicated the strongest variations in pattern formations as discussed in section 3.3 to 3.4.

**3.2.1 How would you rate your overall experience of Social Work Services**

**(a) Overview of ratings (n=540)**
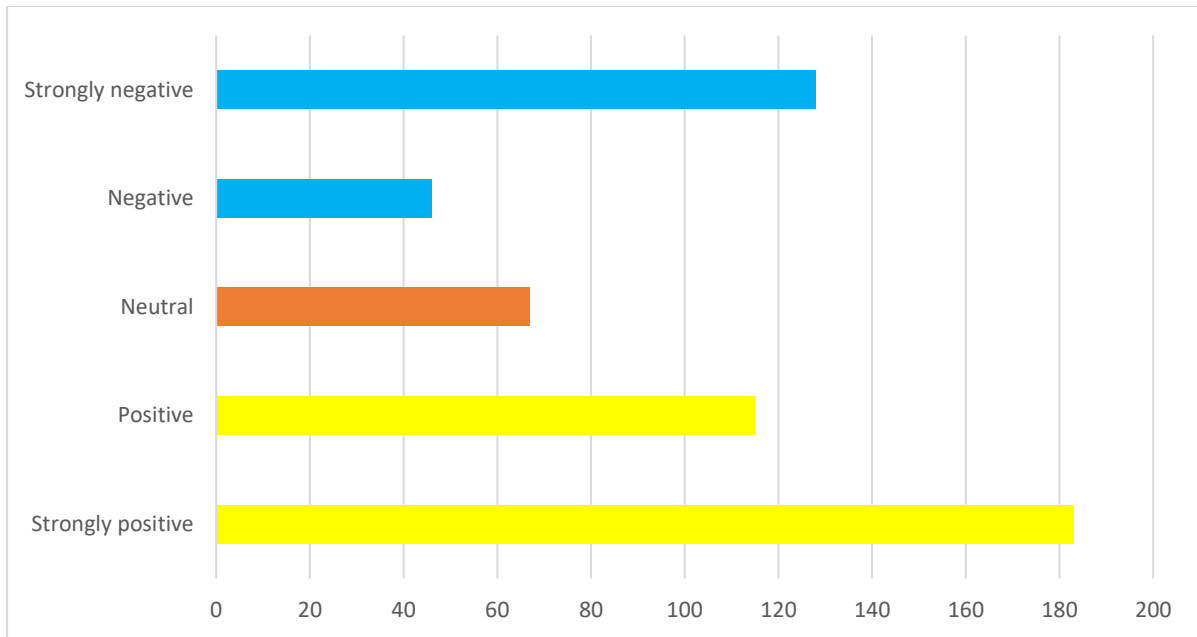


**(b) Ratings according to Programmes of Care**
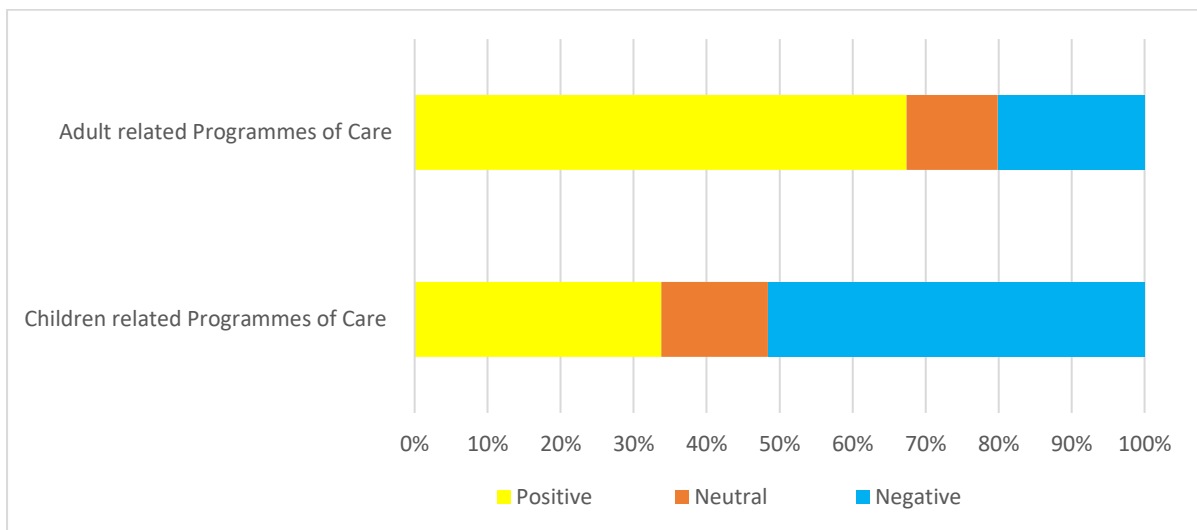


The findings are enriched using the words shared by service users, families, and carers in their stories. It is also important to highlight that the themes are not mutually exclusive and a number of themes can be identified within a story. The following section presents the data in the form of triads and dyads in accordance with rate of experience and the final key messages consistent across the region.

## 3.3 Emerging Trends – Triads

The opening statements are analysed using triads, exploring three elements within the experience.

### 3.3.1 Approach of Social Worker

**Statement 1a**: In this experience the social worker's approach is best described as being:- (n=377)

(a) Positive, strongly positive                              (b) Negative, strongly negative
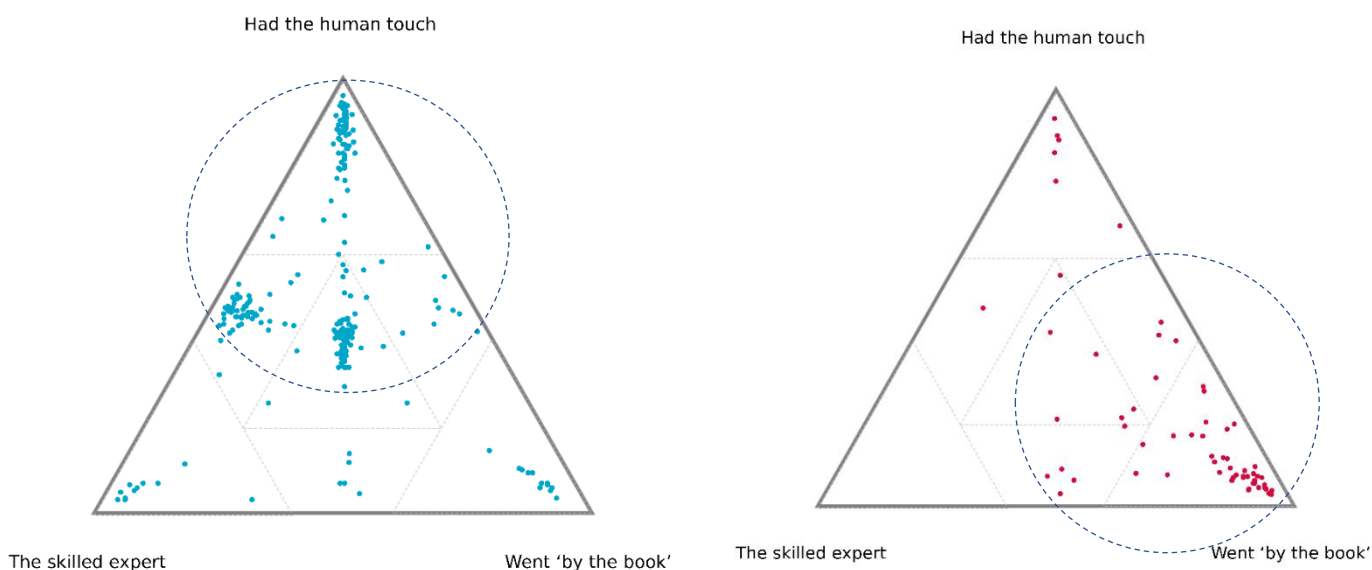


Within the stories rated positive/strongly positive the dominant factor in statement 1a is the social worker's approach was best described as "had the human touch". Respondents described interactions which were empathetic and showed an understanding of the person's situation. There is also recognition on the importance of establishing a trusting relationship and mutual respect. This approach aligns with Social Work Standards of Practice and Conduct.

*"… it was not only about getting what my Mother needed but I had someone who understood what I needed and became a friend - who I could depend on. Through my experience trust is most important and it takes away any anxieties'*                              *-Family member, Older Persons*

*"…having someone to talk to and understand where I am coming from and having the good relationship with them and always keeping me informed of what was going on…"*     *-Carer, Gateway*

Where the experience was rated as negative or strongly negative, these elements were less evident. The dominant factor in these stories indicates the social workers approach was "by the book". Procedural requirements do govern aspects of social work practice, particularly in those potentially contested areas of practice such as child and adult safeguarding, approved social work in mental health, for example, and adherance to procedures is vital. The invitation to social work in the findings here, is to ensure that within such areas of practice, the social workers approach enables people feel their concerns are listened to, and

a fulsome understanding of the person's situation in facilitated through any social work assessment process.

*"you should expect a very protocol type of response. slow, confusing, repeat what you want over and over again to be heard (if you are a child/teen)"*          *-Foster parent, Adoption and fostering*
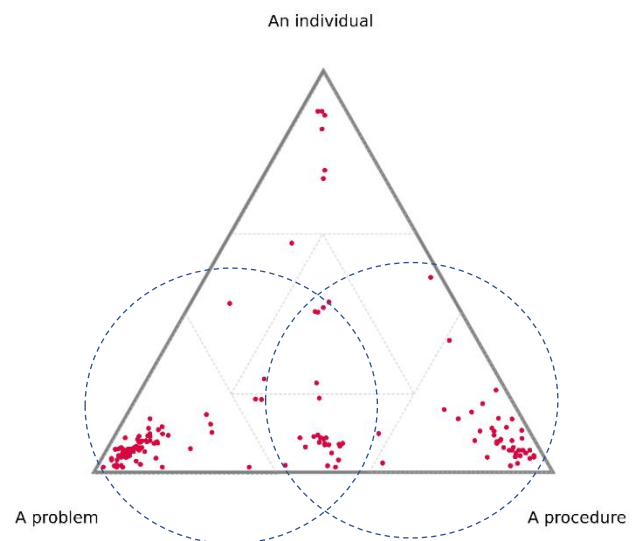
Service users, families and carers stories reflect their appreciation of the human touch, empathy and understanding within social work practice.

**Statement 1b**: In this experience the social worker treated me as:- (n=468)

(a) Positive, strongly positive                              (b) Negative, strongly negative
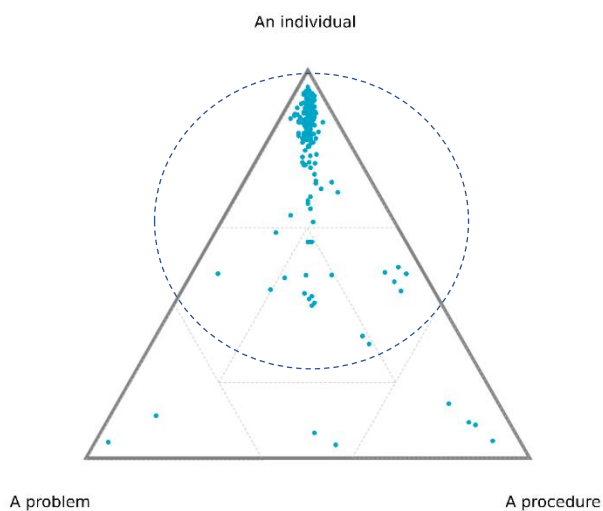


Within the stories rated positive/strongly positive the dominant factor in statement 1b is that the social worker treated the service user or family member as an individual. Respondents described how the social worker communicated effectively, acknowledged concerns and fears and acted in the best interest of the service user.

*"…The crisis team social worker spoke with me in December when I was feeling suicidal, she listened to me, to everything I said. Her and a psychiatric nurse encouraged me to get admitted, quite frankly they saved my life. The social worker intervention put me in a safe place where I'm getting the best possible treatment…"*

*-Service user, Adult Mental Health*

Underpinning all Social Work practice is the Standards of Conduct and Practice. Social Workers are compelled by these standards to treat people with dignity and respect and to value individuals. For service users and families, good communication and contact with the social worker are two behaviours which demonstrate respect and being treated as an individual.  Evident too in these stories, is a deep appreciation of feeling listened to and heard, and the difference this can make for people.

Where these behaviours aren't as evident, service users and families describe feelings of abandonment without the level of support they feel they need. Ongoing communication, providing updates and contact, is valued highly by those who shared their stories here.
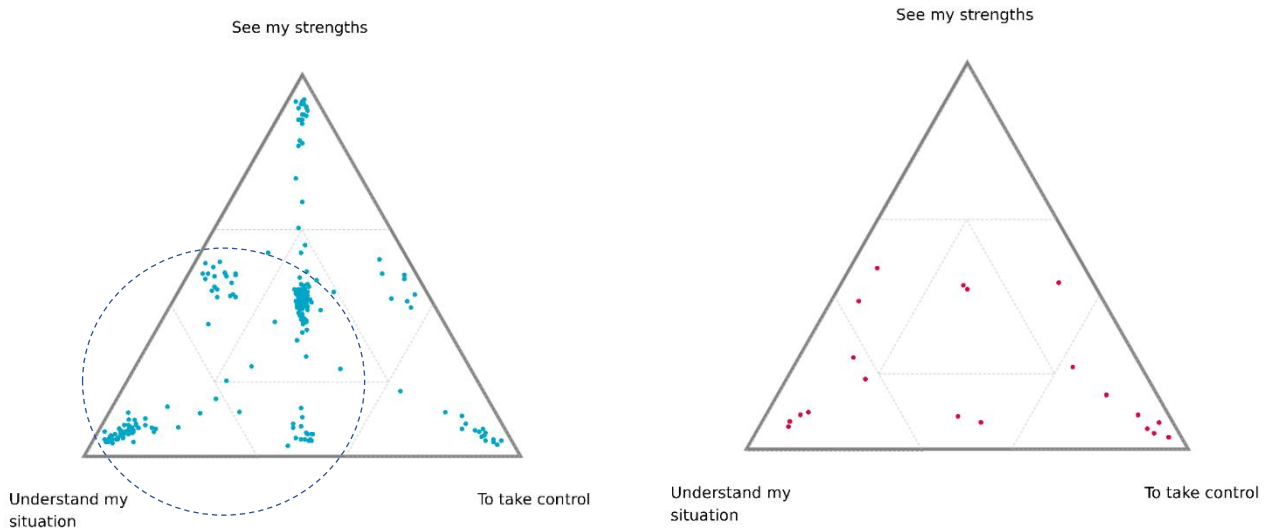
*"…My first few years with my son in care of adult services I felt as if we had been abandoned and I was only contacted when they needed compulsory forms filled in…."*

3.3.2 The impact of the Social Worker

**Statement 2**: In this experience the social worker helped me to:- (n=300)

(a) Positive, strongly positive                    (b) Negative, strongly negative



When considering how the Social Worker helped the service user, family or carer the dominant factor was "to understand my situation". Respondents identified how the social worker provided a sense of order to a situation or to explore the options available to them. Even when the overall experience was rated negative there was a recognition by some respondents that the social worker helped them to understand a situation and for others, to take control.

*"…How open and honest the worker was.  The tone of voice and use of words was very comforting and understanding.  They created a kind and understanding atmosphere.  Very supportive to the service user and talked openly through the issues and feelings.  Helping the service user understand what was going on and rationalising their feelings.  Explained what would happen and what would happen next.  They assisted the service user gain control of their life and make safe choices…"*

Carer, Gateway services

In some of these stories too, where there were high levels of staff turnover, respondents reflected upon feelings of isolation, lack of relationship with the social worker, and consequently a lack of trust.

*"…I have engaged with over 10 different social workers as a foster carer in the last 6 years…. I have learnt to be sceptical about the advice they provide, about the support that they say will be offered".*

*-Foster parent, Adoption and fostering*

These stories highlight that relationship building is crucial to the experience of the service user, family or carer and can significantly influence the impact made by social work. Severe constraints across health and social care has a direct impact on relationship building, for example, having enough time with people. Current workforce challenges too may result in frequent changes to the social worker allocated to work with a service user, family member or carer. The learning for the profession here confirms the timeliness and value of the current work being undertaken at strategic level on safe staffing, recruitment, and retention.

**Statement 2b**: In my experience I gained… (n=303)

(a) Positive, strongly positive                      (b) Negative, strongly negative
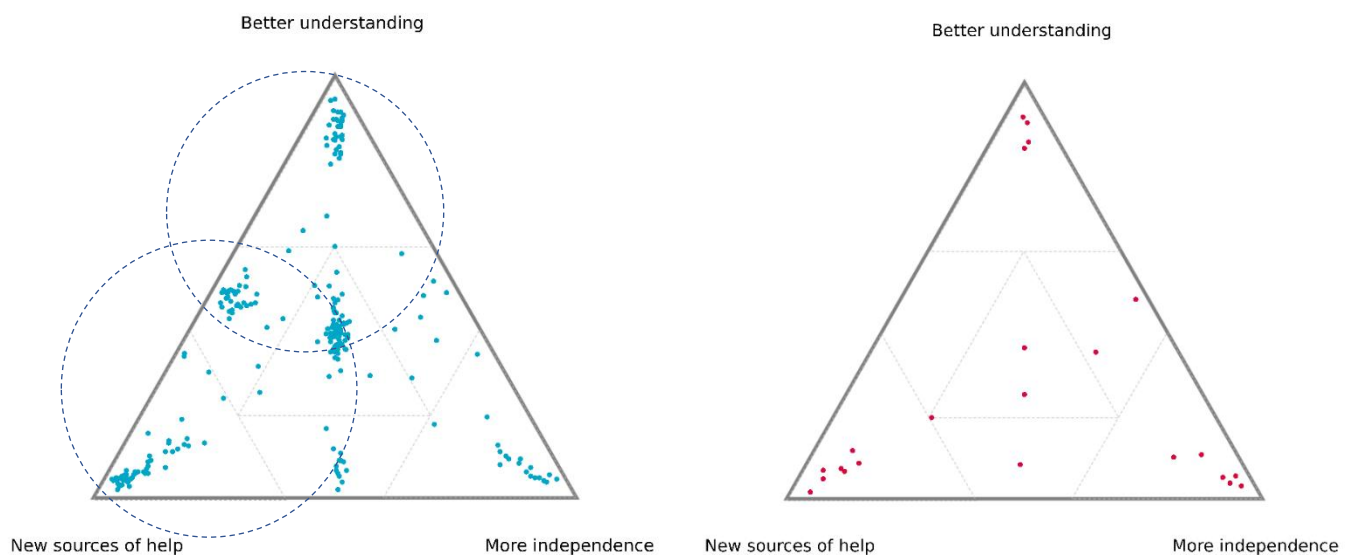


This Statement looks at what was gained from the interaction. Here, respondents with a positive/strongly positive experience highlighted better understanding and new sources of help as a main outcome of the experience.

*"…For me, having a social worker has been quite a positive experience. I have struggled with my mental health and a social worker helped me to improve my overall mental well-being by referring me to a day centre 2 days a week. This opportunity has improved my overall wellbeing and has provided me with the opportunity to engage with people that I would not have personally meet…"*

*-Service User, Adult Mental Health*

For respondents with a negative/strongly negative experience there is recognition by some that they gained new sources of help and more independence.

*"They are there for the safety of your child, to negotiate relations between families, to get support in areas of your life that you may need e.g. benefits, housing support. Hope to get support to get life*
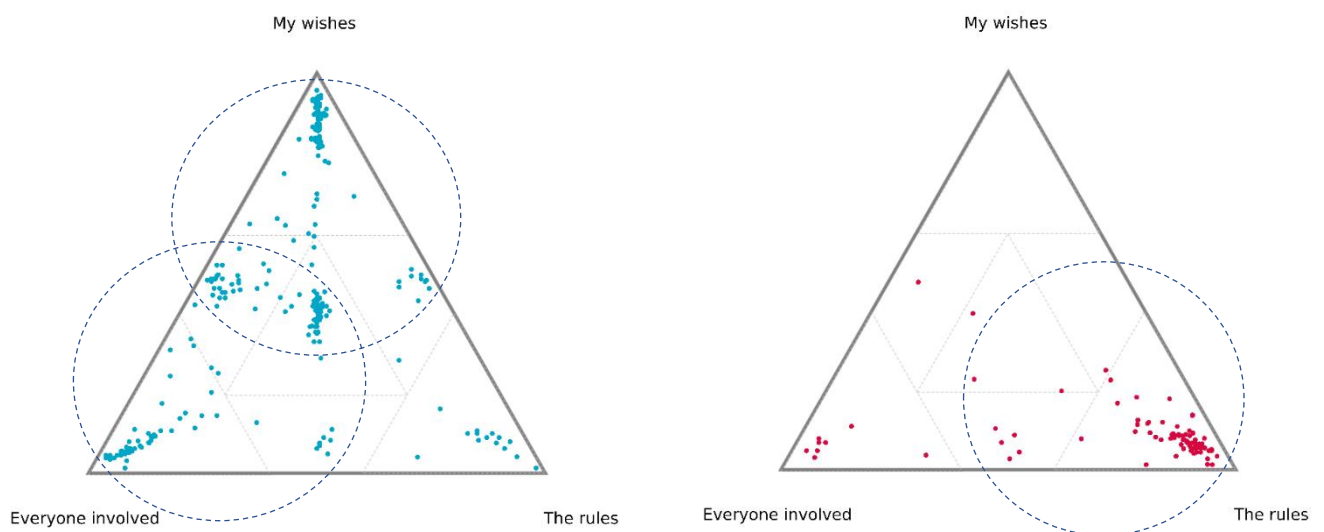
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3.3.3 Working in Partnership

**Statement 3a**: In this experience decisions were influenced most by:- (n=399)

(a) Positive, strongly positive                    (b) Negative, strongly negative



Within the stories rated positive/strongly positive, respondents indicated that decisions were influenced by everyone involved or their wishes were the dominating factors. The central cluster recognises that the decision making process is best done in partnership and respondents feel they are included. This is important as social workers often have to work within tightly regulated parameters and the constraints of a health and social system under pressure. These stories do indicate that working in partnership with service user, family or carer remains paramount. Respondents highlight in their stories the value of mutual respect and a relationship built upon openness and trust.

*"…During this time the social worker arrived and had a discussion with myself and a few family members. They listened carefully as to what had happened to my mum. They discussed possible outcomes to expect for her. This allowed us to think about her future care and what this might involve. They then went upstairs to see my mum and discuss her wishes. These were difficult conversations, talking about future care outside our home for my mum but needed to be talked through…the social worker are a beacon of light…"*                    *Family/Carer, Older Person*

Again, for respondent's who rated their experience as negative/strongly negative, the stories indicate that decisions were more heavily influenced by the rules. These stories describe a lack of clarity regarding the rationale behind the decisions made which can damage trust. Some stories described concerns about the accuracy of documentation at times, and the delays in the decision-making process.

*"…my own experience social workers have recorded inaccurate information…They also only write their assessment from their point of view using facts which help their point of view, and fail to record any other essential relevant information. Therefore, they are only relaying a portion of the situation which has massive impact on decisions made and intervention in place". -Family, Family Support*

These findings are also echoed in Statement 3b, exploring who is the decision maker [in the driving seat] in the experience. Where respondents with a positive/strongly positive experience reflect upon trust in the decisions and being in partnership. These elements are not as clearly evident in the stories rated negative/strongly negative where decisions are largely made by the social worker and other people.

**Statement 3b**: In this experience who was in the driving seat? (n=458)
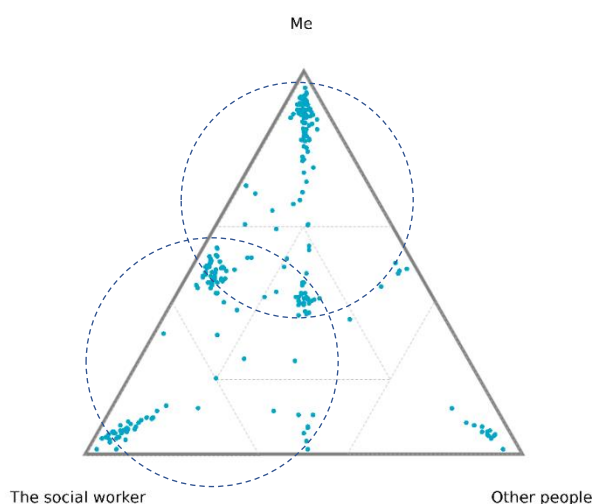
(a) Positive, strongly positive                    (b) Negative, strongly negative
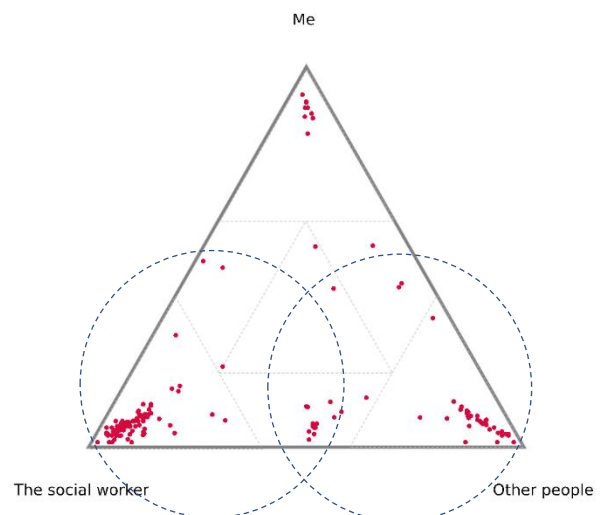


Again, as was noted earlier, there is a reminder to the profession within these findings of the importance of working to establish trust in their relationships with service users, families and carers, valuing their perspective and demonstrating openness in the decision-making process. Many of the other stories shared, indicated how the communication with their social worker, who explained the process and rationale for the decisions made, helped them feel included, respected and valued in the work, even where the decision may not have been as they hoped.
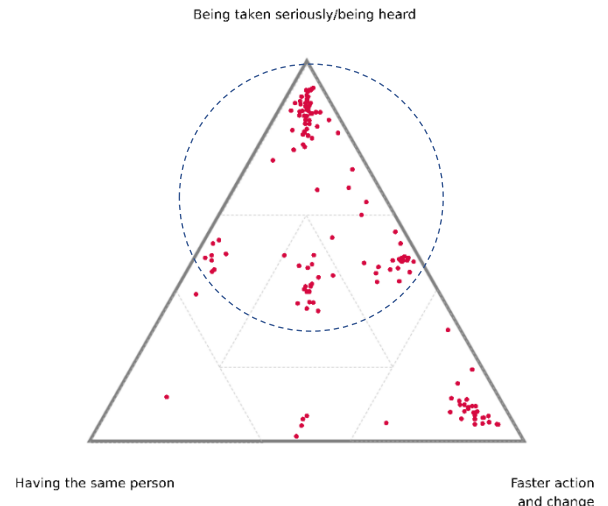
### 3.3.4 Improving Experience

**Statement 4a**: Looking back what would have improved your experience of Social Worker? (n=357)

(a) Positive, strongly positive
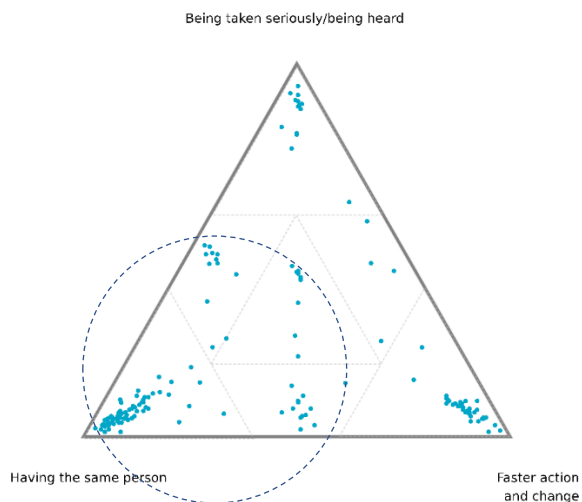
(b) Negative, strongly negative



The purpose of 10,000 MORE voices initiative is to identify how experiences can be improved. The closing triads, statement 4a and 4b, consider areas which would positively impact the experience of service users, families and carer. Even within experiences rated positive/strongly positive there are improvements to be considered. The main cluster in this cohort of stories is the importance of "having the same person" [social worker]. Current workforce challenges across the system has a direct impact on people's experience here. These stories again highlight the importance of the relationship with the social worker and providing continuity in the delivery of care/support.

*"…Definitely more staff with allocated time to listen to patients and carers about their needs. Perhaps a consistent approach to staff allocation. i.e. a team of staff who can overlap cases. That would mean that one of the team could take my concerns…"*      *-Family, Adult Older Persons*

Within the stories rated positive/strongly positive respondents reflect upon the extreme demands on the social worker and a call for more resourcing to help increase their ability to meaningfully engage with service users, families and carers.

*"…more social workers so that each one can spend more time with the individual. Our social worker I not as actively involved as I would like. We would like more continued support from the social worker. We are less likely to call her…"*      *-Carer, Adult Mental Health*

In stories rated negative or strongly negative the dominant cluster was "being taken seriously/being heard". Social workers here are reminded that the person is the expert in their own lives. Respondents help the profession remember that while we may work with

many service users, family members or carers face who face similar challenges, for this person, or this family, it may be their first time and they need time.

*"…take more time to explain. I know they are very busy but this is my parent I have to live with the decision and need to get it right so this shouldn't be rushed…"*                    *-Family, Older Person*

These findings are reflected in responses to statement 4b. Responses to both statements (regardless of rating) indicate a strong desire for more actions/results. Within their stories, respondents acknowledge the constraints within which social workers practice and the lack of available options for service users and their families.

**Statement 4b**: Looking back what would have improved your experience of Social Worker? (n=332)

(a) Positive, strongly positive                    (b) Negative, strongly negative
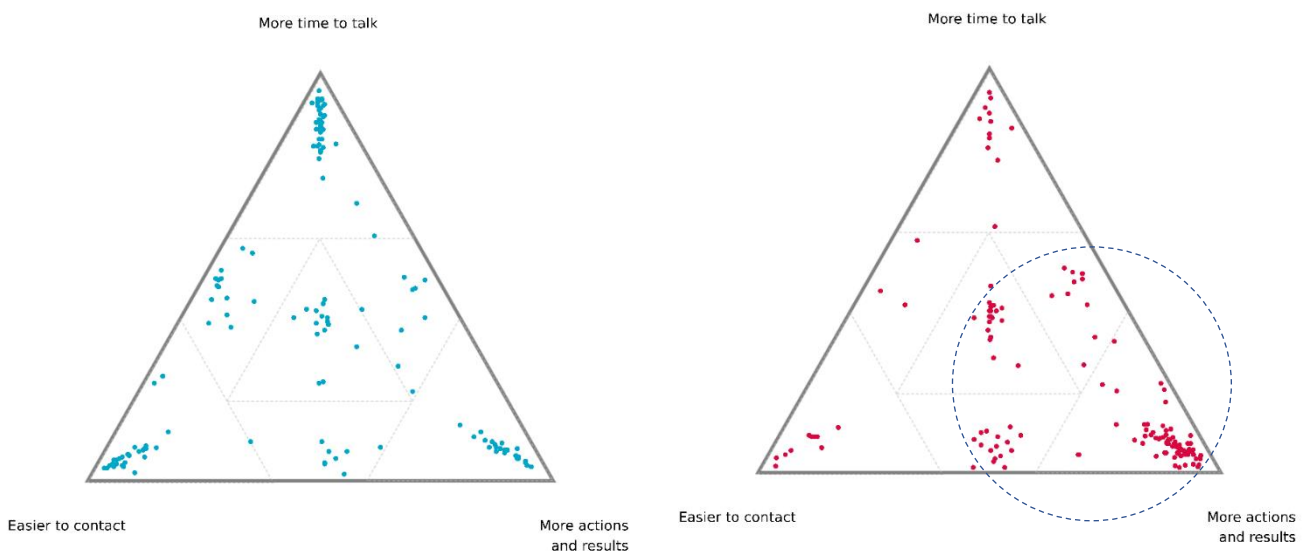


*"…Over 3 months for a struggling family is outrageous - Still no hand rails or anything despite being ,in hospital due to a fall and being told he would take priority, and care package would be put in place ASAP…"*                    *-Family, Older Persons*

*"… Being hurt by a process that ultimately told me I was a good parent but provided no support for respite and care for my disabled children nothing available for you…"*

*-Family, Children with Learning Disabilities*

Findings here indicate very clearly how social workers can be perceived as being responsible for factors outside of their control. The unavailability of a domiciliary care package, for example, or a respite opportunity, can negatively impact a service user, family member or carer's, experience of social work or social work services. In these instances, the experience of social work is rated negatively. These findings provide a valuable prompt to the profession, to both clarify their role and thoroughly explore expectations with those using social work services. Clearer understanding of the social work role will go some way to address such misconceptions.

Respondents were invited to suggest other areas for improvement in the final open question of the survey. The findings are summarised in Section 3.5

## 3.4 Emerging Trends – Dyads

The final statements explore the overall experience, reflecting the desired outcomes/vision for service users, families and carers detailed in the Social Work Strategy (NI) 2012-2022.

Considering these as a collective, the dyads demonstrate a polarization in the experiences shared. The contested areas where social workers practice, the constraints on available resources, goes some way to explain this. That said, the invitation here is to consider what actions can be undertaken to practice within these spaces, in a way that moves the person's experience from negative to more positive experiences.

**Statement 6**: As a result of my overall experience with the Social Worker I feel:- (n=499)
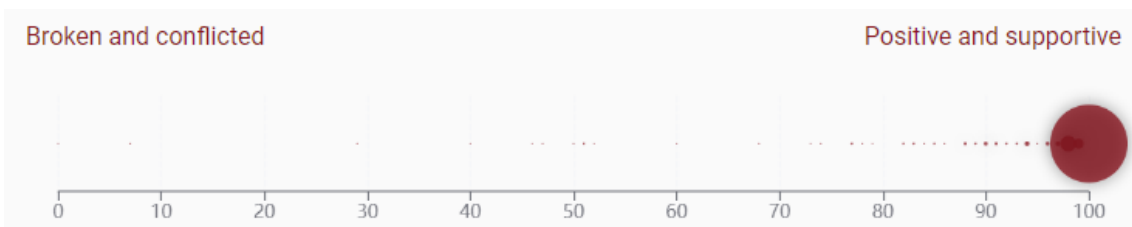
(a) Positive, strongly positive
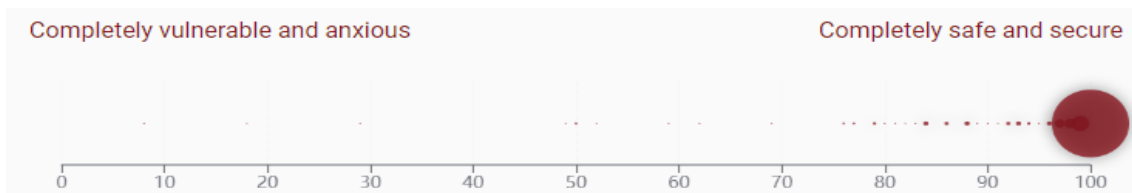


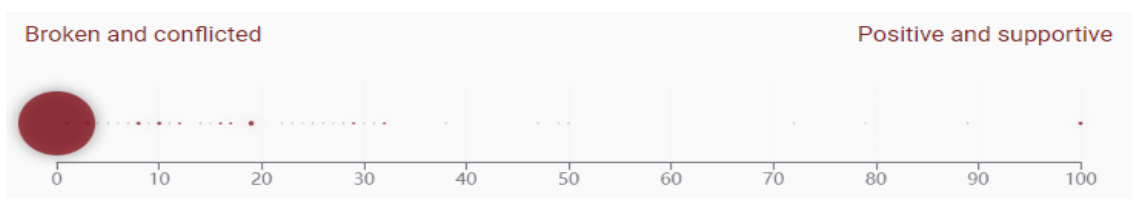(b) Negative, strongly negative
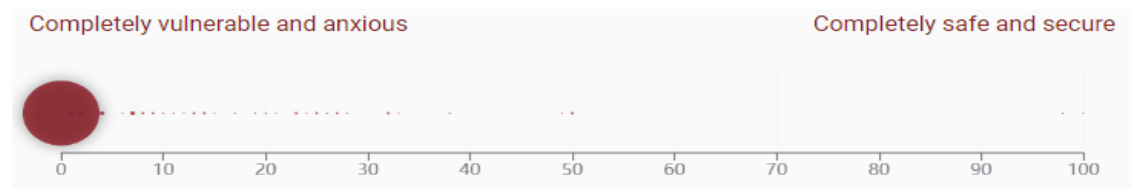


**Statement 7**: As a result of my overall experience with the Social Worker relationships in my life are more:- (n=469)
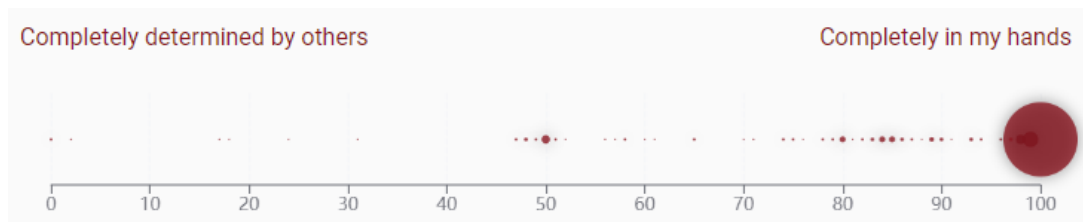
(a) Positive, strongly positive
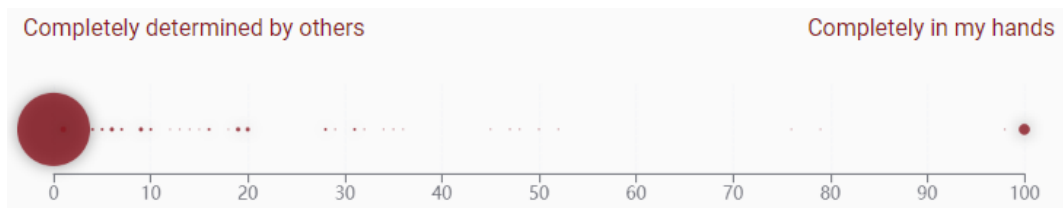


(b) Negative, strongly negative

**Statement 8:** As a result of my overall experience with the Social Worker, control over my life is:- (n=467)
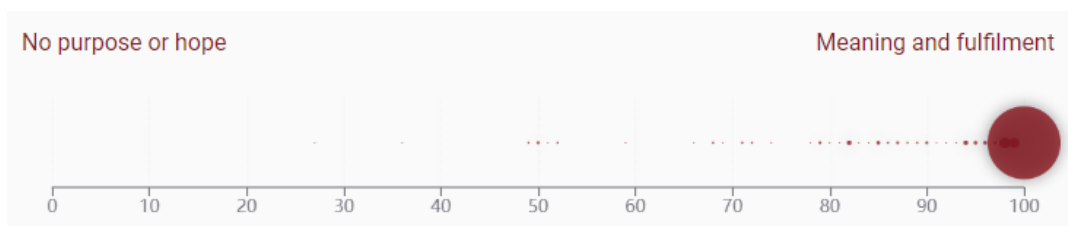
(a) Positive, strongly positive
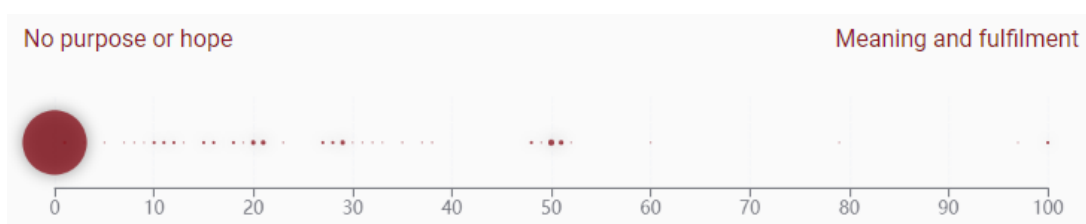


(b) Negative, strongly negative



**Statement 9**:-As a result of my overall experience with the Social Worker my life has:- (n=447)

(a) Positive, strongly positive



(b) Negative, strongly negative



Social Workers have the knowledge, skills and experience to enable the person using services feel safe and secure; develop more positive, supportive relationships; gain more control and help them find hope and purpose in their lives. The findings here provide a timely reminder of how valuable such a skillset is and the significant impact compassionate, person centred, effective social work practice can make. Each contact with a service user, family member or carer, has the potential to be therapeutic. Many of these stories and the findings here describe practice that best reflect social work core values:  that being present with someone, listening deeply to them without blame or judgement, helping them explore

available options and make choices, can and does, make a significant difference to people's lives.

## 3.5 Final questions.

The final 2 enquiries in the project survey invited people to share:

- **What was the most important part of your experience with the social worker?**
- **The service I have reflected on could be improved by...**

**Responses included:**

- The social worker's empathy and compassion for the service user and family
- Being present, listening
- Support in navigating the system and provision of direction/signposting
- Linking into new opportunities
- Feeling assured of service user was safe
- Being accessible and responding, particularly in a crisis
- Having a named social worker and a point of contact
- Provision of care and resources/equipment
- Provision of respite and short-term breaks for carers
- Being kept informed of progress
- Honesty
- Importance of a two-way relationship with the social worker
- Wellbeing of the child is paramount
- Transparency in decision making process
- Confidence in myself and plans to move forward

Where these were present, peoples experience was positive and responses highlighted how much these were valued. In suggestions for improvement, it was very much these same qualities, approaches and actions that were named. It is reasonable to conclude therefore, that social work can and does practice effectively, compassionately and in partnership with the people they serve. Where this quality of practice is less evident, service users, carers and family members notice and disappointed.

Respondents here remind the profession of the importance of clear and effective communication; of the need for adequate and timely resources to meet need; of having time to build trusting relationships and working in partnership with people. When social workers first listened to the findings of the project during their Trust engagement session, their responses were unerringly similar; their commitment to relationship building; their desire to work in partnership; their hope for timely action and outcomes for people and their willingness to communicate more effectively. As a starting point, going forward, to amplify good social work practice and improve, this symmetry of ambition represents a very positive future.

# 4.0 Learning and Responding

## 4.1 Learning

All stories pertaining to their Trust were shared with the Trust. These were broken down by programme of care, and rating. The social work workforce within each Trust began to engage with the stories, explore areas of learning, and begin to consider actions to improve. This work is ongoing.

During May and June 2023, over 250 social workers and service users participated in the Trust engagement sessions. Each Health and Social Care Trust hosted its own engagement session. Participants came from all programmes of care and across all levels of social work, students, AYE, social work practitioners, team leaders, senior managers and executive Directors. Participants had the opportunity to listen to the findings of the 100,000 More Voices Social Work survey, reflect together on what they were hearing, engage directly with the stories and begin to identify learning and actions for improvement.

Following each of the five engagement sessions, a summary document detailing their initial discussions and actions was returned to each trust, to facilitate further reflection, engagement and action planning. This work contributed to the process of Trust wide action planning. From these, a Regional action plan in response to the findings gathered from those 552 stories, informed the final stage of the project. There were five key regional themes identified from the stories, which applied across every trust and service for social work services.

- Theme 1: The fundamental importance of Core Values and Standards of Conduct and Practice

  The approach of the Social Worker is central to the experience of the service user, family or carer

- Theme 2: The role and purpose of the Social Worker

  The importance of clear communication on the purpose of the Social Worker and the role they play with service users, families and carers

- Theme 3: Effective Communication

  Importance of effective channels of communication with service users, families and carers (this also links closely with quality of communication identified in Theme 1)

- Theme 4: Ongoing Learning from Service Users, Families and Carers

  It is important to continue to learn as individuals and as a collective from the service user, family or carer. We have learned to recognise people who use services as experts of lived experience and as valuable partners to the profession

- Theme 5: Workforce

  An element which underpins all the regional themes is the importance of the workforce. Service users, families and carers highlighted the need for consistency – having an established and trusting relationship with the same Social Work.

## 4.2 Responding

The Regional key themes informed a regional action plan – the Regional Social Work Action Plan was presented at a regional, public, online webinar in September 2023. The webinar was hosted by the Office of Social Services with the Chief Social Work officer in attendance. Social work practitioners from across the Region, both statutory and community/voluntary sector were present. Attendees representing members of the NISCC, Social work Regulator, Educators, Local Engagement Partnerships, SPPG, Executive Directors of Social Work, were also in attendance (https://vimeo.com/866380087).

The webinar provided an opportunity for all stakeholders to listen to the key themes identified with the stories shared and to also hear from a service user, who passionately shared the importance of social work for her and her family. The event supported attendees to reflect upon their role in improving the experience of service users, families and carers and gave a commitment by leaders of social work to take action in response to the themes. Figure 5 illustrates how attendees responded to the event

Figure 5. What one message can I take away now and apply to practice? (182 responses)

## 4.3 Conclusion

From the outset, the 10,000 MORE Voices project "My experience of Social Work services" aimed to explore how social work services have impacted service users, and their families, lives over the past 10 years, as set out in the strategy 'Improving and Safeguarding Social Wellbeing: A Strategy for Social Work' (2012).

Behind each one of the Five hundred and fifty-two (552) stories shared in this project, is a person; a person using social work services, a family member or a carer. Each one of these people took the time to respond to the project survey and tell their stories of their experiences. They reflect a breadth of experience which, at times, describes social work practice at it's very best and the positive difference this has made in their lives. At other times, the stories highlight areas of practice and service provision that can be improved. Although the project ended in September 2023, the learning will continue to ensure every story is heard and honoured. Each trust has access to their specific stories and the regional database is available for a further two years through the Regional PCE team within PHA.

This Regional action plan goes some way to meet the objectives of this project. These actions will drive service improvement and commissioning at a local and strategic level. These actions focus on key areas which are applicable across all organisations and programmes of care. The Regional Social Work Action Plan will influence practice developments at all levels of the system, inform learning and the professional development of social workers. It is hoped too that the findings from this project will influence further academic/research studies into social work practice. This collective, regional social work response to the project findings, demonstrates the commitment of the Social Work profession to listen and learn from the voices of service users, families and carers.

# 5.0 Appendix

## Appendix 5.1 Project Members

Over the lifespan of the project there was a range of key teams engaged to lead upon each stage of the process. The following table highlights the leaders who were the driving force behind the work and supported teams from project design through to story generation and learning.

| Department of Health: Office of Social Work Services | |
|---|---|
| Aine Morrison | Chief Social Work Officer |
| Jackie McIlroy* | Strategy Director for the Social Work Strategy and the Social Care Workforce Strategy |
| Christine Smyth* | Strategy Director for Social Work Strategy |
| Deirdre McKenna | Social Work Consultant |
| Jocelyn McAvera | Project Lead for Social Work Strategy |
| Anne McMurray* | Independent Business Management Consultant |
| **Public Health Agency:  Regional Patient Client Experience Team** | |
| Linda Craig | Regional Lead for Regional PCE Programme |
| David Todd | Project Support for Regional PCE Programme |
| **Health and Social Care Trusts: Social Work Leads** | |
| Eileen McKay | Assistant Director, Belfast Health and Social Care Trust |
| Lee Wilson | Assistant Director, Northern Health and Social Care Trust |
| Marita Magennis | Assistant Director, Southern Health and Social Care Trust |
| Elaine Somerville | Assistant Director, South Eastern Health and Social Care Trust |
| Stephen McLaughlin | Assistant Director, Western Health and Social Care Trust |
| **Health and Social Care Trusts: PCE Facilitators** | |
| Maire Alexander | PCE Lead, Belfast Health and Social Care Trust |
| Sarah Arthur | PCE Facilitator, Northern Health and Social Care Trust |
| Mairead Casey | PCE Facilitator, Southern Health and Social Care Trust |
| Emma Spencer | PCE Facilitator, South Eastern Health and Social Care Trust |
| Vi Gray* | PCE Facilitator |

(*key leader within project, who retired during the project term 2020-2023)
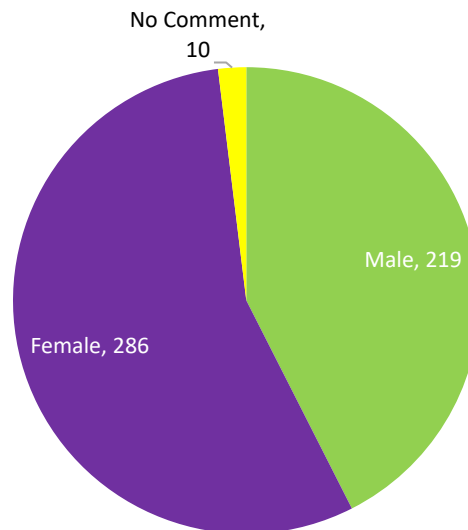
## Appendix 5.2:Demographics

**(a) Age**

| | |
|---|---|
| 0-18 | 74 |
| 19-29 | 52 |
| 30-39 | 74 |
| 40-49 | 64 |
| 50-59 | 73 |
| 60-69 | 47 |
| 70-79 | 50 |
| 80-89 | 55 |
| 90+ | 28 |
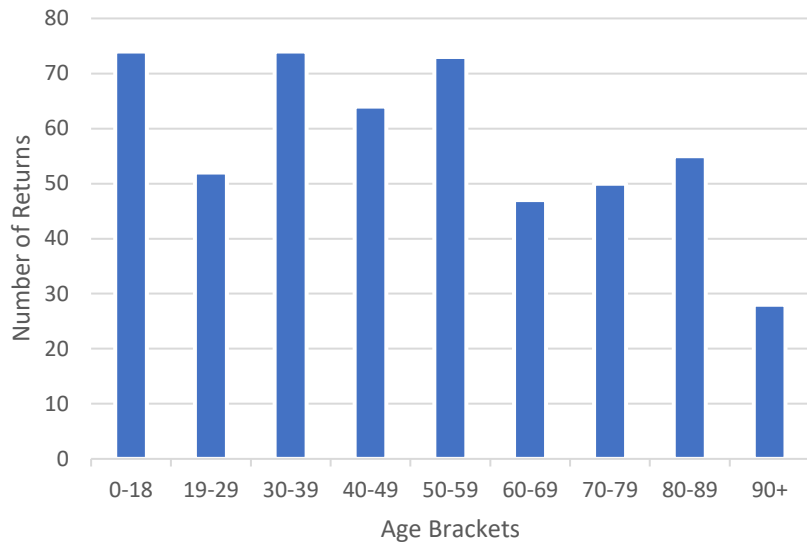


**(b) Gender**

| | |
|---|---|
| Male | 219 |
| Female | 286 |
| No Comment | 10 |



**(c) Ethnic Group**

| | |
|---|---|
| White | 488 |
| Mixed Ethnic Group | 4 |
| Black African | 3 |
| Black Other | 2 |
| Chinese | 5 |
| Irish Traveller | 2 |
| Other | 7 |

**(d) Country of Birth**

| | |
|---|---|
| Northern Ireland | 403 |
| England | 18 |
| Republic of Ireland | 17 |
| Scotland | 1 |
| Other | 14 |

**(e)Sexual Orientation**

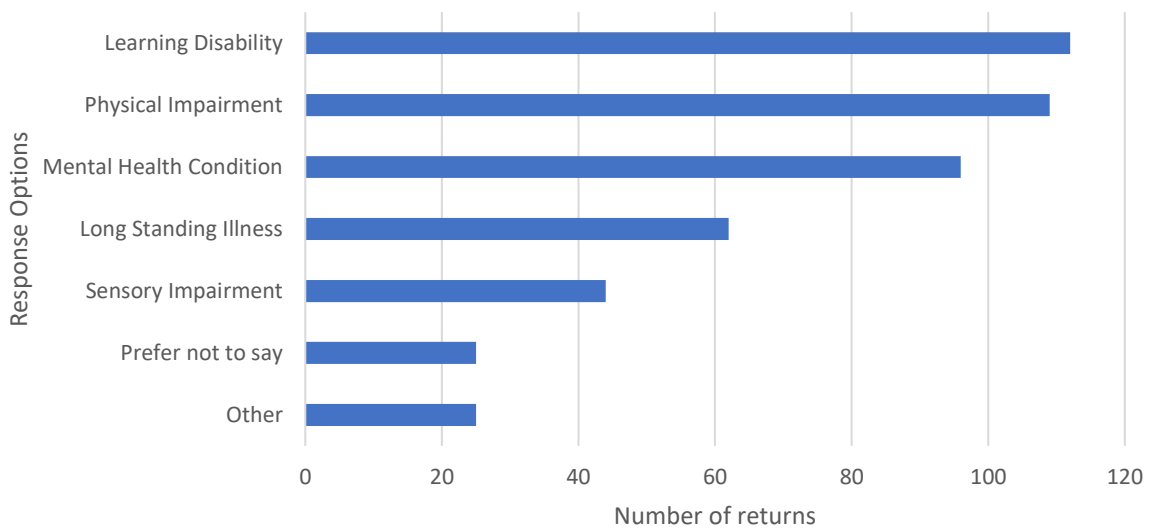| Heterosexual | 422 |
|---|---|
| Bisexual | 10 |
| Gay | 9 |
| Lesbian | 3 |
| Other | 30 |

**(f) Do you consider yourself as having a Disability**

| Yes | 290 |
|---|---|
| No | 201 |

**(g)  Type of disability**

| Physical Impairment | 109 |
|---|---|
| Sensory Impairment | 44 |
| Mental Health Condition | 96 |
| Learning Disability | 112 |
| Long Standing Illness | 62 |
| Other | 25 |
| Prefer not to say | 25 |

10,000 More Voices Initiative is managed by-
Regional Lead for Patient Client Experience (PCE): Mrs Linda Craig: linda.craig3@hscni.net
Deputy Director Nursing & AHP, Head of AHP, PPI, PCE: Mrs Michelle Tennyson: michelle.tennyson@hscni.net

**HSC** Public Health Agency