

The Review Process in Social Work: Is it Working for Service Users?

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This reflective piece occurs from the co-production of knowledge between Mark Lynes and Clive Sealey. The primary aim is to foreground Mark's Lynes personal experiences, and thus the personal experiences of the piece are solely that of Mark Lynes, with relevant background research undertaken by Clive Sealey to reinforce Mark's personal experiences. Consequently, the views expressed in this piece wholly reflect those of Mark's as reflected in the use of 'I' throughout.

I have always thought that we as a society we should look into the role of the review process in social work. To explain briefly, when a care package is agreed for a service user, there is expected to be a review of that package very shortly afterwards. The review is carried out with the social worker, the service user, the carer/care organisation and any other interested party. This is to enable inevitable issues to be highlighted and improvements to be made to the care package for the longer term. The reason I feel that this issue needs to be looked at is as follows. When someone seeks help from their local authority, they are very likely needing support while undergoing some sort of crisis in their life. This could mean that the focus of their initial assessment or at least their role in the initial assessment is to deal with the immediate situation and need if they qualify, which is relevant at that point. They are then expected to take part in a review process very shortly after. This article will argue that there are three key issues with the review process as it currently stands. These are:

1. it happens at the wrong time when people are still in crisis, but if it happened at the end of the crisis, it would be better;
2. the review isn't a review process but is more about the service you get, not the other options that should be available to you—in other

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words, it's about looking backwards and the here and nows, rather than looking forward; and

3. it needs to include other organisations to make it a proper review. I will argue that the review process has to (1) be moved, (2) change its focus and (3) involve other organisations, as this would change the whole dynamic of it. The reason for this is I feel that the review process only worked for me when I complained. When one of my Direct Payments reviews threatened to reduce my care package, to cut a long story short my package was eventually increased slightly by my social workers only after I protested. My aim in writing this reflective piece is to empower service users to give them the opportunity to have services that fit into their life and not vice versa, and also to empower social workers to benefit society more, and not just carrying out processes that fit their organisation's needs. I will conclude by making a call for research that explores the issues raised in this article.

Changing the time of the review

Under the 2014 Care Act, when a local authority is meeting the individual care and support needs of an adult, this is done through a care and support plan, which sets out what will be provided. The local authority is required to carry out a review of the care and support plan, as a way to assess whether the needs of the individual have changed, and therefore to revise the care and support plan. In Birmingham, where I live, the review is supposed to happen twenty-eight days after the initial service started, although this may be different for other authorities.

For many people, when they have the review process, they will very likely still be in a period of crisis, which means that this is not a good time for them to consider their future. It is known that having difficult conversations with individuals at a crisis point leads to inadequate advance care planning (Reinhardt *et al.*, 2017), and as Drummond, cited in Samuel (2011) states “‘The people I worked with needed a bit of time to reflect. If you are in crisis, you don't have that time.’” From my personal experience, my review occurred at the time of an ongoing crisis, and this meant that the ongoing crisis became the focus and the attention of the review, meaning that the review was focused on services received rather than on the process of moving on. Service users do initially need services for crisis, but later on may think more about the future than at the start. The review process should be after the service is finished, or close to finishing, as the person would be settled in and would be more mentally ready to look at the longer term rather than in crisis mode.

From a service user perspective, it is important to understand that it is support that occurs when someone is not there that is most important. By this, it is meant that service users feel most vulnerable when they are

on their own, and so ensuring that this vulnerability is reduced through support is very important. The way to do this is to ensure that service users receive support and not just care, as this means that they will feel empowered at their most vulnerable times. The distinction between care and support when talking about looking after someone can be subtle and so missed, but is very important to understand this difference. By care, I mean assisting someone to meet their needs from day to day such as in my case eating, washing and dressing, but by support, I mean enabling someone to be more independent and able to take control of their lives as much as possible, such as in my case enabling me to identify and access relevant courses of study. However, providing support should not be seen as a replacement for providing care, as there are times when only care is relevant. In my experience, focusing on support rather than care is harder to do and more time-consuming in the short term, but has more beneficial outcomes in the longer term. This is linked to the aim set out in the 2014 Care Act that there needs to be a move away from the deficit-based model to strengths-based model of practice (Whittington, 2016). Although the evidence for strengths-based approaches is not wholly clear, there is some evidence that the use of a strengths-based approach can improve social networks and enhance well-being. Moving the review to later on would also provide time for service users to be able to go out and assess what other services and provision exist, as a way to get them move on to different services as a life choice. This would not be possible if you are still in crisis or in recovery. This brings me to my second point, the need to change the focus of the review process.

Changing the focus of the review process

In terms of what the review process focuses on, in my experience this is just about how current things are going, there is nothing about the future. My own reviews have been concerned with the services I was already receiving such as care home services for example and how these could be improved, but I never had a review that has focused on where next for me. I was lucky in a way as I had the same social worker and I had professional experience of Direct Payments, which meant that I always had the concept of empowerment choice and control as part of my thinking, once I became an active member of the disability movement in 1995. At present, the current dynamic of the review process is about social services ensuring that they are providing the right services, and if not changing the services. But I would argue that the dynamic should change to focus on what could be done to enable the person to improve their future.

For example, there needs to be a focus on what people would like in long term, when they are no longer receiving support. This should be the goal of the review process, looking at moving people on to the next stage

of support. If this was the focus, it would allow people to make a more informed decision about their future. It would also allow people to look at what they have achieved up to that current point in their life. From my experience when working with disabled service users as an Employment Advisor, a lot of people think when they become disabled the skills that they had prior to becoming disabled are no longer relevant, but actually people have a lot of transferable skills that are still relevant when they are disabled.

For example, in my experience of working with disabled people, I took a specific approach to service users that focuses on what they needed to enable them to improve. This was done by looking at what they were interested in and finding out what they had done in the past. Having identified these two sets of answers, I would then focus on transferable skills. Although my main point in this article is about the timing of a review, I see no reason why the above approach cannot be used in the social work field. Therefore, the review questions might be as follows:

1. What do you like to do?
2. What was your role/job in the past before contacting social services?
3. What did you actually do in this role/job?
4. What would you hope to be doing?

I would argue that reflecting on how these skills can be of use in the future serves to enable people to keep hold of what was important to them in the past and use this to build for the future. This would allow people to feel that they have something that they can build on, rather than feeling that they have nothing and so are worthless.

Thus, rather than the review being a needs-led process, in terms of what the service user needs, it should be a life process, focussing on what their life could be like once support is put in place, and what options there are to build on this, e.g. what people did before, what they missed, what they would want to do.

This would probably affect the service user more, but would also be beneficial to social services as then they would build up a better picture of the service user and be able to work with them to consider their directions. Additionally, it would force social workers to become more aware of relevant services that the service user could be guided to for a more beneficial future.

Include other organisations in the review

I did not have someone with me for my review, but thinking back I do wish that I had had someone in with me, to consider what was possible, realistic and eligible. People should be made more aware that they can have someone else with them as an option as part of the review process.

The review process should also include voluntary organisation in the process, as this would change the dynamics of the review. The reason why voluntary organisations are most relevant here is because they would introduce an objective voice into the process. Research has shown that voluntary organisations can bring ‘distinctive’ benefits to service users and carers, such as support, helping to facilitate co-production and signposting (Moriarty and Manthorpe, 2014). The review could then result in changes to the service, with help from voluntary organisations. In particular, it would bring a different perspective with more information from someone who isn’t making decisions about their life. However, the review should not be seen as a code for cuts, meaning that people have to fight to keep hold of what they have.

Additionally, voluntary organisation involvement can help to equalise power differentials between the service user and the social worker that we know exists (Ranz and Langer, 2018). Some people may be intimidated or overwhelmed by the process, as it is not straightforward, and there are lots of elements, some of which are focussed on what social services want to do, and which only have logic to the social services. I have been in reviews where it was just me and the social worker, and although I like to think of myself as not easily intimidated, I did question at times whether what I said as a service user carried any weight with the social worker, and at times I did feel diminished in the eyes of the social worker. Another reason for this is that like most people, I would say that I can argue for other people far better than I can argue for myself. The reduction of these power differentials is very important when trying to co-design and co-produce services with vulnerable and disadvantaged groups (Mulvale *et al.*, 2019). The conversation then could be more about people and less about services. It would be hard for family members to do this. You do have to involve carers as legal right to have a say.

The three conversations approach—A way forward?

It should be noted that since 2018, Birmingham started the rollout of the ‘three conversations’ framework for adult social care described as ‘A framework that breaks down the traditional assessment process into person-centred, tangible stages that emphasis starting where the person is at reinforcing greater work happening at the preventative stage’ (Birmingham City Council, 2020). As the name suggests, the framework is a three-stage process, as detailed in Table 1.

In practice, the framework is applied as a linear three-stage process, with emphasis on undertaking conversations one and/or two first, and repeating these as necessary, and only moving on to conversation three afterwards.

The three conversations framework is a specific move away from the care management model of social work, which has been the dominant

Table 1.The Birmingham ‘three conversation’ framework for adult social care

Conversation	Focus
<i>Conversation 1—Listen and connect</i>	Listen hard and explore what really matters to the person. What resources and supports are available that can build upon their assets and strengths as well as connect them to family, community and others?
<i>Conversation 2—Work intensively with people in crisis</i>	What needs to change urgently to help someone regain control of their life? Put these into an emergency plan and with colleagues, stick like glue to help make the most important things happen to bring someone back to stability. DO NOT plan long term in a crisis.
<i>Conversation 3—Build a good life</i>	What does a good life look like? Focus on long term planning and how best to mobilise the resources needed including personal budgets as well as personal and community assets in order to make the best plan of care.

Source: [Birmingham City Council, 2020](#).

model of social work practice since the 1990s ([Whittington, 2016](#)). Indeed, it was the limitations of the care management model in terms of its ‘marked deficit focus and that support planning was unimaginative and service-based’, which led Birmingham to move away from it and adopt the three conversations model ([Fawcett et al., 2021](#), p. 2558).

According to [Kirin \(2016\)](#), using the three conversations model has led to a different way of working for social workers, and more recently [Birmingham City Council \(2020\)](#) has detailed that the adoption of the three conversations framework has enabled it to work with more people more quickly than previously, as well as saving money.

At present, with the three conversations model, the focus is still on needs assessment and care planning which means social services are concerned with what people are getting, not where they could be moving on to in the future. Therefore, I am suggesting that we undertake some research to review this process from the point of view of service users. With the introduction of three conversations model I argue that it would be of use to look at the review process to consider questions of whether it has ensured that it helps someone to make better life choices beyond the initial support. I have done brief internet search and there is a lot of mention of safeguarding reviews but not much else in of reviews. Many of you may disagree and say that the review process does not need changing, not least because we now have three conversations model and that this model does the job of review at least in part. This could indeed be true; however, there are no guarantees. And in any case the point I made above still stands, that is the three conversations model is still part

of a quick process, so if we moved the formal review to twelve months, this would allow people with lived experiences to get a level of knowledge about the service they are getting. In addition, by introducing people from other relevant agencies it also has the potential to recover and revive elements of their life before they were requiring an assessment, in a managed and safe environment.

My research proposal would look at the following:

1. the review process questions;
2. knowledge and experiences of review process;
3. impact or otherwise of three conversations model;
4. experiences of any changes following review process; and
5. find out what service users think the whole process means once social workers are no longer involved (i.e. achievements, hopes and gaps).

Summary

I have argued that the review process in social work is something that needs looking at. The reasons I have given are that there are three key issues with the review process as it currently stands. These are (1) it happens at the wrong time, (2) it's about looking backwards and the here and now rather than looking forwards and (3) it needs to include other organisations to make it a proper review. Although there have been changes in the review process where I live, through the three conversations model, there are still questions that remain, such as whether it has ensured that it helps someone to make better life choices beyond the initial support.

I conclude by making a call for research that explores the issues raised in this article, as there are questions that can only be answered by a research project that is focussed on the review process. My aim is to look at a process that is not often looked at, to empower service users to give them the opportunity to have services that fit into their life and not vice versa, and finally to empower social workers to benefit society more and not just carrying processes that fit their organisation's needs.

Biographies

Mark Lynes is a British male aged fifty-one years. He culturally identifies as a disabled person under the social model of disability.

Clive Sealey is a lecturer in social policy and theory at the University of Worcester. He came to live in the UK from an early age from Belize. Prior to working in academia, he has previously worked in a variety of community work settings, which reinforced to him the importance of the lived experience of service users and carers.

References

- Birmingham City Council (2020) '3 Conversations in BCC', Birmingham City Council, available online at: http://partners4change.co.uk/wp-content/uploads/2021/08/BCC_3Cs.pdf (accessed July 18, 2022).
- Fawcett, B., Johnson, M., Mould, F. and Ubhi, J. (2021) 'Birmingham taking the initiative: Changes and challenges in working differently with adults', *The British Journal of Social Work*, **51**(7), pp. 2554–70.
- Kirin, C. (2016) 'How three conversations have changed the way we do social work', *Community Care*, **3** May, available online at: <https://www.communitycare.co.uk/2016/05/03/three-conversations-changed-way-social-work/> (accessed July 18, 2022).
- Moriarty, J. and Manthorpe, J. (2014) 'Fragmentation and competition: Voluntary organisations' experiences of support for family carers', *Voluntary Sector Review*, **5**(2), pp. 249–57.
- Mulvale, G., Moll, S., Miatello, A., Robert, G., Larkin, M., Palmer, V. J., Powell, A., Gable, C. and Girling, M. (2019) 'Codesigning health and other public services with vulnerable and disadvantaged populations: Insights from an international collaboration', *Health Expectations*, **22**(3), pp. 284–97.
- Ranz, R. and Langer, N. (2018) 'Preparing international social work students to engage with unequal power relations', *Social Work Education*, **37**(4), pp. 535–45.
- Reinhardt, J. P., Downes, D., Cimarolli, V. and Bomba, P. (2017) 'End-of-life conversations and hospice placement: Association with less aggressive care desired in the nursing home', *Journal of Social Work in End-of-Life & Palliative Care*, **13**(1), pp. 61–81.
- Whittington, C. (2016) 'The promised liberation of adult social work under England's 2014 Care Act: Genuine prospect or false prospectus?', *British Journal of Social Work*, **46**(7), pp. 1942–61.