

RESEARCH INTO *practice*

News from the Scottish Executive about research in social work and social care

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Family network important to care leavers

Young people leaving care to start living independently need more support from their extended families – and a different style of social work support from their period in care.

A study of young people leaving care in England shows that many 16 and 17 year old care leavers interviewed were prepared to re-evaluate their relationships with family members they had once judged harshly.

Overwhelmingly, they expressed no wish to return to live with their families, identifying leaving care as offering them a legitimate progression towards independence. By contrast, they viewed returning home as a retrograde step. But they seemed to be good at identifying family members who would help them, or get involved in their lives, if asked.

The study, carried out by the Children and Families Research Group at Sheffield University, involved interviews with 87 young people leaving care. Most of them were able to name 'key kin' – the most important or influential person in their family network. But the research found that social workers were not very good at identifying these 'key kin', only naming the same person as the care leaver in 17 out of 41 cases.

'Encouraging rather more involvement of the extended family, in appropriate ways, seems to be both feasible and worthwhile,' say the researchers.

'Leaving care marks a new start for both young people and family members and this needs to be recognised and shown in the style and content of social work at this time.

'Supplying brief, family-friendly information about the specific services available after care would help family members and young people understand what they might need to do, and assisting families to arrange relatively informal meetings would probably promote extended family help.'

◆ Leaving care and extended families; Peter Marsh; Adoption and Fostering; Vol 22 No 4, Winter 1998-99.

Professional contribution to carer support groups

Involvement of social workers can make a significant and distinctive contribution to the effectiveness of carer support groups, research in Glasgow has found.

It suggests that professional support for such groups can meet some of the need for consistent, on-going support and can provide carers with a forum for sharing concerns and information as well as access to community care services.

The study looked at the activities of six different groups: two were based on day centres (one for adults with learning disabilities, the other for adults with physical disabilities); two were generic groups open to carers of all client groups; and two were for carers for specific groups, (one for carers of stroke patients and the other for ethnic minority carers for children with special needs). The research involved observation of group meetings and interviews.

Strong arguments against close links with social workers have been put forward by some of those involved in self-help groups who wish to emphasise their independence and their campaigning role. But the carers interviewed for this study expressed high levels of satisfaction with the support from the social work ➤

department and all felt their groups would have been less effective without professional support.

Some of them said a social worker with detailed knowledge of community care policy and practice was needed to help them make sense of recent developments in the field.

◆ The role of the social worker with carer support groups; Fraser Mitchell; Practice; Vol 8, No 4, 1996.

Better support needed for victims of domestic violence

Research into the treatment of women victims of domestic violence has highlighted the importance of all agencies understanding how their own services work – and being familiar with the support available to victims from other sources.

The research, conducted for The Scottish Office during 1996-97, looked at service provision to women experiencing domestic violence. It involved questionnaire and interview studies of both service providers and users, and identified a number of gaps in the quantity and quality

of services, which were seen to constrain the availability of support to victims.

Only a third of the women victims interviewed had found the police response helpful, while just under half of those who contacted social services or housing departments for support (48%) had received a helpful response.

Common issues across services included examples of service providers taking no action, failing to provide the services sought, failing to understand the issues and providing inappropriate responses. Women also pointed to a lack of information and lack of publicity about the services, and a lack of knowledge or inappropriate attitudes by staff, the daunting nature of the help-seeking process and fear of discovery.

Provision of services was found to be uneven throughout Scotland with a concentration in urban areas: women in rural communities had the lowest level of provision. Women with disabilities and women from ethnic minority groups were found to face particular barriers to access.

The report recommends that service ➤

Carers' views on hospital discharge arrangements

To what extent are informal carers informed and involved in planning the discharge and aftercare arrangements for younger disabled adults? A study by the Social Policy Research Unit at the University of York examines this issue, following the implementation of various health and social care policies which have highlighted the importance of recognising carers' needs at this time of transition.

In-depth interviews were carried out in 1996-97 with 22 carers and 13 disabled people (conducted up to three months after discharge from younger disabled units, specialist units and hospital wards in the north of England), and with 14 practitioners and 15 managers from associated health and social services.

While the study found examples of good practice, it also revealed three main areas of concern or dissatisfaction amongst carers. First, although carers were usually given some information, they clearly desired more, for example, to help them monitor their relative's medical condition and support their ongoing

rehabilitation. Secondly, carers felt that disabled people were generally more involved in discharge planning than they were, and that they too could have been usefully involved to a greater extent. Finally, while many carers did receive some support after discharge, in some cases this was not perceived to be commensurate with their needs, which practitioners did not always distinguish from those of the disabled person.

Areas of convergence and divergence in the views of participants were also highlighted by the study. For example, social services staff and community-based health care professionals were found to place more emphasis on carers' needs than did hospital-based professionals.

The report of the research concludes with a model of good practice which reflects carers' perspectives.

◆ Coming home: carers' views on hospital discharge arrangements for younger disabled people; Janet Heaton, Hilary Arksey and Patricia Sloper; 1997; Social Policy Research Unit, University of York.

Understanding the motivation of drug misusers

Only a minority of drug misusers who are prescribed methadone or other substitute drugs expect to be free of their dependency in the near future, research in Scotland has found.

This suggests that policies and practices based on rapid reduction and abstinence are likely to be out of touch with the aspirations of drug misusers. Harm reduction strategies, such as longer term prescribing, seem more realistic.

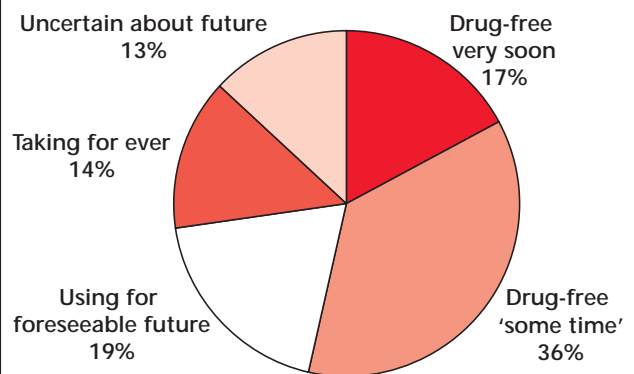
An appropriate maintenance prescription may have important benefits for drug users, their families and their communities, including: fewer criminal activities; reduced risky behaviour, such as injecting; better general health; more stable family relationships; more opportunities to work or undertake employment training; and an increased ability to maintain a home or cope with child-care commitments.

The research found that individual drug users often had a very insightful understanding of their personal situations and a clear opinion about how these were likely to alter.

The research involved interviews with 124 illicit drug users in urban, rural and inner city areas of Scotland, 77 of whom were men and 47 women. Ninety-six of them were receiving prescriptions for substitute drugs, in 80 cases methadone.

◆ Understanding drug-using clients' views of substitute prescribing; Joanne Neale; British Journal of Social Work; February 1999.

Misusers' expectations of future drug use



providers should address the issue of domestic violence on a local basis, particularly in the areas of policy and strategy issues, monitoring and quality, information and awareness-raising, multi-agency work, the development of training and the general development of services, including addressing the service-specific problems identified within the report.

◆ Service provision to women experiencing domestic violence in Scotland; Dr Sheila Henderson (Reid-Howie Associates); Crime and Criminal Justice Research Findings No. 20, 1998; £5.00; The Scottish Office.

Smoothing the path to direct payments

Since the Community Care (Direct Payments) Act 1996 came into force, local authorities have been able to make cash payments to individuals instead of providing services directly. While some local authorities are committed to developing direct payment schemes, others have been reluctant to implement the legislation, particularly for people with learning difficulties.

Research has found that some local authorities

have confused the two concepts of people being 'willing' and 'able' to receive direct payments. The findings demonstrate that consent to receive a payment is quite different from ability to manage the money, with which all kinds of help are available.

Legal advice obtained in the course of the research is that while an individual does need to consent before the authority can make payments to them, authorities cannot assume that most people with learning difficulties necessarily lack the capacity to consent.

The report comments that where local authorities have succeeded in implementing direct payments to people with learning difficulties, the lead roles have been taken by individuals with 'real strategic power to nurture a culture of risk taking, and the vision and imagination to facilitate new ideas'. It goes on to warn that authorities which exclude people with learning difficulties are risking legal challenge, and possibly judicial review.

◆ Able and willing? Supporting people with learning difficulties to use direct payments; Tony Ryan and Andrew Holman; 1998; £5 plus £1.50 postage; Values into Action, Oxford House, Derbyshire Street, London E2 6HG.

Treating people with learning disabilities as individuals

People with learning disabilities aged over 60 should not be categorised and treated separately from their peers or younger people with learning disabilities, says a review of the literature on residential services and family care.

People with learning disabilities are now living longer than in previous generations: half of them can expect to live as long as the rest of the population.

'In later life their health tends to be good and their abilities on average higher than for younger and middle aged adults with learning disabilities,' the authors say.

'The problems they encounter with respect to lack of community inclusion and limited social networks are the same problems as those of their younger peers. With respect to the suitability of different models of residential provision this point is equally applicable.'

The review suggests this approach requires qualification for people with Down's syndrome, in whom premature ageing and vulnerability to other medical conditions is of special concern.

Specific service initiatives to benefit older people with learning disabilities should be needed rather than driven by an urge to provide for people on the basis that they meet the dual criteria of learning disability and age, it adds.

◆ Older people with learning disabilities: a review; James Hogg and Loretto Lambe, White Top Research Unit, University of Dundee; 1999; Foundation for People with Learning Disabilities.

Improved communications needed at Children's Hearings

Social workers and other professionals involved in Children's Hearings feel the system responds more effectively to children and young people referred for care and protection than to those referred for non-attendance at school and persistent offenders. They see the greatest weakness of the system as the shortage of resources, which affects the quality of service.

Research carried out at Stirling University has highlighted the difficulties of communicating vital information to families at a time of stress.

Family members attending were often only partially aware of their rights and tended to perceive the views of social workers and panel members as more influential than their own.

In 84% of observed hearings, the decision matched the recommendations of the social worker. Decisions were unanimous in 89% of hearings. In almost two-thirds of hearings, the final decision was the only option discussed.

Families were informed of their right to appeal in 98% of cases and of their right to receive the decision in writing in 70%. But availability of legal aid was only mentioned in 9% of cases. Informing families verbally of their rights at the end of a hearing led to difficulties in them absorbing the information. Although the children were present at 87% of the hearings observed, their contributions were very brief.

◆ Deciding in children's interests: the evaluation of children's hearings in Scotland; Christine Hallett and Cathy Murray; 1998; £6; The Scottish Office.

The Scottish Executive is keen to publicise recent, relevant research about social work. If you know about such work, please send details to the Scottish Executive Central Research Unit, Room 53, James Craig Walk, Edinburgh EH1 3BA. Mark your envelope 'Research into Practice'.

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