

Codes of Practice Review

Thank you for taking part in this survey to share your views and feedback.

Please complete the survey to help shape the revised Codes of Practice for Social Service Workers and Employers. We would like to know:

whether the draft Codes are clear and easy to understand

whether the proposed changes are appropriate in practice

what impact the proposed changes will have on workers, employers and people experiencing support

your ideas, comments and suggestions.

We won't ask for your name or other personal details but we'll ask you to include the name of an organisation or service if you are responding for them.

The consultation closes at 5pm on 7 July 2023.

Please answer all the questions that you can. The survey should take about 20 minutes to complete.

You can save as you go and please remember to come back and complete your response.

If you have any other questions about this consultation or the proposed changes to the Codes of Practice, please email futureproofing@sssc.uk.com.

If you have any technical problems filling out the survey, please get in touch at performanceandimprovement@sssc.uk.com.

Thank you.

Any responses you provide in this survey will be treated confidentially and stored online while it is open. When it is closed, the data will be moved to our secure IT system.

Any reporting of the data will not identify individuals, if you are responding on behalf of an organisation we will use this information publicly. As part of our reporting on the consultation we may publish an organisation's

response.

We will hold the data for up to five years then delete it. The results may be released under a Freedom of Information request.

If you choose to leave personal information, for example as part of a free-text response, the legal basis for the SSSC holding this information is consent, which you may withdraw at any time by contacting performanceandimprovement@sssc.uk.com

This survey will not store your IP address or make it available to or viewable by SSSC staff.

You can find out more about how we use and share your information in our privacy policy which is [here](#).

If you would like to request this survey in another format please contact SSSC on 0345 60 30 891.

I confirm that I have read and understand the above and agree to take part in this survey. *

3. About you

Are you responding: *

- ☐ as an individual
- ☐ as someone who employs social service workers
- ☐ on behalf of an organisation

4. About you

Are you on the SSSC register?

5. About You

Are you a person who uses social services?

6. About you

Please tell us what Register part you are on:

If you are registered on more than one part, please specify here:

7. About you

What is your role/job title?

8. About you

What is the name of your organisation?

9. Consultation questions

The following questions are about the Code of Practice for Social Service Workers.

How well do the revised Code of Practice for Social Service Workers encourage the following?

	Not at all well	Not well	Neutral	Well	Very well
Kindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rights and relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk enablement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety and protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship based practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma informed practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all well	Not well	Neutral	Well	Very well
Behaviour towards colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisational culture and behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equality, diversity and inclusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any comments? Please give examples where possible.

When have you used or experienced the Code of Practice for Social Service Workers?

Tick all that apply.

- ☐ Induction
- ☐ Recruitment
- ☐ Organisational policies
- ☐ Individual supervision
- ☐ Continuous professional learning
- ☐ Training
- ☐ Qualifications
- ☐ Team meetings
- ☐ Performance management
- ☐ Disciplinary
- ☐ Inspections
- ☐ Not aware of the Code of Practice for Social Service Workers
- ☐ Any other uses (please tell us more)

What impact will the proposed changes to the Code of Practice for Social Service Workers have on your practice?

Please give examples.

10. Consultation questions (continued)

The following questions are about the Code of Practice for Employers of Social Service Workers.

How well do the revised Code of Practice for Employers of Social Service Workers encourage the following?

	Not at all well	Not well	Neutral	Well	Very well
Kindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rights and relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk enablement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety and protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship based practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma informed practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour towards colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisational culture and behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equality, diversity and inclusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any comments? Please give examples where possible.

When have you used or experienced the Code of Practice for Employers of Social Service Workers?

Tick all that apply.

- ☐ Induction
- ☐ Recruitment
- ☐ Organisational policies
- ☐ Individual supervision
- ☐ Continuous professional learning
- ☐ Training
- ☐ Qualifications
- ☐ Team meetings

- ☐ Performance management
 - ☐ Disciplinary
 - ☐ Inspections
 - ☐ Not aware of the Code of Practice for Employers of Social Service Workers
 - ☐ Any other uses (please tell us more)
-

What impact will the proposed changes to the Code of Practice for Employers of Social Service Workers have on your practice?

Please give examples.

11. Consultation questions (continued)

The following questions are about both Codes of Practice.

When looking at the revised Codes of Practice for Social Service Workers and Employers how do you feel about the following statements?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The Codes are clear and consistent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Codes are easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Codes set a clear standard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Codes are relevant to me and my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Codes reflect the values that are needed to work in social services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Codes reflect good practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The words and terms used in the Codes are up to date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any comments? Please give examples where possible.

What impact will the proposed changes to the Codes of Practice for Social Service Workers and Employers have on people experiencing support?

Please give examples.

Do you have any other comments, suggestions or ideas about the revised Codes of Practice?

12. About you

We are committed to equality, diversity and inclusion. The following questions are voluntary and the findings will help us to deliver approaches that meet the needs of everyone.

Do you want to provide information on equality, diversity and inclusion?

☐ Yes

☐ No

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

☐ Yes, limited a lot

☐ Yes, limited a little

☐ No

☐ Prefer not to say

Do you have any of the following, which have lasted, or are expected to last, at least 12 months? Tick all that apply.

☐ Deafness or partial hearing loss

☐ Blindness or partial sight loss

☐ Full or partial loss of voice or difficulty speaking (a condition that requires you to use equipment to speak)

☐ Learning disability (a condition that you have had since childhood that affects the way you learn, understand information and communicate)

☐ Learning difficulty (a specific learning condition that affects the way you learn and process information)

☐ Development disorder (a condition that you have since childhood that affects motor, cognitive, social, and emotional skills, and speech and language)

- ☐ Physical ability (a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying)
- ☐ Mental health condition (a condition that affects your emotional, physical and mental wellbeing)
- ☐ Long-term illness, disease or condition (a condition, not listed above, that you may have for life, which may be managed with treatment or medication)
- ☐ No condition
- ☐ Prefer not to say
- ☐ Other (please write in):

14. About you

What is your ethnic group?

A. White

- ☐ Scottish
- ☐ Other British
- ☐ Irish
- ☐ Polish
- ☐ Gypsy/Traveller
- ☐ Roma
- ☐ Showman/Showwoman
- ☐ Other (please use space below to write in)

B. Mixed or multiple ethnic groups

- ☐ Any mixed or multiple ethnic group (please use space below to write in)

C. Asian, Scottish Asian or British Asian

- ☐ Pakistani, Scottish Pakistani or British Pakistani
- ☐ Indian, Scottish Indian or British Indian
- ☐ Bangladeshi, Scottish Bangladeshi or British Bangladeshi
- ☐ Chinese, Scottish Chinese or British Chinese
- ☐ Other (please use space below to write in)

D. African, Scottish African or British African

- ☐ Please use space below to write in (for example, Nigerian, Somali)

E. Caribbean or Black

- ☐ Please use space below to write in (for example, Scottish Caribbean, Black Scottish)

F. Other ethnic group

- ☐ Arab, Scottish Arab or British Arab
- ☐ Other, please use space below to write in (for example, Sikh or Jewish)
- ☐ Prefer not to say

Please use this space to write in:

15. About you

What term best describes your sex?

- ☐ Female
- ☐ Male
- ☐ In another way (if you would like to, please use space below to specify)
- ☐ Prefer not to say

Please use this space to specify:

Do you consider yourself to be trans, or have a trans history?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

16. About you

If you would like to, please describe your trans status (for example trans man, trans woman).

17. About you

What religion, religious denomination or or body do you belong to?

- ☐ None
- ☐ Church of Scotland
- ☐ Roman Catholic
- ☐ Other Christian, please write in below
- ☐ Muslim, write in denomination or school below
- ☐ Hindu
- ☐ Buddhist
- ☐ Sikh
- ☐ Jewish
- ☐ Pagan
- ☐ Another religion or body, please write in below
- ☐ Prefer not to say

Please specify here:

Which of the following best describes your sexual orientation?

- ☐ Straight or Heterosexual
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Prefer not to say
- ☐ Other, please write in below

Please specify here:

Do you look after, or give any help or support to family members, friends, neighbours of others because of either: Long term physical / mental ill-health / paid employment, disability Problems related to old age? Do not count anything you do as part of your paid employment.

- ☐ No
- ☐ Yes, 1 to 19 hours per week
- ☐ Yes, 20 to 34 hours per week

- ☐ Yes, 35 to 49 hours per week
- ☐ Yes, 50 or more hours per week