

**Independent Review of Adult Social Care (The Review)**

**Position Statement October 2020**

**Who we are**

The Scottish Association of Social Work (SASW) is part of the British Association of Social Workers, the largest professional body for social workers in the UK. BASW UK has 21,000 members employed in frontline, management, academic and research positions in all care settings. There are 10,943[[1]](#footnote-1) 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 hope that our contribution to the Independent Review of Adult Social Care will be iterative and ongoing through the life-time of the Review and beyond as decisions are made and implementation planning progresses. We are available and committed to supporting and advising the Review in all matters related to social work and its complex relationship to social care.

**Our key messages for the Independent Review**

1. SASW members want change to the social care and social work systems. The status quo is not working for people who use services or for the people who work alongside them.
2. The social work profession is a single profession, very connected to, but separate from, social care. It holds specific duties for welfare and statutory powers to intervene where necessary.
3. Until social care is funded effectively, with enough resource coming through transparent resource allocation systems, both radical change and incremental improvement cannot achieve the results we all hope for. To improve unacceptable variation in what is delivered across Scotland, the budget system from national to local government needs significant reconsideration. The link to poverty also cannot be ignored. Poverty directly affects the requirement for state support and intervention when people struggle with life challenges.
4. Any new system must promote the professional autonomy of the workforce to use their professional judgement and make appropriate resource decisions. Our self-directed support system is an excellent starting place and should be further developed.
5. The social services workforce should be treated nationally as equivalent in status, pay and conditions to their colleagues in the health system. Good conditions of service must be an entitlement across the public and independent sectors. Without this, social care and social work voices are lost in a system that is currently dominated by health discourse and the medicalisation and individualisation of social problems.
6. Different elements of the social services arena (resource management, policy implementation, professional development, direct delivery) will need differentiate treatment in terms of national or local infrastructure.
7. A whole systems approach to change will be needed. The current system is connected formally and informally through individuals, organisations, culture and traditions that need care and thought to dismantle or re-arrange. Real change can only come with sufficient attention to the needs of the workforce, the capacity of the leadership and sufficient knowledge of local assets and needs to shape and support what will be a multi-faceted, hugely impactful change.

**The need for change**

The Scottish Association of Social Work (SASW) recognises and agrees that there is pressing need for change in the way we deliver social care in Scotland if we wish to achieve our National Health and Wellbeing Outcomes.[[2]](#footnote-2) The Independent Review of Adult Social Care offers, we hope, a meaningful opportunity for SASW to contribute the knowledge and expertise of our members along with their hopes and aspirations for their profession and its relationship with social care in the future. The COVID 19 pandemic has exposed the fragile nature of the care sector, demonstrating the challenges that are affecting the wellbeing of our citizens. Whilst this position paper does not directly refer in detail to the pandemic, the impact on people who use or need social care and support cannot be underestimated. The impact of lockdowns on individuals and families, their finances, relationships and mental health are all further compounded. The impact of the pandemic on people who are shielding or who cannot go outside when they want to get fresh air, get some sunshine and move their bodies (people who have disabilities, are frail, in care homes and prisons) is likely to unleash even more demand on struggling services in the medium term.

**What do social workers do?**

Social Work is defined internationally as “*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*”[[3]](#footnote-3)

In Scotland, social workers enact a range of legal powers that relate to keeping children and vulnerable adults safe, mental health, adult social care, justice services and many other responsibilities but our over-arching role is to enable people to live well and thrive, drawing on their own strengths and connections and accessing support (not always formal services) to overcome the barriers they face. Many of these responsibilities are undertaken through local government and the majority of social workers work for organisations funded by government. Whilst we work across complex and divergent operational structures, with different groups of people and are employed across the public, not-for profit and private agencies, we are one profession.

Social workers are trained generically. In Scotland, only people qualified and registered as social workers can be employed to undertake social worker roles, “social worker” is a protected professional title. Scottish Government departments and local authority (LA) operational services are often split into three areas to support both strategic and day to day management:

1. children and families (often together with education in a portfolio)
2. adults (sometimes with housing); and,
3. justice (sometimes with the children’s portfolio)

The integration of health and social care through the Integration Authorities (IAs) in 2016 has added complexity to this environment as whilst adult social services are always delegated from the LA to the IA, children’s and justice service may or may not be.

There are a range of roles from more generic to specialist that (as in other professions such as law or medicine) give people who need our help the right level of support at the right time. Adult social work services delivered by local authorities are often sub-divided into specialist teams such as mental health, learning disability, older people/frailty, physical disability and so on.

In reality, of course, individuals who are struggling often fall into one or more of these areas. Young people who are becoming adults transition across services (a time of risk which historically has not always been supported effectively), children have parents struggling with substances and their mental health, people with learning disability become older and people in the justice system often have complex social care needs as evidenced by the Hard Edges Scotland Report (2019)[[4]](#footnote-4) showing the connections between substance use, mental health, homelessness and offending.

Social workers enable people to enact their rights to universal services such as health, education, housing and social security. We play a significant role in helping people get social care when they need additional help due to illness, disability or at the end of life. We support carers, family and friends and help people when they may not have capacity to take particular decisions. We help to protect people from abuse and neglect and have broad experience in therapeutic support for people struggling with change or loss. We strive to prevent loss of independence and future problems, to help people regain lost independence and to intervene early to reduce the likelihood for intensive or formal care requirements later.

Our unique contribution is in our holistic approach that sees each person in their social context and explores their personal experience across the whole situation. It does this by developing relationships that form the basis of our work whether we are delivering support that the person directly requests or welcomes or when we enact our statutory responsibilities to protect the person or others affected by their behaviours.

**Defining social care**

The Scottish Government defines social care as “*all forms of personal and practical support for children, young people and adults who need extra support. It describes services and other types of help, including care homes and supporting unpaid carers to help them continue in their caring role*.[[5]](#footnote-5)”

A more explicit definition of social care was given by the Dilnot Commission: “*Social care supports people of all ages with certain physical, cognitive or age-related conditions in carrying out personal care or domestic routines. It helps people to sustain employment in paid or unpaid work, education, learning, leisure and other social support systems. It supports people in building social relationships and participating fully in society.”[[6]](#footnote-6)*

Social work is strongly connected to social care, but it is separate and distinct, a profession in its own right. In recent policy discourse about the social care workforce, sometime social work is included in this use of the terminology but sometimes not. As the Professional Association for Social Work, SASW’s view is that social work is not and should not be included in this definition. It would be very helpful if the language of the Review could reflect this in its ongoing work. The diagram below is not exhaustive by any means but may help differentiate.

Diagram 1

**Social work and social care are universal services and must be explicitly underpinned by human rights**

The way that Scottish local authority social work services and others, such as the Children’s Hearings System, were set up was based on the notion that whether you are an adult with disability, a child who has committed offences, becoming more frail or you may be about to receive a prison sentence, as a society we recognise that these needs arise from personal and social circumstances that respond best to support and intervention based on relationship with as much choice and control as is possible. The management of risk to or from a person within the complexities of family and the community is an identifying task of social work as we work both with people who ask for our support and people for whom there is a mandatory aspect to the relationship. Health and wellbeing are long term outcomes that need a persistent commitment across the whole system not unnecessary structural change which is input and output focused.

Since the Social Work (Scotland) Act 1968, policy developments have shifted the basis of social work services to narrowly targeted groups which is inconsistent with the aspiration of the legislation and the statutory duty to promote social welfare. The protection of vulnerable people or the assessment for personal care is the minimal part of a duty that was intended to seek out existing need, find unmet need and to promote people’s ability to keep well and self-manage through prevention and early intervention supports as well as provide in depth specialist support when necessary.

Legislation and Government policy on Self-Directed Support[[7]](#footnote-7) (SDS) has developed a framework that, in theory, gives people the right to choice and control. However, nationally SDS is not yet delivering on its promiseconsistently across Scotland.   Some local government eligibility criteria, processes and decision making are not enabling people to access supports unless they are in extreme need nor helping them to achieve their own defined personal outcomes.  Local rules sometime block the person from using their personal budgets due to judgements on whether particular items such as computer equipment, phone or broadband package, or a family vehicle can be appropriately funded through a social care budget*.*

In many instances, the use of SDS option 3 is interpreted as being the traditional (ie care management) model.  This has led to option 3s still being needs rather than personal outcomes led, focused on matching deficits to pre-commissioned services and Option 1 and 2 only being referred to as SDS. The decision to ask the local authority to arrange your service should not reduce the range of choices you have. For example, the purchase of a season ticket for the football could not currently be considered in a traditional model under option 3. Disincentives for local authorities to trust their social work and social care workforce to use public funding effectively include the perceptions of risk to the organisation if they reported by the press to be funding the unusual.  This is reducing creativity in social work and social care assessment and impacts the effectiveness of services in supporting people.

The commitment by Scottish Government to incorporate the United Nations Convention on the Rights of the Child is welcome and SASW hopes this paves the way to a human rights based public sector in the future. There are continuing issues around equalities and diversity; the impact of caring roles on women, reduced care and support options (in many areas) after age 65 and offering services that are attractive to people from black and minority ethnic backgrounds. Social Work Scotland[[8]](#footnote-8) recently delivered a project for the Health and Justice Collaboration Board in trialling ways to ensure people in prison can access holistic assessment and appropriate care and support services that can be seen as equivalent to those available in the community. These initiatives show that we still have a long way to go before we can be confident that we have a social services system embedded in human rights. Social work and social care are intrinsically linked as they support people to express and understand their own needs and to bring a level of both generic and specialist knowledge to ensure people can make positive choices and decide the best fit of support for themselves.

**Resources**

Financial pressures over the last decade have reduced local government’s capacity to deliver. Unless this issue is addressed head-on, any restructure, new legislation or guidance cannot succeed. We do not know the resource requirement at national level. Scotland needs a reliable strategic needs assessment that can be modelled to show what it really will take to deliver the sort of adult social care system that we need and want.

Social workers often feel they are in a gatekeeping role, deciding who can have a service and who cannot, rationing scarce resources. Whilst this will always be one aspect of our work whilst budgets are managed by local government in the way that they currently are, the level at which eligibility criteria are used across Scotland shows that needs have to be extreme before formal help is likely. This focus our attention on dealing with only very high levels of, in general, physical need, means that often the holistic assessment, low level and nuanced support for family and access to community resource is missed. The mixed economy of care and support means that it has become standard for social workers in local authorities to hold the highest risk cases open and use the Third Sector to deliver what is considered less “statutory” support. This results in high risk, stressful caseloads for local authority workers whilst separating out people (leading to additional stigma) on a false notion of “statutory” and “non-statutory” work.

If people are to have choice and control over their care services, there must be a thriving social care and support environment that encourages providers into the market and where they continue to develop new and creative services. Currently the financial risk of service creation and development falls solely to providers and is not shared by the public bodies commissioning them. This potentially leads to a stagnant approach as it may be a safer strategy to keep delivering what has previously been delivered.

In the last ten years, austerity has had a two-fold impact. By reducing social security, it has added additional pressure and stress to individuals and families who were already the most vulnerable in society. People who might not have otherwise needed help find that poverty has exacerbated their capacity to manage life beyond what is possible for anyone without additional support. In addition, the resource available for local government has tightened meaning that, to front-facing workers, it feels that services have become more and more rationed. Social care may ameliorate but cannot solve the long-term problems of poverty. BASW has campaigns against poverty and austerity ongoing[[9]](#footnote-9).

This pressure of increasing workloads has led to a de-professionalising of social workers. Referrals deemed “simple” are passed to support workers without social work qualifications or straight to a social care service provider. Currently social workers caseloads are such that they would not be able to take on more assessments and so some workers advocate for a purely specialist role dealing with only very high risk/needs. However, this approach further embeds a care management approach that is unable to give the time required to work in a relationship-based way across the facets of a person’s life.

**Workforce**

Pay, training and career pathways are not equitable across the local authorities and NHS and this, in some places, has been starkly recognised across integrated structures. Disparity across terms and conditions across the private, voluntary and local authority care services and the commissioning processes that drive this mean that high turnover has become an expected matter of course in social care. This leaves social workers and social carers feeling undervalued and can lead to a self-perpetuating expectation around their professional value. Recent pandemic experiences of social carers and workers has shown that they were not supported by supermarkets and local business as their colleague NHS colleagues were. More worrying was the initial lack of parity and clarity around PPE, and ongoing requirements for COVID-19 testing.

The decisions of the UK Government around immigration and the social care work force have exacerbated the lack of stability in the workforce. The impacts on a profession of, in the main, women making it unattractive to many other than for short periods. This in turn affects the viability and quality of services.

Over the last decade, there has been an absolutely necessary emphasis on the training, development and registration of our social care workforce which we whole-heartedly support and are proud of. As austerity hit local government, organisational development teams have reduced in size and where, before, this department would be able to provide the specialist professional development for their social workers, this is no longer the case. This is an opportunity to review the training and support needs of social workers from a national perspective which if policy implementation were also to have a similar approach would promote consistency and a national assurance of social work professional development. Such development will need to balance carefully the need for government and employer trust in the workforce as too often it feels as though social work practice is subject to a lack of trust, and autonomy and a tendency to micro-manage professional assessment and judgement.

**Local and national issues**

Consistency and equality of access is problematic across the 32 local authorities. Mobility of care and support across areas is key in enabling people to take decisions about where to live without fear of losing service. Currently, area transfers can be time-consuming and contentious due to ordinary residency issues and the lack of a rights-based framework. Many SASW members would like to see a national approach to many elements of the social services sector. However, problems of mobility and equity present equally across the NHS so a national care service will not be a simple panacea. Social workers are embedded in the communities they serve and value the ability to make local decisions based on local needs. They are strongly connected to their local authority colleagues in housing, education and employability services. Scotland has a wide variety of diverse communities and, as with individual people, the ability to tailor services around the person or community is vital to successful care and support.

Implementation of Scottish Government policy affecting direct practice, commissioning, infrastructure and more comes from the centre and then is “translated” into local guidance by 32 different people/teams. This creates additional complexity across the system for people using service commissioner and providers and social care and social work practitioners.

The variety of data collected locally has been problematic in terms of quality and consistency. Robust data is vital to inform both national and local planning.

The financial environment in local government means that budget decisions around “potholes or care services” take on local political significance. We know that where this happens both national and locally, there is a significant risk to services for people deemed by the public to be “undeserving” (people who have offended, use illegal substances and so on).

SASW believes that the options around local or national are not just 32 local authorities or one national body. There would be value in generating options that consider the elements of service and whether each of those are best delivered, locally, nationally or some governance structure in between.

**Integration**

Integration of health and social work and social care in 2016 offered a hope that by working more closely with our health colleagues, the multi-disciplinary team approach would offer a more seamless and perhaps more universal offering. However, the focus on social care as the means to managing chronic capacity problems in our hospitals has resulted in managerial approaches, too focussed on narrow targets and output rather than outcome-based performance. This has also resulted in an undermining of the social work role as the process driven methods enable a discourse that “anyone can do social work”. The result has been a significant move away from the holistic social model of care and support into a medical model based on needs primary linked to health and physical functioning. Social workers feel their voice is lost in discussions where they are a very small minority yet are advocating for human rights, choice, dignity and self-determination.

**The Review Advisory Panel**

The Review has a wide remit to consider all aspects affecting adult social care. Of course, social care is delivered to children and people in the justice system. Even in the existing arrangements, there are considerable risks to young people at the point of transitioning to adult services which sometimes result in very poor support. Many care providers provide across the children’s and adults age groups. Any recommendations for adult social care must seek to improve transitions into adults’ services. In reaching conclusions, we ask that the Review “reality-checks” or “stress/asset-tests” any draft recommendations with people those who have specific expertise who are not currently represented on the Review Panel. Specifically:

* People with experience of services
* People who deliver social care directly
* Social workers

Our members ask that the result of the Review includes a transparent options appraisal that:

* identifies the specific problems facing social care that each option is likely to address,
* tests out these options on groups of people with experience of social care services, direct social care delivery and practicing social workers; and,
* consults widely on those options which include proposals about which elements of service might be delivered locally, nationally or within another governance model.

**Jude Currie, SASW Chair**

**Alison Bavidge, National Director (October 2020)**

1. <https://data.sssc.uk.com/registration-data#snapshot> [↑](#footnote-ref-1)
2. [National Health and Wellbeing Outcomes, 2015](https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/pages/5/) [↑](#footnote-ref-2)
3. I[nternational Federation of Social Workers, 2014](https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/) [↑](#footnote-ref-3)
4. #####  S. Fitzpatrick and G. Bramley, 2019, [Hard Edges Scotland](https://lankellychase.org.uk/resources/publications/hard-edges-scotland/)

 [↑](#footnote-ref-4)
5. [Scottish Government](https://www.gov.scot/policies/social-care/) website [↑](#footnote-ref-5)
6. [Commission on Funding of Care and Support, 2011](https://webarchive.nationalarchives.gov.uk/20130221121534/http%3A/www.dilnotcommission.dh.gov.uk/our-report/) [↑](#footnote-ref-6)
7. Social Care (Self-directed Support) (Scotland) Act 2013 [↑](#footnote-ref-7)
8. <https://socialworkscotland.org/projects/health-social-care-prisons/> [↑](#footnote-ref-8)
9. <https://www.basw.co.uk/what-we-do/campaigns/anti-austerity-and-anti-poverty> [↑](#footnote-ref-9)