

## Additional submission: Social Work in a National Care Service (NCS)

November 2021

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### Key messages from our consultation engagement programme

1. **A social model of care and support based in human rights, equalities and inclusion** must be the underlying philosophy of social work and social care. With a focus on equalities including anti-racism, the impact of poverty and disadvantage must be explicitly recognised and connected to other Government policy workstreams
2. **People should experience social work as a universal service.** It should be easy to access and stigma free
3. **Social workers must be able to practice in early intervention and prevention.** This will improve outcomes, return balanced caseloads and contribute to ensuring that social work and social care are attractive and sought-after career choices
4. **Social work's three specialisms (adults', children's and justice services) must be located together** to ensure effective support to people when they need it. All specialisms are underpinned in a variety of ways by support for adults.
5. **Disruption** to the support people expect and need and to the workforce during a major national restructure is inevitable. Government must consider **all options** and weigh the unavoidable costs of disruption against the as yet unknown gains.
6. **Changes to structures and governance arrangements must simplify the experience for people using services.** Our social care arrangements are currently complex and difficult for the public and workers to negotiate.

## Introduction

The Scottish Association of Social Work (SASW) is part of the British Association of Social Workers (BASW UK), the largest professional body for social workers in the UK. BASW UK has 22,000 members employed in frontline, management, academic and research positions in all care settings. There are over 10,000 registered social workers in Scotland around 1,500 of whom are SASW members. This comprises staff working in local government and the independent sector, across health and social care, education, children and families, justice services, as well as a growing number of independent practitioners.

SASW's key aims are:

- Improved professional support, recognition, and rights at work for social workers
- Better social work for the benefit of people who need our services and,
- A fairer society

We promote anti-discriminatory practice and offer learning and support for workers in all areas of practice. SASW recently undertook research into the experience of racism in Scottish social work.<sup>1</sup> The findings add further weight and detail to what is known about the experience of social workers from Black, Asian and other minoritised ethnic groups.

BASW UK has published its visions for adults'<sup>2</sup> and children's<sup>3</sup> services in 2021. Both documents are based on principles of human rights, early support, consistent resource and being led by people themselves.

## Purpose of this additional submission

In preparing our response to the National Care Service Consultation we engaged with members of the Association through a survey and, with them and other key stakeholders, including people with experience of services and carers, through a programme of events. Our comments in both the consultation document and this paper reflect the views, sometimes diverse, of our members.

The consultation document asks a wide range of questions. Some of these are directly about social work, but there are many areas under consideration that will impact the profession. There is more detail about our views on the entire range of consultation questions in the structured online consultation submission. However, we felt it necessary to bring together a few key elements of our response in a paper specifically on the nature of social work and its future role in an NCS.

SASW has prepared two separate submissions on the consultation

1. this one, shorter and focussed on social work
2. and one in the format Scottish Government provided which has more detail on the questions Government asked.

It was clear from our engagement that everyone found the consultation questions difficult to answer even when framed as views on Government "vision and direction of travel." This was due to the current lack of detail, including key areas for social workers around who might be employing them. The diversity of views reflected to the Association demonstrates not only

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<sup>1</sup> *Racism in Social Work in Scotland: a 2021 snapshot*

<sup>2</sup> [A Vision for Social Work: Adults \(basw.co.uk\)](https://www.basw.co.uk), Feb 2021

<sup>3</sup> [A Vision for Social Work: Children and Families \(basw.co.uk\)](https://www.basw.co.uk), Feb 2021

members' anxiety about the lack of detail currently available but also professional and personal conflict around:

- an incredibly significant structural change following not long after health and social care integration which split social work in various directions
- whether this proposed change will deliver the outcomes we all want
- the underlying problem which is lack of resource for public services.

A clear message emerged from our members engagement which is that the status quo is not working for people who use or need services, or for social workers. The response from SASW members to Q19 on the establishment of a NCS was:

45% yes  
30% current arrangements should continue  
25% another approach should be taken

So, 70% of our respondents want change.

*"There should be a joined-up approach where services are run locally with government oversight and consistent systems."*  
SASW Survey Respondent

## What social work is

The formal and internationally recognised definition of social work is:

*"Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility, and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. The above definition may be amplified at national and/or regional levels."*

*International Federation of Social Workers, 2014*

However, a more accessible version might be this:

*"Social work is about life, treasuring humanity, building connections, sharing, and promoting fairness. It is about creativity, care and love – being there to help people overcome obstacles and oppression that hold them, back. For people using our services, a social worker should be someone to trust and believe in – someone who helps you believe in yourself. Sometimes we must hold boundaries, protect rights, advocate and challenge. We are always in the midst of the messy stuff, finding ways forward."*

*Ruth Allen, CEO BASW, 2018*

True social work is all about individuals and families within communities, living, working, and learning. It is holistic in that it sees people in their social and economic context. It is human rights-based, social justice focussed and trauma informed. It is a professional role requiring emotional intelligence, self-reflection and critique, not a series of defined tasks. Social workers take an ethical perspective on the impact of their work. In fact, social work support is often driven by ethical considerations rather than being an afterthought. This work goes beyond the impact on the individual and extends to their loved ones and communities, including those who may be victims of the individual.

Working with people who are marginalised and have less voice in our society is a major component of our work. People are marginalised for many, often multiple reasons; poverty, trauma, disability, race and ethnicity, gender identity, sex and sexuality. Social workers are trained to understand power structures and diversity and to not only accommodate, but support and celebrate difference. This requires self-awareness (as a powerful professional), critical thinking and the ability to challenge peers, line-managers, organisations and, for those who take a formal activist role, governments.

Social work is not about applying procedures or filling in forms (although these may be tools we use). We use our skills and experience of working with others to help people explore the root causes of their problems and the myriad solutions there may be to those problems. In its essence, social work is about supporting people when they need it through trusting relationships and honest communication to reduce future crisis, enabling positive risk, intervening only after careful consideration of the balance of autonomy and risk to the person or others.

SASW believes it is important that diverse professions' definitions and identities are seen as valuable within the national environment. We ask that those who employ us recognise that to pick and choose elements of the profession undermines its holistic effectiveness and diminishes our potential for real impact in improving the wellbeing of people in Scotland. Most of us, or our loved ones need to talk to a social worker at some point transition or challenge in our lives.

## Issues of role: historical perspectives

What is clear to the profession in 2021, is that what we do in practice in Scotland is rarely in line with these definitions. This divergence in common understanding between those who pay and direct us (local and national government) and the profession itself about what social work is, is about to reach a head. The proposal for a NCS brings a necessary opportunity to make this issue transparent and, we hope, agree a common and acceptable direction for social work that will preserve and enhance its unique contribution.

To place this in context, it is helpful to consider the last 30 years and a series of policy environments that have led us here.

Social workers are generally seen as having two main functions:

- As a therapeutic resource in themselves and
- A gateway to other resources.

Care Management in the 1990s separated assessment and commissioning functions from service delivery functions, increasing the gateway whilst reducing the therapeutic resource function of social work. This brought opportunities to work with independent partners within communities, innovate and evolve the public sector offering. Local government reorganisation in that decade further moved social work from generic community teams into the specialisms we see today.

By removing social workers from the wider system to focus on specialist assessment, a task-oriented deficit-based assessment methodology intensified the focus on fixing the individual rather than involving them in articulating their desires and life experiences, exploring their work and social environments to generate creative options.

*“Social work ended up being gatekeepers of resources, you can be one or the other, but you can’t be both. Working in a local authority you become this by default. It’s not fair really.”*

*Parent Carer Participant in Stakeholder Engagement Session*

Cuts to social work budgets and austerity meant that it became cheaper to buy in services by staff not qualified in social work where the service could be disassociated from “statutory,” i.e., uninvited, and often unwelcome, interventions. The cuts to local government spending have meant that some important preventative and early intervention supports, that local authorities found they could no longer afford, were picked up or developed by Health Services or the Third Sector, for example social prescribing and distress brief intervention. Our issue is not that others have picked this up and often do it well, our concern is that in reducing the social work role to assessor and gatekeeper, the benefits of long-term relationships and oversight of interventions from start to finish have been lost.

Eligibility criteria followed as decisions about not only who to support, but even whom to assess, became necessary due to budget reductions. This meant that in effect social workers became involved later and later in supporting people having problematic times.

This later engagement affects our relationship with the people we support which becomes more strained as social workers become involved in cases often only at that point of statutory intervention.

*“Adult support and protection and child support and protection happens when everything else has failed. It should not be because there is nothing there in the first place to avoid getting to this stage.”*

*Participant in Adult Community of Practice*

Much of social work, particularly where statutory interventions are used, involves working with people experiencing poverty, disadvantage, few life options and marginalisation. Any government serious about improving health and social care must tackle poverty and its effects.

Social work and government initiatives to promote good conversations, person-centred and outcome-focussed assessment fail in the execution because, to achieve resource, social workers must prove that a person suffers significant deficit.<sup>4</sup> Social workers are now perceived as imposing sanctions on people for whom prevention and early intervention was not available or has not worked. In addition, social workers are held to account for this by the media and public.

*“First diagnosis in our family was youngest at 2 ½ with autism...I’d been injured at work, struggled to pay the mortgage. We became homeless. We had nowhere to turn to and asked for social work input and were told we weren’t in crisis, even though we were homeless, it was pathetic. We were seeking help and we thought we would get it from social work, but we didn’t. In a secure tenancy now but have been asking for 2.5 years for help and support. SDS assessment has been done but not allocated a social worker to go through this yet. Still waiting for more support and services and still no closer. We referred ourselves, health visitor referred us, and school referred us, but still waiting for help.”*

*Parent Carer Participant in Stakeholder Engagement Session*

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<sup>4</sup> F. Morrow from 38’: [Social Work UK Ireland PhD ECR Research Collective Ethnography Event - YouTube](#)

Social workers now do only a small slice of the work they hoped to do and have been trained to do. We are at a stage where the social contract between the profession and those it serves is at best strained.

*“Trust between you and your social work is so important but how do you build that trust if you don’t have time with them?”*

*Stakeholder in the Learning Disability Engagement Session*

Our engagement with groups of people with experience of social work and social care services shows that there is a huge appreciation of the social work role being undertaken in an environment which is not set up to support positive relationships and strength-based conversation and supports. People who use service recognise the positive impact the profession can have for people but also the impact on social workers of the work they do.

*“It makes sense to be proactive, not reactive. If I hadn’t had the help with my son, he could have been the justice system, that’s who we’d be in touch with. Social workers need to be in at the start, saving money through the course of person’s life. Integrating people, keeping people fit and healthy. I studied social work for 2 years ..., beautiful young people getting broken by the system. No longevity, not valued. Not the job they studied for.”*

*Parent Carer in Stakeholder Engagement Session*

SASW asks Government to be explicit about whether it believes that social work has a future. We need to decide whether we continue the trajectory established by these last 30 years or to redirect social work practice to a more holistic, relationship-based role as expressed in the next section.

The current trajectory leads to some deeply uncomfortable and unacceptable positions for the profession. It is within the realms of possibility, that if Government views social work as simply the sum of those tasks that only social workers can undertake, our hugely valuable generic training is at risk. Why train in skills, values and knowledge the workforce cannot use? This might logically lead to social work training being replaced by separate courses in, say, adult support and protection, probation and child protection. We know there has been discussion about opening the statutory mental health officer role to other professions to address shortages. Not only does this not address the underlying problem as to why there aren’t enough social workers wanting to become MHOs, it would be an unacceptable erosion of the social work role. This would result in Scotland losing the unique elements rooted in social work values and social models of mental health and disability brought by social workers to these times when the state decides to intervene in the lives of its citizens. We ask Government to listen to the social work profession and redirect this trajectory so that health, social work and social care can achieve far more positive outcomes.

*“Social work becoming defined by the statutory functions only, is becoming the definition of social work and not what people take up social work as a career to do. What is the impact of this on a career? How long can people keep working at this level.”*

*Participant in Children and Families Community of Practice*

## What social work could do, where we should be

Social work's aspirations are entirely in line with the thinking of the Independent Review of Adult Social Care<sup>5</sup>. Social care support is an investment enabling rights and capabilities and supporting independent living. People must experience it as preventative and anticipatory, consistent and fair. Care and support can only be truly effective if it is relationship-based and collaborative with people, their families and communities.

Social workers must be easily accessible to people who might benefit from a discussion with us when they need it. This might not result in social care support but offers a key opportunity to explore and use existing strengths and personal or community resources and to develop new capacities.

Relationship based practice characterised by spending time with, talking and listening to people, is purposeful. It attends as much to the inner world and unique experience of a person as the outer world of tasks. It requires the practitioner to be empathetic and to show care. It seeks social justice by examining context and structural inequalities. It delivers practical support and risk assessment, intervening only as an exception and for as little time as necessary<sup>6</sup>.

Social work supports people at transitional times in their lives, not just at life stages childhood to adulthood or into older age but

- from danger to relative safety
- from isolation to connected support
- through trauma to recovery
- from helplessness to self-determination

until they no longer need support<sup>7</sup>. Often this is where there is no clear remit for other public services or where arrangements are complex and multi-layered.

*"I think there is a real danger of only accessing the skills that social workers have when the risks are high and statutory intervention is required. You need to consider that the skills and experience social workers have could mean that support at an early low-level stage may mean that the situation never reaches breakdown or high risk. A light touch might just be a sticking plaster and the support doesn't meet the identified need so turns to crisis."*

*SASW survey respondent*

Like GPs, social workers should be a skilled part of the local community working with other professionals in places that people are able to come to without feeling stigmatised. Like GPs they have the skills to hold a lead professional role that maintains oversight of the assessments and supports being used and enables purposeful review.

*"We need someone very good on first contact...I'm in pain and stressed. I want people involved with me giving me time, support to communicate well, being very careful at the first contact even if on the phone. If they come out to me, I want them to be really qualified and suitable to do an assessment and for them to be on my side and could carry everything through and not have recommendations knocked down at first hurdle. They would be able to use their understanding and training to do it and complete it from beginning to end."*

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<sup>5</sup> [Adult social care: independent review - gov.scot \(www.gov.scot\)](http://www.gov.scot)

<sup>6</sup> From Fenton, 2019

<sup>7</sup> Thanks to James Cox for this description of social work in terms of transitions

*User of Social Work Services from the Collective Engagement Session*

*“We need the agency of people who had enough authority...it could work...I’ve been able to choose a doctor to help with medical issue, would be good to choose the person I trusted for social work support, who I trusted and be able to access them like my doctor when I need them.”*

*Person who uses social work services.*

Data and information systems should be designed to deliver better support, be easy to use and support principles of people owning their own data. The balance between privacy and sharing information appropriately and necessarily needs to be found.

*“Where is the choice for people about who sees their data? They may not wish to share information. There is the danger of this becoming a medical model and bureaucratic in relation to data collection losing sight of the person. Social workers will again be completing forms instead of speaking to people.”*

*SASW Survey Respondent*

*“Back to basics, social work needs to be pro-active not reactive. I wouldn’t have their job. Their skills are not utilised. They are puppets in a money led system. I hope the National Care Service thinks about standardised practice. Heard a quote the other day – social work is the new DWP, I find this very sad.”*

*Parent Carer Participant in Stakeholder Engagement Session*

Social workers are trained for and should be allowed to be the lead professional for social work and social care. It makes no sense to train others or outsource this role which should include keeping cases open, being accessible, having responsibility for the overarching outcomes and the ethical framework of practice supporting an individual or family. Without this oversight, social inputs, particularly if highly regulated and broken down into separate elements, become transactional, rule-bound and procedural.

Social workers are themselves a resource, not just for assessment but for individuals and families. In Germany, social workers assess to estimate the level and type of support a family or an individual need, allocate a time budget and spend 80% of that time with the person or family themselves, building the relationship and trust, bringing in particular expertise or additional support if required. The main resource is the social worker themselves. As a result, social workers are seen as positive enablers rather than unwanted agents of the state as we are here.

Social workers should not be involved in means testing people for the services they are seeking. This immediately negatively affects the developing relationship. Social work support and social care should be free at the point of delivery as health is. Eligibility, as it stands, is toxic and means we cannot support people unless their needs are already extremely high. Whatever means we use to ration resource it should not prevent people from getting immediate help and support that will reduce future crises.

Within the health and social care world, social work is a small profession although it is highly connected to both through their dependency on our assessment for care and support, and a variety of legal functions, for example adults with incapacity, guardianship etc... The fundamentals of social work; listening, exploring, finding options, working with disadvantage and people who are marginalised, managing risk, negotiating incompatible rights; are generic across all social work and require highly skilled workers.

*“More and better training, more person-centred practice, wish we could go back to that. One thing really needs sorting out...tired of when I need a social worker, I get someone who is not qualified, I had an assessment, but social worker got promoted and I finished up with someone who couldn't wait to get away from this case, he was inexperienced, I ended up without a support plan and a botched contract. Having to go elsewhere to get this sorted out, so please can we have trained social workers.”*

*Person who uses social work services*

In the future, social workers need a pay and grading system that promotes additional training and responsibility beyond only management. A national terms and conditions framework may help to reduce movement across employers by social workers for fairly small amounts of increased pay, but it must be flexible enough to recruit to places facing workforce challenges. A human rights approach must be applied not only to people who need support but to the workforce that creates that support.

Visible social work leadership is necessary in any form of the NCS at local and at national level. The role of Director of Social Work has all but disappeared in Scotland leaving a void at the highest level. Chief Social Work Officers (CSWOs) have statutory functions that are virtually impossible to deliver given our governance structures where so many are not part of the same structure as the adults' children's and/or justice services they hold accountability for. Social work leaders must have parity of pay and influence with health given the impact on individuals and families that statutory and unwanted interventions can have and which must be based in often complex and competing legal, ethical and good practice principles.

## Resource and eligibility

Resource will not be infinite in a NCS and we will need a new way to manage resourcing decisions. The management of and communication about resource allocation through the NCS must be transparent and understandable to the public.

Currently, in their assessments, social workers take eligibility criteria and the availability of care and support resource into account. As previously mentioned, social workers also must turn the language of strengths and aspiration into that of need and deficit to argue the case for resource. This has a variety of effects:

- Only need that can be met is recorded so there appears to be no unmet need.
- Social workers learn to game the system to get the result they need for the people they work with (because they care). The language of deficit in an assessment can be very difficult for the relationship with the person experiencing the assessment.
- For people using our services, the social worker plays the role of resource rationer, deeply affecting authentic and trusting relationships.

Local authorities use eligibility criteria to describe the level of need and urgency a person must be in to receive support. This screens people with low levels of need out. People may be signposted to early intervention supports but the messaging is effectively, “Come back when you're worse.” We need to address this urgently. Everyone is entitled to an assessment by a professional. Bridging funding may be required if we are to enable the transformation from crisis intervention to preventative and early intervention support.

SASW recommends a move away from the current system around eligibility criteria and the means assessment role. There may be a variety of options for a significantly different system such as:

- A system that is experienced by workers and by people using services much more like that of the NHS. Frontline workers, nurses and GPs do not make daily decisions about which of their patients get which tests or treatments. This is not because the NHS doesn't ration resource, but it is handled differently. This creates a quite different relationship between people coming for support and those delivering assessments and services. However, in the NHS, NICE guidelines, realistic medicine and waiting lists are all rationing techniques and the consequences of such would need to be considered fully as part of the NCS programme.
- A system where eligibility criteria are not referenced at the point of assessment. Devolved budgets could be used by multi-disciplinary teams to bring a community approach, with knowledge of and use of early intervention and prevention services to reduce crisis. This not only eliminates eligibility criteria that, in fact, increases risk and crisis, but also brings accountability to local team level who could record unmet need evidencing gaps in recourse and the needs for support that could be used strategically at Community Board and national levels.

There will also be other options but SASW's key message is that our current system of resource allocation does not work and our current situation around eligibility criteria has been toxic for some time and is unsustainable. SASW welcomes the opportunity to be involved in future discussions about eligibility criteria.

## National Social Work Agency (NSWA)

If all social work specialisms are included in the scope of the NCS, the NSWA should be sited within the NCS. If not, it should be sited out-with the NCS and its role and powers should be thoroughly explored to ensure it is able to deliver equitably across the whole of social work; adults, children's, and justice services.

There are opportunities to use implementation science (which requires resource and is not instant) to support policy and practice development. However, any improvement approach that tries to separate the social work task into rule-bound procedures is dangerous for people who need support. It is an attractive idea that outcomes can be improved if social workers adhere to more detailed instructions and guidance, as if doing things "by the book" in itself will make outcomes predictable and consistent. The added attraction to this thinking is that when it fails, we can blame "sloppiness, neglect or short-sightedness of social workers and their bosses"<sup>8</sup>. To achieve successful outcomes, the unique circumstances of individuals, families and communities must be recognised. Social work is not rocket science; it's much more difficult as most of the variables are not within our or the supported person's direct control. There are issues of marginalisation, of culture, of trauma that impact each experience of support in different ways. For this reason, having trained and well supported autonomous professionals to have practical and ethical oversight of support and interventions is vital.

An NSWA offers clear opportunities for a national approach to improvement in social work service design and practice. Historically, improvement work has generally been achieved piecemeal across local authority areas. Whilst, some local difference may be appropriate,

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<sup>8</sup> Bauman, Z.,(200) "Am I my brother's keeper?", European Journal of Social Work, 3(1), 5-11.

where a truly national approach has been required, if not all areas buy into a national approach, it fails. There will need to be careful thought about how and where decisions about national approaches are made and at the same time, enough authority for the NSWA to ensure effective national improvement. The NSWA must be more than an advisory body.

Significant problems still exist around diversity and inclusion for the social work workforce as well as for people using services. The experiences of social workers from Black, Asian and other minoritised ethnic groups were explored in our report, *Racism in Social Work: a 2021 snapshot*<sup>9</sup>. The NSWA should have a clear equalities function ensuring that support delivered through the NCS and CHSCBs (Community Health and Social Care Boards) is truly inclusive and appropriate. The NSWA should lead national social work development and improvement to organisational culture around racism and other equalities. This should include ensuring that reports of discrimination are recorded and that the sector improves its responses to complaints so that people feel listened to and can see that the system supports them. The NSWA must also hold responsibilities for ensuring the workforce and its leadership is diverse, represents the entire range of communities in Scotland and is protected from abuse.

A NSWA must be able to advocate for models of professional support and performance measurement that are realistic and add value within this complex profession. The opportunity for common post-qualifying training and development for social workers nationally is exciting and could bring great energy to the profession collectively. It will help the profession and its employers to understanding the social work role and ensure it continues to work with others to improve the wellbeing of people in Scotland.

*“There is a real lack of understanding by our partners. We need to know if a separate body in the National Care Service will support front line social work staff.”*

*Participant in the Mental Health Community of Practice*

### **Independent Social Workers (ISWs)**

ISWs are an integral and valuable part of the social work workforce. A small but growing number in Scotland, they provide essential services and support the wider social work environment in a variety of ways. The National Care Service and the National Social Work Agency will need to consider its relationship with ISWS. ISWs are contracted across Scotland by local authorities, charities, universities and independent employment agencies. They are on occasion also engaged by individuals privately and are often requested to undertake work on behalf of solicitors and are often instructed from LAs from other parts of the UK.

There are several reasons for engaging independent ISWs, these being: to offer expertise in a particular area of practice, to offer an independent view or level of scrutiny in complex cases, or to offer temporary solutions to staffing issues.

Contractual arrangements can include one-off task specific roles, ongoing and regular input, or temporary full-time positions across all areas of practice, i.e., children and families, mental health services, justice and community care.

Typical roles include:

- Parental capacity assessments

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<sup>9</sup> [Racism in Scottish Social Work \(basw.co.uk\)](https://www.basw.co.uk)

- Assessments of contact (parental and sibling)
- Parent Assessment Manual assessments
- Complex case reviews
- Improvement and development work
- Independent chairing of panels or complex meetings
- Independent reviews of complaints/allegations
- Training
- Quality assurance
- Practice educator roles
- Asylum and immigration work
- Assessments/reviews of foster carers
- Assessments of adoptive parents
- Kinship Care assessments (viability and full)
- Mental health tribunals, adults with incapacity and safeguarding work
- Professional supervision
- Protection work
- Team development and group supervision
- Expert witness
- Interim social work roles to bolster retention and recruitment (all levels of practice and management)

### **Social Workers in the Third Sector**

SASW members also include social workers who work in the independent sector – particularly the Third Sector. Often, they are in promoted positions managing a team of social care and support staff. Their employers are contracted usually by local authorities and so, at arm's length to other social workers, their post-qualifying support is liable to greater variation. Social workers are keen to work more closely with the Third sector, engaging in early intervention and prevention to create positive relationships with families and communities before any need for statutory intervention. There are opportunities here to take real advantage of the overlap of roles across sectors.

These two groups of social workers often particularly struggle for recognition and access to support and development. Whilst SASW delivers forums, advice, insurance and training opportunities to our members, there is a wider conversation about the role of employers and commissioners in supporting and requiring continual professional learning. The Government's pandemic recognition payment of £500 to health and social care workers did not apply to either of these groups which was felt to be deeply unfair and divisive. This evidenced the complexity of the sector and how difficult it is to reach all elements of it effectively. A NSWA would need to create links, support training and development and engage with the employers of independent social workers and social workers in the Third Sector as part of its work.

In short, SASW not only welcomes the proposal for a social work agency whatever the scope of the NCS but sees the NSWA as a vital component of the national environment. If people who need social work and social care are to see any significant improvement the profession needs to thrive.

### **Relaunch Social Work**

SASW believes that social work brings great benefits to societies who use it well. We know that the NSWA must be able to raise the profile of the comparatively small social work workforce, advance its professionalism through implementation support and development opportunities and protect social work from further role erosion. The SSSC (Scottish Social

Services Council) Workforce Skills Report<sup>10</sup> notes that whilst the number of practising social workers in local authorities has been relatively stable over recent years, this is a function of limited budgets rather than a strategic response to the actual needs of people who needs services. It notes reports that all local authorities are reporting not having enough social workers.

SASW recommends the NSWA be tasked to relaunch, increase and revitalise the workforce. This will require work on public and political perceptions of social work, our role in early intervention and prevention, balanced caseloads and support over the career span

## National Care Service Scope

Our members clearly indicate a desire for change. If adults' social care and social work services are taken into a NCS, SASW supports a maximalist approach to the scope of the NCS to ensure that all community services are delivered through a single governance system. This includes nurses, occupational therapists, physiotherapists, and other allied health professionals as well as children's and justice social work services. In our view there are risks in delivering The Promise if the support that parents need is located elsewhere. Likewise, people in the justice system, in the main, need reliable and sticky support to move on positively.

All social work services involve work with adults. In justice services we see many people from marginalised communities, with experiences of trauma, poor mental health and substance use who are not always connecting into the supports from adults' services that might create a way out of the justice system. In services for children and families, our intention to deliver The Promise to Scotland's children is based on delivering quality support for parents to enable families to stay together where this is at all possible.

*“Social work is fundamentally about working with families, so to exclude children's services could create unnecessary barriers.”*

*SASW survey respondent*

Our members expressed concern that social work could be divided into three separate areas of specialism. This could lead to greater silos and complexity for people using services. This concern, however, is not without major caveat and an equal concern that the impact of a maximalist NCS would entail fracturing existing partnerships with education, housing and others and reducing localised approaches.

Any possibility of a NCS encompassing social care but not social work, SASW strongly advises against. Such a model, we believe, could lead to CHSCBs commissioning assessment and tasks from social work on a piecework basis. This would further reduce the social work role to the sum of its tasks to the detriment of individuals and communities.

Whilst SASW supports a NCS, this is not in opposition to our position that decisions should be made as close to the people they affect as possible and coproduction and meaningful involvement are all necessary for a functioning and compassionate care service. There are significant risks in over-centralising and trying to fit all circumstances into a single model – this is why we need qualified care professionals who are trusted, have autonomy alongside accountability and support structures.

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<sup>10</sup> [Workforce skills reports | Scottish Social Services Workforce Data \(sssc.uk.com\)](https://www.sssc.uk.com/workforce-skills-reports)

All professions should see themselves represented in the NCS where professional support and supervision is available. For social workers this means seeing our senior managers paid equally to health managers and being confident that our social justice and values base is respected by our managers as part of our professional identity.

*“Collaboration – interacting with health or another system or group of people, they’ve forgotten how to communicate with each other. People seem to be failing the system at the moment, forgotten how to collaborate, how to get help from each other, respect each other’s profession, how they can expect anything to work, no matter what name it has on top of it.”*

*User of social work services from the Collective Stakeholder session*

Integration has been a very mixed experience for social workers, and many have felt tensions between a dominant health model and social work principles and practice. Whilst SASW understands the Government’s continued commitment to integration, there are many problems with its current incarnation. Where agencies or particular roles have responsibilities, managers must have the direct authority, access to resource and the workforce capacity to deliver these responsibilities. This could be achieved by having a common employer but there may be other ways to achieve this end with separate employment structures and integration at the frontline. The options should be fully appraised.

## In conclusion

SASW members are keen to see positive change that will ensure that all people in Scotland get the advice and services they need. Part of this must be a commitment to address poverty and to increase resource to the social work and social care sectors.

Social work as practised has deviated from the profession’s position on what it is and how it works to support people. SASW believes that this has led to a series of common misconceptions about the nature of social work that now drives strategic and practice decisions about our role. Should the NCS go ahead, this offers a significant opportunity to create a new social contract between the people of Scotland, Government and the profession to repair relationships soured through the lack of resource and the minimisation of the social work role.

Given the likelihood that there will be a NCS that at least encompasses adult social care, we are concerned that whatever the decision is about the scope of the NCS, Government must consider all options and weigh the unavoidable cost of disruption against the as yet unknown gains. The NCS is a potentially valuable opportunity for public service improvement. However, if the time is not taken to get it right, it may represent a significant risk to public services. Therefore, we recommend that time is taken over the design of the whole NCS. Time in which detailed discussions about the best next steps for justice and children’s services can be carried out in parallel to feed into a full options appraisal considering all the potential options.

SASW will fully engage with the development of a National Care Service and a National Social Work Agency to help those making decisions about our profession have a full and deep understanding of the value of the profession so that people in Scotland can benefit from better care and support. We are committed to working with Government to find solutions as to how we could work so much more effectively and make real change to the wellbeing of people in Scotland. Working alongside people who have experience of our services, SASW looks forward to co-creating a new vision of the future of social work with Social Work Scotland and supporting the Office of the Chief Social Work Adviser in Scottish Government to articulate an ambitious, skilled and respected social work profession universally accessible and with a new social contract based on relationships and trust.

## Useful reading

Audit Scotland, 2018, [Health and social care integration: update on progress | Audit Scotland \(audit-scotland.gov.uk\)](#)

Eccles, A., and Taylor, R, 2018, Personalisation: Back to the Future, [SWS- Personalisation.pdf \(socialworkscotland.org\)](#)

Clark, A., 2021, [Social care | Audit Scotland \(audit-scotland.gov.uk\)](#)

Fenton, J., 2019 *Social Work for Lazy Radicals: Relationship Building, Critical Thinking and Courage in Practice*, Macmillan Higher Education and Red Globe Press

Rob Mitchell and Hannah Morgan Elaine James with Mark Harvey and Ian Burgess Lyn Romeo and Mark Neary 2019, *Social Work, Cats and Rocket Science: Stories of Making a Difference in Social Work with Adults*, Jessica Kingsley

Murray, E., 2021, [Blog: Christie - it really is now or never | Audit Scotland \(audit-scotland.gov.uk\)](#)

Beresford, p., and Slasberg, C., 2021, [Ending eligibility: ten tests for establishing a human rights-based approach to adult social care - Community Care](#)

Turbett, C., 2021, [Care in Your Community – Common Weal](#)  
2021, [Struggling to Care – Common Weal](#)  
2018, [Community social work in Scotland | Iriss](#)