Introducing the Social Care Institute for Excellence (SCIE)

Don Brand

The link made between improved knowledge for practitioners, culture change in services and emancipation for service users has underpinned the conception of SCIE from the outset.

Various strands of policy thinking informed the debate before and after the Secretary of State’s announcement. The movement for evidence-based practice had gathered pace in health services for a number of years. The Cochrane Centre was co-ordinating systematic reviews of research evidence in a growing range of health fields, and the National Electronic Library for Health (NeLH) was developed to improve access to research in topics relevant to the NHS. As part of the Government’s programme of NHS modernisation and reform, the National Institute for Clinical Excellence (NICE) was set up to produce technical appraisals of the effectiveness of various forms of treatment, and guidelines for clinicians on good clinical practice. The Modernisation Agency was created to draw together a wide range of initiatives to improve management, practice, quality and consistency in health service provision.

In parallel, similar thinking had begun to spread in parts of social care, and pointed up a gap in the architecture of new national bodies the Government was putting in place to improve quality and consistency in service, workforce and training standards. The Centre for Evidence-Based Social Services (CEBSS) at Exeter University was seeking to encourage research awareness among social services staff on a regional basis, and Research into Practice (RIP) at Dartington and Sheffield University aimed to strengthen...
Introducing the Social Care Institute for Excellence (SCIE)

the links between research evidence, practice and management in subscribing authorities. The Department of Health funded work at the National Institute for Social Work (NISW) to establish the electronic Library for Social Care (eLSC) and develop a prototype Best Practice Guide in electronic format on the first-line management of practice.

These and related developments formed the backdrop to the Department of Health’s Quality Strategy for the Personal Social Services, published for consultation in August 2000. As well as outlining proposals for reforming social work education, and a framework for local quality strategies, the consultation paper invited views on the establishment of a new institution to accelerate the drive for quality... whose work will inform management, practice, regulation, training, inspection and review. SCIE will draw together what works best in social care, lessen the present lottery of care in social services, and promote greater consistency across the country.

Roles and functions
Following positive responses to the consultation proposals, the Department of Health worked in partnership with the National Institute for Social Work to set up SCIE as a new institute. It has been established as a charitable company, commissioned and sponsored by the Department and the National Assembly for Wales, but independent of government in its operations and, crucially, in its assessment of what works best in social care and constitutes good practice. Ministers appoint its chair and a minority of its 12 board members. Its core funding comes from government grants, and a service-level agreement with the Department and the National Assembly sets out its core functions and targets.

The agreement sets out six core principles underpinning SCIE’s work: these are inclusivity, transparency, accessibility, rigour, consultation (“SCIE must establish structures to facilitate consultation processes which include users and carers, and which reach individuals or organisations not generally included in mainstream consultation”) and independence. “SCIE must listen to all its stakeholders but avoid being dominated by any one of them. In particular, SCIE must retain the independence that will enable it to make difficult decisions that may be unpalatable to some of its stakeholders.”

SCIE has three inter-connected core functions:

- establishing and collating the knowledge base for practice, service delivery and management in social care
- translating the knowledge into practice guides and other tools to enhance quality and support practitioners and service providers
- making the knowledge base and guidance widely accessible and available to service users, carers and the public as well as practitioners, and promoting their application to improve practice

SCIE’s remit requires it to work in partnership with existing centres of excellence, with the networks of stakeholders in research and development, education and training, practice, service provision and management, and with the new regulatory bodies. The perspectives, concern and expertise of service users and their families and supporters will inform its activities at all levels.

Establishing the knowledge base
SCIE is tasked with developing methodologies for high-quality review of research, information and practice in social care, and conducting a programme of systematic reviews of research, knowledge and practice in a range of subject areas. It will both undertake reviews itself, and commission reviews from others with appropriate expertise, bearing in mind the following.

- The amount of research evidence available in social care, although much less in volume and depth than in health, is extensive and diverse. Collating this range of knowledge and making it accessible is a long-term task.
- The research evidence in social care is patchy in coverage and quality, not least because of chronic under-investment in funding relevant research and developing skilled social care researchers. Part of SCIE’s task will be to sift, assess and signpost the most relevant, best-quality research, and to highlight gaps in the available research which need to be filled.
Formal research is only one source of valid knowledge for social care. A major challenge for SCIE will be to develop ways in which user and practitioner knowledge can be systematically collected and integrated into the knowledge base, alongside research evidence and good practice models from inspection and service audit.

Translating knowledge into guides for practice
A great deal of guidance on good practice in social work and social care already exists. Some is produced by the Department of Health, the Social Services Inspectorate, the Audit Commission and the regulatory bodies, and by their counterparts in Wales, Northern Ireland and Scotland. Other guidance is developed and produced by R&D and academic institutions, specialist voluntary organisations, professional bodies and groups, and increasingly by user-controlled organisations and networks.

SCIE's remit for producing guides and tools for practice should not be seen as replacing or superseding the work of other bodies (eg Department of Health, Audit Commission), although its advent may, for instance, reduce the need for government to issue as much practice guidance as it has to date. It should also work with others to foster the creation of a coherent strategic framework for production and up-dating of guides, replacing the present piecemeal approach with a programme for comprehensive coverage of the main areas of practice.

The requirement on SCIE, according to its service level agreement, is to

- create strategies and produce best practice guidelines and other materials which can be used to raise standards of social care practitioners
- develop a process for testing and monitoring the effectiveness of these guidelines and materials
- establish an active communications strategy, including the use of electronic communications, to disseminate the knowledge base and the tools and guidelines...

There are some parallels with one of the functions of NICE in the health sector, to develop clinical guidelines for practitioners and service providers on the treatment and management of various health conditions. NICE has established processes and timescales for developing clinical guidelines which aim

- to involve a wide range of stakeholders, including service users, practitioners, professional bodies and academic experts
- to provide for extensive consultation at key stages in the preparation of guidelines, to inform their content and promote stakeholder ownership of the guidelines and their implementation
- to concentrate and develop scarce skills in guidelines production through commissioning from a small number of collaborating centres with expertise in particular fields.

SCIE will need to develop its own rigorous and inclusive methodologies for assessing good practice and formulating and testing guides and other tools. The available knowledge may not point to a single preferred approach or form of intervention in any particular situation, but the guides should present well-founded options for practitioners and users to consider, and could define unacceptable or ineffective practice to be avoided.

SCIE will want to work closely with the regulatory bodies to ensure that its developing knowledge about good practice is incorporated into their standards and other mechanisms. In particular, as SCIE extends and updates the knowledge base for practice, it will need to be incorporated into:

- the national required standards for services, issued by the Department of Health and the other UK administrations, and used as the basis for registration and inspection of establishments and agencies by the National Care Standards Commission (NCSC) and its counterparts
- the national occupational standards approved by the National Training Organisation for Personal Social Services (TOPSS) and the Councils in the other UK countries, which specify the competences for the range...
of job-roles in social care, and underpin workforce planning, job descriptions, appraisal systems, analyses of training needs, and vocational qualifications in social care

- the standards of conduct and practice set by the General Social Care Council (GSCC) and the other Councils responsible for workforce regulation, which will form the basis for registration and the maintenance of practice standards among practitioners in social care.

Figure 1 (opposite) sets out the relationship between SCIE’s knowledge base on best practice and the functions of the regulatory bodies.

Disseminating knowledge to improve practice

With some notable exceptions, provider agencies in social care have been slow to apply modern knowledge management systems and skills to provide practice staff with access to the knowledge they need to do their job. The Department of Health has only latterly begun to develop a national information strategy for social care, and investment in IT equipment and systems in social services agencies has received only a fraction of the resources invested in information management in the NHS.

Compared with health, there is also a dearth of specialist library services and professional librarians in social services.

As a result, information systems for supporting practice are generally under-developed, and most staff rely heavily on the knowledge of resources and methodologies they and their colleagues carry in their heads. The effect is a further dimension of the postcode lottery. Service users experience wide variations not only between local authorities in service provision and practice, but also between teams and units in the same authority, in their knowledge of what works and what is available.

SCIE’s task in ‘promoting greater consistency across the country’ needs to be tackled on a number of fronts.

- The knowledge base for social care needs to be made widely available and easily accessible to front-line staff, service users and the public. SCIE will take forward and build on the work of NISW in developing the electronic Library for Social Care and prototype best practice guides in electronic format. Work has begun with service user networks to develop the ‘user floor’ of the eLSC, enabling service users to access and contribute to the knowledge base.

- Although many service units, and even local authority fieldwork teams, currently lack the means to access Web-based information services at work, this situation is changing. Policies for promoting e-government and e-learning make it likely that workplace access will become universal within the next few years. In the meantime, staff as well as service users are increasingly accessing databases like Caredata (formerly a NISW subscription service but now available from SCIE free of charge) from their home computers.

- It is widely recognised that simply making knowledge available does not mean it impacts on practice. SCIE is also required to develop ‘strategies to assist managers and practitioners in implementing findings into practice and a process for testing and monitoring the effectiveness of these strategies’. Working with the Centre for Evidence-Based Social Services at Exeter University, Research in Practice, and other partners among development agencies and learning networks, SCIE’s task is to help to promote an active learning culture in social care. It will work to remove the barriers to knowledge-based change and quality improvement, and to motivate staff and service providers to keep up to date with changing knowledge.

SCIE is not a regulatory body with statutory teeth, but it should work closely with the regulators to encourage approaches to service and workforce registration and training which promote knowledge adoption and updating.

Conclusion

SCIE is a new national organisation with an extensive and challenging remit to change the culture of social care. Its task is to collate the knowledge base for all aspects of social care with children and adults, make it available and accessible to service users, carers and the public as well as the million-strong workforce in social care and encourage the adoption of the best available knowledge to improve
To achieve these long-term outcomes, it needs to adopt a strategic approach, setting clear priorities and developing robust methodologies, and working in conjunction with practitioners, providers, commissioners and the wide range of organisations engaged in research, development, education, training, regulation and audit. Key to SCIE’s success will be its ability to engage service users, carers and their organisations and networks in shaping and participating in all aspects of its work.