Public Knowledge of and Attitudes to Social Work in Scotland

Education

PUBLIC KNOWLEDGE OF AND ATTITUDES TO SOCIAL WORK IN SCOTLAND

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SUMMARY AND IMPLICATIONS

The over-arching aim of the programme of public opinion research described in this report was to provide the 21st Century Social Work Review Group with an understanding of public knowledge of, and attitudes towards, social workers and social work services. Within this broad framework key areas of interest were: general perceptions of social workers; knowledge of the role of social workers and of different social work services; use and predicted use of social work services and attitudes to this; desired and acceptable thresholds for risk and intervention in social work; and future priorities for social work. In each of these areas, the research uncovered some important findings which should assist the Review Group with its key aim of strengthening the contribution of social work to the delivery of effective, integrated services.

At the most basic level, the research indicates that social workers have a prominent profile - even without personal experience, most survey respondents and focus group participants were able to describe their perceptions of the profession in broad terms. On the whole, people's views were rarely uniformly positive or negative, and tended to be influenced by a range of considerations relating both to the varying roles that social workers are required to fulfil, as well as the context in which they operate. Among the most commonly used adjectives to describe the profession were 'helpful', 'vital', 'interfering', and 'overworked'. Many of the public's concerns about the profession were very much in line with those of the Review Group. Thus, there was reference to staff shortages, excessive bureaucracy and restrictive rules and procedures. While the media clearly plays an important role in shaping views of the profession, there was a consensus that reporting is rarely objective, and it was commonly suggested that both the press and television news have played a role in perpetuating negative images of social workers.

Consistent with findings from previous research studies, detailed knowledge about social workers and specifically about the different services they provide and the means by which these can be accessed, was fairly low among significant proportions of research participants. Reflecting this, there was a degree of confusion among some over the boundaries between social services and 'the social', and between social workers and social carers. This factor may play a part in the image the profession has among some. Of some concern is the finding that knowledge may be particularly low among those sections of the public that are most likely to be in need of help and support, namely older people, C2DEs and BME groups. The research suggests that people are very keen be more informed about social workers and social work services, and it is important that the Executive gives careful consideration to how best this demand might be met.

While the public's level of knowledge about social work services has clear implications for uptake of these services, it appears that this relationship is by no means straightforward. A key finding of the research is that attitudes towards using social work services are fairly complex and multi-dimensional. On the one hand, majorities in the survey said they would be likely to approach the profession for help for people in need, and specifically for a older person not coping on their own, a person with a disability, and children and families having serious problems. Yet, it was clear from the focus groups that people's propensity to use social work services

would depend to a large degree on whether or not they feel alternative sources of help are available to them. In essence, social work was seen as a last resort and something not be considered lightly. Related to this, there was clearly some stigma associated with using social work services, particularly for very 'personal' issues such as difficulties bringing up children, or drug and alcohol problems. Underpinning this was a perception that social workers deal predominantly with very serious troubles and hence that to be using these services may be seen to be admitting failure or inadequacy. Still there were signs that this stigma may be lessening over time, with focus group participants pointing out that it is becoming more socially acceptable to ask for help and that several of the problems with which social workers provide help and support are becoming less 'taboo'.

On the issue of intervention, attitudes were characterised by a high level of ambivalence. There was widespread recognition of the difficulties involved in deciding when and how to intervene, and of the tendency for social workers to be 'damned if they do and damned if they don't'. Reflecting this, opinions on desired thresholds for intervention were very case specific and individual participants were not consistently pro- or anti-interventionist, nor were they more inclined to favour intervention in certain types of cases than in others. Still, a number of specific considerations do appear to be key in shaping views on intervention. These include, whether or not the individual or family concerned are well known to social services, or have other relevant history; whether there are children involved, and if so how old they are; how long a problem has endured or the frequency with which it occurs; and the relative danger posed to the individual/family concerned and others, by different intervention options.

Views on early intervention and preventative work were also fairly conflicted, with most participants citing both potential benefits and risks of the approach. Moreover, among C2DE participants, in particular, there was some feeling that social work may be too much of a 'soft option' for problem young people, and is therefore unlikely to succeed in steering them onto a better path. Given these views, any change of policy with respect to preventative work and early intervention may need to be carefully presented and justified.

The public's views on the future of social work services reflect current debates taking place within the profession itself. In particular, there was widespread recognition that demand for services is set to increase significantly and that steps need to be taken to ensure that the profession is sufficiently 'geared up' to meet this challenge. There was also some feeling that social workers are required to undertake too wide a range of tasks and that some of the burden ought to be shifted to other agencies or groups. The provision of advice about housing, benefits and debt is one area that it is clearly felt should not have to be undertaken by social workers. Finally, there was a consensus that more effort should be made to ensure that social workers have the skills they require to do their jobs well. Some participants felt that this might best be achieved by introducing more specialisation into the profession so that staff are able to develop a level of expertise in specific areas of work.

However, there was also some feeling that the creation of a new and improved social work service, no matter how effective this proves to be, can only go some way towards tackling social problems. Rather, it was suggested that government needs to

make greater efforts to tackle the *causes* of problems, particularly by encouraging people to take more responsibility for themselves and their families.

Overall the findings of the public opinion research are encouraging and should assist the Review Group to develop a blueprint for the future of social work services, as well as providing a basis for further research in this important policy area.

INTRODUCTION

This report presents the findings of a programme of research carried out by MORI Scotland on behalf of the Scottish Executive, Children Young People and Social Care Analytical Team (CYPSC). The research focused on a number of issues relating to the public's knowledge of, and attitudes towards, social workers and social work services in Scotland.

BACKGROUND

> *The [21ST Century Social Work] Review offers Scotland the best opportunity in a generation to shape the future of social work services for the next 20 years.*
>
> Willy Roe, Chair of the 21st Century Social Work Review Group

In recent decades, a number of developments have altered the context within which debates about social work take place. Most fundamentally, there is widespread recognition that demand for social work services is set to increase significantly in the future in line with the changing demographic structure of the country. Latest figures indicate that the proportion of the population that is of pensionable age will increase from 7% to 19% by 2028, while the proportion of people working will fall by 8.5% over the same period[1]. Given current shortages of social workers, debates about increasing demand for services have focused inter alia on the question of whether social workers should be expected to carry the burden for care or whether individuals, families and society at large should assume greater responsibility.

In parallel with these debates, there has been some questioning of the capacity of the social work profession to deliver consistently high quality services. Social workers have a multiplicity of roles in complex settings where lines of accountability are often blurred. This is seen to have lead to a lack of focus. Meanwhile, the findings of a number of high profile inquiries, including The Borders and Caleb Ness reports and the Laming (Victoria Climbe) reports have indicated a failure on the part of social work services to work effectively with other sectors, including education, health and the police.

Quite apart from these issues, it is increasingly recognised that social workers face a number of hurdles in carrying out their day-to-day role of providing care and support. In particular, there is a perception that an excess of paperwork, form-filling and peripheral tasks limits the amount of time they are able to spend working with clients. Additionally, as Scottish society has become more complex and diverse, the range of problems for which they are expected to provide help and support has increased. The result is an emerging mismatch between what social workers feel they are trained to do and what they are required to do. While a general core of social work knowledge, skills and values exist, there is an ever-increasing need for the development of more specialist skills. The new degree in social work has been developed with a view to meeting this challenge, as well as attracting more people into the profession.

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[1] General Register for Scotland – Projected Population of Scotland (2003)

Against this backdrop, Scottish Ministers initiated the first fundamental review of Social Work since the Social Work (Scotland) Act in 1968. The 21st Century Social Work Review, as it is known, has been developed with the ultimate aim of strengthening the contribution of social work to the delivery of integrated services. The key objectives of the Review are as follows:

- To clearly define the role and purpose of social workers and the social work profession;

- To identify improvements in the organisation and delivery of social work services;

- To develop a strong quality improvement framework and culture, supported by robust inspection;

- To strengthen leadership and management giving clear direction to the service;

- To ensure a competent and confident workforce; and

- To review and if necessary to modernise legislation.

To help inform the work of the review, the Scottish Executive Education Department (SEED) Children, Young People and Social Care Analytical Services Team (CYPSC) is conducting a wide-ranging programme of research among key stakeholders. This includes public opinion research, consultations with social care organisations, and contributions from Scottish Local Authorities, users of social work services, and social workers themselves.

MORI Scotland was commissioned to undertake the public opinion research, the findings of which are set out in the present report.

RESEARCH AIMS AND OBJECTIVES

The overarching aims of the public opinion research were to provide the 21st Century Social Work Review Group with a deeper understanding of public knowledge of, and attitudes towards, social workers and social work services, and the context in which they operate. Key themes addressed in the research include:

- Views on individual rights to social welfare and individuals/families responsibilities for care;

- General perceptions of social workers and social work services;

- Knowledge of social workers and social work services;

- Use and predicted use of social work services and attitudes to this;

- The desired and acceptable thresholds for risk and intervention by social work services

- The perceived role and effectiveness of prevention and early intervention work; and

- Knowledge and opinions of priorities for social work services and how and why these might change in the future.

The following chapter of the report details the methodology adopted for the research. Subsequent chapters present the main findings, including analysis by key socio-demographic variables. The final chapter presents a broad overview of the findings.

CHAPTER TWO: RESEARCH METHODOLOGY AND ANALYSIS

This chapter sets out the research methodology for both studies and provides details of data collection instruments used, sampling procedures employed and analysis undertaken.

The research comprised two main components, a nationally representative survey of 1,015 adults across Scotland and a series of 8 focus groups conducted in various locations across the country. This report provides details of the findings from both studies.

THE NATIONAL SURVEY

The survey comprised a section of questions on MORI's Social Policy Monitor. This is a quarterly research vehicle, designed for organisations to collect regular, robust data on the characteristics and opinions of the Scottish population.

Questionnaire design

The questionnaire was developed in close consultation with the CYPSC. It comprised 18 questions and was approximately 10 minutes long. Topics covered in the questionnaire included:

- Rights to social welfare and responsibility for welfare provision;

- Thresholds for social work intervention;

- Knowledge of the roles of social work services;

- Sources of information about social workers and social work services;

- Attitudes to social workers and social work services;

- Use and potential use of social work services;

- Satisfaction with social work services; and

- Future need and priorities for social work services

The first two topic areas included a number of scenarios which comprised hypothetical cases which social work services could be involved with. Similar scenarios have been used in other surveys, such as the Public Attitudes to Community Care in Scotland survey (Scottish Executive, 2001). These scenarios were used to gauge respondents' attitudes towards the level of involvement the state should have in its citizen's lives and at what stage social workers should intervene in a case. Early intervention was explored in greater detail in the qualitative research. A copy of the CYPSC questionnaire is appended to this report.

Methodology

The survey was undertaken with a nationally representative sample of Scottish adults aged 16+ from 18 April – 19th June 2005. The survey was conducted face-to-face in home, using CAPI (Computer Assisted Personal Interviewing). Households were sampled as follows:

- The sample was drawn from PAF (small user file);

- All output areas in Scotland were selected (including the Western Isles, Orkney and Shetland) and sorted into Local Authority area;

- These were then ranked by Scottish MOSAIC[2] indicators;

- Output areas were then sampled proportional to the population in these areas;

- The final sample comprised of 70 output areas;

- In each output area, 25 addresses were selected at random from the whole list of addresses. This was to account for an average deadwood rate of 9%, a response rate of 65% and an anticipated 1,000 interviews;

- An advance letter was sent out to all sampled addresses before the survey fieldwork began to provide householders with brief details of the survey and how to contact MORI;

- Interviewers had to make at least six calls to sampled addresses, including at least one in the evening and one at the weekend;

- Interviews could only be conducted with an adult aged 16+ which was selected at random by the CAPI machine;

A total of 1,015 interviews were achieved from 1,750 allocated addresses. This gives an adjusted response rate of 64%.

All fieldwork was conducted using Computer Assisted Personal Interviewing (CAPI) where data is inserted into hand held computers by MORI interviewers. The main strength of CAPI is that interviewers do not need to check questionnaire routing as the paper survey is pre-programmed using In2Quest software, which leads to improved data quality and avoids the need for a separate data entry process. It also facilitates versioning of the questionnaire and the rotation of question items.

Analysis

Before the data could be analysed certain weights had to be applied so that the data would be representative of the population. The data was weighted by Local

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[2] Scottish MOSAIC[2] is a neighbourhood classification system developed by Experian. More information on Scottish MOSAIC can be found at http://www.business-strategies.co.uk/Content.asp?ArticleID=567

Authority, age and sex. The weights were derived from the 2001 Census. The effect of weighting can be found in the sample profile appended to this report.

Computer tables were prepared to facilitate reporting. Each question in the CYPSC module was analysed by a number of key variables, namely:

- Gender;

- Age (16-24, 25-34, 35-44, 45-54, 55-64 and 65+);

- Employment status (employed, unemployed, unable to work and retired);

- SIMD[3] (Scottish Index of Multiple Deprivation) (20% least deprived areas and 20% most deprived areas);

- Urban/Rural classification;

- Tenure (owner/occupier, rent, other);

- Social Class – based on National Statistics Socio-Economic Classification[4] (NS-SEC) (8 groups);

- Users/non-users of social work services;

- Perceived role of the Government; and

- Overall impression of social workers.

All survey results are subject to sampling variability which means that observed differences between sub-groups may not always be statistically significant i.e. they may have occurred by chance. A guide to statistical reliability is appended to this report.

Where percentages do not sum to 100%, this may be due to computer rounding, the exclusion of 'don't know' categories or multiple answers. Throughout the report, an asterisk (*) denotes any value of less that half a per cent.

FOCUS GROUP RESEARCH

CYPSC commissioned MORI Scotland to conduct a series of focus groups into public knowledge of, and, attitudes towards, social work in Scotland. These were designed to throw light on the survey findings, and enable the research team to explore issues that could not be probed in a quantitative survey because of the structured nature of the approach.

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[3] SIMD is a Scottish Executive neighbourhood deprivation classification. Further information on SIMD can be found at http://www.scotland.gov.uk/stats/simd2004/

[4] NS-SEC is an occupationally based classification which has been introduced to all official statistics and surveys to replace the use of Socio-Economic Groups (SEG). More information on the definition of NS-SEC can be found at www.statistics.gov.uk/methods_quality/ns_sec

Recruitment of the focus groups

Eight focus groups in total were conducted between 16th and 24th May 2005. Six of the groups were conducted in urban areas and two in rural areas. The focus group research comprised adults 18+ from a range of socio-economic backgrounds. Quotas were set by class, age and ethnicity, in order to identify any variation in the views of different groups of people. Each focus group comprised a fairly homogenous set of people to help them to feel more comfortable with one another, in turn improving the quality of the information collected.

A recruitment questionnaire was designed so that only people who satisfied these quotas were invited to participate in the focus groups. Participants were recruited face to face from the general public between 4th and 13th May 2005. All but one of the groups was recruited by experienced MORI interviewers. The Chinese group was recruited on MORI's behalf by the Chinese Community Development Project. Table 2.1 overleaf sets out the composition of each group and provides details on attendance.

Table 2.1: Focus group composition

Focus group composition						
Group	Date	Gender/ ethnicity	Class	Age	No. recruited	No. participated
Inverness	17/05/05	Mixed	C2DE	25-44	10	6
Aviemore	18/05/05	Mixed	ABC1	45-64	10	10
West Linton	16/05/05	Mixed	ABC1	65+	10	10
Dundee	17/05/05	Mixed	C2DE	65+	10	10
Edinburgh	16/05/05	Mixed	C2DE	18-24	10	9
Stirling	17/05/05	Mixed	C2DE	45-64	10	8
Glasgow	19/05/05	Female/ Asian	Mixed	Mixed	10	10
Glasgow	24/05/05	Mixed/ Chinese	Mixed	Mixed	10	10

Source: MORI

Topic Guide

The focus group research was designed to supplement findings emerging from the quantitative survey. Interim data from MORI's Social Policy Monitor was used to inform the topic guide design. Interim data was used to provide additional insight into how the public's knowledge of, and attitudes towards social workers was taking shape.

The main themes discussed in the focus group sessions included:

- General perception of social work and social workers;

- Knowledge and understanding of social work and social work services;

- Current and anticipated use of social work services;

- Attitudes towards intervention;

- Desired and acceptable thresholds for risk and early intervention; and

- Priorities for social work services in the future

The main body of this report is structured around these key themes.

Interpretation of Qualitative Data

Two of the key strengths of qualitative research are that it allows issues to be explored in detail and enables researchers to test the strength of people's opinions and the underlying rationale for people's attitudes and behaviours.

However, it needs to be remembered that qualitative research does not allow conclusions to be drawn about either the extent to which something is happening among the wider public (although one might surmise that particular opinions appear to be widespread) or percentages of people that have certain attitudes or opinions. Qualitative research is designed to be illustrative rather than providing statistically representative data.

CHAPTER THREE: RESPONSIBILITY FOR WELFARE

To help contextualise public views on social work and social workers, this opening chapter looks at attitudes to social welfare provision generally. In particular, it considers the desired role of the state, *vis a vis* that of families and individuals in providing different types of welfare and support.

In summary, the research indicates that people generally think that the state should assume a high level of responsibility for welfare provision and that in most cases provision should be universal. However, a significant minority of people appear to feel that those who can afford to pay for welfare services should do so. Moreover, the size of this minority varies depending on the specific form of welfare under consideration. Consistent with findings reported in later chapters, care for vulnerable groups such as older people and people with disabilities are deemed to be higher priorities for the state than other forms of provision. Views on the issue of welfare provision also seem to vary by class. Working class people tend to feel that individuals whose problems may be deemed 'self-inflicted' should take responsibility for their own welfare rather than relying on the state. More middle class groups, in contrast, tend to feel that the state has a duty to provide a 'safety net' for people experiencing difficulties, regardless of the nature of these. Middle class groups also tended to suggest that the ability of people to help themselves and others has been curtailed by the over-regulation of non-state sources of care and support.

Respondents in the survey were presented with 3 different scenarios, each depicting a person in need of care or support. The first described an elderly person showing signs of dementia; the second, a person with learning disabilities who experienced difficulties relating to others; and the third, a young mother with depression[5]. For each scenario, respondents were asked to consider who should provide care for the person depicted – a friend or family member, or a care worker from outside the family– and who should pay for that care.

Responses varied considerably for each of the scenarios. Thus, whereas a clear majority felt that the elderly person should be looked after by a care worker from outside their family, opinion was more divided for the person with learning disabilities and the depressed mother. Around three in five said the person with learning disabilities would be best looked after by a care worker, while just over a third felt that a friend or family member would be a more appropriate source of support. The comparable figures for the depressed mother were more even, at 45% for a care worker and 50% for a family member.

Views on the question of who should pay for the care were more consistent across the three scenarios, with clear majorities in each case saying that responsibility lay with the state, as table 3.1 (below) illustrates. That said, the figure for the depressed mother was again a little lower than for the other two scenarios (61% compared with 79% for the elderly person and 75% for the person with learning disabilities). These differences are consistent with findings from the focus group research, detailed in later chapters, which show that people are more likely to prioritise social welfare

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[5] The full scenarios are provided in the appendices within the survey questionnaire.

provision for vulnerable groups, including older people, disabled people and childern, than for other segments of the population.

Table 3.1: Responsibility for welfare

Q Do you think it would be enough for (INSERT NAME) to be cared for by a friend or family member, or do you think they should have a care worker from outside the family?

Q Suppose that someone from outside the family has to provide care or assistance for (INSERT NAME). Do you think the state should pay for this help or do you think (INSERT NAME) should pay for it him/herself or should their family pay?

	Scenario 1 (Elderly)	Scenario 2 (Learning Disability)	Scenario 3 (Depression)
Base: All respondents, 1,015	*%*	*%*	*%*
Responsibility for care			
A friend/family member only	12	36	50
Need a care worker from outside the family	84	58	45
Don't know	4	6	6
Responsibility for paying for care			
State should pay	79	75	61
Individual should pay themselves	2	4	12
Family should pay	2	5	7
Depends	14	12	15
Don't know	2	3	5

Source: MORI

People, who felt that the state should pay for the care in the scenarios were asked whether it should provide these types of care for everyone who needs it, or only for those people who cannot afford to pay for it themselves. In each case, around two-thirds of respondents said they felt the state should pay for everyone, as table 3.2 illustrates. There was some significant sub-group variation in the results however. In particular, people in higher managerial and professional occupations were significantly more likely than those in more routine occupations to feel that the state should always pay for help for people who can't afford to pay for it themselves. (table 3.3 below).

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Table 3.2: Responsibility for welfare cont.

Q Should the state pay for this type of help for all people like (INSERT NAME) or should it only pay for those who can't afford to pay for themselves?

Q Do you think the state should pay for this type of help for people/families like (INSERT NAME) who can't afford to pay for themselves?

	Scenario 1 (Elderly)	Scenario 2 (Learning Disability)	Scenario 3 (Depression)
	%	%	%
Base: All who think the state should pay	*(797)*	*(766)*	*(619)*
Responsibility to pay			
Should pay for everyone	69	67	61
State should only pay for those who can't afford it	27	30	36
Depends	4	3	3
Base: All who think the person should pay themselves or their family should pay	*(45)*	*(90)*	*(183)*
Responsibility to pay			
State should pay for them	91	69	55
No, state should not pay for them	9	25	39
Depends	-	7	5

Source: MORI

Table 3.3: Responsibility for welfare, by NS-SEC analytic classes

Should the state pay for this type of help for all people like (INSERT NAME) or should it only pay for those who can't afford to pay for themselves?

	State should pay for everyone		
	Scenario 1 (Elderly)	Scenario 2 (Learning Disability)	Scenario 3 (Depression)
	%	%	%
Base: All who think the state should pay	*(797)*	*(766)*	*(619)*
All	69	67	61
Higher managerial/professional occupations	73	84	79
Lower managerial/professional occupations	75	75	66
Intermediate occupations	65	65	65

Small employer	57	62	58
Lower supervisory /technical occupations	71	68	61
Semi-routine occupations	69	64	53
Routine occupations	66	59	59
Never worked/long term unemployed	-	-	-

Source: MORI

People who felt it was the responsibility of the individuals or their families, to pay for their care, were asked whether they felt the state should pay for the care of people who can't afford it. Responses varied for the three scenarios. Around nine in 10 respondents felt that the state should pay for care for elderly people who can't afford to pay, while 69% felt it should pay for care for people with learning disabilities and 55% for people suffering from depression (table 3.2, above).

The focus group research shed further light on attitudes towards social welfare provision. Each group was shown a comprehensive list of social work services and asked whether they felt the state has a duty to provide these. While participants were unanimously in favour of some level of state provision, perceptions varied to a degree by class. Among ABC1s there was a consensus that the state should provide *all* of the services on the list, not least because demand for these is potentially universal, and because people may lack alternative sources of support. In essence, they considered it important that there is a safety net or 'structure' in place for people who are experiencing difficulties, whatever these may be. C2DEs also attached considerable value to state provided welfare, however, they tended to feel strongly that their taxes should not contribute towards services for offenders, or people with drug or alcohol problems. These groups, they suggested, have essentially created their own problems and therefore should be left to help themselves.

At some point of our life, mental health, the figures as they stand seven out of maybe ten people at some point are going to be mentally unstable. It's handy to know that there's one body that will cover it. We'll all have these problems at some point, maybe not fostering, but most of them we'll have that problem. Everybody should be paying for it.

(Female, ABC1, 45-54, Aviemore)

I think it's comforting to know it's there. You know, it's there if you need it.

(Female, ABC1, 65+, West Linton)

Help offenders. If it was help the person that was offended aye, but help for an offender, why?

(Female, C2DE, 45-64, Stirling)

They young ones that go about sticking needles into their arm, they know what they're doing, they're old enough to know what they're

doing. They know if they hand over £20 for this white stuff, they know what they're doing. Why the hell should we pay for it?

(Female, C2DE, 65+, Dundee)

Several participants, most of whom were older ABC1s, pointed out that in the past, the voluntary sector has played a valuable role in the provision of welfare, but that its ability to do so has diminished over time because of a stringent regulatory culture and a lack of funding for voluntary groups. The decline of the sector, it was felt, has resulted in the loss of important sources of expertise in specific areas of welfare provision, increasing the burden on the state generally and social work services in particular.

I like the idea of charities and things running things like that, like AA and the citizen's advice bureau. I like the idea of specialist units rather than one shop does all things.

(Female, ABC1, 45-54, Aviemore)

The government's really put a lot of that back onto social work … The Church of Scotland was the biggest social work department in the country and had homes which were all run to their level as Christian people. They can't afford to run them now. They're having to be sold off because they can't have all en suite rooms and they can't do this and they can't do that. They were getting strapped for money too so rather than take everything up to that standard and have the number of qualified staff they've just had to sell off most of these homes.

(Female, ABC1, 65+, West Linton)

I know from the Red Cross point of view, we don't want to join because we've got to do all these exams and things instead of going to find just ordinary volunteers as we used to have in the old days.

(Female, ABC1, 65+, West Linton)

CHAPTER FOUR: GENERAL PERCEPTIONS OF SOCIAL WORKERS AND SOURCES OF INFORMATION

This chapter looks at general perceptions of social workers. In particular, it considers to what extent these perceptions are generally positive or negative and why. It also examines the public's main sources of information on social workers and social work services.

GENERAL PERCEPTIONS OF SOCIAL WORKERS

People are more likely to be positive about social workers than negative by a margin of about 2:1. Few hold strong views one way or the other, perhaps indicating a lack of detailed knowledge.

Figure 4.1: Perceptions of social workers

Q   Taking your answers from this card, how would you describe your general impression of social workers?
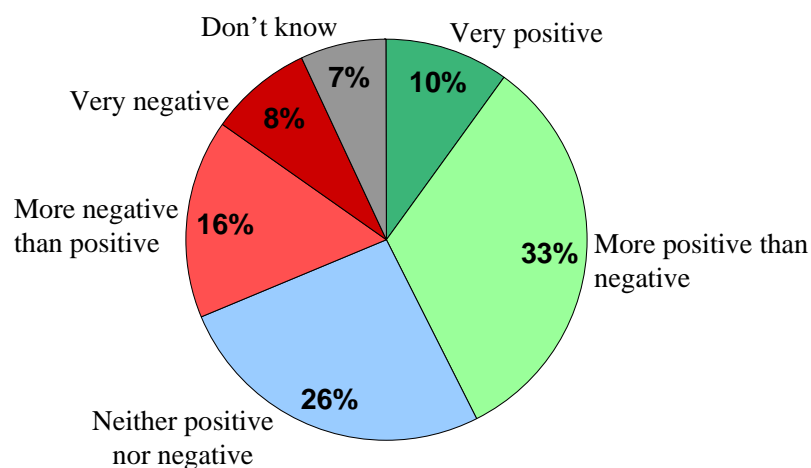
Base: All respondents (1,015), 18th April – 19th June 2005   Source: MORI

People who had had contact with social work services, either personally or through a family member, were significantly more likely to hold positive perceptions of social workers than those with no such experience (48% versus 41% respectively). However, and as we typically find, this difference in part reflects the fact that non-users are much more likely than users to give a 'don't know' response.

The focus group research provided an opportunity to identify considerations underpinning positive and negative perceptions of social workers. At the outset of the groups, participants were asked to mention any words, phrases or images that came into their minds when they heard the term social worker. Several people began by mentioning people or groups to whom social workers provide support, particularly children, families and the elderly. Others described their feelings or impressions of

social workers, sometimes referring to personal experiences. On the positive side, social workers were variously described as, 'helpful', 'nice', 'good people' and 'vital'. There was a perception that the profession does not receive sufficient credit for the work it does. More negatively, the words 'interfering' and 'busy-bodies' were mentioned in most groups, and there was some feeling that social workers are often inefficient and ineffectual. Several people felt that to be in need of a social worker is to be in very serious trouble.

> *Actually they're very good help. They are. They're really, really good people and helpful.*
>
> > (Female, C2DE, 65+, Dundee)

> *I don't know many people in the village now, but just looking at it generally as a country, I think they're probably an essential part, they are necessary but it's the way they go about things or the way they have to go about things. I don't know.*
>
> > (Female, ABC1, 65+, West Linton)

> *It's not my own opinion but I think a lot of people think social workers are interfering.*
>
> > (Female, Asian, Glasgow)

> *They're not there when they're needed.*
>
> > (Female, Inverness)

> *Useless.*
>
> > (Female, 18-24, Edinburgh)

> *Once you're involved with social workers I think you're into trouble. I've never been involved but from general impression, newspapers and speaking to people there are complications once social workers come into it.*
>
> > (Male, ABC1, 65+, West Linton)

There was also a shared perception that social workers are too thin on the ground and thus generally overworked and stressed. Furthermore, it was widely suggested that their ability to help people is often severely curtailed by excessive bureaucracy in the system, as well as restrictive rules and procedures.

> *Overworked*
>
> > (Male, ABC1, 45-64, Aviemore)

> *I think there are too many procedures to follow. Sometimes the worker may want to help but couldn't*
>
> > (Chinese)

> *Like most things now it gets bogged down with admin and advisors advising advisors. I think like many facets of our life at the moment it's all been very structured for us and you've got to do what you're told.*

In all groups there was spontaneous reference to the 'bad press' that social workers receive, with participants generally feeling that this is perhaps unfair and a reflection of a broader tendency on the part of the media to highlight bad rather than good news. A few people pointed out that the media rarely present the details and complexities of the social work cases it publicises, but rather tends to focus mainly on the role and perceived culpability of the social worker(s), or case management process. There was a widespread perception that the media has contributed significantly to negative perceptions of social workers among the public.

> *If anything happens and something went wrong, say with a child, abuse or anything like that, they're crucified on the telly.*
>
> (Male, C2DE, 65+ Dundee)

> *Nine times out of ten they are helping people and they get a lot of hard time and a lot of stick for trying to help. A lot of the time it's a very negative environment so I think they put up with a lot. Nobody really realises that. There are people slagging them off in the press all the time.*
>
> (Female, 18-24, Edinburgh)

> *I think because the reports the media make of court cases in particular that involve either sad situations that have happened with children or perhaps people who have been left on their own and it looks as though the social work department have mishandled what's going on, there seems to be an abnormally high level of information given with regard to the social work department's involvement in those cases. I think that colours people's impression.*
>
> (Female, ABC1, 45-54, Aviemore)

> *I think the media have got to blame for an awful lot of things because they give too much publicity to the bad things and not enough to the good things.*
>
> (Male, ABC1, 65+, West Linton)

PERCEPTIONS OF SOCIAL WORKERS COMPARED TO OTHER PROFESSIONS

To help contextualise perceptions of social workers, survey respondents were asked to consider to what extent they would trust different groups of professionals, (judges, doctors, teachers, bank managers and social workers), to make the right decision in particular circumstances. As table 4.1 shows, the most trusted profession were doctors, with almost three quarter of respondents saying they would trust this group to make the right decision 'always' or 'most of the time'. Judges and teachers were similarly trusted by clear majorities of respondents - 69% and 65% respectively. The results for the social work profession were considerably more negative, however, with fewer than half (49%) of respondents saying they would trust a social worker to make the right decision (table 4.1). Only one other profession, bank managers, received a lower trust rating. These findings are broadly in line with comparable results from other studies MORI has conducted into the issue of trust and public institutions (see figure 4.2)[6].

Table 4.1: Trust in different professions

Q I'd like you to think about people doing different types of jobs and how much you would trust them to make the right decisions in particular circumstances. Taking your answer from this card, to what extent would you trust the decision of…?						
	Alwa ys	**Most of the time**	**Somet imes**	**Hardl y ever**	**Never**	**Don't know**
Base: All respondents, 1,015	*%*	*%*	*%*	*%*	*%*	*%*
A judge deciding whether or not to send a person to prison	18	51	24	4	1	2
A social worker deciding whether or not to take a child into care	7	42	40	6	2	3
A doctor deciding whether or not someone with mental health problems should be kept in a secure ward	19	54	20	2	1	3
A head teacher deciding whether or not an unruly pupil should be excluded permanently from school	19	46	25	5	2	2
A bank manager deciding whether or not to repossess someone's home	6	34	35	10	9	6

Source: MORI

---

[6] Trust in Doctors. Research conducted face-to-face, in home for the BMA by MORI, 17-21 February 2005, with 2,133 adults in the UK aged 15+.

Figure 4.2: Trust in professions

*Q Now I will read you a list of different types of people. For each would
     you tell me if you generally trust them to tell the truth, or not?*

% Distrust   % Trust

	% Distrust	% Trust
Doctors	6%	90%
Teachers	9%	88%
Judges	16%	76%
The Police	32%	58%
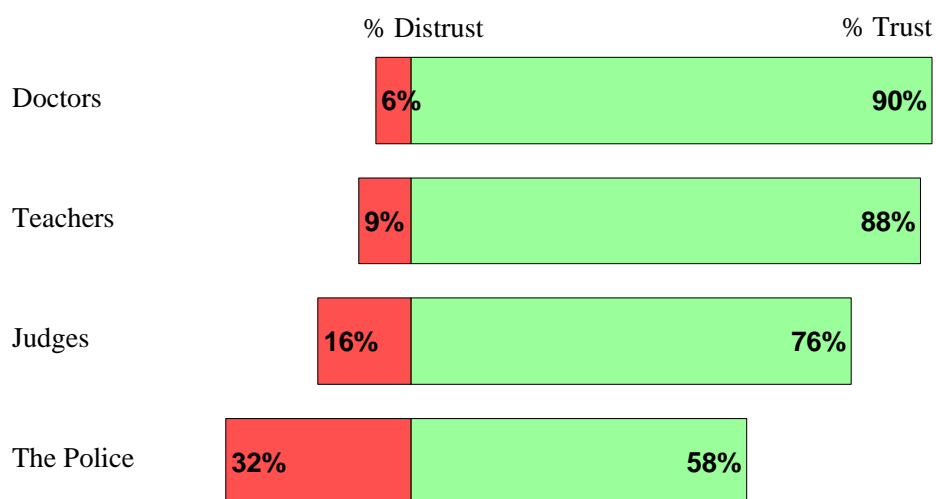
Base: 2,133 adults 15+ 17-21 February 2005, MORI/BMA   Source: MORI

To further explore how social workers are perceived compared with other professions, respondents in the survey were presented with a series of attitudinal statements relating to one of 4 professions and asked whether they agreed or disagreed with each. The professions were social workers, teachers, nurses and the police. The CAPI programme randomly assigned one of the professions to each respondent.

In several respects social workers are seen to be worse off than the other professions. There is a perception that they are less highly regarded than other professions working with the public, and that they are less likely to have the support of the public to do their job. Additionally, while the image of each of the professions is seen to have worsened over recent years, this is particularly the case for social workers.

On the other hand, the social work profession is no more likely than the teaching or nursing professions to be perceived as understaffed or under funded. Moreover, there is a view that social workers are less likely than teachers, nurses and the police to be blamed unfairly when things go wrong. Of course, the latter finding may reflect judgements about the extent to which the different professions *deserve* to be blamed for problems. It may be that people are more ready to assume that social workers make mistakes, than they are to assume the same about nurses and teachers.

Table 4.2: Perceptions of different professions

Q From your own experience or from what you have heard, to what extent do you agree or disagree with the following?

	% agree			
	Social workers	**Teachers**	**Nurses**	**Police**
Base: All who were asked about each profession	*(252)*	*(254)*	*(236)*	*(273)*
Social work services departments (schools, police force and NHS hospitals) are adequately staffed and funded	15	22	18	23
Social workers (teachers, police and nurses) have the support of the public to do their job	36	44	70	46
Social workers (teachers, police and nurses) have the support of politicians to do their job	38	37	27	48
Social workers (teachers, police and nurses) are not as highly regarded as other professions working with the public	75	54	55	55
Social workers (teachers, police and nurses) are often unfairly blamed when something goes wrong	64	73	69	66
The image of social workers (teachers, police and nurses) has worsened in recent years	74	66	50	68
Social workers (teachers, police and nurses) are not well paid	30	33	69	22

Source: MORI

SOURCES OF INFORMATION ABOUT SOCIAL WORKERS

Respondents in the survey were asked to mention any sources of information that have been important in shaping their general impressions of social workers. Almost half mentioned television news and current affairs programmes, while a similar proportion mentioned personal contact or experience and around two in five mentioned each of national newspapers and word of mouth, as table 4.3 illustrates.

Asked to consider the *single* most important influence on their perceptions of social workers, a third mentioned personal contact or experience, while 21% mentioned

television new and current affairs programmes. Word of mouth was mentioned by 15% and national newspapers by 7%.

Table 4.3: Sources of information

Q There are many ways in which people might form an impression of social workers. I'm interested to know how you gained an understanding of social workers and what they do. Taking your answers from this card, which if any, of the following have been important in forming your impressions?

Q And which one of these sources would you say was the most influential for you?

	Sources of information	Most influential
Base: All respondents, 1,015	*%*	*%*
Television news and current affairs programmes	47	21
Personal experience or contact	43	32
Word of mouth	36	13
National newspapers	36	8
Local newspapers	23	3
Work	20	10
School/college	10	4
Radio	9	*
Books/leaflets/magazines	7	1
Television soaps	6	1
Other TV	6	1
Internet	2	*
Other	3	1
Don't know	4	4

Source: MORI

As table 4.4 (below) shows, the sources of information or influence listed were mentioned to varying degrees by different groups of respondents. Most notably, people working in higher and lower managerial or professional occupations were more likely to mention national newspapers and television news and current affairs programmes than people working in more routine occupations. There was also some variation by gender, women being significantly more likely than men to mention work.

It is worth noting that the survey uncovered no correlation between respondents' sources of information on social workers and their propensity to hold either positive or negative view of the profession.

Table 4.4: Top 4 most influential sources of information, by key sub-groups

Q There are many ways in which people might form an impression of social workers. I'm interested to know how you gained an understanding of social workers and what they do. Taking your answers from this card, which if any, of the following have been important in forming your impressions?

	Television news and current affairs programmes	Personal experience or contact	National newspapers	Word of mouth
Base: All respondents 1,015 (row %)	*%*	*%*	*%*	*%*
All	47	43	36	36
Men	48	40	39	35
Women	46	46	33	37
Higher managerial/prof occupations	65	47	50	30
Lower managerial/prof occupations	50	49	41	39
Intermediate occupations	52	35	43	40
Small employer	57	43	52	48
Lower supervisory/tech occupations	59	35	41	45
Semi routine occupations	36	47	30	33
Routine occupations	37	38	23	31
Never worked/long term unemployed	-	-	-	-
User	38	69	29	36
Non-user	53	26	41	37

Source: MORI

CHAPTER FIVE: KNOWLEDGE OF SOCIAL WORKERS AND SOCIAL WORK SERVICES

This chapter examines public knowledge of social workers and social work services. Among other things it considers self-assessed knowledge of the role of social workers, and awareness of different social work services.

KNOWLEDGE OF SOCIAL WORK IN GENERAL

In order to gauge basic knowledge about social workers, survey respondents were asked to what extent they agreed or disagreed with the statement, *I'm not clear about what social workers actually do*. Responses were fairly mixed overall, with 39% agreeing with the statement and 49% disagreeing.

Figure 5.1: Knowledge of social workers

Q   I am not clear about what social workers actually do

Don't know 1%
Strongly agree
Strongly disagree
10%
15%
Tend to agree
29%
Tend to disagree
34%
11%
Neither agree nor disagree
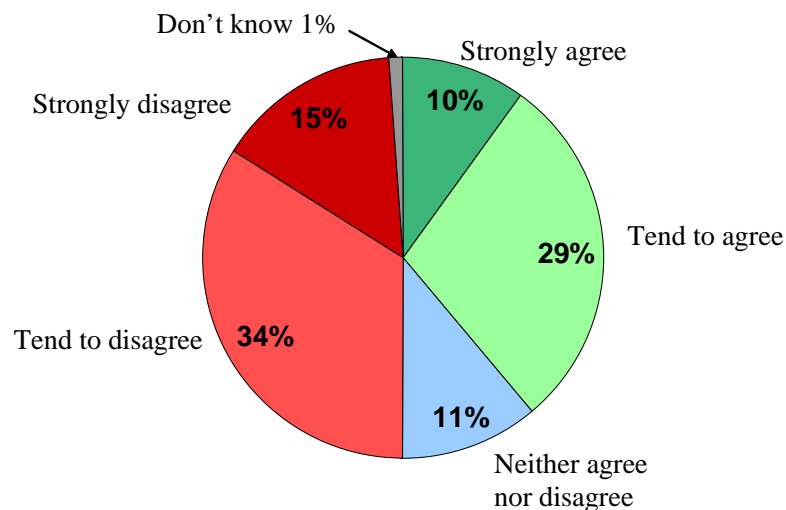
Base: All respondents (1,015), 18th April – 19th June 2005   Source: MORI

Younger age groups were more likely than older people to feel knowledgeable about the role of social workers (53% of 16-24 year olds disagreed with the statement compared with just 39% of those aged 65+). Additionally, and as might be expected, those who have had contact with social work services felt more knowledgeable than those who have had no contact (58% disagree versus 44% respectively).

Knowledge also appeared to be higher among those who held a generally positive impression of social workers than among those whose impressions were negative (61% disagreed with statement versus 45% respectively). However, this may reflect respondents' relative experience of social work services. People who had used services were among those most likely to hold positive views of social workers.

Varying levels of knowledge about the role of social workers were also evident in the focus groups. While some participants spoke in a fairly informed way about the profession, others admitted that they were unclear what services are provided by social workers and how these can be accessed. Asian participants were keen to point out that older members of their community, and especially those born outwith the UK, tend to know very little about services such as social work, usually because they have not come across them before. This finding is consistent with research conducted by MORI Scotland (2005) among BME residents in Glasgow.

> *It's a very wide field and unless you are involved or have had to be involved in some way. I think probably we may be fairly ignorant, at least I would say so.*
>
> (Female, ABC1, 65+, West Linton)

> *Some of us don't know what problems you can get in touch with them about, you know what I mean?*
>
> (Female, C2DE, 45-64 Stirling)

> *I don't know much about it. We're assuming that they only deal with people that are either tramps or they don't look after their children or they've got nowhere to live. I suppose they do other things as well.*
>
> (Female, 18-24 Edinburgh)

> *I do but my mum wouldn't know. My mum wouldn't know and some of my aunts probably wouldn't know. Even though they're still young they wouldn't know because they haven't come across it. I probably know it through work or through people that you meet. I think the community as a whole, I think generally they probably don't have a clue. They're probably not aware of what social work is and what they do and what services they can offer.*
>
> (Female Asian, Glasgow)

The focus group research also uncovered a degree of confusion over the differences between social work services and 'the social', especially in the C2DE groups. Thus, when asked about their experiences of social work services, a couple of participants complained about occasions on which they had not received benefits they thought they were entitled to. Given this confusion, it may be that negative experiences of social security services contribute to negative perceptions of social work.

> *Are you talking about social?*
>
> (Male, C2D2, 65+ Dundee)

> *You go for benefits, they don't tell you some of the ones you can claim..*
>
> (Male, C2DE, 25-44, Inverness)

Consistent with findings from other similar studies (see for example COI Communications, 2001) There was also some confusion over the differences between

social work and social carers, though this was mainly evident among younger participants and in the Chinese group. Most other participants were generally able to distinguish between two roles, typically referring to the fact that social workers have 'qualifications' whereas carers are more 'hands on'.

> *[Social workers] sometimes come in a Direct Services car or something and they've always got the uniform and their badge on.*
>
> (Female, Asian, Glasgow)

> *I think we can sometimes get confused with carers and social workers. There's a very fine line between the two.*
>
> (Female Asian, Glasgow)

> *[Social workers] have to do with adoption and fostering and things like that, a home help wouldn't.*
>
> (Female, C2DE, 65+, Dundee)

KNOWLEDGE OF SPECIFIC SOCIAL WORK SERVICES

Although 39% of the survey respondents said they weren't clear about what social workers actually do, a majority were able to name (unprompted) specific social work services when invited to do so. The most commonly mentioned services were those relating to the abuse and neglect of children, care of children and care and assistance for elderly people. These were followed by services for people coping with a mental illness, help for parents bringing up children and support for drug and alcohol problems, respectively.

Knowledge of others services was very limited indeed. In particular, fewer than one in ten respondents mentioned services for offenders, respite care, help for people leaving prison and occupational therapy, as table 5.1 illustrates.

Table 5.1: Knowledge of different social work services

Q For which type of issues or problems do you think a person might receive help or advice from social work services?

Base: All respondents, 1,015   *%*

Abuse/maltreatment/neglect of children	44
Care of children	36
Care/assistance for elderly	33
Coping with a mental illness	29
To help parents bring up their children better	22
Help with drug/alcohol problems	20
Physical disabilities	17
Housing issues	17
Benefits/debt	16
Coping with a learning disability	16
Adoption/Fostering	9
Respite care	5
Leaving prison	5
Stop someone re-offending	4
Legal advice	3
Occupational therapy	2
Other	18
Don't know	13

Source: MORI

KNOWLEDGE OF SOCIAL WORKERS' QUALIFICATIONS

As mentioned in the introduction to this report, one of the main aims of the 21st Century Social Work Review is to ensure a 'competent and confident workforce'. It is recognised that due to the changing nature of society, social workers are having to deal with a growing range of problems, with the effect that there is a mismatch between what they feel they are trained to do and what they actually do. The new social work degree course was established in recognition of this challenge, and to attract more people into the profession.

A number of marketing campaigns have been run to publicise the new degree course and results from the survey suggests that these have had some impact. Asked to select from a list of possible options the training and qualifications undertaken by a social worker, just over two in five (44%) correctly chose 'three or four years training, equivalent to a university degree'. Meanwhile, 25% opted for 'two or three years

training, equivalent to a college diploma'. A small minority thought that social workers are required to undertake only a year's training and practical experience.

Figure 5.2: Social workers' qualifications

Q   In terms of qualifications and training, which of these do you think best reflects the level of training and qualifications undertaken by someone working as a social worker?

% Agree

No training or qualifications	**1%**
A year's training and practical experience	**7%**
Two or three year's training – equivalent to a college diploma	**25%**
Three or four year's training - equivalent to a university degree	**44%**
Five or more years training – equivalent to post-graduate degree	**15%**
Don't know	**8%**
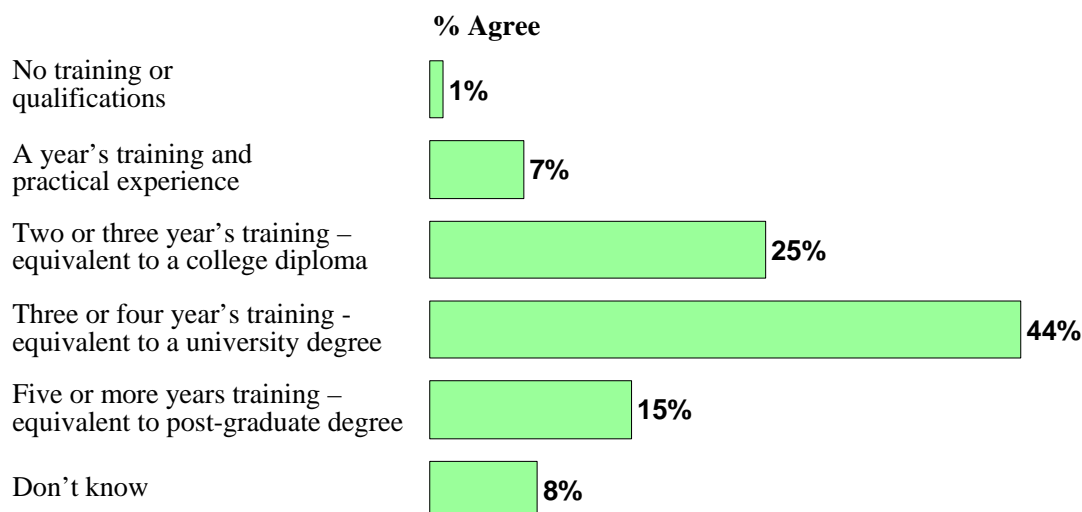
DEMAND FOR INFORMATION ABOUT SOCIAL WORKERS

In most of the focus groups, participants suggested spontaneously that the public should be provided with more information about social work services, and specifically about the range of help available and the means by which this can be accessed. There were various suggestions as to how this information might be provided. Several people, most of whom were older, said they would welcome leaflets through their doors or in public places. Asians, meanwhile, suggested that information might be made available through mosques, temples and on Asian radio.

> *There's not enough leaflets put through your doors*
>
> (Male, C2DE, 65+, Dundee)

> *It was handy when the social work and the rent office were in the village and people would see these notices were up. If you went in to pay your rent you could see all the social work did, all the leaflets on the board. It was handy because people then would know what they were doing.*
>
> (Female, ABC1, 45-54, Aviemore)

The literature has to be in the right place. It has to be in the doctor's surgery or it has to be in the Mosque or in the Temple, wherever people can see it.

(Female Asian, Glasgow)

There was also some suggestion that information on social work services should be provided in schools, not least so that young people experiencing difficulties are made aware of help available to them.

It's very hard but if they went into schools and people were more educated what they actually did and how much they cover.

If you do it through school age because kids are wanting to know and they'd ask hundreds of questions. You can fill them out all the information at a school, a secondary school. It would be fantastic for them because then they'd be on the right track if they were in trouble, before they're in too deep.

(Female, ABC1, 45-54, Aviemore)

Maybe in schools and stuff, because everyone goes to school … a leaflet at school or something that would tell you.

(Female Asian, Glasgow)

CHAPTER SIX: ATTITUDES TOWARDS USING SOCIAL WORK SERVICES

This section looks at attitudes towards approaching social work services for specific forms of help, and how they would feel about doing so.

LIKELIHOOD OF APPROACHING SOCIAL WORK SERVICES

Overall, respondents were willing to approach their local council's social work services. Respondents were provided with 4 hypothetical scenarios and asked to what extent they would be likely to approach social work services for each scenario. The scenarios were: an older person not coping on their own, a person with a disability, children and families having fairly serious problems and someone who committed an offence.

Figure 6.1: Likelihood of approaching social work services

Q   If you ever needed help or advice for (INSERT PERSON), how likely would you be to approach your local council social work services?
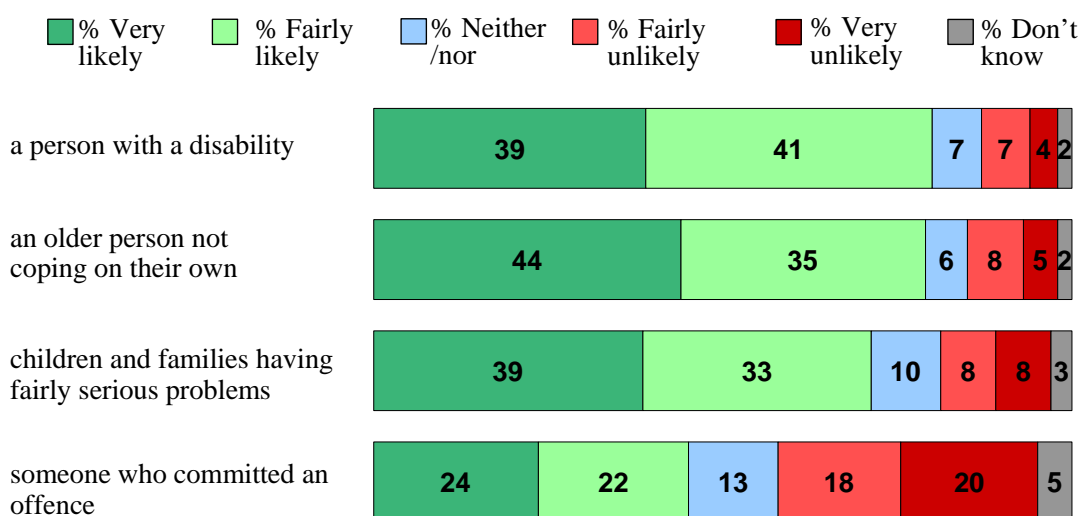
Base: All respondents (1,015), 18th April – 19th June 2005   Source: MORI

As figure 6.1 (above) illustrates, majorities of respondents were likely to approach social work services for 3 out of the 4 scenarios, although the degree varied depending on the case. Four in five respondents said they would be 'very' or 'fairly likely' to approach social work services for help or advice for someone with a disability, 79% for someone who was old and not coping on their own, and 72% for help and advice for children and families who are having fairly serious problems. Respondents were least likely to say they would approach social work services for help and advice for someone who had committed an offence, with 46% saying they would be likely, in that situation.

The results varied little among different subgroups of the population but people who held a generally positive impression of social workers were significantly more likely than those who held a negative view to say they would approach social work services for a person with a disability (86% versus 72% respectively), children and families having fairly serious problems (78% versus 65%) and someone who committed an offence (49% versus 34%).

This question also featured in a survey into public perceptions of social workers carried out in 2000 on behalf of the Scottish Executive (Scottish Executive, 2000). The results for the two studies are remarkably consistent.

Survey respondents' professed willingness to approach social work services in the situations just described, may belie a degree of confusion over the extent to which social work services are directly accessible to the public. In the focus groups, many participants suggested it would be unusual for a person to approach social work services themselves, as the 'normal' procedure would involve them being referred by an intermediary agency, such as a GP or a health centre. In discussing this issue, several people pointed out that they would not know where to go to access their local social work department.

> *Is there not a tendency to feel that you have to be referred to the social work rather than actively seek help?*
>
> (Male, ABC1, 45-54, Aviemore)

> *I don't think you'd automatically think to go to a social worker though. You'd go through a doctor.*
>
> (Male, 18-24, Edinburgh)

> *If I was to have to go to social work, I don't know where I would start to try …. obviously the phone book but do you know what I mean? I don't know where to start.*
>
> (Female, 18-24, Edinburgh)

> *I wouldn't know where they were!*
>
> (Female, C2DE, 65+, Dundee)

ALTERNATIVE SOURCES OF HELP

The focus group research also indicated that people's propensity to approach social work services may depend, to a large degree, on whether or not they feel that alternative sources of support are available to them. Across the focus groups, participants tended to say that their GP or health centre would be their first port of call if they needed help with personal or family problems. The Citizens Advice Bureau was also widely mentioned, and appeared to be held in fairly high regard. Several of the younger participants said that they would, approach their family or friends for help before involving an outside agency. In general, participants conceived of social work as a 'last resort' and something not to be considered lightly.

Citizen's Advice here are fantastic. If they don't know they'll find out and they'll point you in the right direction. They're one of the best ones in this area.

(Female, ABC1, 45-64, Aviemore)

I think the citizen's advice are very good. They go and see what they can do for you.

(Female, C2DE, 45-64, Stirling)

Everybody's got a special friend that they know they could, I assume they could trust! Nine times out of ten everybody has a friend that sometimes would be easier to talk to than their mum or dad. I think if you're going to turn to a Joe Bloggs stranger and ask for help then you'd probably ask your friend first.

(Female, 18-24, Edinburgh)

If you're older you get your family to help of if you can afford it you hire a home help or something like that. The social work would be the last stage.

(Male, 18-24, Edinburgh)

ATTITUDES TOWARDS USING SOCIAL WORK SERVICES

Survey respondents were presented with a battery of attitudinal statements about using social work services, and asked to indicate whether they agreed or disagreed with each. The results provide an interesting insight into perceptions of social work services, building on findings presented in earlier chapters.

Although there is a general acceptance that, '*most people will come into contact with social work services at some point in their lives*' (65%), a majority (58%) of respondents also agreed that '*if [they] were using social work services, [they] wouldn't want other people knowing about it*'. Similarly, 31% agreed that '*[they] will never be in a position where [they] will need to use social work services*' and a quarter (25%) agreed that '*social work services are for other people, not people like me*'. These results reinforce the view evident in the focus groups that people do not tend to envisage themselves approaching social work services. Moreover, and consistent with results from other research, they indicate that there is a degree of stigma associated with using these services.

Figure 6.2: Attitudes to social work services

Q   From your own experience or from what you have heard, to what extent do you agree or disagree with the following

| ■ % Strongly agree | ■ % Tend to agree | □ % Neither /nor | ■ % Tend to disagree | ■ % Strongly disagree | ■ % Don't know |

	Strongly agree	Tend to agree	Neither/nor	Tend to disagree	Strongly disagree	Don't know
Social work services are for other people, not people like me	5	20	14	42	18	3
If I were using social work services, I wouldn't want other people knowing about it	19	39	14	18	7	2
Most people will come into contact with social work services at some point in their lives	14	51	11	17	3	4
I don't think I will ever be in a position where I need to use social work services	7	24	19	31	14	5

Base: All respondents (1,015), 18th April – 19th June 2005   Source: MORI

As table 6.1 (below) shows, attitudes varied to a degree among different sub-groups of the population. Men were more likely than women to agree that, *'social work services are for other people, not people like me',* and to agree that *'most people will come into contact with social work services at some point in their lives'.* Meanwhile, older people were more likely than younger groups to agree that *'most people will come into contact with social work services at some point in their lives'* and to disagree that *'if I were using social work services, I wouldn't want other people knowing about it'.* In part, this may reflect the fact that older people are more likely than younger people to have used social work services. The survey showed that users' attitudes towards social work services tend to be more positive than those of non-users.

Table 6.1: Attitude toward using social work service, by key sub-group

Q From your own experience or from what you have heard, to what extent do you agree or disagree with the following?

	Social work services are for other people, not people like me	If I were using social work services, I wouldn't want other people knowing about it	Most people will come into contact with social work services at some point in their lives	I don't think I will ever be in a position where I need to use social work services
	% agree			
Base: All respondents, 1,015				
All	25	58	65	31
Men	29	60	67	32
Women	20	57	63	29
16-24	29	59	59	40
25-34	23	57	65	33
35-44	23	64	60	31
45-54	22	66	62	27
55-64	22	60	71	24
65+	27	45	73	28
Users	17	53	81	21
Non-users	29	61	55	37

Source: MORI

The focus groups shed further like on attitudes towards using social work services and on the associated stigma. It was repeatedly suggested that people are often reluctant to ask for help –whether from social work services or some other source – as they are 'too proud' or worried about how they will be perceived by others. This tendency was seen to be particularly pronounced among older people.

I think I would be. I've never been in the situation. I think I would be willing to admit I needed help. It's like with a lot of things a lot of people, as you say, pride, you just don't want to admit to other people because other people, unless they've been in the situation you're in, wouldn't know.

<div align="right">(Female, 18-24, Edinburgh)</div>

Let's be honest if you're over a certain age you were brought up that that was the stigma for to ask for help.

<div align="right">(Female, C2DE, 65+, Dundee)</div>

However, there was also a consensus that there is more stigma associated with using social work services, than with using other sources of support. In large part, this was felt to stem from a perception, mentioned above, that social work is predominantly concerned with very serious problems or difficulties. Related to this, a few participants suggested that using social work services might be seen by wider society as a sign of failure, inadequacy or an inherent inability to cope.

When they hear the word 'social services' or 'social worker' it puts them in mind something's very, very wrong.

<div align="right">(Asian female, Glasgow)</div>

When you ask for social work help you're admitting failure aren't you?

<div align="right">(Male, C2DE, 45-64, Stirling)</div>

If it's a social worker they assume it's to do with something bad. They assume it's going to be about something that you're not able to do. As you say if you're going to the doctor it might be because you're not well. The social worker, it's like the end of the line kind of thing. That's how I see it. There's no one else to help you.

<div align="right">(Female, 18-24, Edinburgh)</div>

People probably think [a person receiving social work services] is inadequate. They might think the family's inadequate and they can't even look after people in the family.

<div align="right">(Asian female, Glasgow)</div>

However, it was also clear from the focus groups that the level of stigma associated with using social work services varies for different types of service. In general, and consistent with findings from the survey, receiving help or assistance with an older person or terminally ill person was deemed more acceptable than receiving help with more 'personal' difficulties such as problem children, financial troubles, or alcoholism. That said, some of the older Asian participants felt uncomfortable with the idea of asking for help to look after an elderly relative as they felt that this was very much their own responsibility.

It would depend on what the social work were in for as well. Probably for instance if it was somebody in the house that was mentally ill or something … That would be a stigma. You wouldn't

want to tell somebody that their son or whoever it is was mentally ill and the social worker was coming in for that purpose.

(Female, C2DE, 65+, Dundee)

But it does depend surely on whether people are wanting help for things like infirmity … or if it's financial, people are going to be very reluctant.

(Male, ABC1, 65+, West Linton)

Everybody has elderly parents and eventually as the population is growing older, you are going to have problems, so nobody really minds. It's when you get to the other matters, withdrawing into yourself or into your family.

(Female, ABC1, 45-64, Aviemore)

I know if I need I wouldn't get any help for my mum, I volunteer myself.

(Female Asian, Glasgow)

Notwithstanding the above comments, there was a general consensus that the stigma associated with using social work services had generally lessened over time – both because it has become more socially acceptable to ask for help *per se*, and because the problems for which social workers provide help and assistance have become less taboo.

Years ago if somebody's daughter ended up in the family way they were taken away. They were taken away someplace else. We don't want to know. Nowadays, I remember seeing in the papers last year, over 50% of kids born in Scotland were out of wedlock.

(Male, C2DE, 45-64, Stirling)

People sometimes are reluctant to admit they've got Alzheimer's. I've noticed a number of people that are slipping a bit that people talk about it now much more freely than they used to. It's not quite as taboo a subject as it used to be. You used to not admit it!

(Female, ABC1, 65+, West Linton)

CHAPTER SEVEN: PERCEPTIONS OF SOCIAL WORK SERVICES AMONG USERS

This chapter considers views of social work services among people who have had contact with these services. More specifically it looks at overall satisfaction with social work services, before exploring evaluations of specific aspects of provision.

USE OF SOCIAL WORK SERVICES

Two in five (39%) of those surveyed had come into contact with social work services at some point in their lives, either personally or through a family member. This figure rose to 44% among those aged 45-64, and to 60% among people who are unable to work, but fell to 32% among younger respondents (16-24 years old) and to 30% among those living in the least deprived areas of the country.

Table 7.1: Profile of users

Q Have you, or has anyone in your household, ever had contact with social work services?	
	Yes
Base: All respondents, 1,015	*%*
All	39
Male	39
Female	38
16-24	32
25-34	37
35-44	36
45-54	42
55-64	45
65+	40
Employed	32
Unemployed	54
Unable to work	60
Retired	40
Least deprived areas	30
Most deprived areas	42

Source: MORI

Looking at the specific *types* of services respondents had used, 14% mentioned general help for older people, and a similar proportion mentioned help and advice about housing, benefits and debt (13%). Meanwhile, around one in ten mentioned each of residential homes for the elderly, general help for people with disabilities, and occupational therapy, as table 7.2 (below) illustrates.

Table 7.2: Contact with Council services

Q Looking at this list, have you, or has anyone in your household ever used any of the following services provided by your local council?

	Contact
Base: All respondents, 1,015	*%*
General help for older people	14
Help/advice about benefits/housing/debt	13
Residential homes, home helps, day centres for elderly	10
General help for people with disabilities	9
Occupational therapy	7
Help for children and families	6
Help for people with mental health problems	5
Counselling/advice for people with drug/alcohol problems	4
Respite care	4
Help for people with learning disabilities	4
Adoption and fostering	3
Help for families with disabled children	2
Help for an offender	2
Help to access the children's hearing system	1
Don't know/can't remember	2
Not had contact with any of these	54

Source: MORI

OVERALL SATISFACTION WITH SOCIAL WORK SERVICES

A clear majority (80%) of users were satisfied with the service they had received, with 38% saying they were *very* satisfied. Meanwhile, one in six (15%) were dissatisfied (figure 7.1 below).

Figure 7.1: Satisfaction with services

Q   To what extent were you satisfied or dissatisfied with the service?

Don't know 1%

Very dissatisfied 9%

Fairly dissatisfied 6%

Neither satisfied nor dissatisfied 5%

Very satisfied 38%

Fairly satisfied 42%
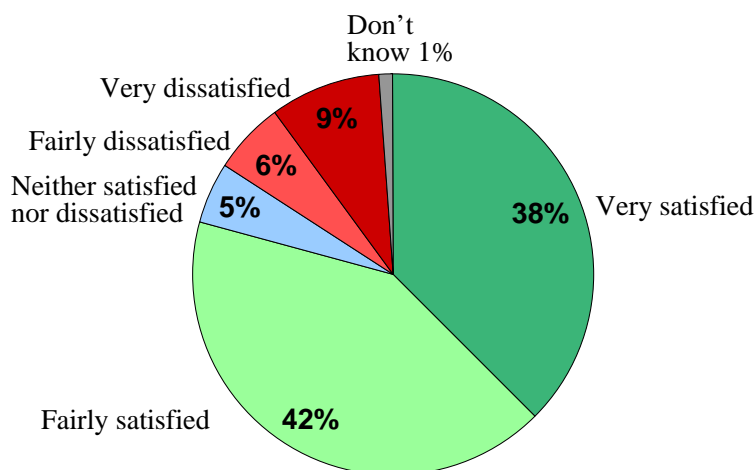
Base: All users (454), 18th April – 19th June 2005   Source: MORI

Looking at sub group variation, users in the least deprived areas of the country were more likely to be satisfied with the service than those in the most deprived areas (85% versus 75% respectively). Satisfaction was also higher among those who held a positive view of social workers than among those whose views were negative (88% versus 63% respectively).

RATINGS OF DIFFERENT ASPECTS OF SERVICE

Users were also asked about their level of satisfaction with specific aspects of the service they received. Again the findings were very positive overall. Thus, eight in ten said that the service took account of their general situation (80%) and did what they said they would do (76%). Meanwhile, around seven in ten felt the service was quick to respond to their needs (70%), and that they had a say in what happened (66%). Around six in ten felt that staff took time getting to know what they wanted (63%). The result for response times is particularly encouraging as the Review Group interim report highlights a concern among users and carers that people often have to wait too long to get appropriate support (Scottish Executive, 2005).

Figure 7.2: Satisfaction with aspects of the service

*Q To what extent would you agree or disagree with the following
statements about the service?*

■ % Strongly agree	□ % Tend to agree	□ % Neither /nor	■ % Tend to disagree	■ % Strongly disagree	□ % Don't know

	% Strongly agree	% Tend to agree	% Neither/nor	% Tend to disagree	% Strongly disagree	% Don't know
They were quick to respond to my needs	30	40	8	10	10	2
They spent time getting to know me and what I wanted	26	37	10	13	11	2
They did what they said they would do	32	44	7	8	8	2
They took account of the general situation	32	48	5	4	8	2
I had a say in what happened	28	39	11	10	11	2
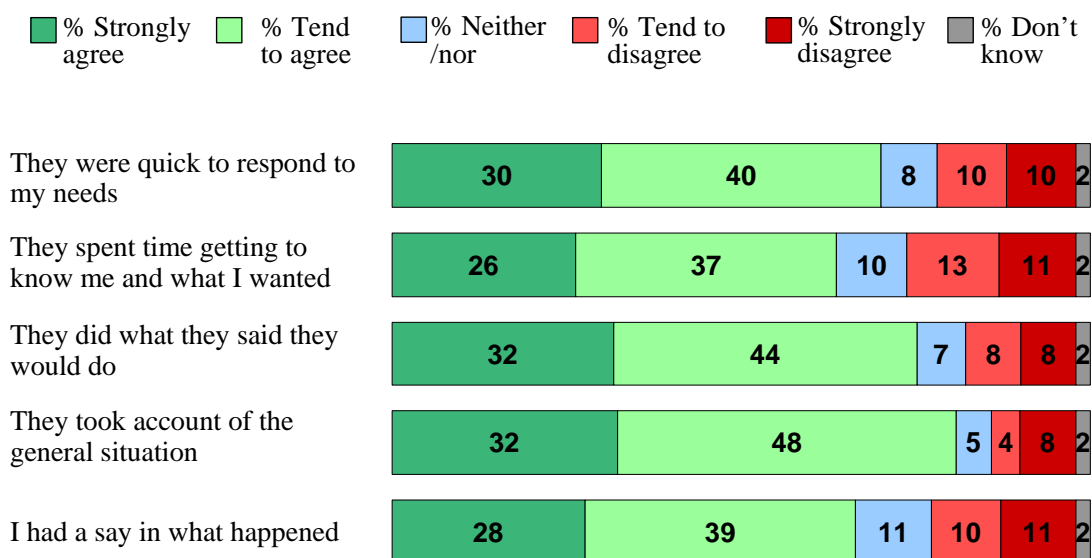
Base: All users (454), 18th April – 19th June 2005   Source: MORI

On each of these measures, perceptions were more positive among older respondents than among younger groups.

In the focus groups, there were several people who had used social work services and who were willing to speak in some detail about their experiences. Consistent with the quantitative findings many of their comments were very positive indeed:

> *Twelve years I had social services, my husband was ill. I couldn't fault them one little bit.*
>
> (Female, C2DE, 65+, Dundee)

> *My direct experience is in dealing with elderly parents who sadly are both now dead but during the last ten years of my parent's lives their family were all quite far away from where my mother and father were and there were a number of occasions where situations arose that had to do with them needing support in one way or another. The people who came to help her, they just couldn't have done any more for her … Those last ten years of their lives were most certainly helped by doctors and nurses and various other people who were involved, but the social work people were very helpful.*
>
> (Female, ABC1, 45-64, Aviemore)

> *I did use the social work services a long time ago. It was during the earlier days when I first arrived here. My daughter was born not long after I arrived in the UK. People were really good to us. They would try their best to help when they saw you might be having a*

problem. They would try to find out what kind of help you might be needing, perhaps like claiming benefits.

(Chinese)

Other comments were more critical, however and pointed to perceived weaknesses in the way services are delivered. For example some of the C2DE participants suggested that at times social workers neglect to provide support when it is most needed, yet at other times interfere unnecessarily. A few people suggested that this may be because social workers tend to be 'overstretched'.

They come at the wrong time when there's nothing wrong

(Male, C2DE, 25-44, Inverness)

I think social workers, when they don't need to get involved, they get involved at times, but when they do need to get involved it's usually missed.

(Female Asian, Glasgow)

I tried a few times and couldn't get any help when I was ill. When I was ill, I had been in hospital and I suffer severe depression, I'm on anti depressants, I'm on everything. I don't know what I was but I never got the help.

(Female, 45-64, C2DE, Stirling)

There was also a perception, again mainly among C2DEs, that social work departments assign too much priority to helping 'problem' families or individuals, and people living in poorer areas, thereby denying other people much needed support. Discussing this issue, a few people expressed a view that there are too many people who 'play the system' in order to obtain services and support that they neither need nor deserve. Social work departments, it was felt, do not do enough to discourage this type of behaviour and ensure that services are allocated more fairly.

But sometimes I think because of the area that you come from, they seem to think if you come from the Rapploch 'oh you're going to need it all'. I live in Bridge of Allan, 'oh you don't need it'.

(Female, 45-64, C2DE, Stirling)

But then you also get it where you've got the lot that know how to play the system, that know 'right I've got a social worker, my bairns will be looked after, they'll get a day at the swimming pool. They'll get a day at the pictures'.

(Female, 45-64, C2DE, Stirling)

Other criticisms focused less on difficulties experienced in obtaining services, and more on issues relating to case management. Significantly, many of the comments reinforced evidence gathered by the Review Group to date. Thus a few participants complained about high staff churn, suggesting that this resulted in them repeatedly having to describe their problems to different social workers. Others cited occasions on which they felt their social worker had failed to explain things to them – for example, procedural issues – or keeping them fully informed about developments in their case.

> *They seem to keep moving on. You get a social worker for a wee while and then move onto another one and another one.*
>
> (Male, C2DE, 45-64, Stirling)

> *What they do is they take one social worker out and put another one in. Then you have to tell them the whole story again and explain everything*
>
> (Female, C2DE, 25-44, Inverness)

> *There's a lot of things I don't understand when I go to meetings … One of them turned round to me one day and turns round 'you've no say in the matter'. I says 'what do you mean I've no say in the matter?'*
>
> (Male, C2DE, 45-64, Stirling)

> *They keep you too much in the dark.*
>
> (Female, C2DE, 25-44, Inverness)

Asian and Chinese participants tended to suggest that social work services are neither sufficiently well attuned, nor responsive, to the 'special' needs of their respective communities. In particular, they pointed out that there are not enough bilingual social workers to deal with non-English speaking people, most of whom are older or new to the country and therefore perhaps most in need of help. While Chinese participants suggested that more use might be made of interpreters in social work, the Asian group felt that this was not a viable solution, as clients may know the interpreter and be unwilling to share person information with him/her.

> *How can they help us if they can't communicate with us?*
>
> (Chinese)

> *Those people who can't speak English … and the Elderly, they really need Social Work's help … like myself for instance!*
>
> (Chinese)

> *It's quite interesting because my gran's sister just came out of hospital after a triple heart by-pass and she asked for home help and support and they can't give her somebody who's Asian. She doesn't speak English. Somebody will come and chap on the door but she can't speak to them.*
>
> (Female Asian, Glasgow)

> *I think the language is a big barrier, a huge barrier. When they get interpreters, it's the same circle that go round and round and they know them in some kind of family way and they don't want to tell them the full story. I think that's a huge problem in Glasgow just now.*

<div align="right">(Female Asian, Glasgow)</div>

Quite apart from discussing language difficulties, the Asian and Chinese groups felt that social workers generally lack understanding of their respective cultures, and that this has implications for the standard of care or support that they are able to provide. Similar views emerge in MORI's research among BME residents in Glasgow (MORI Scotland, 2005), referred to above.

> *I don't think for starters there's enough people in social work that are Asian and understands the culture. There's lots of things people do like pray five, six times a day, stuff like that. The home help were saying 'why don't you just not bother with it'? Something like that is really, really important so I don't think they understand the culture, the religion, that goes behind it. I think that's a big issue.*

<div align="right">(Female Asian, Glasgow)</div>

CHAPTER EIGHT: ATTITUDES TOWARDS INTERVENTION AND PREVENTION IN SOCIAL WORK

This chapter focuses on attitudes towards intervention and prevention in social work. Specifically, it considers desired and acceptable thresholds for intervention, as well as the perceived role and effectiveness of prevention and early intervention work.

GENERAL ATTITUDES TO INTERVENTION IN SOCIAL WORK

The Review Group's interim report notes that many social workers and other stakeholders have emphasised the need to develop a more positive approach to social work by intervening earlier, before situations reach crisis point (Scottish Executive 2005). The public opinion research included a number of items intended to identify attitudes to intervention and related issues.

At the most basic level, respondents in the survey were asked whether they felt social workers have too much power to interfere in people's lives. Opinion was clearly divided on this issue, with 36% agreeing, 35% disagreeing and 22% saying they were undecided.

People working in routine occupations, were significantly more likely than those working in higher and lower managerial and professional occupations to feel that social workers have too much power to interfere. Reflecting this, people in the most deprived areas of the country were more likely to label social workers as interfering than those in the least deprived areas (41% versus 24%).

The issue of intervention was explored more fully in the focus groups. Here too views were mixed. On the one hand, several participants expressed a view that social workers often intervene too soon in cases, without knowing all the relevant facts, and that this can have a very negative impact on those involved. On the other hand, there was also widespread recognition of the difficulties involved in deciding when to intervene, and of the tendency for social workers to be 'damned if they do and damned if they don't'. In all of the focus groups, it was apparent that views on intervention were often informed by media coverage of high profile social work cases.

> *I think it's ok to get involved. You quite often hear stories about when social workers didn't because they just assumed that it wasn't really anything important and then you hear that African girl … think she got beaten to death or something. The social workers had been approached several times by neighbours and friends about it. I don't think they had done a great deal about it so I think it depends basically.*
>
> (Male, 18-24, Edinburgh)

> *I think even what you see on TV and all that stuff … I do think sometimes they do interfere without having the overall knowledge of what the actual situation is. I think they can jump to conclusions and not know the overall picture.*
>
> (Female Asian, Glasgow)

It's easy to criticise isn't it, and especially with hindsight which most of these cases, that's what's involved isn't it.

(Female, ABC1, 45-64, Aviemore)

[intervention should take place] sooner rather than later but that's what happened in the Shetlands and the Orkneys and that where the social workers stepped in and removed all the kids.

(Male, C2DE, 45-64, Stirling)

DESIRED THRESHOLDS FOR INTERVENTION

In order to explore in more detail desired and acceptable thresholds for intervention, participants in both the survey and focus groups were presented with fictitious social work cases, and asked to consider at what point, and to what extent, they would intervene in these cases if they were a social worker, and why. Overall, responses were very case specific and individual participants were not consistently pro- or anti-interventionist, nor were they consistently more inclined to intervene in some 'types' of cases, for example, those involving children, than in others. Still, it was evident during the discussions that a number of recurring considerations were informing responses to the scenarios. In particular:

- Whether or not the individual or family described were already known to social work or had other relevant 'history' e.g. a criminal record;

- Whether or not there were children involved and, if so, how old they were;

- How long the problem had gone on for or how frequently it occurred;

- The degree of danger posed to the individual and/or family concerned and to others; and

- (to a lesser extent) the relative (financial) cost of different intervention options.

During the discussions, it was also evident that there were some class differences in attitudes to intervention. Generally speaking, C2DEs were more inclined to intervene at an earlier stage than ABC1s, who were more inclined to stress the importance of having 'concrete' evidence before taking action. There were also differences in the ways ABC1s and C2DEs considered the question of intervention during the exercise. ABC1s, approached the scenarios in a very abstract manner, drawing solely on the evidence with which they were presented. C2DEs, in contrast, tended to relate the scenarios to people or families they knew, as well as actual social work cases.

In most of the groups a degree of ambivalence was apparent in the way people talked about intervention. On the one hand they felt strongly that in some cases it is 'better to be safe than sorry' and that social workers have an obligation to intervene where they deem this to be appropriate. On the other hand they were often hostile or defensive at the thought of a social worker arriving at their own door.

ATTITUDES TOWARDS PREVENTION AND EARLY INTERVENTION WORK

A key area of interest for the Review Group is whether social work services should do more to prevent problems arising rather than simply reacting to difficulties when they do emerge. There is some feeling that a greater emphasis on preventative and early intervention work would help to ensure that people who are perceived to be 'at risk' or experiencing minor difficulties do not inevitably find themselves facing serious difficulties in the future.

As with the issue of thresholds, attitudes towards prevention and early intervention work were by no means clear-cut. On the one hand, the survey respondents appeared, in principle, supportive of the idea of preventative work, with a majority (88%), agreeing that *'social work services should be geared towards preventing people who need help from getting into further difficulty'*. On the other hand, there was considerable disagreement among focus group participants as to when prevention and early intervention might be appropriate and when it might not. While a few people felt that there would always be some benefit to be had from working with a person at an early stage, others emphasised that the need for, and likely impact of, early intervention, would depend very much on the individual concerned and the specifics of his/her case. In respect to the latter perspective, there was a view that early intervention might best be reserved for people who come from problem families or who are experiencing fairly serious difficulties. For other people, it was felt, the approach, may do more harm than good. Specifically, several participants pointed out that the intervention of a social worker may be a fairly traumatic experience for a young person, and indeed for their family, and thus should be avoided wherever possible. Others pointed to the importance of allowing young people to make their own mistakes in order that they might learn from these, before being 'steered' by figures like social workers. In all groups participants reiterated the view that decisions about intervention can be very difficult to make and that it may often be impossible to know in advance whether preventative work will have a positive or negative impact.

> *It depends on the background too, the family. If it's quite normal to be in trouble with the police, the family, then an early intervention of a social worker could be a really good thing and stop the boy.*
>
> (Female, ABC1, 45-54, Aviemore)

> *It depends what it is. Shoplifting, no. If it's someone who's self harming or something then if they do it once, that's it, they need help.*
>
> (Female Asian, Glasgow).

> *You don't know how to judge it, just leave it to see how things go or if you go in right away. If you go in right away you might just make the matter worse.*
>
> (Male, C2DE, 45-64, Stirling)

> *Going in too early, talking to him, he might get a wee bit upset as well. He might think, I don't want to go because they're going to take me away.*

There's a lot of things that kids do that are wrong but that doesn't necessarily mean that it's going to have a bad effect on them.

(Female Asian, Glasgow)

It's so hard isn't it because you read in the paper these things happening and you think 'gosh why did they not go in sooner?' but you don't know.

(Female, ABC1, 45-54, Aviemore)

Discussing the issue of prevention, several C2DE participants suggested that social work, rather than having a positive influence on young people is too much of a 'soft option' for problem young people and is therefore unlikely to be effective. Underpinning this perspective was a view that too many young people play on the fact they have a social worker in order to 'get away' with bad behaviour or avoid conflict with authority figures, including teachers and the police.

I'm only going through this woman that does this fostering, and I see it, and it's just totally unbelievable what you see and how they speak to her. If she gives them a row it's like 'I'm phoning Anne'. That's his social worker. They know how to play the system. They know how to get what they want out the system.

(Female, C2DE, 45-64, Stirling)

CHAPTER NINE: SOCIAL WORK IN THE FUTURE

This chapter looks at perceptions concerning the future of social work. It considers to what extent people think that demand for social work services will change in the future and why. It also looks at the public's priorities for social work.

FUTURE DEMAND FOR SOCIAL WORK SERVICES

Almost three-quarters (73%) of the survey respondents thought that demand for social work services will increase over the next 20 years, while 12% thought it will stay the same and only 3% thought it will decrease. Around one in ten declined to give a response.

Figure 9.1: Future demand for Social Work Services

Q   *Finally, thinking ahead to the next 20 years, do you think the need for social work services in Scotland will increase, decrease or stay the same?*
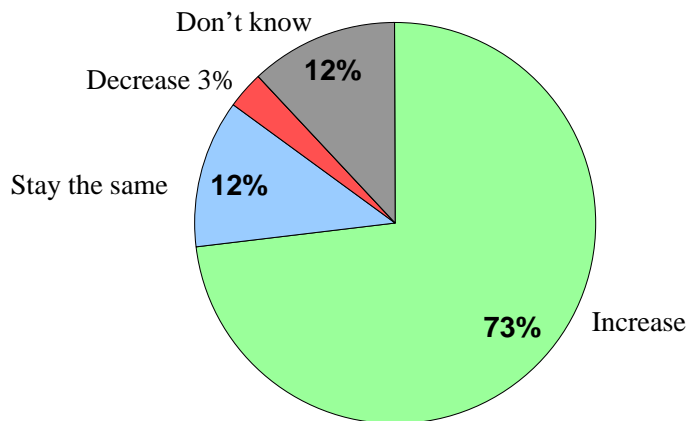
Base: All respondents (1,015), 18th April – 19th June 2005   Source: MORI

Older respondents were a little more likely than younger groups to think that demand for social work services will increase (57% of 16-24 years olds compared with 81% of those aged 55-64 and 75% of those aged 65+). There was also some variation by NS-SEC classification, with those working in higher and lower managerial and professional occupations being more likely to feel that demand will increase than those working in more routine occupations (84% and 81% respectively versus 70% of those in semi routine occupations and 61% of those in routine occupations).

Asked why they felt demand for social work services would increase in the future, respondents gave a range of responses. These can be grouped into four distinct themes, namely, the ageing population (27%), a perceived increase in the number of drug and alcohol related problems (11% and 4% respectively), a growth in the number of children experiencing problems (8%) and family breakdown (6%).

In discussing the growing pressure on social work services, several of the focus group participants suggested that successive governments have contributed to the problem through the policy of community care. More specifically, they pointed out that the closure of residential homes for older people and mentally ill people has meant that more and more people are having to be looked after in their own homes, and that this has placed huge burden on social workers and social carers, as well as families and individuals.

> *The government's shifted a lot of these responsibilities anyway, back into the community.*
>
> (Male, C2DE, 45-64, Stirling)

> *I think too psychiatric care out in the community and not enough money being pumped into it. Not nearly enough.*
>
> (Male, C2DE, 65+, Dundee)

> *I just wondered how much the finance comes into decisions that are made. When things were changing it was supposed to be care for the community rather than help in other ways. I'm all for people being kept at home as long as there's structure there to give to people.*
>
> (Female, ABC1, 65+, West Linton)

> *My concern is where there's a couple and one has Alzheimer's, although they're married, you're not trained to look after mentally ill people. They are doing that. They're leaving people with mentally ill brothers or wives or whatever and they're not trained to know what to do with them. I don't think that's right that they're left with them.*
>
> (Female, C2DE, 65+ Dundee)

PRIORITY SERVICES FOR SOCIAL WORK

The focus group participants were asked to consider the relative priority they would assign to different social work services in the event of future rationalisation. Across the groups, there was a consensus that services for children, older people and disabled people are among the most important, not least because these groups are often unable to help themselves.

> *Because [children] cannot take care of themselves. Also, legally, they don't have as many rights and so may not be able to do what is right for themselves even if they have wanted to.*
>
> (Chinese)

> *Some of the stories about residential care for the elderly, for instance, they're horrific some of the things they have to go through, so I would put that much higher.*
>
> (Male, C2DE, 45-64, Stirling)

In terms of lower priorities, there was much less agreement across the groups. That said views did appear to vary along class lines. ABC1s were generally reluctant to

attach less importance to some services than to others, suggesting that all are necessary and important. C2DEs, however, reiterated the view that services for ex-offenders and people with drug or alcohol problems should be limited, if they are to be provided at all. In all groups there was some discussion as to whether or not it was necessary for social work services to provide help and advice on housing, benefits and debt. The emergent consensus was that there were several other organisations, including the Citizens' Advice Bureau, who are better placed than social work to provide this service.

> *Because [respite care and occupational therapy are] not life threatening or anything.*
>
> (Female, 18-24, Edinburgh)

> *Spend it on the people, that sort of thing, instead of helping offenders.*
>
> (Female, C2DE, 65+, Dundee)

> *[Benefit advice is] nothing to do with social work.*
>
> (Male, C2DE, 24-44, Inverness)

> *Help and advice for benefits and housing department, that shouldn't really be social workers, I don't think.*
>
> (Female, C2DE, 45-64, Stirling)

A NEW BREED OF SOCIAL WORKER?

In discussing the future of social work, participants in most of the focus groups suggested spontaneously that social workers often appear to lack the skills they need to do their job effectively and that this needs to be addressed. Several people suggested that staff need to receive more training on how to handle difficult situations and deal with different client groups, for example people with mental health problems. Others were keen to emphasise that social workers ought not to be too young, otherwise they may lack the life experience that will enable them to empathise with clients and generally interact effectively with members of the public.

> *My experience of social workers which I did have when I was working, I felt a lot of them were young and no experience of life which I think they really should have.*
>
> (Male, ABC1, 65+ West Linton)

> *A social worker needs to be married or at least 25, to have lived a bit, at least 25!*
>
> (Female, ABC1, 45-54, Aviemore)

> *It's one of these things that you can't go straight from university into it, you need to work. I know that sounds strange but you need to work somewhere for the simple fact you need to have skills. You need to have people contact.*
>
> (Female, 18-24, Edinburgh)

A few people also suggested that there should be more specialisation in social work so that staff are able to develop a level of expertise in a particular field, and therefore provide more effective help and support to clients.

> *I know that they used to be separate departments, a children's department and all the others, and there was a big reorganisation of social work in the sixties and early seventies. They insisted first of all that everybody had to go to university and get a degree. And then they sacked all the people who had been doing the job for twenty years because they didn't have qualifications. The result was there's nobody else left but youngsters who had just come out of college and they were also told to be generalist. They hadn't got to specialise in just children's work or adult offenders or whatever it was. I think in many ways this was the start of the downward path of the perception of social workers not being very good because there was such a huge number all at once who were inexperienced and never had the chance to really build up experience because they were being shifted around all the time.*
>
> (Male, ABC1, 65+, West Linton)

> *I think they're going to have to have a different stem of social work. All right the social workers of maybe that section deals with the sixteen year olds or [people who are] drinking all the time. That one deals with the wee kids. You've got social workers that are maybe one minute they're dealing with a bairn… and then the next minute they're expected to go and deal with an adult at sixteen that's getting drunk.*
>
> (Female, C2DE, 45-64, Stirling)

Notwithstanding such suggestions, in a couple of the focus groups, there was also some feeling that the onus for tackling social problems should not lie solely with a new and improved social work service. Rather, it was felt that the government needs to make greater efforts to tackle the *causes* of problems by, for example, encouraging individuals to take more responsibly for themselves and their families.

> *I was going to say I think there's far too much onus put on social work. There's something wrong with society. Society's up the spout. It's crap. They're going to have to deal with it at a political level, not social work. It's no use saying whenever there's a problem we'll call in a social worker. They're going to have to get to the root of the problem first and deal with that at grass roots level. Until they can do that the social work department is going to be struggling.*
>
> (Male, C2DE, 45-54, Stirling)

I think education in schools, I think that's the only way … Folk are growing up, they don't know how to look after children properly, but if you taught them in school and gave them some sort of basic things that you need to help you cope when you have children yourself. I think at some level the government does need to come in and say 'we've got a big problem. If we don't do something now, it's only going to get worse and worse'.

(Female, ABC1, 45-64, Aviemore)

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ANNEX A: STATISTICAL RELIABILITY

The respondents to the questionnaire are only a sample of the total 'population'. We cannot therefore be certain that the figures obtained are exactly those we would have if everybody had been interviewed (the 'true' values). However, we can predict the variation between the sample results and the 'true' values from a knowledge of the size of the samples, on which the results are based and the number of times that a particular answer is given.

The confidence with which we can make this prediction is usually chosen to be 95% - that is, the chances are 19 in 20 that the 'true' value will fall within a specified range. The table below illustrates the predicted ranges for different sample sizes and percentages results at the '95% confidence interval'; based on a random sample.

Table A.1: Predicted ranges for different sample sizes at the 95% confidence interval

Size of sample on which survey result is based	Approximate sampling tolerances applicable to percentages at or near these levels		
	10% or 90%	30% or 70%	50%
	±	±	±
100 interviews	5.9	9.0	9.8
200 interviews	4.2	6.4	6.9
300 interviews	3.4	5.2	5.7
500 interviews	2.6	4.0	4.4
1,015 interviews	1.8	2.8	3.1

Source: MORI

*For example, on a question where 50% of the people in a sample of 500 respond with a particular answer, the chances are 95 in 100 that this result would not vary by more than four percentage points, plus or minus from a complete coverage of the entire population using the same procedures. However, while it is true to conclude that the "actual" result (95 times out of 100) lies anywhere between 44% and 56%, it is proportionately more likely to be closer to the centre of this band (i.e. at 50%).

Tolerances are also involved in the comparison of results from different parts of a sample. A difference, in other words, must be of at least a certain size to be considered statistically significant. The following table is a guide to the sampling tolerances applicable to comparisons.

Table A.2: Sampling tolerances

Size of samples compared	Differences required for significance at or near percentage levels		
	10% or 90%	30% or 70%	50%
	±	±	±
100 and 100	8.4	12.8	13.9
200 and 200	5.9	9.0	9.8
200 and 400	5.1	7.8	8.5
200 and 500	4.9	7.5	8.2
500 and 500	3.7	5.7	6.2
1,000 and 500	3.2	4.9	5.4

Source: MORI

Table A.3: Demographic sub-group comparisons

Size of samples compared	Differences required for significance at or near percentage levels		
	10% or 90%	30% or 70%	50%
	±	±	±
Males vs. females (459 vs. 556)	3.7	5.7	6.2
Age 44 and under vs. 45+ (418 vs. 597)	3.8	5.7	6.3
20% Least deprived areas in Scotland vs. 20% most deprived areas in Scotland (217 vs. 259)	5.4	8.3	9.0
Users vs. non-users (403 vs. 606)	3.8	5.8	6.3

Source: MORI

ANNEX B: SAMPLE PROFILE

Table B.1: Sample profile

Sample Profile		
	Unweighted	**Weighted**
Base: All respondents	*(1,015)*	*(1,015)*
	%	*%*
Male	45	47
Female	55	53
16-24	9	13
25-34	12	17
35-44	20	19
45-54	16	17
55-64	17	14
65+	26	19
20% Least deprived	21	20
20% Most deprived	26	26
Urban	81	84
Rural	19	16
Owner/occupier	62	61
Rent	35	37
Other	3	2

Source: MORI

ANNEX C: SOCIAL POLICY MONITOR QUESTIONNAIRE

Now, on a different subject, I'm going to ask you to think about people in different situations. The first situation is described on this card:

READ OUT *John is 87 and lives alone. He often forgets things like leaving the gas on and has been found in the street in his night-clothes. John needs to be checked on several times a day and needs help with bathing.*

ASK SW1 & SW2 BELOW

READ OUT Now a different situation. *Stuart is 30 and has learning disabilities. His parents live nearby but he lives independently with support. He generally copes with looking after himself and is friendly to people but can sometimes be a bit unkempt and on the bus can become agitated when relating to people. Some people find this unnerving.*

ASK Qs SW1 & SW2 BELOW

READ OUT And a different situation again, Julie is 35 and has two children under the age of 4. Recently she has been feeling very depressed and unable to cope. She feels she needs some help looking after the children

ASK Qs SW1 & SW2 BELOW

FOR EACH SITUATION:

SW1   **Do you think it would be enough for** [INSERT NAME] **to be cared for by a friend or family member, or do you think they should have a care worker from outside the family?** READ OUT. SINGLE CODE.

- A friend/family member only

- Need a care worker from outside the family

- Don't know

SW2a)   **Suppose that someone from outside the family has to provide care or assistance for** [insert name]. **Do you think the state should pay for this help or do you think** [INSERT NAME] **should pay for it him/herself or should their family pay?** SINGLE CODE

- State should pay (ask b)

-[INSERT NAME] should pay themselves (ask c)

- Family should pay (ask c)

- Depends (ask d)

- Don't know GO TO Q3

b) **Should the state pay for this type of help for all people like** [INSERT NAME] **or should it only pay for those who can't afford to pay for themselves?** SINGLE CODE

- Should pay for everyone GO TO Q3

- State should only pay for those who can't afford it GO TO Q3

- Depends (ask d)

c) **Do you think the state should pay for this type of help for people/families like [INSERT NAME] who can't afford to pay for themselves?** SINGLE CODE

- State should pay for them

- No, state should not pay for them

- Depends (ask d)

d) **Why do you say that/what does it depend on?** OPEN ENDED

SW3a   SHOWCARD O. **I'd now like you to read the scenario, described on this card – or I can read it to you - and then I will ask you a question about it.** [CAPI team – the scenario should appear on the interviewers screen in case they need to read it out]

Robert/Shona [rotate gender] is a child at primary school. Over the past few weeks their teacher has noticed some changes in their behaviour. Whereas normally they are friendly and outgoing, recently they have been withdrawn. One day their teacher also noticed bruising on Robert's/Shona's upper arms and she thinks this might have been caused by the child being gripped and shaken. As a precaution she informs the local child protection team.

SHOWCARD P **Taking your answer from this card, what do you think the child protection team should do?** SINGLE CODE

- keep an eye on the situation

- take the child away from the family until it is clear what is going on

- work with the family and child to deal with problems they may be having

- They should do nothing

- Don't know

SW3b SHOWCARD Q **I'd now like you to read a second scenario described on this card - or I can read it to you – then I will ask you a question about it.**

Jack/Jane is 40 years old [rotate gender]. Six months ago, they were admitted to hospital suffering from schizophrenia. After a course of drug treatment and therapy, they were judged to be well enough to leave hospital and move back into their own flat. Since he/she came out of hospital, the social worker who has been visiting them thinks their condition has deteriorated and that he has not been taking his medication.

SHOWCARD R **Taking your answer from this card, what do you think should happen to Jack/Jane ?** SINGLE CODE

- They should be sent to a secure ward in a hospital

- They should be sent to an open hospital

- They should be encouraged to take their medication and left at home

- Nothing should happen

-Don't know

Social workers are often involved in the kinds of situations we have been talking about

SW4 SHOWCARD S **Taking your answer from this card, how would you describe your general impression of social workers?** SINGLE CODE

- Very positive

- More positive than negative

- Neither positive nor negative

- More negative than positive

- Very negative

- don't know

SW5   SHOWCARD T **I'd like you to think about people doing different types of jobs and how much you would trust them to make the right decisions in particular circumstances? Taking your answer from this card, to what extent would you trust the decision of** …[ROTAT ORDER OF STATEMENTS]

(Always, most of the time, sometimes, hardly ever, never, don't know)

- A judge deciding whether or not to send a person to prison

- A social worker deciding whether or not to take a child into care

- A doctor deciding whether or not someone with mental health problems should be kept in a secure ward

- A head teacher deciding whether or not an unruly pupil should be excluded permanently from school

- A bank manager deciding whether or not to repossess someone's home

SW6   SHOWCARD U **In terms of qualifications and training, which of these do you think best reflects the level of training and qualifications undertaken by someone working as a social worker?** SINGLE CODE

- No training or qualifications

- A year's training and practical experience

- Two or three year's training – equivalent to a college diploma

- Three or four year's training equivalent to a university degree

- Five or more years training – equivalent to post-graduate degree

- Don't know

SW7.   **For which type of issues or problems do you think a person might receive help or advice from social work services?** DO NOT PROMPT. MULTICODE

- Care of children

- Abuse/maltreatment/neglect of children

-Care/assistance for older people

- Help with drug/alcohol problems

- Coping with a mental illness

- Coping with a learning disability

- Benefits/debt

- Housing issues

- Fostering

- Physical disabilities

- Learning disabilities

- Legal advice

- Leaving prison

- Stop someone reoffending

- To help parents bring up their children better

- Adoption/fostering

- Occupational therapy

- Respite care

- Other WRITE IN

- don't know

SW8. SHOWCARD V **If you ever needed help or advice for** [INSERT PERSON – SEE BELOW] **how likely would you be to approach your local council social work services?**

Very likely, fairly likely, neither likely nor unlikely, fairly unlikely, very unlikely, don't know

- an older person not coping on their own

- a person with a disability

- children and families having fairly serious problems

- someone who committed an offence

SW9 SHOWCARD W **From your own experience or from what you have heard, to what extent do you agree or disagree with the following?**

(Strongly agree, tend to agree, neither agree nor disagree, tend to disagree, strongly disagree, don't know) [CAPI TEAM A QUARTER OF THE SAMPLE WILL BE ASKED THESE STATEMENTS IN RELATION TO SOCIAL WORKERS, A QUARTER IN RELATION TO TEACHERS, A QUARTER IN RELATION TO NURSES AND A QUARTER IN RELATION TO POLICE. RANDOMISE ORDER OF STATEMENTS]

- Social work services departments are adequately staffed and funded*

- Social workers have the support of the public to do their job

- Social workers have the support of politicians to do their job

- Social workers are not as highly regarded as other professions working with the public

- Social workers are often unfairly blamed when something goes wrong

- The image of social workers has worsened in recent years

- Social workers are not well paid

* For teachers the statement should read: 'schools are adequately staffed and funded'. For police: the police force is adequate staffed and funded'. For nurses 'NHS hospitals are adequately staffed and funded.

SW10 SHOWCARD W AGAIN **From your own experience or from what you have heard, to what extent do you agree or disagree with the following?**

(Strongly agree, tend to agree, neither agree nor disagree, tend to disagree, strongly disagree, don't know) [CAPI TEAM – RANDOMISE ORDER OF STATEMENTS]

- Social work services are for other people, not people like me

- If I were using social work services, I wouldn't want other people knowing about it

-Most people will come into contact with social work services at some point in their lives

- Social workers have too much power to interfere in people's lives

- More social work services should be geared towards preventing people who need help from getting into further difficulty.

-I don't think I will ever be in a position where I need to use social work services

- I am not clear about what social workers actually do

SW11 SHOWCARD Y **There are many ways in which people might form an impression of social workers. I'm interested to know how you gained an understanding of social workers and what they do. Taking your answers from this card, which if any of the following have been important in forming your impressions?** SINGLE CODE

SW12 SHOWCARD Y AGAIN **And which one of these sources would you say was the *most* influential for you?** SINGLE CODE

- Personal experience or contact

- Work

- School/college

- National newspapers

- Local newspapers

- Books/leaflets/magazines

- Television news and current affairs programmes

- Television soaps

- Other TV

- Radio

- Word of mouth

- Internet

- Other WRITE IN

- don't know

SW13 **Have you, or has anyone in your household, ever had contact with social work services?** SINGLE CODE

-Yes

-No

-Don't know/cant remember

SW14a SHOWCARD Z **Looking at this list have you, or has anyone in your household ever used any of the following services provided by your local council?** MULTICODE OK.

SW14b   SHOWCARD Z AGAIN IF MORE THAN ONE AT SW14A ASK:
              And which one did you use most recently? SINGLE CODE

- Residential homes, home helps, day centres for elderly

- counselling/advice for people with drug/alcohol problems

- Help/advice about benefits/housing/debt

- Help for people with learning disabilities

- Help for people with mental health problems

- General help for people with disabilities

- General help for older people

- Occupational therapy

- Help for families with disabled children

- Adoption and fostering

- Respite care

- Help for children and families

- Help for an offender

- Help to access the children's hearing system

- don't know/can't remember

- Not had contact with any of these GO TO Q17

SW15 ASK THOSE WHO HAVE USED AT LEAST ONE SERVICE. ASK ABOUT MOST RECENT AT SW14B FOR THOSE WHO HAVE USED MORE THAN ONE .

SHOWCARD AA **To what extent were you satisfied or dissatisfied with the service?**

Very satisfied, fairly satisfied, neither satisfied nor dissatisfied, fairly dissatisfied, very dissatisfied, don't know/can't remember

SW16 ASK THOSE WHO HAVE USED AT LEAST ONE SERVICE. ASK ABOUT MOST RECENT AT SW14B FOR THOSE WHO HAVE USED MORE THAN ONE .

SHOWCARD BB **To what extent would you agree with the following statements about the service?**

(strongly agree, tend to agree, neither agree nor disagree, tend to disagree, strongly disagree, don't know/cant remember)

- They were quick to respond to my needs

- They spent time getting to know me and what I wanted

- They did what they said they would do

- They took account of the general situation

- I had a say in what happened

ASK ALL

SW17 **Finally, thinking ahead to the next 20 years, do you think the need for social work services in Scotland will increase, decrease or stay the same?** SINGLE CODE

-Increase

-Decrease

-Stay the same

- don't know

SW18. ASK ALL EXCEPT THOSE WHO SAY DON'T KNOW **And why do you say that?** OPEN ENDED

ANNEX D: TOPLINE RESULTS

MORI Social Policy Monitor
Final Topline Results

- The results are based on a survey of 1,015 members of the Scottish general public, conducted face-to-face in home, using CAPI from 18th April – 19th June 2005
- The data are weighed by Local Authority, age and sex, using 2001 census data
- An asterisk (*) indicates a percentage of less that 0.5% but greater than zero. Where percentages do not add up to 100, this may be due to computer rounding, multiple responses, or the exclusion of don't know categories.
- Base is all (1,015) unless stated otherwise.

QSW1   **Do you think it would be enough for (INSERT NAME) to be cared for by a friend or family member, or do you think they should have a care worker from outside the family?**

Scenario	1	2	3
	%	%	%
A friend/family member only	12	36	50
Need a care worker from outside the family	84	58	45
Don't know	4	6	6

QSW2a   **Suppose that someone from outside the family has to provide care or assistance for (INSERT NAME). Do you think the state should pay for this help or do you think (INSERT NAME) should pay for it her/himself or should their family pay?**

	Scenario	1	2	3
		%	%	%
GO TO SW2b	State should pay	79	75	61
GO TO SW2c	(INSERT NAME) should pay themselves	2	4	12
GO TO SW2c	Family should pay	2	5	7
GO TO SW2d	Depends	14	12	15
	Don't know	2	3	5

Base: All who think the state should pay, 797
QSW2 **Should the state pay for this type of help for all people like (INSERT NAME) or**
b **should it only pay for those who can't afford to pay for themselves?**

	Scenario	**1**	**2**	**3**
		%	%	%
	Base:	*(797)*	*(766)*	*(619)*
GO	Should pay for everyone	69	67	61
TO				
SW3				
GO	State should only pay for those who can't afford it	27	30	36
TO				
SW3				
GO	Depends	4	3	3
TO				
SW2d				

Base: All who think the person should pay themselves or their family should pay, 23 & 22
QSW2 **Should the state pay for this type of help for all people like (INSERT NAME) or**
c **should it only pay for those who can't afford to pay for themselves?**

	Scenario	**1**	**2**	**3**
		%	%	%
	Base:	*(45)*	*(90)*	*(183)*
	State should pay for them	91	69	55
	No, state should not pay for them	9	25	39
GO	Depends	-	7	5
TO				
SW2d				

Base: All who says it depends, 181
QSW
2d **Why do you say that/what does it depend on?**

	1	**2**	**3**
	%	%	%
	(181)	*(154)*	*(191)*
Financial circumstances/ability to pay	60	45	52
Should be means tested	6	10	5
If always worked/paid NI/income tax	6	2	5
Depends on family income	6	14	5
They should share the cost	6	5	1
Depends on his occupation/his job	5	1	5
Depends on circumstances	4	8	8
Depends on how much help/care was needed	4	3	7
If unable to pay, the State should	3	7	5
Should be a joint effort	1	3	1
Depends on family circumstances	1	2	4
Whether working or not	1	1	5
Whether on benefits or not	*	1	2
The State should contribute	-	6	4
Family should help	-	3	3
Don't know	5	3	2
Others	2	3	4
Not stated	*	3	1

Base: All respondents, 1,015

QSW3 a **I'd now like you to read the scenario, described on this card, or I can read it to you. I will then ask you a question about it.**

Robert/Shona [rotate gender] is a child at primary school. Over the past few weeks their teacher has noticed some changes in their behaviour. Whereas normally they are friendly and outgoing, recently they have been withdrawn. One day their teacher also noticed bruising on Robert's/Shona's upper arms and she thinks this might have been caused by the child being gripped and shaken. As a precaution she informs the local child protection team.

Taking your answers from this card, what do you think the child protection team should do?

	(%)
Keep an eye on the situation	29
Take the child away from the family until it is clear what is going on	5
Work with the family and child to deal with problems they may be having	64
They should do nothing	*
Don't know	2

QSW3 b **I'd not like you to read a second scenario described on this card – or I can read it to you – then I will ask you a question about it**

Jack/Jane is 40 years old [rotate gender]. Six months ago, they were admitted to hospital suffering from schizophrenia. After a course of drug treatment and therapy, they were judged to be well enough to leave hospital and move back into their own flat. Since he/she came out of hospital, the social worker who has been visiting them thinks their condition has deteriorated and that he has not been taking his medication.

Taking your answers from this card, what do you think should happen to Jack/Jane

	(%)
They should be sent to a secure ward in a hospital	11
They should be sent to an open hospital	42
They should be encouraged to take their medication and left at home	43
Nothing should happen	*
Don't know	4

QSW4 **Social workers are often involved in the kinds of situations we have been talking about. Taking your answer from this card, how would you describe your general impression of social workers?** SINGLE CODE

	(%)
Very positive	10
More positive than negative	33
Neither positive nor negative	26
More negative than positive	16
Very negative	8
Don't know	7

QSW5   **I'd like you to think about people doing different types of jobs and how much you would trust them to make the right decisions in particular circumstances. Taking your answers from this card, to what extent would you trust the decision of**… (ROTATE ORDER OF STATEMENTS)

A judge deciding whether or not to send a person to prison

	(%)
Always	18
Most of the time	51
Sometimes	24
Hardly ever	4
Never	1
Don't know	2

QSW5   **I'd like you to think about people doing different types of jobs and how much you would trust them to make the right decisions in particular circumstances. Taking your answers from this card, to what extent would you trust the decision of**… (ROTATE ORDER OF STATEMENTS)

A social worker deciding whether or not to take a child into care

	(%)
Always	7
Most of the time	42
Sometimes	40
Hardly ever	6
Never	2
Don't know	3

QSW5   **I'd like you to think about people doing different types of jobs and how much you would trust them to make the right decisions in particular circumstances. Taking your answers from this card, to what extent would you trust the decision of**… (ROTATE ORDER OF STATEMENTS)

A doctor deciding whether or not someone with mental health problems should be kept in a secure ward

	(%)
Always	19
Most of the time	54
Sometimes	20
Hardly ever	2
Never	1
Don't know	3

QSW5   **I'd like you to think about people doing different types of jobs and how much you would trust them to make the right decisions in particular circumstances. Taking your answers from this card, to what extent would you trust the decision of**… (ROTATE ORDER OF STATEMENTS)

A head teacher deciding whether or not an unruly pupil should be excluded permanently from school

(%)

Always	19
Most of the time	46
Sometimes	25
Hardly ever	5
Never	2
Don't know	2

QSW5 **I'd like you to think about people doing different types of jobs and how much you would trust them to make the right decisions in particular circumstances. Taking your answers from this card, to what extent would you trust the decision of**… (ROTATE ORDER OF STATEMENTS)

A bank manager deciding whether or not to repossess someone's home

	(%)
Always	6
Most of the time	34
Sometimes	35
Hardly ever	10
Never	9
Don't know	6

QSW6 **In terms of qualifications and training, which of these do you think best reflects the level of training and qualifications undertaken by someone working as a social worker?**

	(%)
No training or qualifications	1
A year's training and practical experience	7
Two or three year's training – equivalent to a college diploma	25
Three or four year's training equivalent to a university degree	44
Five or more years training – equivalent to post-graduate degree	15
Don't know	8

QSW7 **For which types of issues or problems do you think a person might receive help or advice from a social work service?**

	(%)
Abuse/maltreatment/neglect of children	44
Childcare	36
Care/assistance for elderly	33
Coping with a mental illness	29
To help parents bring up their children better	22
Help with drug/alcohol problems	20
Physical disabilities	17
Housing issues	17
Benefits/debt	16
Coping with a learning disability	16
Learning disabilities	14
Fostering/adoption	9
Respite care	5
Leaving prison	5
Stop someone reoffending	4
Legal advice	3
Occupational therapy	2
Other	18
Don't know	13

QSW8 **If you ever needed help or advice for the following people, how likely would you be to approach your local council social work service?**

An older person not coping on their own

	(%)
Very likely	44
Fairly likely	35
Neither likely no unlikely	6
Fairly unlikely	8
Very unlikely	5
Don't know	2

QSW8 **If you ever needed help or advice for the following people, how likely would you be to approach your local council social work service?**

A person with a disability

	(%)
Very likely	39
Fairly likely	41
Neither likely no unlikely	7
Fairly unlikely	7
Very unlikely	4
Don't know	2

QSW8 SHOWCARD V. **If you ever needed help or advice for the following people, how likely would you be to approach your local council social work service?**

Children and families having fairly serious problems

	(%)
Very likely	39
Fairly likely	33
Neither likely no unlikely	10
Fairly unlikely	8
Very unlikely	8
Don't know	3

QSW8 SHOWCARD V. **If you ever needed help or advice for the following people, how likely would you be to approach your local council social work service?**

Someone who committed an offence

	(%)
Very likely	24
Fairly likely	22
Neither likely no unlikely	13
Fairly unlikely	17
Very unlikely	20
Don't know	5

Base: All who were asked about each profession

QSW9 **From your own experience or from what you have heard, to what extent do you agree or disagree with the following?**

Social work services department are adequately staffed and funded
(For teachers the statement should read: 'schools are adequately staffed and funded'. For the police: 'the police force is adequately staffed and funded'. For nurses: 'NHS hospitals are adequately staffed and funded'.

	Social workers	Teachers	Police	Nurses
Base:	(261)	(253)	(268)	(233)
	%	%	%	%
Strongly agree	*	4	4	3
Tend to agree	15	18	19	15
Neither agree nor disagree	15	8	10	7
Tend to disagree	36	44	32	36
Strongly disagree	19	22	24	36
Don't know	14	4	10	3

QSW9 **From your own experience or from what you have heard, to what extent do you agree or disagree with the following?**

Social workers have the support of the public to do their job
(For teachers the statement should read: 'schools are adequately staffed and funded'. For the police: 'the police force is adequately staffed and funded'. For nurses: 'NHS hospitals are adequately staffed and funded'.

	Social workers	Teachers	Police	Nurses
Base:	(261)	(253)	(268)	(233)
	%	%	%	%
Strongly agree	2	4	3	19
Tend to agree	34	40	43	51
Neither agree nor disagree	15	15	10	11
Tend to disagree	35	32	31	14
Strongly disagree	9	7	10	5
Don't know	4	3	3	*

QSW9 **From your own experience or from what you have heard, to what extent do you agree or disagree with the following?**

Social workers have the support of politicians to do their job
(For teachers the statement should read: 'schools are adequately staffed and funded'. For the police: 'the police force is adequately staffed and funded'. For nurses: 'NHS hospitals are adequately staffed and funded'.

	Social workers	Teachers	Police	Nurses
Base:	(261)	(253)	(268)	(233)
	%	%	%	%
Strongly agree	3	5	10	3
Tend to agree	35	32	38	24
Neither agree nor disagree	24	17	15	17
Tend to disagree	22	26	19	37
Strongly disagree	5	14	10	14
Don't know	10	6	9	5

QSW9 **From your own experience or from what you have heard, to what extent do you agree or disagree with the following?**

Social workers are not as highly regarded as other professions working with the public
(For teachers the statement should read: 'schools are adequately staffed and funded'. For the police: 'the police force is adequately staffed and funded'. For nurses: 'NHS hospitals are adequately staffed and funded'.

	Social workers	Teachers	Police	Nurses
Base:	(261)	(253)	(268)	(233)
	%	%	%	%
Strongly agree	12	10	12	18
Tend to agree	63	44	43	37
Neither agree nor disagree	10	14	11	9
Tend to disagree	11	26	23	26
Strongly disagree	1	4	5	7
Don't know	3	3	6	2

QSW9 **From your own experience or from what you have heard, to what extent do you agree or disagree with the following?**

Social workers are often unfairly blamed when something goes wrong
(For teachers the statement should read: 'schools are adequately staffed and funded'. For the police: 'the police force is adequately staffed and funded'. For nurses: 'NHS hospitals are adequately staffed and funded'.

	Social workers	Teachers	Police	Nurses
Base:	(261)	(253)	(268)	(233)
	%	%	%	%
Strongly agree	13	20	20	19
Tend to agree	51	53	46	50
Neither agree nor disagree	20	11	12	15
Tend to disagree	8	12	15	10
Strongly disagree	3	2	3	2
Don't know	4	2	3	4

QSW9 **From your own experience or from what you have heard, to what extent do you agree or disagree with the following?**

The image of social workers has worsened in recent years
(For teachers the statement should read: 'schools are adequately staffed and funded'. For the police: 'the police force is adequately staffed and funded'. For nurses: 'NHS hospitals are adequately staffed and funded'.

	Social workers	Teachers	Police	Nurses
Base:	(261)	(253)	(268)	(233)
	%	%	%	%
Strongly agree	25	17	27	16
Tend to agree	49	49	41	34
Neither agree nor disagree	15	11	12	12
Tend to disagree	5	18	16	26
Strongly disagree	1	2	3	9
Don't know	5	4	2	3

QSW9 **From your own experience or from what you have heard, to what extent do you agree or disagree with the following?**

Social workers are not well paid
(For teachers the statement should read: 'schools are adequately staffed and funded'. For the police: 'the police force is adequately staffed and funded'. For nurses: 'NHS hospitals are adequately staffed and funded'.

	Social workers	Teachers	Police	Nurses
Base:	(261)	(253)	(268)	(233)
	%	%	%	%
Strongly agree	4	6	5	33
Tend to agree	26	27	17	36
Neither agree nor disagree	19	13	17	10
Tend to disagree	19	29	25	13
Strongly disagree	6	10	18	5
Don't know	26	16	17	4

Base: All respondents (1,015)

QSW1
0

From your own experience or from what you have heard, to what extent do you agree or disagree with the following?

Social work services are for other people, not people like me

	(%)
Strongly agree	5
Tend to agree	20
Neither agree nor disagree	14
Tend to disagree	42
Strongly disagree	18
Don't know	3

QSW1
0

SHOWCARD W AGAIN. **From your own experience or from what you have heard, to what extent do you agree or disagree with the following?**

If I were using social work services, I wouldn't want other people knowing about it

	(%)
Strongly agree	19
Tend to agree	39
Neither agree nor disagree	14
Tend to disagree	18
Strongly disagree	7
Don't know	2

QSW1
0

SHOWCARD W AGAIN. **From your own experience or from what you have heard, to what extent do you agree or disagree with the following?**

Most people will come into contact with social work services at some point in their lives

	(%)
Strongly agree	14
Tend to agree	51
Neither agree nor disagree	11
Tend to disagree	17
Strongly disagree	3
Don't know	4

QSW1
0

SHOWCARD W AGAIN. **From your own experience or from what you have heard, to what extent do you agree or disagree with the following?**

Social workers have too much power to interfere in people's lives

	(%)
Strongly agree	10
Tend to agree	26
Neither agree nor disagree	22
Tend to disagree	30
Strongly disagree	5
Don't know	8

QSW1
0

SHOWCARD W AGAIN. **From your own experience or from what you have heard, to what extent do you agree or disagree with the following?**

More social work services should be geared towards preventing people who need help from getting into further difficulty

	(%)
Strongly agree	31
Tend to agree	57
Neither agree nor disagree	6
Tend to disagree	3
Strongly disagree	*
Don't know	3

QSW1
0

SHOWCARD W AGAIN. **From your own experience or from what you have heard, to what extent do you agree or disagree with the following?**

I don't think I will ever be in a position where I need to use social work services

	(%)
Strongly agree	7
Tend to agree	24
Neither agree nor disagree	19
Tend to disagree	31
Strongly disagree	14
Don't know	5

QSW1
0

SHOWCARD W AGAIN. **From your own experience or from what you have heard, to what extent do you agree or disagree with the following?**

I am not clear about what social workers actually do

	(%)
Strongly agree	10
Tend to agree	29
Neither agree nor disagree	11
Tend to disagree	34
Strongly disagree	15
Don't know	1

QSW1 SHOWCARD Y. **There are many ways in which people might form an impression of social**
1   **workers. I'm interested to know how you gained an understanding of social workers and**
      what they do. Which of the following have been important in forming your impressions?

	(%)
Television news and current affairs programmes	47
Personal experience or contact	43
Word of mouth	36
National newspapers	36
Local newspapers	23
School/college	10
Work	20
Radio	9
Other TV	6
Books/leaflets/magazines	7
Television soaps	6
Internet	2
Other	3
Don't know	4

QSW1 SHOWCARD Y AGAIN. **And which one of these sources would you say was the most**
2   **influential for you?**

	(%)
Personal experience or contact	32
Television news and current affairs programmes	21
Word of mouth	13
Work	10
National newspapers	8
School/college	4
Local newspapers	3
Books/leaflets/magazines	1
Television soaps	1
Other TV	1
Radio	*
Internet	*
Other	1
Don't know	4

QSW1 **Have you, or has anyone in your household, ever had contact with social work services?**
3

	(%)
Ye	39
No	61
Don't know/can't remember	1

QSW1 SHOWCARD Z. **Looking at this list, which of these services provided by your local council**
4a **have you or anyone in your household ever used?**

	(%)
General help for older people	14
Help/advice about benefits/housing/debt	13
Residential homes, home helps, day centres for elderly	10
General help for people with disabilities	9
Occupational therapy	7
Help for children and families	6
Counselling/advice for people with drug/alcohol problems	4
Respite care	4
Help for people with learning disabilities	4
Adoption and fostering	3
Help for people with mental health problems	5
Help for families with disabled children	2
Help for an offender	2
Help to access the children's hearing system	1
Don't know/can't remember	2
Not had any contact with any of these	54

QSW1 SHOWCARD Z AGAIN. **Which one did you or anyone in your household use most recently?**
4b

	(%)
General help for older people	8
Help/advice about benefits/housing/debt	7
Residential homes, home helps, day centres for elderly	6
Occupational therapy	4
Help for children and families	4
General help for people with disabilities	3
Counselling/advice for people with drug/alcohol problems	2
Help for people with learning disabilities	2
Help for people with mental health problems	2
Respite care	2
Adoption and fostering	1
Help for an offender	1
Help for families with disabled children	1
Help to access the children's hearing system	*
Don't know/can't remember	2
Not had contact with any of these	54

Base: All who have used at least one service (454)

QSW1 SHOWCARD AA. **(Thinking about the service used most recently). To what extent were**
5 **you satisfied or dissatisfied with the service?**

	(%)
Very satisfied	38
Fairly satisfied	42
Neither satisfied nor dissatisfied	5
Fairly dissatisfied	6
Very dissatisfied	9
Don't know/can't remember	1

QSW1 SHOWCARD BB. **(Thinking about the service used most recently). To what extent would**
6 **you agree or disagree with the following statements about the service?**

They were quick to respond to my needs

	(%)
Strongly agree	30
Tend to agree	40
Neither agree nor disagree	8
Tend to disagree	10
Strongly disagree	10
Don't know/can't remember	2

QSW1 SHOWCARD BB. **(Thinking about the service used most recently). To what extent would**
6 **you agree or disagree with the following statements about the service?**

They spent time getting to know me and what I wanted

	(%)
Strongly agree	26
Tend to agree	37
Neither agree nor disagree	10
Tend to disagree	13
Strongly disagree	11
Don't know/can't remember	2

QSW1 SHOWCARD BB. **(Thinking about the service used most recently). To what extent would**
6 **you agree or disagree with the following statements about the service?**

They did what they said they would do

	(%)
Strongly agree	32
Tend to agree	44
Neither agree nor disagree	7
Tend to disagree	8
Strongly disagree	8
Don't know/can't remember	2

QSW1 SHOWCARD BB. **(Thinking about the service used most recently). To what extent would**
6 **you agree or disagree with the following statements about the service?**

They took account of the general situation

	(%)
Strongly agree	32
Tend to agree	48
Neither agree nor disagree	5
Tend to disagree	4
Strongly disagree	8
Don't know/can't remember	2

QSW16 SHOWCARD BB. **(Thinking about the service used most recently). To what extent would you agree or disagree with the following statements about the service?**

I had a say in what happened

	(%)
Strongly agree	28
Tend to agree	38
Neither agree nor disagree	12
Tend to disagree	10
Strongly disagree	11
Don't know/can't remember	2

Base: All (1,015)

QSW17 **Finally, thinking ahead to the next 20 years, do you think the need for social work services in Scotland will increase, decrease or stay the same?**

	(%)
Increase	73
Decrease	3
Stay the same	12
Don't know	12

QSW18 **And why do you say that?**

	(%)
Ageing population/people living longer	27
Too many drugs/drug related problems	11
Problems with children/children's behaviour	8
More need for help/more people in need of help	7
Family breakdown/disintegration of family	6
Alcohol abuse/problems associated with alcohol	4

ANNEX E: FOCUS GROUP TOPIC GUIDE

Public Attitudes to Social Work

Focus groups

Final topic guide

1) Introduction – 5 mins

- Introduce self and MORI

- Explain purpose of the research:

   MORI has been commissioned by the Scottish Executive to conduct a programme of research among the general public looking at attitudes towards social work and social work services. The research will inform the 21st Century Review of Social Work, which has been set up by the Scottish Executive and is the first fundamental consideration of Social Work since 1968. In addition to these discussion sessions, we are conducting a survey of 1,000 people about the public's knowledge of and attitudes to social work services.

- Emphasise

   o We are not expecting people to be 'experts' or even particularly knowledgeable on the subject. We will be talking to a range of people in different locations across Scotland.

   o MORI's independence and guarantee of confidentiality

- Explain group should last around 1hr 30 minutes. Check everyone is ok with this. Tell participants where the nearest fire exits are etc…and where the nearest toilets are.

- Request permission to tape record (can be turned off at any point)

- Participant introductions

2) General perceptions of Social Workers – 10 minutes

FLIPCHART EXERCISE – Spontaneous perceptions of social workers – Write words on flipchart.

- What words, phrases or images come to mind when you think of social workers? PROBE FOR POSITIVES AND NEGATIVES. IF MAINLY NEGATIVE, PROBE FOR POSITIVE AND VICE VERSA

SURVEY RESULT & HANDOUT – According to the results so far, 37% of people hold a positive impression of social workers, compared to only 24% who hold a more negative view. – HANDOUT BREAKDOWN OF RESULTS TO THE GROUP

- Do you find these results surprising or are they in line with what you would expect?

- How would you have answered this question? Why?

- Why do you think so many people hold negative views?

- PROBE FOR Where do these views come from? (PROBE FOR SOURCES OF INFORMATION, SUCH AS PERSONAL EXPERIENCE, KNOW SOMEONE WHO HAS USED SOICIAL WORK SERVICES, MEDIA/PRESS COVERAGE)

- Are these reliable sources?

3) Use of Social Work Services – 10 minutes
- Who uses Social Work services? PROBE FOR STEREOTYPES
- Has anyone used social work services or know anyone who has? PROBE FOR PROVIDED BY THEIR LOCAL COUNCIL SOCIAL WORK SERVICES DEPARTMENT

- Have you used any other sources of help? (e.g. Age Concern, Citizen's Advice or telephone advice lines)

- IF YES.   What type of experience did you/they have?   PROBE FOR POSITIVE/NEGATIVE (WERE THEY HELPFUL/UNHELPFUL ETC…)

- IF NOT. Can you envisage a situation where you might need to use social work services in the future. Why/not?

- How would you feel about using Social Work Services? Would you have any reservations?   Why/not? PROBE FOR DFFERENCE CLIENT GROUPS (e.g. PROBE FOR DIFFERENCES DEPEND ON TYPE OF SOCIAL WORK SERVICE (FOR ELDERLY, FINANCIAL, HELP WITH CHILDREN)

> **SURVEY RESULT – The results of the survey also show that 53% of people would not want other people knowing that they were using social work services. HANDOUT BREAKDOWN OF RESULTS TO THE GROUP**

- Why do you think people feel like this? How does this compare with, for example, having other people knowing about medical treatment, or physiotherapy? What other situations are similar?

4) Knowledge of Social Work Services – 5 minutes

> **SURVEY RESULT – The results of the survey also show that 43% of people surveyed are not clear what social workers actually do. HANDOUT BREAKDOWN OF RESULTS TO THE GROUP**

- How much do you feel you know about what social workers do and the services they provide?

> **FLIPCHART EXERCISE**
>
> **- What types of services do you think they provide. WRITE ON FLIPCHART**

IF NECESSARY DISCUSS

- PROBE FOR DIFFERENCES BETWEEN SOCIAL WORKERS & SOCIAL CARERS

> **HANDOUT**
>
> **Here is a list of Social Work services.**
>
> **- Are you surprised by any of these. Which and why?**
>
> **- Is there anything not on the list that you would have thought should be?**

5) Individual Responsibility vs. State Provision – 10 minutes

HANDOUT – Show the list again.

- Ask who they think is eligible to receive the services. PROBE FOR STEREOTYPES, PEOPLE LIKE THEM (i.e., ANYONE)

- Who do you think is eligible to receive these services? PROBE FOR STEREOTYPES, PEOPLE LIKE THEM (i.e. ANYONE)

- If you needed these services would you consider going to Social Work Services?

- IF NOT, why not? Where would you go? PROBE WITH EXAMPLES E.G. 1) if you had young children and weren't managing to look after them by yourself 2) if you had an elderly relative who lived alone and was struggling to look after him/herself 3) if you felt a child was being ill treated

- Is it the role of the state to provide these services?

-IF YES, Why?

- IF NOT. Which services should/shouldn't it (the state) provide?

- Who should provide them? (PROBE FOR THERAPISTS, INDIVIDUAL/FAMILY RESPONSIBILITY.

6) Intervention – 20 minutes

- I'd now like to talk a bit more about the extent to which social workers can get involved in people's lives.

> **SURVEY RESULT – The results of the survey show that people were divided as to how much power social work services have in people's lives. 33% feel they have too much power, compared to 31% who disagree with this.**

- Why do you think people are divided about this?

- What considerations do you think are coming into play here?

SCENARIO BUILDING EXERCISE – THERE ARE 2 SCENARIOS. ONLY 1 WILL BE USED AT EACH GROUP. The moderator will read out a series of sentences about a social work case to the group, gradually building up a picture. After each sentence, the group will be asked to consider at which stage of the story they would intervene, if they were the social worker, and why?

ONLY DO ONE OF THESE SCENARIOS

SCENARIO 1) A member of the public came to see you because:

- **They are living next door to a young couple with two small children and often hear shouting coming from the house.**

- **On one occasion, they heard a male voice shouting, followed by banging and a child crying.**

- **They have seen the family in the street and the father was swearing at and grabbing the child. The child looked very distressed.**

- **They have seen a lot of people going in and out of the house and suspect that they might be doing so to use/buy drink or drugs.**

- **They had learned that the male member of the house has spent some time in prison**

SCENARIO 2) A member of the public came to see you about their neighbour Mary.

- **Mary has depression, lives alone and is very introverted. She takes medication for her depression.**

- **Mary manages to cope with day-to-day life, but recently has looked as if she hasn't been eating properly and the neighbour thinks she might be forgetting to take her medication.**

- **Mary recently lost her job and has few immediate employment prospects. This has made her depression worse.**

- **Two years ago Mary tried to commit suicide after the death of her parents.**

PROBE FOR INTERVENTION. DISCUSS PROS AND CONS OF EARLY INTERVENTION VS LAST RESORT INTERVENTION IN RELATION TO THE SCENARIO

7) Decisions in Social Work – 20 minutes

SCENARIOS – We'd now like to explore further the sorts of things social workers have to take into account when making decisions and how important these different considerations are in relation to each other.

Break off into smaller groups of 3 or 4. Give each group a scenario that they have to make a decision about (scenarios appended).

- Provide them with the list of alternative decisions that a social worker might make in that situation.

- Ask them to write down the pros and cons of each decision so that they can arrive at a decision.

- Ask them to explain their decision to the rest of the focus group, highlighting the key things they thought about. PROBE FOR RISK TO THE INDIVIDUAL/SOCIAL WORKER/FAMILY/OTHERS, COST OF CARE, LIKELY REACTION OF WIDER SOCIETY/MEDIA, EARLY INTERVENTION (When should the social worker intervene/should they have intervened?)

- Ask others in the group what they think of their decisions and challenge them if need be. Each group should be prepared to defend their decisions.

PROBE FOR LEVELS OF INTERVENTION

- Having had to think about social problems like these scenarios, have your views of social workers changed? Why/Why not?

8) Future Need and Priorities for Social Work Services – 10 minutes

- How do you think the need for Social Work Services in Scotland is changing?

- Are the kind of situations where Social Workers are needed changing? Are they going to be needed more, or less? Why do you say this?

Explanation: If the demand on social work services continues to rise, there may need to be some prioritisation of services.

GROUP EXERCISE – Break off into two smaller groups of 3 or 4.

- Using the list you were provided with before, of key services. We would like you to group these services into HIGH, MEDIUM and LOW priority groups. Then we will discuss these priorities as a group.

- Moderator should write the priorities on the flipchart before discussing each in turn. The other group will be asked to agree/disagree with each.

This is the end of the discussion. Thank participants for their time, distribute incentives and take signatures.

ANNEX F: FOCUS GROUP SCENARIOS

Scenario 1

Robert/Shona is 40 years old. Six months ago, he/she was admitted to hospital suffering from schizophrenia. After a course of drug treatment and therapy, he/she was judged to be well enough to leave hospital and move back into their own flat. Since he/she came out of hospital, the social worker who has been visiting them thinks their condition has deteriorated and that he/she has not been taking his/her medication.

Q Which of the following options do you think the social worker should do in this case?

Scenario 1 Options

a) He/she should be sent to a secure ward in a hospital

b) He/she should be sent to an open hospital

c) He/she should be encouraged to take his/her medication and left at home

d) Nothing should happen

Scenario 2

Robert/Shona is a child at primary school. Over the past few weeks his/her teacher has noticed some changes in their behaviour. Whereas normally he/she is friendly and outgoing, recently he/she has been withdrawn. One day his/her teacher also noticed bruising on Robert's/Shona's upper arms and she thinks this might have been caused by the child being gripped and shaken. As a precaution she informs the local child protection team.

Q What do you think the local child protection team should do?

Scenario 2 Options

a) Keep an eye on the situation

b) Take the child away from the family until it is clear what is going on

c) Work with the family and child to deal with problems they may be having

d) They should do nothing

Scenario 3

A mother has died, leaving 2 children to an alcohol dependant father, who is already known to social work services. He is a good father.

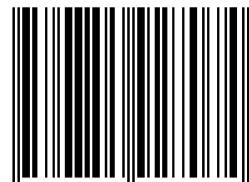Q What do you think the social worker would do?

Scenario 3 Options

a) monitor the situation

b) work with the family to deal with problems they may be having

c) take the children away from the father until the father is on the road to recovery

d) they should do nothing