



Department
of Health &
Social Care

Priorities for Adult Social Work Research

Results from the James Lind Alliance Priority Setting
Partnership for adult social work

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Foreword



Lyn Romeo, Chief Social Worker for Adults (England)

One of my long-standing priorities since taking up my post as Chief Social Worker has been to encourage the

development and use of research and evidence to improve social work practice and outcomes for the people we serve. Understanding the approaches and interventions which work best and why, is essential if we are to work effectively with people to ensure they and their carers experience high quality care and support, centred on their needs and aspirations.

For social workers and other regulated professionals, having access to quality research evidence is increasingly important, to support decision-making and challenge ingrained thinking and taken-for-granted ways of working. I am pleased that the National Institute for Health Research (NIHR) is helping raise the profile of social work research and evidence, helping inform practice. And the Professional Capabilities Framework (PCF) which underpins all social workers' professional development has been updated to include greater reference to the importance of research and evidence-informed practice.

However, for people coming into contact with social care, the decisions about what gets researched in the first place can often

seem remote and disconnected from the reality of their lives and the things that matter to them.

That is why this report setting out the priorities for adult social work research, is so welcome.

The priorities were developed using the long-established James Lind Alliance (JLA), approach, which puts the people who use services, their carers and practitioners at the heart of deciding the questions research should answer. Over 1,150 people were involved in helping us agree the final top Ten which covers a diverse range of issues and themes for adult social work.

This is the first time anywhere in the world that this kind of research prioritisation has happened for adult social work and the first time that the JLA approach has been used in a non-health related area.

This report is a critical first step in helping us to make sure that future research answers the questions that are important, both to social workers and to those who are or have been in contact with them. I look forward to working with you as we start the process of turning these questions into research projects which can make a real difference to the quality of care and support that people receive.

A handwritten signature in black ink that reads 'Lyn Romeo'. The signature is fluid and cursive.

Lyn Romeo
Chief Social Worker for Adults (England)



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1. The Top Ten priorities for adult social work research

The James Lind Alliance (JLA) Adult Social Work Priority Setting Partnership agreed the following Top Ten priorities for research.

1. **How is availability of funding impacting on (a) adult social workers' practice and (b) the decisions made?**

Question #2 in the top ten:

I need to know if the Care Act is making a difference to the outcomes for people using services, because if not, there's no point in having just another bureaucratic tool.

Social worker

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 and safety?**
3. **How is 'well-being' 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?**

Question #3 in the top ten:

Understanding wellbeing is important because it underpins the Care Act – but how is that working? Do service users have the same understanding as other people?

Person using services

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)?**

Question #5 in the top ten:

I'm interested in how social workers apply the Mental Capacity Act to different groups of people, for example people with an acquired brain injury. How well do social workers assess capacity?

Manager

5. **Has the Mental Capacity Act (MCA) 2005 been embedded into practice and what are the impacts on people using services and their carers?**
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 prevention?**

Question #7 in the top ten:

As a newly qualified social worker I find it really tricky to know how to help if someone has capacity and wants to carry on self-neglecting. Answering this question would really help my practice.

Social worker

7. **What are the most effective ways for adult social workers to work with people who self-neglect?**
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?**

Question #8 in the top ten:

Well of course regular contact helps! At first, I thought ‘Do we really need to research that?’ But my sense is that regular contact isn’t happening now, so perhaps if we had the evidence, that could support a change in practice!

Person using services

9. **How well do adult social workers support person-centred decision-making and ensure holistic support? How well do they take into account a person’s physical and mental health problems?**

Question #10 in the top ten:

Do we know for sure that integrated care is better? We think it should be and we make social workers and health professionals work together, but does it really work or do they just end up arguing about budgets?

Person using services

10. **Does partnership working between adult social workers and other health and social care professionals result in better outcomes for people using services?**

2. Why set priorities for adult social work research?

Social workers provide valuable services to individuals, families and communities. They help people find solutions to social and practical problems and to access the right care and support. They make sure people are safe from harm or neglect, uphold their human rights and enable them to lead the lives they want as much as possible. Social workers who work with adults, work in a wide range of organisations and settings including local authorities, hospitals, people's own homes and in communities. They work with people with a variety of health and care needs, including mental health, physical and learning disabilities, older age and end of life care.

In 2016, the Social Care Workforce Research Unit at King's College London produced a report¹ which concluded that more research on social work is needed to:

- find out what works best when social workers support people who use services and their carers
- support the adult social work profession to grow and succeed

Robust research evidence is a vital component of good planning and decision making in social work. It sits alongside other knowledge to provide, for example, evidence of what works best in given circumstances. Good research evidence can drive reflective practice, continuous quality improvement and innovation.

The Chief Social Worker for Adults in the Department of Health and Social Care (DHSC) set up this project to identify which research would be most useful. The JLA approach was chosen to allow everyone who is interested in adult social work to be involved in agreeing the most important questions for research to answer.

“It is really important to do research with social workers and people who have been in contact with social workers about the services they provide, so that social workers can develop their learning and skills further. This will remove barriers people face and make sure that services work well and are equal for all.”

Alison, member of the Priority Setting Partnership Steering Group

¹ Manthorpe, J. and Moriarty, J. (2016) Social work research with adults in England: The state we're in. London; King's College, Social Care Workforce Research Unit. (www.kcl.ac.uk/sspp/policy-institute/publications/Social-work-research-with-adults-in-England---the-state-were-in.pdf)

3. Setting the limits of this priority-setting exercise

The Steering Group decided that the Priority Setting Partnership (PSP) should focus on what social workers do to help adults² who have care and support needs or are in contact with social workers for other reasons (for example, as family carers or as workers from other organisations). They expected there to be questions about a broad range of topics including:

- the best way of assessing people's needs
- the best way to meet people's needs, especially when resources are limited
- improving wellbeing
- the legal framework surrounding social work
- social workers' employment
- the knowledge and skills that social workers need to do a good job

Although the focus was on adults using or contacting social work services, it was agreed that questions about moving between child and adult services would be included. The Steering Group also considered at length the differences between social care and social work and the links between them.

It recognised this was a complex area, as there is sometimes some overlap and sometime clear differences. They finally agreed that the PSP should focus on social work as a protected and registered title with clear roles and responsibilities, as is often defined in legislation. The survey asked for questions relevant to social work in England, in keeping with the limits of the responsibilities of the DHSC.

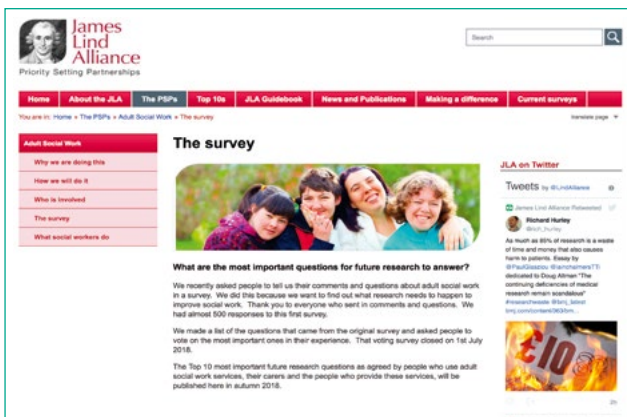
The only topic not included was *training to qualify as a social worker*, because social work education is approved through professional regulations.



2 While social work is a single profession, responsibility for social work policy is split between the Department for Health and Social Care (DHSC) for adult social work and the Department for Education (DfE) for child and family social work. This PSP was commissioned by the Chief Social Worker for Adults in DHSC and therefore focused on priorities for adult social work research.

4. How were the priorities identified?

The priorities were identified using the long-established JLA approach, which is described in the JLA Guidebook (www.jla.nihr.ac.uk/jla-guidebook). It is designed to raise awareness of research questions which are of direct relevance and potential benefit to the end users of research and has been used for over 70 different topic areas e.g. childhood disability, prostate cancer and physiotherapy.



Getting started

The partnership was officially launched in March 2017. A Steering Group was formed to oversee the project, which included people using services, carers, social work practitioners, researchers and policymakers. This group identified partner organisations from their networks, who helped to publicise the project at later stages.

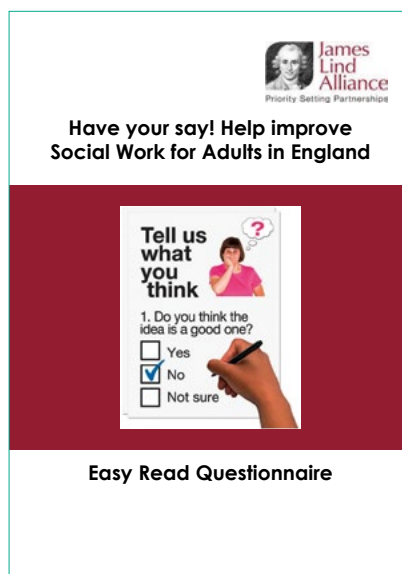
The first survey

A wide range of people identified the questions they would like answered by research by responding to a survey.

They included:

- adult social work practitioners – students, adult social workers, managers and people who train social workers
- people who use services and their carers
- health and social care professionals who work with adult social workers

The Steering Group decided to produce two versions of this survey, one for practitioners and one for people using services and their carers. The survey for practitioners asked people for their questions about different aspects of adult social work that could be answered by research. On the advice of



Steering Group members, the survey for people using services and carers asked about their experience of social work and what could be improved. The aim of both

surveys was to be as open as possible to all suggestions about the questions about adult social work that still need to be answered.

Steering Group members helped to make sure that both surveys would be easy to understand for all the different people invited to take part, by commenting on the layout and draft text and piloting a draft version with their peers.

Both surveys were available online between September 2017 and January 2018. The Steering Group members and other partners sent the surveys out to their networks via email, newsletters, social media, websites and blogs. Paper versions were also made available.

332 practitioners and 153 people using services and carers completed the two surveys. Altogether, they asked 2,149 questions.

Amongst the people who completed the practitioners' survey, 35 per cent were frontline adult social workers, 23 per cent were managers, 5 per cent were students, 11 per cent were people who train social workers and 27 per cent were linked to adult social work in some other way.

Amongst the people who completed the survey for people using services and carers, 59 per cent were carers and 36 per cent

were people using services, and 5 per cent identified themselves in another way (e.g. as a volunteer).

Processing the survey results

Some of the questions that people asked were not relevant to this project because they were about:

- training to qualify as a social worker (see above)
- social care services, rather than adult social work.
- issues or concerns that might not need research, for example questions that might be better addressed by campaigning to change policy.

Some responses were also very broad or unclear, making it difficult to identify potential research topics. A total of 767 of these questions were excluded at this point, but the Steering Group agreed they would be shared with other interested parties. For example, the questions about social care (rather than social work) were shared with researchers at the NIHR School of Social Care Research (SSCR). The questions about training and education were shared with the Joint University Council, Social Work Education Committee.



1,382 questions remained. Some of these questions were asked lots of times by many people, in slightly different ways. Similar questions were grouped together and a single summary question was written which summarised all the questions in the group (see Table for examples). A small number of questions were only asked once. These were added to a long list with all the summary questions. There were 66 questions in the long list.

The published evidence from previous research was checked to see if any of these questions had already been answered. Five questions had been answered and were removed from the list (see Appendix). Three other questions were reworded because they had been partly answered. At the end of this stage, there were 61 unanswered questions (see Appendix).

Table: Examples of original questions that were asked in the first survey and grouped under the summary questions in the final Top Ten.

Top Ten research priority	Examples of original questions asked by people who responded to the first surveys
<p>1. How is availability of funding impacting on (a) adult social workers' practice and (b) the decisions made?</p>	<p>Individual well-being goals often don't match with resources available – how do social services manage this reality? Manager</p> <p>How often do you have to adapt and change what is potentially the best course of action because of budgetary constraints? Social worker</p>
<p>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 and safety?</p>	<p>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? Manager</p> <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? Social worker</p>
<p>3. How is 'well-being' 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?</p>	<p>Is the law clear enough as to what well-being means? Social work student</p> <p>How do we measure/quantify people's well-being, in line with this being unique to each individual? What promotes/improves people's well-being? Manager</p>
<p>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)?</p>	<p>Do face-to-face assessments and visits and review improve outcomes for service users, rather than phone reviews? Social worker</p> <p>How social workers can work effectively with speech and language therapists when working with individuals with communication problems? Health professional</p>

Top Ten research priority	Examples of original questions asked by people who responded to the first surveys
<p>5. Has the Mental Capacity Act (MCA) 2005 been embedded into practice and what are the impacts on people using services and their carers?</p>	<p>Do social workers use capacity law too readily when elderly service users disagree with decisions about their care? Social worker</p> <p>Why are social workers still not understanding the importance and how to implement the MCA 2005? How can we improve their practice to incorporate this important legislation? Person who trains social workers</p>
<p>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 prevention?</p>	<p>People with mixtures of problems require financial support or social care, but I seem to have been found ineligible... I am unable to work, to feed myself regularly and healthily, to be able to go out of the house, to socialise... 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. Person using services</p> <p>How do adult social workers interpret the Care Act's 'eligible needs' in relation to people with mental health difficulties? Social worker</p>
<p>7. What are the most effective ways for adult social workers to work with people who self-neglect?</p>	<p>How can we help people who have capacity, but continually choose to make unwise decisions regarding their health and well-being choices, refuse to participate in care and support arrangements to support them? Social worker</p> <p>What is the approach to someone who is self-neglecting, i.e. hoarding and who has capacity? Person who trains social workers</p>
<p>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?</p>	<p>I think all young carers should be given a long term social worker, and someone who listens to us too... Carer</p> <p>Whether there is a role for longer term relationships between social workers and their clients rather than short term, task focused work. Some argue that this promotes dependency. Others that it is the only way trust can develop. Health professional</p>
<p>9. How well do adult social workers support person-centred decision-making and ensure holistic support? How well do they take into account a person's physical and mental health problems?</p>	<p>Keep the needs of the individual at the centre of everything. Carer</p> <p>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? Person who trains social workers</p>
<p>10. Does partnership working between adult social workers and other health and social care professionals result in better outcomes for people using services?</p>	<p>Do we know that integrated mental health services provide better outcomes for adults and carers? Manager</p> <p>Are integrated pathways/systems benefiting patient outcomes? What are patients' experiences of multi-agency/integrated working? Can people identify roles/responsibilities and who is key lead? Health professional</p>

The second survey

The list of 61 questions went into a second survey, where people were asked to choose their top ten questions. The second survey went out to everyone from the first survey who wanted to stay involved, and to all the same networks. Two Steering Group members worked with a group of people to complete the survey. One group included a broad mix of all the different categories of people invited to complete the survey, while the other group included people with learning difficulties and/or autism. The same survey was used for everyone and was available online between May and July 2018.

632 people responded. 10 per cent were people using services, 13 per cent were carers, and 77 per cent were practitioners. Every time a question appeared in someone's Top Ten, it was given a point and the scores for each question added up across all the responses. This meant that a high scoring question had been chosen by many people and a low-scoring question had not been selected very often.

There were big differences in the way the different groups scored the questions, and there was quite a big difference in the numbers of people in each category (most people completing the survey were practitioners). Therefore, the Top Ten questions from each group, the carers' top ten, the people using services' top ten and the practitioners' top ten - were pooled together. This gave a final shortlist of 21 questions.

The priority setting workshop

The 21 shortlisted questions were discussed at a workshop in London in July 2018, following the same approach as used by other JLA PSPs. A wide range of people came to the workshop, including carers, people using services, students, social workers, people who train social workers and other health and social care professionals



who work with social workers. Some were Steering Group members. Some were people who had taken part in the surveys and some were people completely new to the project who had been identified through the Steering Group's networks and partner organisations.

Before attending the workshop, participants were asked to consider how they would rank the 21 questions in order of importance. Prior to the workshop, their views were obviously informed by their own experience. By coming to the workshop and taking part in small group discussions, everyone got to hear other people's opinions on which questions were most and least important. This helped the group as a whole to reach a shared decision on which questions should be a top priority. This was a valuable learning experience for all involved and there proved to be a lot of agreement.

Some of the people who took part in the workshop commented on how much they enjoyed and valued the process:

I really enjoyed the engagement and do not think the value to all should be underestimated. The discussions which took place proved to be of value to both professionals and non-professionals.

I returned home much wiser and confident that steps will be taken to achieve the highest possible standard of care for all.

I can safely say it was one of the best experiences I had to date (and I've had quite a few)... It was meaningful involvement and inclusive... I don't believe it's possible to truly progress scientifically, unless there is co-production and involvement, at all stages of research.

The workshop sessions gave a lot of insight for me and enabled me to change my opinion based on information from other people.

The 11 questions (from the original 21 discussed at the workshop) that did not make the Top Ten at the start of this report, are listed below. These should also be considered for future research. They are listed in order of importance as agreed by the people at the workshop.

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?
12. How can adult social workers work more effectively with people using services to involve them in decisions about their own care?
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 circumstances?
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)?
15. What are the most effective ways for adult social workers to work with individuals who are transitioning between child and adult services?
16. What model of management and supervision provides the best support for adult social workers and ensures quality control of their work?
17. What are the most effective ways for adult social workers to work with people with learning disabilities and their families?
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 approaches?
19. What difference does it make if social workers are the first point of contact, rather than receiving referrals via a triage system?
20. Would the use of therapy-based skills (e.g. counselling) benefit adult social workers' practice?
21. How can the health and wellbeing of adult social workers best be maintained (e.g. through working conditions, support and supervision)?

5. Next steps

The JLA Adult Social Work PSP hopes that by identifying these priority questions for research, we will ensure that future research is focused on the issues that matter most to adult social workers, people using services and their carers.

A call to action

Many people took the time and effort to submit their questions and to work through the JLA process to identify the final Top Ten questions for future research. We want to ensure that these efforts are respected and recognised and therefore:

- We encourage research funders to include these priorities in their research strategy and to prioritise research questions that fall within these topics when deciding on future funding.
- We encourage researchers to focus their efforts on answering the highest priority questions and to mention the JLA Adult Social Work PSP in their applications for funding. If a researcher receives funding to address any of the listed priorities, we ask that they please inform the JLA.
- We encourage funders, researchers and all interested parties to share this report with others and to raise awareness of the need for more adult social work research in England.

- We encourage social workers to share this report, to take up opportunities to get involved in research that aims to address these priorities and to make best use of the evidence from this research to improve their practice and services.

Promoting the research priorities

The JLA process is centred on co-production to ensure that researchers address the questions which are important to people who use services and people who provide care and support services. Steering Group members have close links to relevant organisations and networks of people who will promote the priorities and the importance of funding research which answers these questions.

The priorities have also been included in a campaign by the National Institute for Health Research (NIHR) aimed at raising awareness of the importance of social care and social work research and the role the NIHR has in enabling this research to happen. The campaign will target researchers working in these fields, as well as health and social care professionals.

The campaign is being launched in November 2018 as this report is published and the questions for adult social work research have been included in the NIHR's campaign messages.

If you have any queries or comments about this work, please contact:

Chiefsocialworkerforadults@dh.gsi.gov.uk

Further information about the project can be found at: www.jla.nihr.ac.uk/priority-setting-partnerships/adult-social-work/

The following organisations provide information on research and evidence for social work:

- School for Social Care Research
<https://www.sscr.nihr.ac.uk>
- National Institute for Health and Care Excellence <https://www.nice.org.uk>
- Social Care Institute for Excellence
<https://www.scie.org.uk>
- National Institute for Health Research Libraries
<https://www.journalslibrary.nihr.ac.uk>
- Social Care Elf <https://www.nationalelfservice.net/social-care>
- Research into Practice for Adults
<https://www.ripfa.org.uk>



Appendix: The long list of questions for research

These are the 61 unanswered questions that came from adult social work practitioners, people using services and their carers, listed in alphabetical order. The questions that were asked many times have been grouped and summarised in a single question. A full list of all questions asked and the questions belonging to each group can be found on the JLA website (www.jla.nihr.ac.uk/priority-setting-partnerships/adult-social-work/).

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?

Do practice frameworks make any difference to the lives of service users?

Does partnership working between adult social workers and other health and social care professionals result in better outcomes for people using services?

Does regular contact with an adult social worker and/ or a long-term relationship with an adult social worker improve outcomes for people using services?

Does the commissioning out of adult care to companies affect adult social work practice?

Has the Mental Capacity Act been embedded into practice and what are the impacts on people using services and carers?

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 prevention?

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 and open dialogue models)?

How can adult social workers work more effectively with people using services to involve them in decisions about their own care?

How can adult social workers work on prevention and what difference would this make in the long-term?

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 circumstances?

How can assessments be more holistic and focused on improving well-being?

How can communication and information-sharing between individual adult social workers and between agencies/ organisations be improved?

How can the health and wellbeing of adult social workers best be maintained (e.g. through working conditions, support and supervision)?

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 could adult social workers influence the types of services being developed and commissioned?

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)?

How do adult social workers contribute to serious case reviews and how do the lessons influence practice?

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 do changing definitions in gender, religion and race affect adult social work practice?

How do other organisations/ professionals understand the role and responsibilities of adult social workers and how could this be improved?

How effective are adult social workers in safeguarding vulnerable people? How could they better empower people using services and carers to protect themselves?

How is lack of funding impacting on (a) adult social workers' practice and (b) the decisions made?

How is 'well-being' understood and incorporated into adult social work practice? How can we assess whether adult social workers increase the well-being of people using services?

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?

How should adult social workers engage with people's spiritual or faith belief?

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?

How well are asset and strength-based decision making work in practice? What factors promote or prevent its use?

How well do adult social workers support person-centred decisions and ensure holistic support? How well do they take into account a person's physical and mental health problems?

If adult social workers set their own budget levels, does this achieved innovation in service provision and good outcomes for people using services?

On what basis do adult social workers make their decisions (including the law, evidence, accepted practice, social work theories)?

What are the best methods of making an assessment of care and support needs and risks? How well are current approaches working?

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 approaches?

What are the most effective ways for adult social workers to help people they are working with who are socially isolated and/or lonely?

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 for adult social workers to help people they work with who are being discharged from hospital?

What are the most effective ways for adult social workers to work with older people with care and support needs?

What are the most effective ways for adult social workers to work with people who are transitioning between child and adult services?

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?

What are the most effective ways for adult social workers to work with people with chaotic lifestyles (e.g. problematic gambling)?

What are the most effective ways for adult social workers to work with people with dementia and their families?

What are the most effective ways for adult social workers to work with people with learning difficulties?

What are the most effective ways for adult social workers to work with people with mental health problems, including personality disorders?

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?

What are the most effective ways for adult social workers to work with people who self-neglect?

What are the pros and cons of an adult social worker being an independent professional versus being part of local authority services?

What difference do adult social workers make to people who are terminally ill and their families and how can they do this effectively?

What difference does it make if social workers are the first point of contact, rather than receiving referrals via a triage system?

What factors facilitate effective partnership working between adult social workers and other organisations/ professionals? What are the barriers and how can these be overcome?

What has been the impact of 'Making Safeguarding Personal', particularly in the longer term?

What impact is the Care Act having on (a) adult social work practice and (b) the outcomes for people using services and carers, particularly their well-being and safety?

What is the impact of private sector care/ support agencies on the relationship between adult social workers and people using services?

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?

What is the role of adult social workers in reviewing the suitability and quality of services provided as part of a care plan?

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?

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?

What model of management and supervision provides the best support for adult social workers and ensures quality control of their work?

When adult social workers work with other professionals, how are their decisions influenced by other professional cultures and values?

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)?

Would the use of therapy-based skills (e.g. counselling) benefit adult social workers' practice?

The five questions that were agreed by the Steering Group to have been answered by previous research were (listed in alphabetical order):

Are carers' needs and capacity to care being accurately assessed?

Do the public understand the role and responsibilities of adult social workers and how could this be improved? How do people's perceptions change when they have receive support from an adult social worker?

How can the issues related to the recruitment and retention of adult social workers be addressed?

What are the most effective ways for adult social workers to support people receiving direct payments or personal budgets?

What impact does multi-agency working have on adult safeguarding? What is the social worker's contribution?

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