

Working Together

Interim Report, 2011

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Context and background to the project

Why is working together important?

The Government has said that it is essential that Local Authorities work in partnership with everyone who needs to be involved in making social care work well. This is an essential part of making adult social care more personal and responsive to the people who access and use it.

'Carers are one of the key partners in this agenda to create a new, high quality care system which is fair, accessible and responsive to the individual needs of those who use services.' (Department of Health, 2007)

Working together, however it is done, should be a means to an end, not an end in itself. This is a key concept proposed at the millennium by the World Health Organisation, who saw integration as a means of improving services to make them more accessible, provide a better user experience, and be of a higher quality. There are many different ways of working together but the end goal must be to improve the experience and outcomes of service users and carers.

Working together well is increasingly important as demands and expectations for adult social care rise, and resources are limited. Working together more effectively is seen as one important way of increasing efficiency.

'The greatest benefit of partnership working is better outcomes for people. Alongside this, however, efficiencies can be achieved through a joined-up approach between social care, housing, employment and other sectors' (Vision for Adult Social Care, HM Government, 2010)

What do we know about working together?

There is a lot of research on how organisations can integrate to work well together, and on the structures and systems that support this. There is also information about the barriers and enablers to individuals and organisations working well together.

There is less evidence about the benefits of integration or partnership working. Some research has been done on how working together helps organisations and those who work in them, and some has focused on how it improves things for people who use services and carers.

As well as this, there is some useful evidence around what service users and carers want from services, and the experiences and outcomes that are important to them.

What do we need to know?

To understand why working together is important and how it can work well, it is important to start from the experience and outcomes of the people that services are there to support and to consider:

- what service users and carers want
- what their experiences are
- and what improves these.

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Why is research in practice *for adults* carrying out this project?

research in practice *for adults* is a charity which works to help people in social care to use the best information possible about what works well. Our aim is to improve the way services work for people who use them and for carers.

The aim of the Working Together project is to increase understanding of carers' and practitioners' experiences of working together, and to learn from them about what works and doesn't work in working together, as well as what can be done to improve working together.

The focus of this project is on individuals rather than organisational structures and systems. It is also on what an individual is able to do to improve working together, rather than the complex and costly changes organisations and systems need to make.

The **key questions** for the project are:

- What will improve the experience and outcomes of carers?
- What can carers and practitioners do to work together more effectively?

Methodology

research in practice *for adults* is skilled in supporting people who work in adult social care to use evidence in order to improve the experience and outcomes of service users and carers.



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One of the unique ways in which we do this is through our Change Projects. Change Projects bring a development group from research and practice together to share and gather the evidence around a particular topic. The group explores the implications for practice and suggests new ways of working and resources to support this. The resources are then piloted, refined and finally launched to support practitioners to apply evidence in practice.

The starting point of the Change Project was an Expert Knowledge Exchange. People from research, practice and policy discussed the context for working together and established what a useful focus for the project would be.

research in practice for adults then carried out a preliminary overview of the literature to find the main messages about how agencies work together, what makes a good experience for carers and for service users, and what can be done to improve the way services work together and with those who access and use services.

During the development stage we held four workshops in Bristol, Leicester, Cambridge and Stockport. Each workshop involved carers, practitioners and voluntary sector colleagues who came together to share experiences, learning and knowledge around adult social care, from their different perspectives. Forty carers, thirty two social care practitioners and nine voluntary sector workers attended.

This learning is now being disseminated to carers and practitioners in order to increase their awareness of what works and to empower them, through others' examples, to act to improve working together in their life.

The **main focus** of the workshops was to discuss, reflect and learn how the different participants can improve the experience and outcomes of carers in adult social care and explore how working together more effectively can contribute to achieving better outcomes. Using the **main messages** from existing research each workshop was structured to reflect some of the core messages highlighted in the existing evidence base. All questions asked were situational questions, which helped draw out participants' real experiences and stories.

We asked participants to consider the following questions:

- What is your situation?
- Who do you link in with?
- What is working and what's not working?
- What helps and what doesn't help with working together?
- What action can you take to improve working together?
- What action would you like adult social care to take to improve working together?

In the following section we identify the main messages from the workshops, drawing out key examples and then link these to the main messages highlighted in the existing evidence.

This is an interim report of our findings so far. As you will see from the methodology, it is rooted in people's experience. Evidence that we have used has been gathered to reflect and illuminate this experience. The evidence is not exhaustive and should not be considered as a complete or detailed summary of the evidence on this topic.

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Workshop findings

The workshops revealed a high level of agreement about the concerns and experiences of both practitioners and carers.

Carers' concerns fell broadly into four themes and practitioner and voluntary sector colleagues concerns and experiences fell broadly within two themes.

Carers' themes were:

- Recognition
- Relationships
- Communication and information
- Systems

Practitioners and voluntary sector themes were:

- Role and workload
- Resources and services

For each theme, we set out the main learning about what works and what doesn't work, give examples from individual situations and then link this learning to existing evidence.

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Recognition	
<p>What works</p> <ul style="list-style-type: none"> • Respite for carers • Carers' Support groups • Professionals reassurance that carers are doing a good job • To be treated with compassion, respect and to be listened to • Carers being asked how they are and how they are coping • Recognition of the demands and the isolation of the job • Recognition of previous careers and experience • Being seen as a whole person - a mother, partner etc • Recognition of carers' knowledge and experience • Understanding the demands on carers • Consistency with appointments • First Aid training for carers • Health checks for carers 	<p>What doesn't work</p> <ul style="list-style-type: none"> • The lack of status recognition for carers • Getting asked the same questions all the time • Not being able to establish relationships with practitioners and care workers because of time constraints • When as a carer you feel you have to hide anxiety or fear • When there is just focus on the service user and not the carer as well • Change in services; leads to a concern for the loss in experience • Practitioners not being sensitive to the fears and anxieties of carers when changes in social care occur.

Main messages

A key message to emerge from the workshops was the importance carers attribute to being listened to *"the most important thing that affects me as a carer is not being listened to."*

This was a common concern and one which carers see as a major obstacle to developing good working relationships. Carers feel practitioners do not always recognise or accept the experiential knowledge of the carer as a contribution. They would like to see more efforts made to treat the carer as a valuable contributor and/or equal partner in the social care team working around the service user.

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"I would like professionals to realise that I am an individual with a life of my own as well as my caring role. Although I have a big commitment to helping my son, I also think it is better for him and me to have as much independence as possible. It is good if professionals work with carers as partners and consult then about arrangements etc. I also need to feel that there is someone I can contact in a crisis (this can happen very suddenly with mental health problems) this greatly relieves the anxiety. I need to feel recognised as part of the team."

Carers also reported the importance of understanding the carer as a whole person, who has other roles and relationships and a history of knowledge and experience. They value practitioners who ask them how they are doing, how they are coping and when they are given time to share any anxieties or fears affecting them. It was particularly evident the extent to which carers find changes in social care very unsettling and distressing, they recommend practitioners show sensitivity to the concerns and fears this causes for the carer. They also highlighted the lack of reassurance and feedback they receive from practitioners on how well they are doing their job. They want practitioners to be more active in offering feedback and mindful of the many demands and isolation carers feel.

"I feel tired, stressed and exhausted most days and am very sensitive and raw to critical comments. Sleep is poor, often up at night. The responsibility of organising care, keeping my own maintained and having a very demanding and responsible job gives me no life of my own because I am constantly on call. Lost my marriage – no-one asks me 'how I am'. Not seen as a 'carer' but someone that can do"

Carers talked about how services are not designed to take into account their needs in the same way they are for service users. This means services are comparably weaker in supporting and responding to carers' needs. To improve this they suggest relevant training be offered to carers and suggest services should take better account of the carer as an important and valuable member of the team. To fill the gap carers can look to local support groups and networks to share and spread support, information and experience.

Another important message that emerged within this category was the low status carers receive within the social care sector and in society at large. They feel job recognition for carers is poor and therefore entitlements and support is not balanced.

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Learning from situations

"The transition from corporate manager to carer was very difficult – no training at all and that transition resulted in a nervous breakdown. Most of all, I accept entirely that my life has changed because of caring and it will continue to do so."

"I may not always seem receptive – due to individual days and what has happened e.g. demands on time/energy may make me feel vulnerable/tired/irritable – not my usual nature. I often feel alone as though nobody fully understands the day-to-day nature of being a carer. I have very little time for me but I am important too. I feel frustrated and resentful sometimes. I am frightened my spouse will be violent towards me so I try not to say things which might upset them. I have no external help with my spouse who is unreceptive to anyone else being involved in their care."

Links to existing evidence

A Glasgow university project identified the outcomes that were important to people using services and to carers, and found that how people were treated by practitioners and services could be as important as what was achieved. Carers identified that they wanted to be valued and have their expertise recognised (Miller et al 2008). This was echoed by the Commission for Social Care Inspection which identified from inspections that people wanted respect and to be heard and by other research which shows that people who use services and carers want to be recognised as individuals (Morris et al 2007, Richards and Coulter 2007) and for the situation to be seen as part of their whole life (Fisher et al 2006).

A systematic review of what makes a good experience for carers found that the approach and qualities of the staff delivering interventions contributed to the outcome. This included recognition of a carer's role, knowledge and expertise (Victor 2009). Recognition and involvement of carers and service users helps services to be more person-centred (JRF 2011). Being involved in the planning process was associated with a better quality of life for carers in the national pilot for individual budgets (Glendinning et al 2009).

The research recognises the need to engage carers in partnership (Fox 2010), value their work, recognise their expertise and actively involve them (Seddon 2008). One study suggests that recognition of carers is supported by having a specialist carers' service (Fox 2009).

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Relationships	
<p style="text-align: center;"><i>What works</i></p> <ul style="list-style-type: none"> • Professionals and practitioners listening to carers • Inter-agency information sharing • Carer involvement at all levels • Carers involvement in assessments and review processes • A GP sensitive to the situation and needs of the carer • GP practice who makes constructive use of their carers' registers. • GPs to see social care around dementia as a team effort • GP surgeries taking and maintaining proactive role in promoting local carers' groups • A carers' lead in a GP practice is very useful • High quality social care staff (who listen, have time and build good relationships with carers and service users) • Building good working relationships between service user, care worker and carer (based in mutual trust, good communication and team work) • Better recruitment and retention of care workers into adult social care 	<p style="text-align: center;"><i>What doesn't work</i></p> <ul style="list-style-type: none"> • Too many different care workers - no consistency in staffing • When practitioners and the professionals don't share information • Quality of care in homes (care staff don't have enough time to build relationships with clients and carers) • Changes imposed creates anxieties and fears in carers • GPs not understanding carers' caring for dementia patients is a team effort • Lack of time social care staff have for service users and carers • When care worker do not communicate with carers • If the care worker doesn't value the input of the carer. • The recruitment of care workers is a problem - there's a high turnover of staff

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Main messages

Developing better relationships with social care professionals featured very highly in all four workshops. The most important of these were the relationships between the GP and carer and between careworker(s) and carer.

A key message from carers was the value they place on the support GPs can provide. Not all carers shared the same positive experience with GPs, but it was considered that the role of the GPs is vital in developing and promoting support for carers (see *situational learning example 1*). They also felt GPs tended generally to not view their own role as central within a wider team of social care practitioners working around the service user. The implication of this is that if GPs understood better their significance within the wider social care team, working around the patient or carer, this would improve experiences because the GP would have a more comprehensive understanding of the background, present and future story of the service user and carer.

Carers' identified the need for more inter-agency collaboration in social care. Carers' think effective multi-partnership working has to include the carer. Carers regard their role as central to the success of delivering good social care and essential for improving better working together in social care. Carers recommended GPs make more effective use of carer registers as a way of offering and promoting support for carers in the local area.

"It is important for everyone to work together for the service user. Doctors, nurses; trust and respect breaks down, team work dies and things get tougher for everyone."

Carers also emphasised developing and sustaining trusting relationships with care workers as critical to improving their lives. They value the role of care workers but commented that care workers often do not communicate important information about the service user to the carer. This lack of communication is seen as a consequence of the restraints care workers are working under, which leaves very little time for building inter-personal relationships between care worker, service user and carer.

"Periodically he stops taking his medication and his care worker would know weeks before I do, and I only find out accidentally."

What they don't want is for the care worker to view the role of the carer as interfering or reactionary; carers want to be included as part of the team and be kept up to date with all relevant information.

"It works well if a care worker will listen to the carer, it doesn't work well if the careworker thinks the carer is overreacting."

Another strong message that came across was the concern carers have over the high turnover of care staff in residential and home care services. This was also viewed as a major obstacle to developing good working relationships between carer, service users and care worker. It was understood this was a sector-wide problem and a significant barrier to effective working together. Many had the view that the quality of care suffers

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because of the lack of time care workers have to attend to the human and more inter-personal side of care provision.

Learning from situations

Speaking about caring for his wife with Alzheimer's, one carer spoke about how the GP was very understanding but after raising with him his concern about the aggression his wife exhibited to male care workers, male care workers were still being sent.

"I have also been a carer. I came across many frustrations i.e. professionals who I felt did not really care. In my current role, I have identified the problems practitioners have, but also feel there are practitioners who are judgemental and could automatically feel the carer is over-protective."

Links to existing evidence

A large survey of older people, carers and voluntary groups found that they appreciated social workers who worked collaboratively and demonstrated concern (Manthorpe et al 2008). Similarly, a small study of what service users want from occupational therapists found that the personality and behaviour of the therapist was important, with people valuing those occupational therapists whom they perceived as warm, caring, committed and hard working and who appeared to value them as individuals (Blank 2004).

In a study of responses to assessment, the main things carers appreciated were quick and reliable responses, keeping the carer informed and maintaining contact, being expert and well-informed, a good listener and comfortable to talk to. Asian carers identified that it was important that a worker is supportive and available, some found friendship important (Hepworthy 2005). Relationships were seen by service users and practitioners as essential to person-centred support (Glynn et al 2008).

Carers are able to influence the relationships they have and the way that people work with them. Research suggests this starts with identifying barriers (Seddon 2008). Getting involved in consultations and joining a forum to make views known to people providing services both help (Seddon 2008, Pidgeon 2009).

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Communication and Information	
<p>What works</p> <ul style="list-style-type: none"> • Confidentiality is important • Feedback is important • Being told about carer networks available to their area • Having information about different services available to carers • Getting concise, clear and accessible information to carers early • Information made available about GPs particular interests, skills and knowledge 	<p>What doesn't work</p> <ul style="list-style-type: none"> • Jargon • Not being listened to • When practitioners aren't honest with carers about service delivery • Where there are clear language barriers and no interpreter is made available • Displaying carers information behind the main door of the GP surgery; it needs to be visible to everyone

Main messages

Carers value being able to express their views freely and honestly especially over negative experiences they have. Similarly they would prefer if practitioners demonstrate honesty over questions about eligibility and resources. This gives them a realistic understanding and expectation of what services and resources can be provided, thereby enabling them to plan ahead well.

"Honesty on all sides is essential – it is important to me as a carer that I highlight things done badly – it is essential that the professionals take it seriously... It is important for a carer (for me) to know that the professionals are caring, competent, open and supportive – without that things get hard."

Another strong message was the importance of getting up to date information regarding changes to services and how it will impact on the carer's care package. Getting this information early helps alleviate potential anxiety and distress "GPs don't guide carers to social services or advice or give information." Local Authorities and GPs publicising information about local support networks for carers so they know where to go to access further support was seen as a valuable way of getting information to carers "GPs getting more information and more guidance to local carers support groups."

It was also felt there needs to be better interpretation services available to support service users and carers where language barriers are evident. Information needs to be understandable, concise and jargon free and it needs to cover all the different services available in their area.

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Learning from situations

The mother of a deaf, bi-polar son talked about her experience of her son, who has been registered with the same GP surgery since he was 2 yrs old and the surgery still call his name out: *"...he's 40 now and they'll call out his name"*

Links to existing evidence

Feeling informed and equipped is one of the most important outcomes for carers (Miller et al 2008). Information underpinned all the other elements that people wanted from services and was seen as essential for making choices (Morris et al 2007, CSCI 2006, Fisher et al 2006, Hanson 2003). People coming into hospital identify difficulties with lack of comprehensible information (Gullick and Shimadry 2008) and in mental health services interviews with group of carers found that they were often poorly informed about care plans, medication and complaints procedures (Wooff et al 2003). The King's Fund study of care in London found that the search for information and advice is often a struggle, especially for people from black and minority ethnic backgrounds, and there was a lack of services, again particularly for minorities and for older people with mental health problems (Kings Fund 2005).

Some people who need support or who are carers are unable to access services at all. This can be due to problems with information. There is a general lack of public awareness about social care and what is available to people who need support (IPPR 2009). The people who are least known to services are least known about so information is not directed towards them. Inaccurate information can also spread (Baxter et al 2008). Particular minority groups struggle to gain access to services due to language issues, lack of information, and information not being relevant (Manthorpe et al 2009, Hepworth 2005, Hubert 2006). A large proportion of people who require support are not eligible for Local Authority funding and therefore self-fund. A large scale study of their experiences found that sixty two per cent of those not meeting eligibility thresholds were not given alternative information (CSCI 2008).

Evidence about what helps carers to feel informed includes not worrying about carer expectations but instead telling them what is possible, being clear about what you mean for example by carer support (Seddon 2008) and listening attentively (Harrison 2009). It can be very helpful for carers to write down things that they want to communicate. One pilot found that filling out a form to show current difficulties helped as a prompt for people meeting a Consultant (Holloway 2006).

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Systems	
<p style="text-align: center;">What works</p> <ul style="list-style-type: none"> • Good information sharing between departments and professionals • Having a carer's assessment • A carers' lead in a GP surgery • More choice in services • Personal budgets and direct payments • When there is continuity of care • Good communication and coordination between teams/agencies • Carer involvement at all levels 	<p style="text-align: center;">What doesn't work</p> <ul style="list-style-type: none"> • Waiting time too long for assessments • Carers do not get an assessment for their needs • Too many different assessments to complete • The assessment form doesn't always capture the carer's situation very well • When practitioners don't share information • Not getting care at weekends and evening • Unsuitable carers for Dementia patients (eg, gender of carers) • When there's no progressive planning done in situations where it is needed • Poor coordination between services

Main messages

Carers would like to see assessments for carers' included as routine practice to ensure carer support is built into care packages. They also felt there is too much time spent completing assessments in adult social care, as it is time consuming, repetitive and often limiting in terms of what an assessment asks and the kinds of information captured. There was also a clear message from carers that waiting times for assessments was too long. *"Whatever you want you have to do an assessment and every year you have to redo it."*

Again the importance of carer involvement in assessments and review processes came up as an important message.

"It is important that I am involved in all assessment and review processes. I would like to be respected for the support that I give and not made to feel that I am an interfering inconvenience in the process."

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Making sure there are effective administrative systems and good coordination systems in place to inform service users and carers about any changes to care worker schedules and/or timetables was also another important message about improving service provision. Strengthening administrative and communication systems improves the experience for carers and reduces frustration and disappointment.

"We find the care situation on the administration side is very poor, i.e. not knowing who is coming to your door and what time. I have repeatedly asked for schedules but am completely ignored on this point. It can be quite unnerving when someone you may not have even seen before will walk in because obviously they have the access and you need the care."

Better coordination systems between agencies prevents there being a lapse in social care provision. *"It took 6 months from stoppage of support worker and the starting of CPN visits. Co-ordination between different departments is sadly lacking."*

Learning from situations

"I care for my husband who has Parkinson's disease. At the moment he is looked after by our excellent GP who referred him to a consultant at our local hospital. Following this he is now on medication, seeing the consultant on a six monthly basis, with extra visits to a specialist nurse on the alternative 6 months, thus a consultation takes place every three months, which I also attend (and is encouraged by them). We feel very supported by this, and can call on the nurse at any time if needed. When first diagnosed some years ago this was very traumatic for us both and I subsequently suffered from very bad depression. We have received advice from the specialist nurse, regarding help from Social services, who have promptly assessed, then provided aids in the house to help prevent falls. Advised in seeking carer's allowance and disabled blue badge. These now have been granted and have been much appreciated by us. I find caring sometimes difficult, due to feeling of dependence, and have been advised to seek time for myself, which is difficult to do (due to guilt feeling) but am managing with help from CPN and doctor working in the community. They have been very supportive during my depressive illness, also my voluntary work with Age concern, has been a great help."

Links to existing evidence

A research overview of accessing children and family services indicates that service users don't want to repeat their story, or be sent to different departments to get a decision; they want co-ordination (Frost 2005). A large-scale English study found that carers' experience of assessment can be as an administrative exercise, with a lack of clarity about terms: very few assessments lead to care management, and carers have limited confidence in services provided, and their flexibility and responsiveness (Seddon 2008). Carers value organisations that are there to support them and to help them to find a way in to the system (Fox 2009).

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Older people and their carers express confusion about social workers' roles and responsibilities, together with a lack of understanding from services and services being denied (Manthorpe et al 2008). A review of the literature on the support needs of people with a physical impairment and a mental health problem found that both services were difficult to access because of the other aspect of need, staff in one service lacked knowledge about the other, and there was poor or no communication between organisations (Morris 2004 JRF). Research of the experiences of self-funders found there was lack of clarity and transparency, insularity and fragmentation of services, and inadequate diversion and signposting (CSCI 2008).

Counsel for Care reviewed their requests for help and found that there is a need for simple access for older people, their families and carers, fairer access to services so that it is clear what is paid for by the taxpayer and what by the individual, transparent provision of services and funding mechanisms and a consistent definition of care needs across the country (Counsel for Care 2008).

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Role and Workload	
<p style="text-align: center;">What works</p> <ul style="list-style-type: none"> • Developing a shared understanding of the problems carers and practitioners face • Being honest with carers that practitioners don't hold all the answers • People being honest and open to us • When people understand this is not just a job for us • Making sure carers have the full facts about the process of care package and what can be provided especially around eligibility criteria • Having carer reps to represent the view of carers 	<p style="text-align: center;">What doesn't work</p> <ul style="list-style-type: none"> • Big caseloads, demands on time, long waiting lists • Lack of guaranteed funding (adult social care funding is not ring-fenced) • Changes to job roles and juggling multiple job roles • Time constraints on the amount time spent with clients due to high number of case loads and waiting lists • If carers think practitioners will judge them • When carers aren't clear about practitioners changing roles and the type of work we do • Bureaucratic pressures: not being able to be more individual and personalised in my approach to work • When I feel carers think I'm interfering

Main messages

Practitioners spoke about the volume of caseloads, the length of waiting lists they have to deal with and the multiplicity of roles they perform. There is a struggle to balance the demands of the job and providing the kind of personalised and 'individualised' care they would like to. What was a very clear message for practitioners is their motivation and passion for working in the field of social care, *"this is not just a job for me – I am passionate about improving carers' lives."*

Practitioners, like carers, expressed how they would like be also seen as a whole person, *"see the practitioner as a whole person, we may be carers too."* Changes in social care and implementing change also presents some challenges to meeting the expectations of

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carers. Practitioners like carers' value honesty and openness, *"people have to be open, we want people to know we won't judge them."*

Practitioners want carers to know they do not make judgements. They understand why people see them as being able to change services but find this a difficult expectation. They too understand the difficulties carers have in adapting to changes in social care, and realise that information and communication doesn't always trickle down in the way it should. They value the participation and contribution of carer representatives on strategic and commissioning boards and see this as a good way of getting messages to carer groups about changes in policy direction, which will affect commissioning, services delivery and the services service users receive. Moving to the personalised agenda is a very new way of working for social care practitioners and settling into new policy direction takes time to adjust to and implement, *"our role has changed, the type of work we do has changed."*

Learning from situations

"Frustration with my own lack of power and control regarding funding and being seen by carers as the person who should be able to change things. In my role (commissioning – NHS) I need carer representatives who can represent the views of carers in general (or at least their particular area of caring) – it is hard to find (and I absolutely understand why) people who have the ability/capacity to do that, rather than focusing on their own story."

"My role has changed significantly in recent years, as has the type of work I do. I wish we could work more flexibility with carers on an individual basis to meet their needs. We should offer carers more support – practical – emotional – social. The system should be simpler and less bureaucratic. I get a great deal of job satisfaction from feeling as if I have made a difference."

Links to existing evidence

Partnership working comes from mutual trust and a common approach (DH Keys to Partnership 2002) and time is needed to build relationships and open communication (Audit Commission 2002).

Barriers arise when organisations or individuals do not have shared purposes or clear expectations (Maslin-Prothero and Bennion 2010). This comes from lack of strategic commitment and also from a lack of understanding of roles, including different perceptions, values and experiences, status, and professional allegiance. Lack of clarity about who makes decisions also causes problems. (Cameron 2000, Hudson 2002)

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Change can also weaken ways in which organisations work together (Hiscock and Pearson 1999, Glasby and Lester 2004, Cameron 2000) and cause disruption to people using services as workers change roles.

The Evaluation of National Carers Strategy 2003-06 found that carers and social care and health practitioners didn't necessarily know about the strategy. Practitioners were wary of implementing the recommendations because of fear of raising carer expectations (Seddon 2008).

The evidence states that practitioners can work more closely together through trusting and respecting other services and professionals (Hardy et al 1989; Tucker and Brown 1997, Hudson and Willis 1995, Hudson et al 1997, Lankshear et al 1999) avoiding stereotypes and questioning views of other professionals (Higgins et al 1994, 1993). Some things that help are meeting people with other roles (Audit Commission 2002, Cameron 2000, Abbott, 1997), communicating formally or informally with other organisations on a regular basis (Costongs and Springett 1997, Wright and Sheldon 1985) and attending joint training with other organisations and professionals (Cameron 2000).

A good example of building relationships is a GP surgery which had a social care worker in the surgery part-time for carers to go and see. This raised awareness of carers and also meant that GPs could have an informal chat if they weren't sure about a referral (Lankshear 1999).

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Resources and Services	
<p>What works</p> <ul style="list-style-type: none"> • Inter-agency information sharing • Carer involvement at all levels • Clarity over what we can provide • Giving carers an overview of the process (forewarning them) • People being open and honest 	<p>What doesn't work</p> <ul style="list-style-type: none"> • When practitioners and the professional don't share information • When carers are told to expect resources that can't be delivered

Main messages

Practitioners spoke about their concerns over managing expectations over eligibility and resources, *"we need to be really clear about what we can provide - universal services and eligibility criteria."* Another clear message was the difficulty with adult social care funding and budgets and how, *"frustratingly difficult it is to access resources."* The uncertainty around resource allocation means that practitioners must be honest and open about what is achievable, *"money isn't ring-fenced - we'd told carers it was there but couldn't deliver it. It is therefore important, as one practitioner put it, "to forewarn carers about the process."*

Learning from situations

"As a voluntary organisation, we are facing huge funding cuts but are still trying to provide the same (if not better) service. All our employed carers are on casual contracts and therefore have the right to accept a new service or not. More and more carers are looking for evenings and weekends and it is a constant struggle to find care workers willing to work these hours. We have no power over rates of pay – this is down to Chief Exec and trustees so at the moment, one rate of pay (just above minimum) across the board with no extra for 'unsocial hours'.

Links to existing evidence

In services where things are not set up well, there is poor coordination, lack of clarity over responsibilities, lack of information sharing, inadequate planning, and lack of consultation with patients and carers. (Henwood 2006)

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Complex systems with poor communication and processes hamper working together (Cameron 2000, Pidgeon 2009). Lack of resources also drive people apart (Hudson 2002, Cameron 2000), especially when there are different funding streams to control them (IBSEN) and pooling resources involves a lot of bureaucracy (Phelps and Regen 2008).

Lack of resources undermines efforts to work in more person-centred ways (JRF 2011). It is important for practitioners to know what the local resources are and to build a network of contacts in local services (Audit Commission 2002).

There are some structural things that can support common aims and relationships including clear roles and accountability, management support, joint training, co-location, good IT and communication systems, (Hudson 2002, Frost 2005, Cameron 2000, Norman and Peck 1999 in Glasby and Lester 2004). It is also important to have some enthusiasts to promote working together (Audit Commission 2002, Cameron 2000).

The Triangle of Care project identified six elements that are needed to work well with carers of people admitted to hospital. This included identifying carers as soon as possible, making staff aware of carers, having good protocols for confidentiality and sharing information, knowing who to refer carers to for specific responsibilities, having information for carers and having a range of support for carers (Worthington and Rooney 2010).

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Practice implications

The main messages from the workshops reveal some important practice implications. Below are suggestions of things that individuals and organisations can do that would improve working together. These focus on what can be done in the context of the pressures that carers and practitioners face.

Practitioners:

- Ask carers how they are feeling and how they are coping
- Ask carers about what other support they have (other family member, friends, volunteers) and if they don't signpost them to local support groups
- Understand the carer's isolation and the demands of the job
- Ask carers about their other roles and relationships
- Give the carer reassurance and feedback
- Talk to carers about the benefits of keeping a carer diary (for assessments and review processes)
- Involve carers in all stages of planning around care assessment and review processes
- Check that carers really understand the information that they get
- Be honest and open about the eligibility criteria and resource allocation process
- Keep the carer informed of changes or challenges to services as early as possible
- Make sure there is a contingency plan in case the carer needs it
- Share information across agencies
- Lobby your organisation to have a carer representative

Careworkers

- Take some time to communicate with the carer, make time to meet the carer for a brief recap
- View and treat the carer as someone who is part of the care team
- Inform the carer of any change with the service user (e.g. user not taking medication)
- Involve the carer by keeping him/her involved in any routine changes

Carers

- Keep a diary of your day-to-day routine as a carer (useful for assessment and for review processes)
- Ask to speak to someone who has been through the process

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- Ask for meetings at a time and place that fit with what you are able to manage
- Make sure you know the name and job title of the people you meet
- Get a copy of anything that is agreed in writing and keep it in one place
- Ask about back-up in case things get difficult
- Keep a note of what is working and what is not working with the care
- Ask for an assessment and a review if you don't hear from the Council for a year
- Don't be afraid to say if you are not happy or if you are – the Council wants to hear your views
- Always ask if you are not sure about something
- Make a list of contacts for other agencies that help you and share this with the Council
- Keep a notebook by the phone to write down who contacts you and what they say
- ask if there are any support groups in case you need to talk to someone about what is happening to you
- Find your local carer support groups from your local authority or ask your GPs
- Go to local support groups with question (they will have experience in the challenges carer's face, changes in services and which organisations offer support)
- To understand benefit and other entitlements go to your local Citizens Advice Bureau
- Influence change by getting involved in carer support groups or forums
- Get involved in consultation groups within your local authority
- Find out if there's a carers' lead in your surgery

GPs

- Get to know who is involved in the social care team around the patient
- Utilise carer registers by setting or advertising for a carer lead in the surgery
- Make available information about social care services and eligibility and other relevant signposting information (Citizens Advice Bureau, support or consultation groups)
- Make supporting carers part of someone's role so it doesn't get overlooked

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Actions from the workshops

At the end of the workshops we asked participants to identify what they could do to improve working together, and what they wished that social care would do.

Wishes for social care

The wishes for social care fell into the following themes:

- Better partnership working
- Treat carers as valuable partners in delivering social care
- A more person centred approach to carers and practitioners
- Develop GPs surgery into information and signposting hubs for carers
- Engage and consult carers in decision making
- Person-centred social care provision.

Two months after the workshops we contacted participants to find out whether they had been able to carry out their action. We had responses from about a quarter of participants. Below are some the actions carers and practitioners carried out.

- **Thinking**

Carer - The workshop really did make me think about things. The whole this is like a chain only as strong as its weakest link. You need to think about it beforehand, it only takes one link to break.

- **Keeping positive**

Practitioner - I have resolved to do the best I can, while I can and enjoy what I can of it and to be content to have a job with a client group I am passionate about that pays the bills and keeps my family. I am not able to plan any further ahead at this time.

- **Listening**

Carer - I'm listening hard, but not much to listen to at the moment as lots of changes in care management!!

- **Keeping records**

Carer - I was worried about what would happen if I got ill. I've started to make a note. Now I keep a record in my notebook. For example, I put in there how I pay my electric/gas bill. I wrote that little note and I thought I feel happier now.

- **Explaining why assessments are important**

Practitioner - I say to carers about assessments: this is a safeguard, have your needs recorded on the system, nobody refuses.

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- **Talking to colleagues**

Practitioner - I discussed the course at our team meeting with my colleagues and also with my manager. I have also provided my manager with a copy of all the paperwork to do with the course. I have tried to involve all of the carers of service users I am working with, but that isn't always possible due to their own commitments (for example working commitments), so this has been a bit of a stumbling block. I think that my colleagues have taken on board what I have told them and consider more the needs of the carers.

- **Meeting with the care provider**

Carer - I requested a summit meeting with the care agency. I got the evidence together and took my husband so I wouldn't get too cross. They agreed with points and things have improved. The main thing was to reduce the number of different care workers. They send a list and they don't always stick to it. I did collect information and photocopied sheets out of the book. I told them in advance and they went through their records. I feel I've done what I can.

- **Finding out who to speak to**

Carer - For 12 months I've been working on the confidentiality issue in Mental Health particularly information sharing with carers. Since last April I've been trying to find out what the procedure is. I was getting nowhere at meetings – was just passed on to NHS but nothing happened. Two meetings ago the manager of The Trust was there and he said come and see me. I went to see him and showed him what they hadn't got and what this policy had. It's proved to me you need to know the right person and have a good example. And it's persistence - we've had it on the agenda at meetings for so long.

- **Meeting other colleagues**

Practitioner - I have attended more meetings within the community mental health team, and this has had a positive effect. I am involved more within that team and much more informed about the people that my carers are looking after.

- **Educating other people**

Carer - We went into a newsagent and helped them to understand how to speak to (the cared for person), what to ask so they wouldn't have a young man kicking off in the shop.

- **Influencing**

Carer - I have been more pro-active. I have been to a meeting with the Councillor and Director of Social Care. I admitted three questions and the Councillor read out four questions; three of them were mine. I got some rounds of applause. Councillors are starting to realise that they do not understand. It is about listening. I explained that we don't feel entitled.

Carer - I seem to be writing to my MP every other week.

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Voluntary sector worker - For one MP, over five years I've sent information, reports and it's the first time I've got to see him. Keep chipping away. If they can see you, it makes it more human.

- **Engaging service users**

Practitioner - We have involved service users in a DVD talking about their experiences to promote the personalisation agenda.

Practitioner - I have begun organising a focus group with service users and carers on their views on quality and giving feedback.

Conclusion

The messages and learning from this project so far echo findings in other evidence. They reinforce the important message that how people are treated by practitioners and services is as important as what is achieved. Recognition and good relationships, together with clear communication and information are central to successful working together.

The complexity of carers' situations and the demands and pressures on practitioners can undermine working together. However, what's so promising about the evidence highlighted is that there are things that individuals can do that have very little cost implications, which will make a difference to people's experience and will support successful working together.

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