

COMMON WEAL



Community Social Work in Practice Across the UK

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What happened to Social Work in Scotland?

- 1968 Act – expansion into communities.
- 1980s – social work on the defensive.
- 1990s – intrusion of care management and marketisation with a brokerage role; increasing specialisation with a focus on risk; practice moves downstream and access to services determined by eligibility criteria. Local Government reorganization.
- 2000s – austerity.
- 2010s to present – recruitment & retention crisis. Integration with Health (again!). Hope that NCS proposals might change things positively.



“Changing Lives”
2005

The Impact of Broken Systems on Social Work

- ▶ Obsession with risk
- ▶ Centralised, siloed and inaccessible service delivery models
- ▶ Disconnects between education, policy and practice – driven by continued budgetary concerns
- ▶ Disillusioned and burnt-out staff (see: *Setting the Bar* report in Scotland and reports by BASW & UNISON elsewhere)
- ▶ The direct delegation by Scottish Government of responsibility to promote social welfare

How can we manage the flood downstream without stemming the flow upstream?



Opportunities and Enablers via Existing Policy Drivers

- The original premise of the Social Work (Scotland) Act 1968.
- Notions of participation and user direction (co-design/lived experience) in all areas of social work legislation.
- Community empowerment
- Recognition that current models and strategies failing



CSW - Unleashing the Potential of Social Work



PREVENTATIVE SUPPORT
BASED ON RESPECT AND
UNDERSTANDING –
AGREEMENT ON GOALS



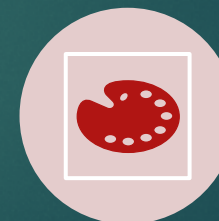
HONESTY AND
ACKNOWLEDGEMENT
ABOUT POWER
IMBALANCES



EMPHASIS ON
STRENGTHS RATHER THAN
DEFICITS



RESILIENCE BUILDING
RATHER THAN RISK
SURVEILLANCE



ENABLING AND
CELEBRATING
CREATIVITY AND
ARTISTRY – FROM STAFF
AND COMMUNITIES

Characteristics of Community Social Work

- ▶ CSW is focused on community – in all its different shapes and forms.
- ▶ It rests on “upstream” approaches that aim to tackle common problems and their individual manifestations, through early identification and mutually identified solution – *if we can stop people falling in the river in the first place, they will not need to be rescued from drowning in the overwhelming deluge downstream.*
- ▶ It might involve groupwork, an activity focus and/or social action, but also incorporates creative and imaginative social work interventions e.g. family group conferencing, restorative justice, mentoring, alleviation of social isolation and loneliness – and individual support.
- ▶ It is rooted in the community it aims to serve and draws strength and purpose from its networks, activists and ordinary members.
- ▶ It is a bottom-up activity and cannot be prescribed from outside or above – but it does require support from policy makers, senior managers and it needs inspired leaders at local level.
- ▶ It is preventative and relationship-based – using social work skills.
- ▶ It should be delivered through mainstream services and not as a peripheral farmed-out activity to third sector or as “community linking” activity.



Community orientation in social work practice

- ▶ Possibilities in every setting – including all statutory ones.
- ▶ Broad social awareness.
- ▶ Good team culture.
- ▶ Awareness of community assets.
- ▶ Active networking.
- ▶ Use of collective settings for engagement.
- ▶ De-individualizing of problems and issues.
- ▶ Respect and understanding of difference and diversity.
- ▶ Building on relationships.
- ▶ Space and Permission.



Example 1.

Fife Council CSW Team

- ▶ Top-Down Bottom-Up Creativity.
- ▶ Blank Sheet of Paper.
- ▶ Co-design and co-production.
- ▶ Reflecting in and on action(Schon).
- ▶ School parent hubs / library group for teens / foodbank surgery / one-to -one enhanced support / GP surgery referrals / bike group / football groups / walking group / Womens' support group / Peer mentoring / pregnant mums' group / Afghan mums' group / Kinship Carer support at a local level



Example 2. Northern Ireland – Clarendon Medical Practice, Derry



“The Team”

From “Healthy Connections” to “Strengthened Connections”:

- Obesity & wellbeing
- Mental health
- One to one support
- Community garden
- Peer mentoring
- Patients committee
- Summer family activities

Blaenavon Wellbeing Team, Torfaen, South Wales



- 2015/16 Redesign of service previously based around care management and eligibility criteria.
- 2016 Blaenavon Pilot – blank sheet of paper – community profiling and knowledge gaining prior to service commencing.
- Open door, services co-produced with users and carers, relationship based and sustained - no onward referral. Call backs welcomed.
- Commissioned services at end of process and often avoided.
- Fishbowl daily meetings – adhere to nine principals (next slide).

Results:

- Reduced referral rate with increase in preventative approaches.
- Job satisfaction – very stable team – manageable workloads.
- Positive feedback from Users and carers.
- No dependency issues despite emphasis on sustained relationships.
- Bottom-up partnership working at local level.

Blaenavon Wellbeing Team's Nine Principles

Listen to,
understand what
matters – don't just
give what we have
got.

Build on people's
own strengths,
networks and
community.

Design work against
predictable
demand.

Expertise upfront.

Pull in, don't refer or
"hand-off" (passing
to other teams).

Only do value
work.

Proportionate,
purposeful, person-
centred recording.

Proportionate,
purposeful, person-
centred practice.

Never say never,
problem solve and
unblock.

Further Reading

- ▶ Hilary Cottam (2018) *Radical Help*
- ▶ Cormac Russell (2020) *Rekindling Democracy – A Professional's Guide to Working in Citizen Space*
- ▶ Turbett, C. (2021) – *Struggling to Care – Why Scotland Needs to Reform the Role of Social Workers* – Common Weal online
- ▶ Turbett, C. (2020) – *Rediscovering & Mainstreaming Community Social Work in Scotland* – IRISS Insight 57 – online
- ▶ Turbett, C. (forthcoming 2024) *A Practical Guide to Social Work Practice Across the UK* – Policy Press

