

Managing to meet service users' needs



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Introduction

The current political agenda requires service users' views to be incorporated into the design of health and social care services (Department of Health, 2006). Services are assessed by the quality of the outcomes they provide for users. Frontline managers are responsible for gathering service user views on their needs. Whose views should be taken into account? How do managers gather views? This course helps you consider ways of getting feedback from service users, and shows the inclusive approach of a manager of a voluntary sector mental health service.

This OpenLearn course is an adapted extract from the Open University course : [*K313 Leadership and management in health and social care.*](#)

Learning Outcomes

After studying this course, you should be able to:

- understand the critical importance of service users' views in all aspects of health and social care management.

1 Consultation

1.1 All together now?

This course focuses on some key questions about consultation. Whose views? What views? What services?

Activity 1

For this activity you will need to read the following four pages of this section. These concentrate on service users' views.

As you read, try to identify the various 'stakeholders' who may have views about a service and perhaps some direct connection with it. These could be:

- individuals
- groups
- communities.

Then choose an issue relevant to a service or project you are familiar with and make some notes on how similar or diverse stakeholders' views might be.

The following four pages will be followed by a discussion on this activity ([Section 1.6](#))

1.2 Service users' views: Whose views?

Several questions arise about the kind of feedback from users that is most relevant for social care organisations to seek and respond to. What about people who are unwilling users of social care services? How important is it that their voices be heard? For example, people may come into contact with services as a result of formal detention in hospital against their wishes, under the Mental Health Act 1983. The views of children, adults and professionals have to be balanced. There are dilemmas in the real world of practice about compulsion and voluntariness.

Practitioners have to consider children's views and parents' responsibilities along with state thresholds for intervention. For example, when should families with children living at home be supported? In what circumstances should a child be removed? Care should be taken to ensure that skilled direct work enables children to communicate their wishes and feelings when professional judgements are made about their welfare. Managers are often very significant people when such balanced decisions based on complex assessments are made. The practice-led nature of the management role comes to the fore in situations such as these.

While some service users may have little choice about accepting services, they will still have valuable insights into the equity and fairness of the processes they experience. What about those people whose ability to communicate their views may be quite limited? What about listening to children? Are they always competent to give their views and who

should decide? How useful are facilitated communication methods, which workers use to talk with severely disabled children and young people or older people experiencing dementia? How do managers work constructively with advocates? In finding out what people say about services, a frontline manager faces a complex range of views.

Although service users and informal carers often have common concerns and common views, this is by no means always the case. Therefore, it is important to distinguish between what service users say and what carers say. In general, this course concentrates on service users but remember that carers are increasingly service users in their own right and they may have a central role to play in a service user's life. This role has been recognised in legislation through the Carers (Recognition and Services) Act 1995 and the Carers and Disabled Children Act 2000. Various policy documents such as the national strategy for carers – *Caring about Carers* (Department of Health, 1999) – further emphasise the importance of the role of carer.

The research for the book from which this course is taken, included consultation sessions with groups of managers and service users. The views presented are those of the service users who took part and they echo much other research into what people want from care services. The consultations were structured around existing service categories such as learning disability, older people, children and families: an illustration, perhaps, of the influence of current models of service planning and delivery on consultation processes. The participants stressed that life is not neatly packaged in service categories. For this reason we have not always identified the group from which individual comments have come. At this point you might like to read the detailed account of this process and the people who took part, which was originally contained in the [Appendix to the book](#).

1.3 Service users' views: What views?

Some views from our consultations are shown in Example 1, which has comments from people who have used mental health, physical disability, older people's and learning difficulty services, and Example 2, which has comments from the users of services for children, young people and families.

Example 1: Some views from users of adults' services

Treat people as people and not as a problem.

(Rosemary)

Social care managers have got to listen. If they don't listen they don't know what we're saying to them. They've got to listen because we've got to tell them what we want. It's not what managers want, it's what we want ourselves.

(Malcolm)

I think basically from a practical point of view they are having to ration because they don't have the resources to do everything for everybody. What I want to know is who chooses who gets what? We don't have a say in it; you don't have a say in it, do you? ... People who are in the caring professions – and this includes the line managers – should be listening to the person. That's the first thing they should do, listen to them. Find out what's available

and then negotiate with them. I'm not expecting just to say I want this, this and this. I am expecting them to negotiate with me and I'm still waiting.

(Amanda)

The services kick in at the point of crisis. On the way back you've got places where you can be rehabilitated and gradually get back into society. But there should be places on the way down.

(Richard)

It's independence really, isn't it? It's the biggest thing of the whole situation. Although you need help on occasions, you don't need it all the time. You don't want it thrust down your throat.

(Tommy)

Example 2: Some views from users of children's services

Whenever I phone to ask what's going on, they tell me that I'm too anxious and I should wait, but the fact that they never phone me doesn't help.

(Parent)

The problem is there is a totally uncoordinated approach to family life with this sort of problem and it's now going to cost them more to put it right ... it's probably the system rather than the people.

(Parent)

Children are not able to influence decisions made about them. Adults who do not know them well often make decisions in large meetings.

(Parent)

Social services ... they were really supportive. I mean, I had to go to court and everything and my social worker came through with me and stuff and supported me through that.

(Young woman)

I met quite a few nice girls at the group as well. They went through the same kind of thing, so you know what you're all going through, so you all have respect for each other.

(Young woman, speaking about a support group)

Social services ... at the start they were very good and then weeks and weeks went by and in the end we wrote a letter of complaint ... because we wanted to know what was happening ... she just didn't keep in touch and when we sent the letter of complaint she sent a letter of apology, so that was the only bit we were unhappy with ... I think what they should do instead of swapping over to different people ... they should keep the child with one person ...

(Parent)

It's certainly been a fight and I wish the professionals would listen to you. You're the child's best advocate, you know their needs more than anyone and sometimes they override that and say 'No, I'm the professional here'.

(Parent)

The messages from these two sets of views are that service users want:

- to be treated with respect and as individuals
- a voice in decisions about the range of services that should be available and which services they receive in particular circumstances
- recognition that while services may be an important or even an essential part of their lives, services are not all of their lives
- acknowledgement that they are reasonable people who understand about resources and other constraints but who think that is a reason for more attention to be paid to their views, not less
- to see signs that the time spent in giving their views has influenced decisions.

Services are organised around specific categories and delivered by a range of qualified and unqualified, paid and unpaid workers. When service users talk about what is important to them as people, they are not as concerned with the profession of the person who provides the care, or the context in which that worker operates, as with the quality and appropriateness of the service (Rogers et al., 1993).

There is no shortage of sources of service users' views. At central government level, inspectorate reports include some exploration of service users' and carers' views (for example, Social Services Inspectorate, 2001 – this kind of work will be taken on by the Care Quality Commission in April 2009). The views of people who use services continue to be part of any assessment of how well services work.

Individual social services departments and voluntary sector and service user organisations have done much research, such as surveys and the use of advisory groups or working parties including service users. People who receive services have also been involved in designing and carrying out training, monitoring and evaluation of those services.

Service users and potential service users from black and ethnic minority communities face additional barriers to involvement and consultation because the service providers lack effective communication skills, understanding or commitment (Bowes and Dar, 2000; Hatton et al., 1998; Joseph Rowntree Foundation, 1998; Taylor, 1999). Thus, if discrimination has led to services not being offered in the first place, consultation may reinforce this discrimination by asking only those people who have received the service.

Research studies have played a major role in finding out the views of children and their families about the services they have experienced. Overviews of the researchers' findings, drawing on several large studies, include summaries of views about what was available and the way in which the service was offered. For example, the following main points are from *The Children Act Now*, a review of 24 substantial studies into aspects of the implementation of the Children Act 1989.

- Children value five main qualities in professionals: reliability, practical help, support, time to listen and respond, seeing children's lives in the round.

- The techniques of research can be helpfully used to improve direct work with children.
- A child-centred service demands that adults listen to how children would like services organised and act upon children's views.

(Department of Health, 2001, p. 95)

1.4 Service users' views: What services?

When people are consulted about the services they have received they express strong views not only about access to services but also about what those services are. For example, the shift from a home help service to a personal care service has raised many concerns. The consultations for the book this course was based on and other research (see, for instance, Sinclair et al., 2000) both indicate that (unknown to managers) workers sometimes go beyond their allotted tasks in order to meet service user-defined needs. A regular, though informal, agreement between care workers and older people may develop. For example, a care plan that includes some form of personal care might in reality entail the care worker doing housework – because that is what is important to the service user. However, housework would not meet most eligibility criteria.

The manager's understanding of the priorities are not actually the priorities that the people want. That's where it varies: the manager thinks 'Oh, that's what they want', but it's not so. What they want – they might not want to be washed, they might want to have the windows done.

(Barry, service user consultations)

Service users are not usually arguing against professional expertise or discounting the problems of managing complex care systems. Rather, they are insisting that there has to be a much closer relationship between their own understanding of their needs and the social care response. For example, the families who had received services from Homestart – a service provided for families by volunteers – appreciated the difference between this kind of support and local authority social work services:

[Homestart] seems to be more understanding of situations when you tell them what's going on. They are a lot more sympathetic because a lot of them are a parent themselves.

The volunteer support is supportive to the family. When you ring up you know that your message is going to get through, whereas with social services and health you can't guarantee it.

(Children's consultations)

Service users have specific insights into, and experience of, effective and quality responses from workers and service providers. The style and approach of workers – whether paid or unpaid – may make all the difference to a service user. For example, social workers who are supportive and sensitive and who listen are valued (Aldgate and Bradley, 1999). However, some people may feel reluctant to be critical of what little service they receive for fear that they will lose it altogether. As a result of their experience of the service setting and its delivery, users can play a central role in monitoring and

evaluating the quality and effectiveness of services. That will include relationships with workers.

1.5 Moving forward?

So far you have read about the development of consultation with service users. Why, then, do service users and their organisations experience a struggle to be heard? What barriers are they encountering?

Service providers may structure consultation around service needs rather than service users' interests. For example, consultation at the planning, delivery and monitoring stages of a new day centre might be informative to service providers as well as a good example of service user involvement at all stages. Conversely, service users might consider that another day centre – no matter how well developed – is not what would best meet their needs.

Another area of contention is the rationale on which service provision is based. Many services stem from paternalistic concepts of 'looking after' less advantaged people. Some disabled people reject notions of vulnerability and personal disadvantage and many people find getting the help they need difficult enough. On the other hand, vulnerability and 'being looked after' can be more positive concepts where children are concerned (but children also want their strengths recognised and to have a voice in what happens to them). How 'care' is defined and the way social problems are defined and prioritised will affect responses to consultations. Medical or individual service models assume that 'the problem' resides in the individual rather than in the attitudes, structures and environments that create barriers to 'ordinary' life.

Are the service planners prepared to listen to such messages? One thing is clear: action of some kind must follow consultation. An area for development may well be more user-controlled services:

If those who need support in order to live in the community are to exercise choices and have control over how that support is provided then two things need to happen: their preferences about the support they receive have to be expressed and action has to follow based on the expression of these preferences.

(Lindow and Morris, 1995, p. 5)

To respond to the results of consultations, managers need to meet a range of challenges posed by their own organisations as well as service users, and to deal effectively with any tensions that may arise.

Key points

- Social care organisations need to be inclusive in getting feedback from service users and distinguish between what service users and carers say about services.
- Service users want to be respected as individuals and to have a voice in decisions.
- Discrimination can be reinforced by consulting only the people who receive services.

- Service users can play a central role in monitoring and evaluating the quality and effectiveness of services, including relationships with social workers and service providers.
- Action must follow consultations with service users.

1.6 All together now? Discussion

Views – whether from citizens or consumers – are diverse, although there are similarities within and between groups: for instance, on the need for respect. Diversity of opinion as well as diversity of need must be addressed by frontline managers. A few of the individuals and groups noted by our testers include: users of services for mental health, physical disability, older people, children and families; carers; workers; union representatives; managers; the general public; local and national government; and children and parents.

On a single issue such as the development of a user-run project for people experiencing mental health difficulties, there are likely to be many views that a manager will need to balance. Workers may consider that they should run the project with users/survivors as committee members or volunteers. Users/survivors may consider that only workers who themselves have had experience of mental health problems should be employed on the project. The local community may be concerned that a project for people with mental health difficulties is proposed for their area and national government has produced a service framework which requires and supports user involvement. So, managers may find themselves chairing, for example, a public meeting about a proposed project, taking part in negotiations with staff and unions, as well as hearing from service users about whether they think the project will meet their needs.

One way to integrate direct experience of using services with service provision is to recognise that experience as a desirable quality when employing managers and practitioners. Service users become valued as ‘experts through experience’. A policy initiative is to promote a wide range of care providers through social enterprise in the health and care sector.

2 A meeting of minds

2.1 Case study: Redcar & Cleveland Mind

This case study introduces you to Jane Reast, manager of Redcar & Cleveland Mind, the organisation's members, and the works of its various projects. You will shortly be watching three videos, which will give you an opportunity to see consultation in action.

The mental health case study is based at Redcar & Cleveland Mind, a voluntary sector, community-based mental health organisation in north-east England. It provides a range of services and activities, working with several organisations locally, regionally and nationally. We follow Jane Reast, the manager of the project, through two working days and see the complexity and diversity of her role. World Mental Health Day is soon and Jane meets with partners from health and social services, as well as other voluntary sector agencies, to discuss their plans for mental health promotion in the area.

Jane recognises the key importance of partnerships but believes strongly that there must be real commitment for partnerships to succeed. Partnerships have grown within the organisation as well as in the wider community. Jane and her administrative manager, Sam, have developed their working relationship over the past ten years. Other partnerships within the organisation are more recent and Jane works with, and for, annually elected executive committee members.

Mind is a national organisation and Jane is involved at the national level in developing and testing Mind's quality standards. As well as developing strategic partnerships and taking part in a National Service Framework implementation team, Jane makes a point of meeting regularly and informally with people who use the services of Redcar & Cleveland Mind. She stresses the importance of hearing the views of service users directly as well as the staff's views. We follow Jane to Saltburn and Loftus, two towns that – along with Redcar – have had rising unemployment as a result of the demise of the coal and steel industries.

Ten years ago Jane and Sam were the only workers at what was then Redcar Mind. Now the organisation employs over 20 people and has major contracts with social services for the provision of mental health services in the area.

2.2 Video activity

This activity asks you to watch the three video clips below.

As you are watching, try to identify any examples you see of consultation and involvement, and what Jane sees as the key factors in the way Redcar & Cleveland Mind has developed these processes. Make notes as you go.

Video content is not available in this format.

[Video 1](#)

Video content is not available in this format.

[Video 2](#)

Video content is not available in this format.

[Video 3](#)

Jane Reast went on to say that different leaders are required at different times. She explained that there needs to be explicit permission given by partners to different people at different times, in order that things can be moved forward.

2.3 Video activity: Discussion

A key aspect of this work is 'partnership'. Service users are called 'members' at Redcar & Cleveland Mind and Jane spoke about their involvement as being integral to the service. Members may also be volunteers and have roles on the executive committee. For example, the co-chairs of the executive committee are also members of Redcar & Cleveland Mind. The service has evolved as a response to members and Jane likes to hear their views directly, as well as through colleagues. Jane considers it important to 'be around' the drop-in to hear views and meet people, but she also sees the importance of stepping back and 'leading from a different place'.

Partnerships happen within the organisation as well as with people in the wider community. The mural is an example of several partnerships – with local artists, funders and committee members. Although Jane said she wanted to make links with the local community it would have been good to hear more about how the local community has responded to the project and how far they are involved in its running.

3 Conclusion

This course argued that managers should seek out and listen to service users' views, and considered some of the problems in doing this as well as models that are effective. It is not always straightforward or easy to engage service users in consultation but, like Jane Reast, the practice-led manager will think it is important to hear directly from service users, rather than always having knowledge and information mediated through the accounts of frontline workers.

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We would like to thank Redcar & Cleveland Mind for their assistance in making the video.
Courtesy of John Birdsall

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