SASW

The professional association for social work and social workers

A National Care Service for Scotland - Consultation

Response from the Scottish Association of Social Work (part of BASW UK)

Scottish Government
Riaghaltas na h-Alba
gov.scot

Contents

Introduction

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 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.[1] 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.

In preparing this response we consulted with members of the Association through a survey and a programme of events. Our comments reflect the views, sometimes diverse, of our members. 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" due to the current lack of detail. The diversity of views reflected to the Association demonstrate not only anxiety about lack of detail but professional and personal conflict around:

- a very significant structural change following not long after health and social care integration which has resulted in diverse governance arrangements and separation of the specialisms in social work.
- whether this level of structural change will deliver the outcomes we all want.
- the underlying problem which is lack of resource for public services.

However, Social work's aspirations are entirely in line with the thinking of the Independent Review of Adult Social Care[2]. 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.

In the last 30 years, social work has lost significant elements of our work which we consider our professional role. Care management in the 1990s elevated a task-

[1] *Racism in Social Work in Scotland: a 2021 snapshot*
[2] Adult social care: independent review - gov.scot (www.gov.scot)

oriented deficit-based assessment methodology. This 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.

The mixed economy of care that was generated around the same time brought opportunities to work with independent partners within communities, innovate and evolve the public sector offering. However, 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 local authorities found they could no longer afford some crucial preventative and early intervention supports. These were picked up by health services or the Third Sector providers; often support offerings such as social prescribing and programmes like distress brief intervention.

Eligibility criteria followed and raised thresholds. Decisions about not only whom 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 lives often only at that point of statutory intervention. Social work and government initiatives to promote good conversations, person-centred and outcome-focussed assessment fail in the execution because, to secure resource, social workers must prove that a person suffers significant deficit.[3] Social workers have become not only gatekeepers of resource but may then be perceived as the punishers of people for whom prevention and early intervention were not available or did not work. In addition, social workers are then held to account for this by the media and public.

"First diagnosis in our family was youngest at 2½ 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

We are at a stage where the social contract between the profession and those it serves is at best strained. Government now needs to decide whether we continue this trajectory or whether we redirect. Does the Scottish Government see a future

[3] F. Morrow from 38': Social Work UK Ireland PhD ECR Research Collective Ethnography Event - YouTube

role for holistic and relationship-based social work or is it content with the role to only engage transactionally at the point of high risk and crisis?

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. SASW will fully engage with the development of a National Care Service to ensure those making decisions about our profession have a full and deep understanding of the value of the profession, its contribution and understand who we are. Social work as a profession is committed to supporting 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.

Improving care for people

Improvement

Q1. What would be the benefits of the National Care Service taking responsibility for improvement across community health and care services? (Please tick all that apply)

☒Better co-ordination of work across different improvement organisations

☒Effective sharing of learning across Scotland

☒Intelligence from regulatory work fed back into a cycle of continuous improvement

☒More consistent outcomes for people accessing care and support across Scotland

☒Other – please explain below

A NCS could create clearer and more cohesive responsibility for improvement work in Scotland. This might bring opportunities to clarify existing roles in the various improvement agencies in Scotland, to recognise the interdependencies between improvements in services for adults and for children and to cut across health, social work and social care silos. Rather than a trickle-down approach using resource across the 32 local authority/health and social care partnership areas, a simplification of the improvement environment might release resource to be spent elsewhere. Change should focus on streamlining and reducing complexity. Any improvement work must take an implementation science approach to promote quality take-up and consistency across Scotland. This will require investment and resource.

Q2. Are there any risks from the National Care Service taking responsibility for improvement across community health and care services?

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"[4]. To achieve successful outcomes, the unique circumstances of individuals, families and communities must be recognised. Social work is not rocket science; it is much more difficult as most of the variables are not within our or the supported person's direct control. For this reason, having trained and well supported autonomous professionals to have practical and ethical oversight of support and interventions is vital.

There is a risk that the NCS simply adds another layer of improvement activity on top of the range of roles and tasks already in our health, social work, and social care environment. With centralisation, there is risk of inflexibility and lack of local insight. Not all solutions can simply be transferred which is why implementation science should be incorporated. This takes overt account of the environment in which the improvement will take place and the culture, recruitment, leadership, and training elements required for success. Our island and rural communities are likely to need approaches to deliver equivalent outcomes, but the inputs required for delivery may be quite different from an urban, central belt community.

Access to Care and Support

Accessing care and support

Q3. If you or someone you know needed to access care and support, how likely would you be to use the following routes if they were available?

Speaking to my GP or another health professional.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely
		x		

Speaking to someone at a voluntary sector organisation, for example my local carer centre, befriending service or another organisation.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely
		x		

Speaking to someone at another public sector organisation, e.g., Social Security Scotland

[4] Bauman, Z.,(200) "Am I my brother's keeper?", European Journal of Social Work, 3(1), 5-11.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely
		x		

Going along to a drop in service in a building in my local community, for example a community centre or cafe, either with or without an appointment.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely
		x		

Through a contact centre run by my local authority, either in person or over the phone.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely
		x		

Contacting my local authority by email or through their website.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely
		x		

Using a website or online form that can be used by anyone in Scotland.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely
		x		

Through a national helpline that I can contact 7 days a week.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely
		x		

Other – Please explain what option you would add.

<u>Accessing Care and Support</u>

The highest single response to this question was that 29% of respondents in our survey envisaged clients accessing care and support through a call centre arrangement. However, this was based on their anticipation that there would be a centralising of access arrangements consistent with the model used for Police Scotland and Scottish Fire and Rescue that is currently operating.

"If some form of a National Care Service is likely/inevitable I could envisage a scenario where there is a national call centre. However, I would dread this operating as inefficiently as the 101 service of police Scotland which is generally appalling and

inefficient in terms of delays. It has also been directly implicated in some major practice failures."

SASW Survey respondent.

Successful support of people in Scotland must have full reach and take all settings into account. Social care and support happen in a wide variety of settings including

- hospitals (although acute health is not part of the suggested NCS scope),
- people's own home (including care homes and supported living arrangement)
- in prisons (this element is currently unsupported by legislation and funding and lacks clarity of responsibility. A report from the Scottish Government Integration Health and Care in Prisons Workstream will be published by Social Work Scotland shortly)
- day services
- employment settings.

Wherever people need support, they must be able to access professional assessment and suitable services easily and these must be easily transferred to other settings across local authority and health board boundaries when people move. In all settings, early support reduces crisis for individuals and families. It also creates more resilient communities and can, to an extent, mitigate some of the effects of poverty and marginalisation experienced by communities affected by high rates of substance use, mental ill-health and crime.

While recognising the value of technological solutions for some people, social workers consistently highlighted their concern for easy access to services. Access delivered through technological means only risks creating barriers for many marginalised groups of people seeking help and support.

Social workers expressed a very strong preference for a mix of routes for people to access what care and support they needed but the commonality was that these should be embedded in local communities with direct access where possible to skilled social work practitioners. They highlighted there is work to be done with other partners including those in the independent sector to work in coherent ways, understanding each other's roles and for service users to be able to access clear, consistent, and accurate information about the support available. Our members support universal access for everyone who may seek support or advice from professional social workers, advocating for social workers' skills in early intervention, and recognising the opportunity to link to informal early support in a community model of social work.

"Ideally social work would be accessed through community hubs. These hubs would offer other supports such as health, addiction, recovery, or voluntary sector supports. That way social work and social care would be embedded within communities and there would be a reduction in stigma in accessing these services."

SASW Survey respondent

SASW agrees with estimates from Social Work Scotland that to deliver what are considered only statutory social work tasks, an additional 10-15% social workers are required. Further social work resource will be required if social workers are to be able to engage with relationship-based early intervention and prevention which

should, over time, reduce the need for statutory intervention. SASW recognises that resource is finite and that decisions around priorities in any new formulation of care and support need to be made. However, the emphasis on early intervention and prevention in the Feeley report was welcomed across our Association and social workers see themselves having a significant role in this.

Eligibility, thresholds and our relationship to finance and means testing

Resource will not be infinite in a NCS and we are concerned that the allocation of additional resources identified (25%) will be insufficient to achieve all that is intended. We will need a new way to manage resourcing decisions in the new arrangements and 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.

And then, in certain circumstances, the financial capacity of the person to contribute to their care will also be assessed by the same social worker undermining the supportive relationship. This does not happen in health services.

"Social workers are only seen as the gatekeepers to social care, but it is so much more".

Participant in Adult Community of Practice

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 sign posted 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 an appropriate professional. If Scottish Government is intent on rebalancing early intervention and crisis support, bridging funding will be required if we are to enable this transformation.

"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

A significant number of complaints in social services are around the level of service someone is assessed as requiring. This can result in complaints to SSSC where social workers are investigated ostensibly about their conduct or the quality of their work but where the underlying issue may be the high threshold for support which is not their responsibility. People who are not satisfied with services must be able to

complain and find redress quickly. There should be a standardised appeal route, perhaps to a Panel, when services are denied. It must be clear where to go for a second opinion or redress. The blame for these decisions should not be directed at individual social workers.

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 does not ration resource, but it is handled differently. This creates a very different relationship. 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.

"The language around access - critical and substantial is not helpful. People don't know what it means. Whatever is going on is critical or substantial to that person. People should decide. It's a very individual thing."

Participant in Adult Community of Practice

Q4. How can we better co-ordinate care and support (indicate order of preference)?

☒ ***Have a lead professional to coordinate care and support for each individual. The lead professional would co-ordinate all the professionals involved in the adult's care and support.**

☐ Have a professional as a clear single point of contact for adults accessing care and support services. The single point of contact would be responsible for communicating with the adult receiving care and support on behalf of all the professionals involved in their care would not have as significant a role in coordinating their care and support.

☐ Have community or voluntary sector organisations, based locally, which act as a single point of contact. These organisations would advocate on behalf

of the adult accessing care and support and communicate with the professionals involved in their care on their behalf when needed.

Social work should be a universal service based in communities where people have easy access, where it is acceptable and possible to ask to see a social worker because of a life change/ challenge and where real trust can develop between groups and individuals.

"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

The accountability for the support delivered to people who use services must have two elements:

- Clear line of sight by a single lead officer within an agency that holds some significant control over the integrated health and social care landscape
- A relationship between the lead officer and the supported person based on trust, lack of stigma and a sense of the service being universal and not just for people seen as problematic.

The options offered in this question risk cluttering up the landscape by adding additional layers and making it more complex for people to find someone who can help them. SASW believes that the simple answer here is to create a social work system that is resourced to be accountable for this support and these decisions. Social workers are trained for this role over years but are forced to close cases and reopen them as part of gatekeeping, managing tight resource and excessive caseloads. In health, GPs undertake this lead professional role, this is clear and understood. It should be so in social work and social care.

Support planning

Q5. How should support planning take place in the National Care Service? For each of the elements below, please select to what extent you agree or disagree with each option:

a. How you tell people about your support needs

Support planning should include the opportunity for me and/or my family and unpaid carers to contribute.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
X				

If I want to, I should be able to get support from a voluntary sector organisation or an organisation in my community, to help me set out what I want as part of my support planning.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

		X		

b. What a support plan should focus on:

Decisions about the support I get should be based on the judgement of the professional working with me, taking into account my views.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
			X	

Decisions about the support I get should be focused on the tasks I need to carry out each day to be able to take care of myself and live a full life.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
		X		

Decisions about the support I get should be focused on the outcomes I want to achieve to live a full life.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
	X			

c. Whether the support planning process should be different, depending on the level of support you need:

I should get a light-touch conversation if I need a little bit of support; or a more detailed conversation with a qualified social worker if my support needs are more complex.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
		X		

If I need a little bit of support, a light-touch conversation could be done by someone in the community such as a support worker or someone from a voluntary sector organisation.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
		X		

However, much support I need, the conversation should be the same.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
			X	

Light touch and/or more detailed support planning should take place in another way – please say how below:

“Single plan good idea, I’ve ended up being the coordinator of our plan. Adult and child services do not talk to each other. Some is about resources but have sometimes we over-complicated it, too many forms?”

Parent Carer Participant in Stakeholder Engagement Session

SASW has responded to this question from the perspective of a social worker.

Unfortunately, this question offers no definition of what constitutes ‘light touch’, but the framing suggests that social workers only do more complex support planning. This significantly misrepresents our professional role and function.

The Social Work (Scotland) Act 1968 is clear about social work's role to offer advice, guidance and assistance and to promote welfare which must include qualified social worker input to early interventions. Social work, which seeks to achieve access to the right and most effective support, is about good conversations, as opposed to a delineated 'light touch' vs 'complex' approach. It is vital this is understood and recognised that quality social work assessment is needed across the spectrum from prevention to crisis planning for social care. Much of social work, particularly where statutory interventions are used, involves working with people experiencing poverty allied to disadvantage, few life options and marginalisation. Any government serious about improving health and social care must tackle poverty and its effects.

“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

“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

Over the years there has been an erosion of relationship-based practice with social work involvement now is seen only for its statutory functions. As resource has reduced over the last decade or so, local authorities have used minimum thresholds to manage these scarce resources, moving further from prevention and early intervention to crisis response models. Social workers used to deliver whole ranges of community supports. Social workers themselves were a resource and spent significant time on low-level interventions with people who needed some temporary help by building positive relationships. Now, however, most find they are gatekeepers to small and finite resource. Social workers told us that significant resource pressures over years have reduced the opportunity for them to use the full range of skills, training and expertise they possess in this holistic way. They said increasing thresholds and eligibility criteria for accessing support effectively ruled out their involvement in more cost-effective preventative and early intervention work which could avoid later complexity and increased cost.

"*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."*

User of Social Work Services from the Collective Engagement Session

There was overwhelming support in the survey for social workers to be involved in early intervention work as well as the complex and statutory work they undertake. Each conversation, whether for advice, informal support or a more structured package of support, is different. Social workers are trained for this. Whilst social workers recognise that statutory responsibilities around protection work and managing complex risk is a core part of their job, this alone does not constitute the holistic nature of social work practice as expected by the Social Work (Scotland) Act 1968. This sole focus on statutory or complex aspects of the role denies them opportunity for more balanced workloads, improved job satisfaction and for reducing burn out. It sends out the wrong public message and advances the myth of social workers being punishers rather than enablers of people.

"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 skilled in assessment and helping people identify their needs in ways that suit them through sensitive and tailored conversations. They protect rights, promote independence and help people find ways to live at home for as long as possible. They help families to find creative alternatives and work with care providers to innovate bespoke services using Self-Directed Support as the vehicle in achieving choice and the right level of control for each person. Social workers are professionals whose role it is to help a person explore the outcomes they want and develop a wide range of options to achieve this. Skilled assessment by a social worker leads to good understanding of needs and effective support planning. Support planning involves sensitive engagement with the person needing support and those close to them (on the supported person's terms) with information being used in a person-centred way. While person-centred planning is valued in Scotland the opportunity to deliver it has been greatly hampered by increased thresholds and eligibility criteria to access social work support. This has forced social workers to be gatekeepers of limited finite resources and driven them from prevention and early intervention to crisis response models. They are no longer able to provide low level interventions for preventative purposes or provide the range of community supports they did in the past. SASW members voiced some strong views on this section that were captured in the survey responses:

"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

"Social workers are key to early intervention. They have the skills and knowledge to maximise individual strengths and promote self-determination taking a human rights approach."

SASW Survey respondent

"Social work assessment and access to social care is a broad spectrum where the short, meaningful conversations can unlock and meet complex need."

SASW Survey respondent

"Community social work, focussing on compete and holistic social work, where social work teams know their communities would be so much better for all concerned."

SASW Survey respondent

"Who decides what is light touch? Even that involves some assessment. Social workers need to carry out the most complex (rather than 'challenging' or 'high risk') assessments but could play a valuable role in initial assessments to determine the complexity of an individual's needs."

SASW Survey respondent

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 local authorities in other parts of the UK.
There are several reasons for engaging 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 may include:

- Parental capacity assessment
- Assessment of contact (parental and sibling)
- Parent Assessment Manual assessments
- Complex case reviews

- Improvement and development work
- Independent chairing of panels or complex meetings
- Independent review of complaints/allegations
- Training
- Quality assurance
- Practice educator roles
- Asylum and immigration work
- Assessment/review of foster carers
- Assessment of adoptive parents
- Kinship Care assessments (viability and full)
- Mental health tribunals
- 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.

The Government 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. A NSWA would need to create links, support training and development and engage with the employers of these social workers as part of its work.

Q6. The Getting It Right For Everyone National Practice model would use the same language across all services and professionals to describe and assess your strengths and needs. Do you agree or disagree with this approach?

☒ Agree

☐ Disagree

Please say why.

Through the SASW survey, 63% of social workers, agreed with the approach of a national practice model and the use of GIRFE expressing positive views about having a consistent framework and common language, a fairer approach for service users, greater equity, improved equality and better outcomes for people being supported in a person-centred way.

"GIRFEC streamlines social work assessments and ensures more consistency. Of course, all social workers have different writing styles/skills, but following the GIRFEC principles ensures they are all covering the same areas of concern and providing an objective picture of any given situation."

SASW Survey respondent

However, there was consistency in common points raised by those supporting it and those who didn't. Both indicated the tool would benefit from some adjustments to improve it while recognising any tool is only as good as the practitioner using it. They suggested improvements on language as it is not particularly user friendly for people who used services and their families/carers, the need to reflect adult needs with particular attention paid to rights, choice, right to self-determination, risk taking, and the right to a private family life. It needs to be culturally sensitive reflecting the multi-cultural society we live in and the diverse cultures of people we support. Care must be taken to avoid the tool becoming a tick box exercise, overly prescriptive, and so generic that it loses individuality becoming just additional bureaucracy. Having a tool with standard language also risks alienating people looking for support or care unless professionals can use language with sensitivity, checking that each party to any conversation has a shared understanding of terminology.

"The public don't understand our language. It would be good to have a language that service users and clients understand……agree with the principles of shared language but the wording is off putting. Outcomes – people don't use that language. They talk about what is important to them. The language needs to be comprehensible to people who don't work in social work."

Participant in Mental Health Community of Practice

One of the elements that would improve the GIRFEC model would be more of a focus on the socio-economic and inclusion. Poverty, marginalisation and the recognition of inequalities and diverse needs should underpin the community and individual circumstances within the framework. This arena of negotiating the strengths and needs of individuals, competing needs and rights within families and communities and the impact of these on outcomes across generations is one aspect of good social work.

Q7. The Getting It Right for Everyone National Practice model would be a single planning process involving everyone who is involved with your care and support, with a single plan that involves me in agreeing the support I require. This would be supported by an integrated social care and health record, so that my information moves through care and support services with me. Do you agree or disagree with this approach?

☒ Agree

☐ Disagree

Please say why.

Having people's information move through care and support services was welcomed by most social workers in our survey. They supported seamless and effective joined up working with the person at the centre and identified that it could assist continuity and improve transition experiences. They raised the shortcomings of the current GIRFEC progress highlighting the lack of resources made available to ensure thorough implementation. They also explained that joint working was not as effective as it could be in this area and that different thresholds for accessing health services and social work and social care services caused complications and misunderstandings resulting in protection of budgets and resources within respective organisations. Social workers requested research into GIRFEC from which learning could assist in improving the framework moving forward. They recognised the value of any new practice model being led by front line practitioners who could ensure sustainability of the approach if the right resources were made available and it was sufficiently funded.

Q8. Do you agree or disagree that a National Practice Model for adults would improve outcomes?

☐ Agree

☒ Disagree

Please say why.

The message from social workers was that while a national practice model would be welcomed, on its own, it would not improve outcomes for people. The skill and commitment of practitioners and the investment of resources to support implementation would be needed. This would include evidenced based research, an investment in training and all participating partners being committed to the approach, respecting each other's role and delivering on their area of responsibility. SASW members raised some concern that a new practice model must be appropriate for the needs and goals of adults. Significant attention should be paid to the indicators developed and people who used social work support and services should be involved in this process.

They suggest that any new national practice model needed to be properly funded, well-resourced and adopted enthusiastically by all partners sharing in the responsibility to ensure a credible system and the best outcomes for the person being supported.

"GIRFEC has not been fully implemented and while it is supposed to introduce a shared framework to consider well-being, it does not address the threshold differences between agencies."

SASW Survey Respondent

Right to breaks from caring

Q9. For each of the below, please choose which factor you consider is more important in establishing a right to breaks from caring. (Please select one option from each part. Where you see both factors as equally important, please select ‘no preference’.)

Standardised support packages versus personalised support

☐ Personalised support to meet need	☐ Standardised levels of support	☐No preference

A right for all carers versus thresholds for accessing support

☐ Universal right for all carers	☐ Right only for those who meet qualifying thresholds	☐ No preference

Transparency and certainty versus responsiveness and flexibility

☐ Certainty about entitlement	☐ Flexibility and responsiveness	☐ No preference

Preventative support versus acute need

☐ Provides preventative support	☐ Meeting acute need	☐ No preference

Of the three groups, which would be your preferred approach? (Please select one option.)

Group A – Standard entitlements

Group B – Personalised entitlements

Group C – Hybrid approaches

Please say why.

In our consultation with carer communities, they advised us that their need for respite breaks often went unheard and were not addressed due to local authority financial pressures which resulted in crisis and breakdown in caring and support arrangements that could have been avoided with regular respite opportunities. The pressure they experience is not surprising given that recent research findings indicate that carers for people with profound and multiple disabilities provide

between 2 to 8.5 hours of personal care alone per day and more than 53% are living below the poverty line[5].

"Our social worker really cares; she sees the parts that don't work. It is not a job I would do but there needs to be more support for social workers. They need resources to do their job."

Parent Carer Participant in Stakeholder Engagement Session

Carers shared with us their choice of respite arrangements focused on the needs of individual(s) they supported to minimise any distress for the person they were caring for as well as meeting their needs as a carer. For this reason, they consistently advised us that personalised respite support is critical to sustainable informal care and that carers should have a full range of the three options from which they can chose the most appropriate model of respite care at any given time to take account of their circumstances.

They advised us that securing an assessment of their needs was difficult as the limited available resources from the local authority were generally targeted to the person they supported. Where they had their needs assessed and a budget allocated through option 1, policy decisions on eligible spend taken by individual councils greatly reduced the flexibility of how they can use the money to meet their need for respite breaks. Carers also identified the need to invest in resources which they could purchase.

This rigidity prevents carers selecting respite options that are flexible and meet their needs. Instead, options are limited to what the council deems appropriate and an acceptable use of funds. Carers find this challenging as it denies choice about how their own needs could be met and noted that the solution to support how they were feeling, and coping was made for them by the council which caused them much stress and frustration.

Q10. Of the three groups, which would be your preferred approach? Please select one option

Group A – Standard entitlements
Group B – Personalised entitlements
Group C – Hybrid Approaches

Having been guided by carers SASW believes that respite should be available to all carers who need it and request it. There should be a range of respite and short break models from which carers can choose. There should be clear standard entitlement to respite for all carers with no one being excluded (A) and additional respite available where it is needed (B). Therefore, the model (C) must address both. Respite support needs to be flexible and responsive to need when, for periods of time, carers are coping less well. Regular respite can sustain people in their caring role and ideally

[5] https://fraserofallander.org/publications/learning-disabilities-and-the-value-of-unpaid-care/

prevent crisis situations. This should not rule out the need for additional support during acute or particularly demanding times and that any support should be personalised to meet the individual circumstances. The bulk of caring responsibilities falls on women and failure to provide adequate respite means they are often denied the right of a life outside of caring or to return to employment.

Using data to support care

Q11. To what extent do you agree or disagree with the following statements?

There should be a nationally consistent, integrated and accessible electronic social care and health record.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
	X			

Information about your health and care needs should be shared across the services that support you.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
		X		

There should be a nationally consistent, integrated and accessible electronic social care and health record.

More social workers we engaged with agreed than disagreed that there should be a nationally consistent, integrated and accessible electronic health and social care record that is shared across services that support people.

They hope it will:

- Improve the experience of service users by avoiding them from having to repeat their story to multiple partners.
- Facilitate more effective integrated working with partners.
- Contribute to better informed risk assessment and risk management.
- Improve multi-disciplinary protection work.
- Reduce the time spent between partners gathering information for assessment or care planning purposes.

However, this is not straightforward and there were several provisos. Our members highlight the need for ethical considerations to ensure the correct balance between people's right to privacy and their right to safety and protection. Additionally, members expressed concern about the cost involved in a new system where monies could be better spent in social work and social care, failings of current IT systems, their lack of integrative functionality and whether a national system on this scale is, in fact, affordable and deliverable even where they did support it.

“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

Information about your health and care needs should be shared across the services that support you.

Social workers see benefits and difficulties to information sharing in this way. Ethical considerations and concerns were raised equally by both those who support the proposal and those who are not in favour. This includes questions around the ownership of information, the need for individuals to give informed consent and the need for clear guidelines around the sharing of sensitive information. There are many different reasons for gathering information within health and social care environments and not all information may be necessary for use by all professional parties.

GDPR requirements are consistently raised as presenting problems to appropriate sharing and the sheer volume of information that this may involve raises doubts as to whether this is deliverable either with or without legislative intervention. Historically, of course, where there have been serious incidents, including deaths of children or adults, information sharing is frequently a key recommendation in formal reviews. Without good chronologies, health, social work, and social care professionals miss patterns of information or behaviours that indicate serious underlying risk.

On the other hand, there remains an issue that sharing information on this scale may, in practice, prevent people from contacting public services for support and could compromise the safe space that enables trust and disclosure. To address some of these concerns our members expressed the need for clear processes with explicit accountability, agreed standards of recording and record keeping, quality assurance processes, training for staff and authorisation for different levels of access if this were to go ahead at all.

“I think clear quality standards and accountability structures would be needed to ensure consistency and quality of data and when/what/how any information should be accessed or shared.”

SASW Survey Respondent

Supported people should hold their own information as much as possible and practicable. This could help the transportability of information when people move into different geographic areas if used alongside a consistent national record.

Social workers are concerned about the collection of large amounts of data without clarity of purpose and use for the data, however, whatever data is gathered as part of the NCS should be within agreed data sets and no unnecessary data should be gathered or held on peoples' records.

Examples of confusion when using acronyms that had different interpretations

depending on the discipline were shared, and the need for consistent protocols for warning flags in relation to risk and how it was managed were also identified.

The most consistent concern social workers had was the likelihood of data breaches and the need to protect data belonging to people who use services and maintain their rights to privacy while balancing theirs and others' need for protection.

Q12. Should legislation be used to require all care services and other relevant parties to provide data as specified by a National Care Service, and include the requirement to meet common data standards and definitions for that data collection?

Yes

No x

Please say why.

In this section, we presume that by data, Scottish Government means anonymised data that cannot identify any individual and is to be used at strategic levels for information planning and performance reporting that will require good leadership at a local level to ensure compliance with agreed data sets.

Significant work has been done over the last 20 years in trying to manage data effectively and to reduce multiple requests to the sector. To date this has not entirely succeeded, often due to Government's own desire for specific information at particular points in time. Standard data sets and data expertise are absolutely necessary. IT support for existing systems or changes over to better systems could support a strong cultural shift which would be more effective in resolving this problem than the blunt instrument of legislation which could have the unintended consequence of diverting resource from people who need it and undermining supportive relationships built on trust.

Q13. Are there alternative approaches that would address current gaps in social care data and information, and ensure a consistent approach for the flow of data and information across the National Care Service?

Social workers raised their concern about the inability to integrate health and social care systems to date. They identified the failings in current IT systems reporting that they are unfit for purpose and highlighted they were inefficient, slow, lacked basic functionality and did not integrate with other systems, which meant some tasks could only be done manually resulting in duplication of effort. BASW UK recommends a rule of 80-20 for social workers meaning that workers should spend no more than 20% of their time engaging with administrative tasks.

"I support this proposal 100% as our current social work information systems are atrocious and in grave need of replacing."

SASW Survey Respondent

Any new system(s) or improvement in current systems must be responsive, intuitive and have full functionality needed for social work tasks and recording. Systems should be integrated with other systems meaning it is an asset rather than a hindrance to day-to-day work.

There may be economies of scale by investing in and commissioning an entirely new system, but consideration must be given to investment costs and whether a single system can meet both national requirements and local requirements for data and information. Improved data systems must; record unmet need, inform improvement plans, influence community developments, commissioning requirements and purchasing patterns as well as be the basis for longer term service, workforce and financial planning.

Complaints and putting things right

Q14. What elements would be most important in a new system for complaints about social care services? (Please select 3 options)

X Charter of rights and responsibilities, so people know what they can expect

X Single point of access for feedback and complaints about all parts of the system

X Clear information about advocacy services and the right to a voice

X Consistent model for handling complaints for all bodies

X Addressing complaints initially with the body the complaint is about

X Clear information about next steps if a complainant is not happy with the initial response

X Other – please explain:

A combination of elements outlined in the list are important for any new system for complaints about social care services. SASW particularly welcomes the development of a charter of rights and responsibilities, clear information about advocacy services to support complainants and a single point of access to reduce complexity. It is essential that the complexities and bureaucracy in the current system be mitigated to empower and support people who use services to voice and address their concerns as and when appropriate. People should, however, also have a choice as to whether they complain to the body the complaint is about. This must not be a mandatory stage in complaining as many people fear a negative response from their care provider if they make a complaint. People should also be able to complain anonymously as being required to give personal details puts many off. Information on processes must be clear and accessible, acknowledging variation of needs, ability levels and cultural sensitivity. A consistent model for handling complaints for all bodies would be helpful, given the fragmented nature of the current system.

Social work supports anti-discriminatory practice. All staff and people who use services should be protected by appropriate policies and guidance that have zero tolerance of abuse or discrimination. There must be clear routes for reporting racism, homophobia, xenophobia, sexism or other forms of discrimination/abuse where complainants are confident and have trust in the system that appropriate action will be taken to deal effectively with such complaints.

Whilst the consultation focuses on supporting complainants, it is important that clear information and guidance be developed and provided to individual staff who may be the subject of a complaint, to ensure they are clear about any change in process, and possible implications for their role.

A significant number of complaints in social services are around the level of service someone is assessed as requiring. This can result in complaints to SSSC where social workers are investigated ostensibly about their conduct or the quality of their

work but where an underlying issue may be the high threshold for support which is not their responsibility. People who are not satisfied with services must be able to complain and find redress quickly. There should be a standardised appeal route, perhaps to a Panel, when service is denied so that people are clear where to go and that blame for this is not directed at individual social workers.

Q15. Should a model of complaints handling be underpinned by a commissioner for community health and care?

☒ Yes X

☐ No

Please say why.

SASW supports the appointment of a commissioner for community health and care, to champion the rights of those who receive care and support, their families, and carers, and ensure they are protected by the law. Such a model would allow people who use services to have a clear line of sight to a Commissioner, accountable for promoting rights and being able to hold government to account. It might help those who are not clear about the complexities of health and social care to have a single identifiable port of call.

Q16. Should a National Care Service use a measure of experience of those receiving care and support, their families and carers as a key outcome measure?

Yes X

No

Please say why.

SASW agrees that a national care service should use a measure of experience of those receiving care and support, their families, and carers, as a key outcome measure. Hearing from people with experience of using public sector services must be a key principle in performance reporting and management. This must take account of ethnicity; the variety of abilities and cultural differences of people being supported. However, any measure must be able to recognise the variety of inputs required for good quality care and support.
However, there is a significant risk in creating a measure, if too blunt, measures the wrong outcomes and then lays blame for national policy and national resource decisions at the door of frontline staff.

Outcomes in social work and social care are often difficult to identify and track as the outcomes we hope for often come at a later life stage or many years down the line. What is clear in social work, is that positive relationships and having support and respect, even in the most challenging of life circumstances, helps. If people have

positive experiences, their longer-term outcomes are likely to be better. This is where government should focus on improvement.

Residential Care Charges

Q17. Most people have to pay for the costs of where they live such as mortgage payments or rent, property maintenance, food and utility bills. To ensure fairness between those who live in residential care and those who do not, should self-funding care home residents have to contribute towards accommodation-based costs such as (please tick all that apply):

X Rent

☐ Maintenance

☐ Furnishings

☐ Utilities

X Food costs

Food preparation

☐ Equipment

Leisure and entertainment

☐ Transport

☐ Laundry

☐ Cleaning

☒Other – what would that be

If non-residential charges were removed, this “should mean that the only cost for people in receipt of social care should be the means tested accommodation costs for care home residents” as expressed in the consultation document. All residents living in care homes including those subsidised by the local authority currently pay towards their care home costs. While it is means tested individuals are generally paying their full pension and contributing any private pension and property assets to the overall cost leaving them with the personal allowance amount. For individuals who are not of pensionable age their welfare benefits are treated in the same way to pay for their residential care. Short stays in residential units for respite purposes that support carers in their caring commitments should be exempt from any charges in line with the commitment in the Carers Act 2016.
For reasons of fairness the amount paid by people who fund the full amount of their care home costs should be benchmarked against the National Care Home Contract with clarity about what is included in that contract. The National Care Home Contract includes amounts for ‘room and board’. SASW’s view is that people in long-term residential care should pay for their accommodation and food. Where this is higher due to the person’s needs e.g., additional laundry, or where they include an element

of care because the person cannot choose to cook or to clean their homes themselves, people should not have to pay for those elements of care and support. Residents in care homes are not able to make individual choices about their leisure and entertainment activities such as going to the pictures with the support of a staff member to see a film. They are generally occupied in group activity with choice limited from a menu of activities the care home makes available. For this reason, residents should not be charged for this.

Q18. Free personal and nursing care payment for self-funders are paid directly to the care provider on their behalf. What would be the impact of increasing personal and nursing care payments to National Care Home Contract rates on:

Self-funders

The use of language that describes people as self-funders is an unfortunate product of our commodification of care. In our response we will refer to people who are fully funding their own care.

Currently individuals can commission their own arrangements with care home providers and there are no limits on those charges but individuals who are fully funding their own care are often paying substantially more than others being subsidised by the local authority yet receiving the same or similar service. Increasing personal and nursing care payments to National Care Home Contract rates should mean that individuals who fully fund their own care costs would be paying a reduced amount equivalent to the increased amount in the personal and nursing care payment. The increase could be used by people fully funding their care to offset the balance of their charges resulting in reduced overall cost to them and having more money for personal use. This will only work if the Care Home providers retain charges at the existing level and refrain from making a corresponding increase in charges to the individual who is fully funding their own care.

For individuals who fund their own care but are subsidised by the council they too could benefit from an increase in the personal and nursing care payments if the council retained the same level of subsidy. However, if the council reduces its level of subsidy correspondingly to the increase in the personal and nursing care payment there will be no difference to the costs to individuals who are subsidised by the council.

Care home operators

The National Care Home Contract rates were agreed through negotiation with the care home providers. It sets out annual staff salaries and the staffing complement of care homes. Staffing shortages and increased costs have resulted in disparity between those contract arrangements that have not kept up with inflation or national agreements around terms and conditions (e.g., Agenda for Change/The Living Wage) and staffing complements no longer reflect agreements. Some of those costs are recouped through the higher charges to individuals funding their own care costs. Increasing personal and nursing care payments to National Care Home Contract rates would prevent practice that recoups costs through higher charges to those fully funding their own care. It may also reduce practice where a percentage of care home

places are reserved for people who fund their own care because there is a better commercial return. The risk is that care home providers increase charges to both those individuals funding their own care and those subsidised by the council by the same amount as the increase in personal and nursing care rate. This will mean that the care home providers will be the only beneficiary in this increase.

Local authorities

Given the proposals for the NCS, there is a risk that local authorities might reduce their direct care provision, reduce investment and indirectly reduce assets that might otherwise transfer to the NCS. Arrangements should be put in place that prevents this happening prior to any changes that may take place.

If the NCS is going to require sustainable and good quality services provided by the third and independent sector, the NCH Contract rates need be reconsidered and what is included in the contract re-specified.

If the personal and nursing care payments are increased there is the possibility that there will be a saving to the local authority. The local authority subsidy to individuals who are unable to meet their care costs in full would reduce by the same amount as the increase in personal and nursing care payments assuming they retain the same means testing criteria and contribution levels. If they change their means testing contribution and levels move either up or down it would increase the benefit to the council or reduce it accordingly. If the care home charges are increased by provider organisations it would likely require a re-negotiation of the National Care Home Contract.

The cost of residential care services for people with learning disabilities, mental health issues and problematic substance abuse are usually greater than the costs of residential care for older people. These additional rates will need to be considered as part of any reframing of contracts and subsidies.

Other

The commercial return on care home contracts remains highly topical and debatable. This may be the time to explore new models of provision through commissioning arrangements with the third sector and taking a social enterprise approach. Other models of support for older people should also be considered and explored. For example, where adults need significant support, supported living is considered early on, but for older people supported living arrangements are seldom considered with care homes being the most likely option if care needs are substantial. Older people should be supported to consider and explore shared living with other people in smaller living arrangements as an option.

Q19. Should we consider revising the current means testing arrangements?

☒ Yes

No

If yes, what potential alternatives or changes should be considered?

Our key position here is that social workers should not be involved in financial assessments and means testing for services as this undermines the professional role and decreases public trust in the profession. In terms of social justice, people with greater resource should contribute more to our national wellbeing. It is interesting that we do not means test for healthcare and are proud of the “free at the point of delivery” position in Scotland. Means testing for services results in some families with resource, making financial plans ahead of time to try to reduce liability for care costs or finding other ways to avoid meeting financial thresholds. Scotland should pursue simple, progressive tax routes that can be experienced as fair and are easily understood.

Consideration should be given to revising the threshold for property asset values to adjust the wealth level before individuals are required to pay for their care charges. Thresholds applied today were constructed many years ago and reflected rateable values of properties at that time. The value of property has risen exponentially, and current property values far exceed current thresholds with no upper ceiling on what someone could pay in total towards their care over the length of their stay in residential care. Consistent with recent moves in England, Scotland should consider an upper ceiling on the total amount someone should pay for their residential care costs.

National Care Service

Q20. Do you agree that Scottish Ministers should be accountable for the delivery of social care, through a National Care Service?

☒ Yes

No, current arrangements should stay in place

No, another approach should be taken (please give details)

After engagement with our members, SASW concludes that Scottish Ministers should be accountable for the delivery of social care, through a National Care Service (NCS). This decision was informed by the response of our members through our National Care Service Survey and other group engagements.

Our survey results on this question were as follows:

Yes	45%
Current arrangements should stay in place	30%
Another approach should be taken	25%

Our survey results show more social workers in favour of Ministers being accountable for the delivery of social care through a national care service than for either retaining the current arrangements or having another approach. Indeed, a total of nearly 70% respondents chose the NCS or another model whilst 30% opted for current arrangements. However, 55% people voted against a NCS, preferring either retaining current arrangements or finding a different approach altogether.

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

SASW Survey Respondent

SASW views this as an overall support for change and recognition of shortcomings in the current system. Our respondents highlight that the consultation proposals are based on several assumptions and strongly express the need for more detail as soon as possible. While supportive of change, they identify that change should make a positive difference to the experience of people when using services and must be more than structural and process change.

Social workers are concerned that the difference between social work and social care is not understood and that needs to be addressed in any new arrangement. They highlight the need for good governance and strong operational management for social work professionals from qualified social work managers and status given to social work leadership consistent with that given to health leaders. Many members are concerned that without strong social work and social care voices at all levels in the new system, the NCS will be based in an NHS model, which many report has proved challenging in their experiences of integration.

"Social work and social care are used interchangeably but they are different."

Participant in the Adults Community of Practice

The analysis of the additional detail provided in our consultation engagement identifies the need to recognise that while Scottish Ministers would be accountable for the delivery of social care by ensuring appropriate strategic planning on a national level and availability of resources, operational delivery should happen at a local level. This is to ensure that communities can develop responses to needs or gaps in service provision in ways that are flexible and responsive to local need. The capacity to retain this will ensure services can be embedded in local communities, have the support of those communities, and contribute to improving outcomes for those who live there and need support.

"I would include the condition that there is the ability to be locally flexible."

SASW Survey Respondent

There is a significant risk in trying to resolve the issues of inconsistency and complex bureaucratic processes. There may be unintended consequences which could, in fact, increase complexity and inconsistency leading to delays in decision making that negatively affect people who need support.

Whatever changes are decided, social workers strongly desire fewer bureaucratic processes, more time for relationship-based practice, capacity for early intervention and preventative work and for balanced caseloads that afford them the opportunity to use their full range of social work skills. Such approaches would not only improve relationships with local communities and outcomes for people and families but would reduce burnout in the profession and retain staff.

"Social workers are great when you've got them but why do we need to be in crisis to get help?"

Participant in the Learning Disability Engagement Session

"I had a very good social worker who was very understanding, and she was there for me at a very difficult time. She left and I've had no-one since. They need to get more funds to get more social workers."

Participant in the Learning Disability Engagement Session

Our members recommend that social work functions stay together. This is based on the assumption that adults' social work would be part of a NCS in which case, all three main specialisms (children, adult and justice social work) should transfer to the new NCS. This is due to the cross-cutting nature of social work and the impact of multiple systems on individuals and families.

Social workers continually point out to us the lack of understanding by Government Ministers about professional social work and the role of social workers. This needs to be addressed as a matter of urgency to ensure changes get off on the right footing with shared understanding by all.

"Can we refer to the global definition of social work? Not as a bubble under the National Care Agency but something that promotes and protects rights, people, individuals, families, and cross hatch with legislation. We need to sit with the

principles and show the unique position of social work in among other professional groups."

Participant in Children and Families' Community of Practice.

Whilst not entirely clear in this section, SASW presumes that the intention for a national care service includes the relevant social work services alongside social care for adults. It is noteworthy that the current scheme of delegation to IJBs does not list social work, only social care. This leads us to consider the possibility of a NCS encompassing social care but not social work. SASW see risks in a model that might result in CHSCBs commissioning assessment and tasks from social work (presumably still located in local authorities) through a service level agreement delivering piecework. This would further reduce the social work role to the sum of its tasks to the detriment of our relationship with individuals and communities.

When this phase of restructure for the NCS is complete, SASW asks that there be a national public relaunch of the social work profession. A new understanding of and respect for the social worker role and function might be achieved among partners with the support of a National Social Work Agency. This investment would help to change the public narrative and lead to social workers being seen as enablers and not workers coming intervene and manage high levels of risk.

Q21. Are there any other services or functions the National Care Service should be responsible for, in addition to those set out in the chapter?

Our engagement with social workers indicates mixed support for the inclusion of social work children's services and justice services within the National Care Service. This consultation, on significant change within a highly complex sector, has evoked concern amongst many who stakeholders feel that some of the proposals came as a surprise (especially people working directly with people using services). The short timeframe for responses is likely to have resulted in many stakeholders being effectively excluded from meaningful and paced engagement. This consultation follows on the Feeley report on adults' social care and has extended the potential scope of an NCS beyond the expectations of many people. Whilst The Promise reviewed the systems and supports for children and families in Scotland, this was not within the lens of an NCS. Justice services have not had any equivalent consideration in recent times.

In general, though, SASW members expressed optimism that an NCS, across disciplines can achieve better outcomes for people. Members highlight the interdependent nature of relationships within families/extended families and communities and enhancing the multi-generational and cross-cutting nature of their work. Social work operates amidst the complexity of family life and supports the individuals affected when challenges arise. This includes children, parents, older relatives, people who offend, people with problematic substance use or experiencing homelessness all of which have a wide impact on whole families.

"Not justice, not children and families' social work. I am not even that convinced that social work should be included."

SASW Survey Respondent

“To maintain the values of social work we must keep social work functions together.”

Participant in Children and Families’ Community of Practice

“People don’t live in silos. Families often experience a range of services from social work in their life. Don’t separate the services out.”

Participant in Mental Health Community of Practice.

From our SASW survey and engagement with social workers we found some concern that the Independent Review of Adult Social Care is having an extensive impact beyond the original scope of the Review. Despite that, there is support for the inclusion of children’s services and justice services along with adults’ encompassing mental health and substance use services.

No firm views have been expressed regarding the inclusion of early years services, recognising that the links with universal education are strong and that this offers opportunities for early support for families experiencing difficulties. SASW at this point simply advocates for holistic services for families where they can develop and maintain trusting relationships and access the right support when they need it. In future, there will be merit in considering schools as a place where communities might want to seek multi-agency support and advice and where non-stigmatising access to social workers might be successfully delivered more frequently.

Social workers recognise the importance of housing services and the need to have positive links built on shared priorities for supported people to protect them from discrimination. Joint working and strong relationships with housing colleagues are recognised as valuable. They bring benefit to people needing support particularly around adapted housing or customised arrangements to meet specific needs.

“Where the links are good there is the possibility of losing some of those links. The benefits of the National Care Agency outweigh those risks.”

Participant in the Mental Health Community of Practice

Scotland need investment in social work research and the use of data to understand workforce pressures. Our members expressed concern that centralising into a National Care Service would reduce opportunity for innovative local responses to need. No ‘one fits all’ solution can meet the variability of need across the Scottish social care landscape especially in rural communities where the cost of providing support is considerably higher and workforce issues often more complex.

There remain questions about where other colleagues, such as occupational therapists employed by local authorities, community or welfare rights/income maximisation staff, might be situated in the future.

In order to provide quality services, social workers need to have access to professional support and supervision from professional social workers, have more administrative and support resource, an IT system fit for purpose, better joint

working, shared responsibility for funding decisions, shared assessment tools and joint commissioning practice.

Social workers are keen to see bureaucracy substantially reduced and have caseloads that are manageable. They want to work in a person-centred way and have more time for face-to-face work. This will enable them to build relationships with people who use services and provide early support to prevent crisis and minimise harm. More than anything they have told us they want to feel valued and to have social work values and ethics respected by other professional disciplines, regain their professional identity, lost in integration with health, and to be able to use their full range of skills and experience.

"We need to shift the work away from feeding the bureaucratic beast to prioritising contact time with service users."

SASW Survey Respondent

"That social work is seen as a profession and not just a bunch of do-gooders."

SASW Survey Respondent

"The National Care Service has the potential to offer a more person-centred approach. My concern is that it may do the opposite tying up workers with bureaucracy."

SASW Survey Respondent

"If there is a National Care Service, they might reorganise and respect social work more in the multi-agency work."

Participant in the Mental Health Community of Practice.

Social workers identified the benefits of having a national pay scale with standardised terms and conditions. They think this could prevent 'golden handshake' approaches and reduce sparse qualified social work resources shifting to areas with the best possible terms and conditions as opposed to tackling the national shortage of social workers in creative ways including establishing clearer and more flexible career pathways.

Q22. Are there any services or functions listed in the chapter that the National Care Service should not be responsible for?

There are very mixed views among our members about the various aspects of the National Care Service.

"Concerned the new National Care Service becomes and annexe of the NHS. It will weaken the voice of social work."

Participant in the Mental Health Community of Practice.

“Will it actually make a difference to the work we do?”

SASW survey respondent

“This may provide a consistent service where the person is in the centre and support is built round them and their families.”

SASW survey respondent

Some social workers are concerned that the professional social work role may be reduced solely to statutory functions, indicating it would result in burnout and drive qualified workers out of the profession. They are also concerned that the social worker’s role is in danger of dilution, with lower paid staff picking up early intervention and preventative activities. Such activities were previously attributed to the social worker role consistent with the Social Work (Scotland) Act 1968 - to offer advice, guidance and assistance and to promote welfare. These functions have been eroded as thresholds for accessing social work support have risen and parts of their previous activity has been picked up by others, often in health and the third sector, leaving social workers to focus only on greater levels of complexity and risk.

“Social workers don’t have the time or the availability to interview for preventative work. We need more social workers. The focus on high end work is about trying to manage caseloads. Time on adult services is taken up by adult support and protection cases, police referrals and homecare.”

Participant in the Mental Health Officers Community of Practice.

Our members express concern that the social work role and function are often misunderstood by other professionals and ask for understanding and respect for the contribution of social workers within the multi-disciplinary environment.

“Now it’s all tasks and incredible pressure from other agencies. Questions …like how long does guardianship take? There is a real lack of understanding by our partners.”

Participant in the Mental Health Officers Community of Practice.

Social workers accepted the NCS should incorporate community aspects of health. They reinforced the need to ensure this does not result in two health care agencies (the NHS and the NCS) operating medicalised or task- based models of support. The NCS should remain committed to the social model of disability and socially constructed responses to social problems. It must understand what happens to people when changes in their life result in the need for support.

This also means that Ministers will need to have cognisance of the impact of economic and financial pressure on people who use social work services and ensure employment, social security and human rights policy join up effectively.

Scope of the National Care Service

Children's services

Q23. Should the National Care Service include both adults and children's social work and social care services?

☒ Yes

☐ No

Please say why.

62% of SASW survey respondents said yes, the National Care Service should include both adults and children's social work and social care services. The key reason given for bringing children's services into the NCS is around ensuring a continuum of care and support from pre-birth through to adults' services and into older age. Our members see an opportunity for a stronger voice of the profession, consistency, and a better and more equitable distribution of resources.

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

SASW Survey respondent.

Those who were cautious about including children's services in a NCS expressed concern it would hinder or delay the implementation of The Promise. Social workers state that a vision for children's services already exists with The Promise, which re-invigorated the sector by focussing on relationship-based practice. A NCS must embed this vision. There is concern that existing multi-agency collaboration and positive local arrangements will be disrupted by the development of a NCS, particularly a close connection to education and early childcare settings. Any structural change must improve outcomes for children and families.

Social workers in children's services acknowledged the consultation is based on the Independent Adult Social Care Review, which gave opportunity for people who use services to share their views. The work done on The Promise was not related to a NCS structure and therefore the views of these stakeholders need to be thoroughly captured.

Q24. Do you think that locating children's social work and social care services within the National Care Service will reduce complexity for children and their families in accessing services?

For children with disabilities,

☒ Yes

☐ No

Please say why.

Locating children's social work and care services within the National Care Service could result in more seamless, consistent support, with less regional variation and implementation gaps in applying legislative rights. There is also scope for greater consistency relating to policies, service delivery and assessments, evidenced in the following comments from within our survey:

"Stronger working across different departments to allow a better understanding, and ultimately a better service."

SASW Survey respondent.

"It would break down the barrier between services and hopefully improve transitions."
SASW Survey respondent.

Services should be developed in collaboration with those that use them, keeping decisions close to those they impact the most, and ensuring effective partnership working whatever the structure.

Services must be funded appropriately. Social workers need the time and space to engage in the relationship-based early intervention and prevention work that they were trained to do. This was repeatedly raised within the SASW survey:

"The issue is about resource training and support for front line social work."
SASW Survey respondent.

Currently, positive, creative work is happening in local areas that consider local needs and context when supporting children with disabilities and their families. Should children's social work become part of a National Care Service, it is essential that the NCS harnesses skills and knowledge from within communities and local partnerships, and capitalises on effective work that is already taking place.

The needs of children with disabilities and their families vary, and resources vary particularly across rural and urban areas. Rural areas report difficulty in accessing resources and workforce. This then creates barriers for people who use services and for those supporting and advocating for them. A more consistent approach to service provision would be helpful for reducing complexity for children and families who move across or between different parts of Scotland.

For transitions to adulthood

☒ Yes

☐ No

Please say why.

Most social workers who responded to our survey felt that bringing children's social work and social care under the National Care Service would reduce complexity for transitions to adulthood and improve transitions between children and adult's

services if everything were under one body. The current separation between children and adult services causes difficulties when young people transition to adult services. A NCS could help to make transitions more effective, bringing a cohesive and equitable approach to the delivery of services with fewer siloes and greater partnership and multi-agency working.

There are inconsistencies in current working practices and funding between children and adult services. Funding for children's services in the current system far exceeds that of adult services, impacting on provision and capacity which results in a 'cliff edge' experience of support. There are opportunities for a National Care Service to mitigate these tensions.

"Where we live is rural and hard to get resources…I say find the resources because I have enough to deal with, no sleep, barely function as a human being. Want more constructive conversations around that, help develop the resources. Barrier after a barrier, their job to find resources, not mine."

Parent Carer Stakeholder Engagement Session

For children with family members needing support

☒ Yes

☐ No

Please say why.

As was outlined in The Promise, the needs of children who come to the attention of social work are inextricably linked to the needs of their parents or care givers. If an adult needs support, then it is likely that their children will also need support. A whole family approach, delivered from within a NCS could help with this:

"*For some families, adult and child social work is needed, and working together would be supportive"*

SASW Survey respondent.

"This would show the whole picture for a family"

SASW Survey respondent.

Q25. Do you think that locating children's social work services within the National Care Service will improve alignment with community child health services including primary care, and paediatric health services?

☒ Yes

☐ No

Please say why.

Social workers raised concerns about how links between the NCS and other local authority services would be maintained if children's social work became part of the

NCS. However, if community health is included in the NCS from the adult's perspective, this should also be the case in children's services. If children's services move into the NCS, this must include all community paediatric pathways, e.g., health visitors, GPs etc.

Q26. Do you think there are any risks in including children's services in the National Care Service?

☒ Yes

☐ No

If yes, please give examples

SASW members are concerned that local accountability and democracy could be lost distancing services from the communities they serve.

It is important that a NCS considers local data and need in relation to the delivery of children and families' social work.

There is concern that these proposals risk hindering or pausing some of the actions in The Promise that are already underway. This is particularly troubling given the time, effort, energy, and willingness to change generated from a review driven by people with lived experience of the care system in Scotland.

Healthcare

Q27. Do you agree that the National Care Service and at a local level, Community Health and Social Care Boards should commission, procure and manage community health care services which are currently delegated to Integration Joint Boards and provided through Health Boards?

☒ Yes

☐ No

Please say why.

Most social workers in our SASW survey were in clear agreement that the National Care Service, and at a local level, Community Health and Social Care Boards, should commission, procure and manage community health care services which are currently delegated to Integration Joint Boards and provided through Health Boards.

This must result in no increase in bureaucracy for front-line workers and the agenda must not be dominated by health driven priorities. SASW members are keen to support the pooling of resources and the widening of opportunities to use skills and experience in different settings to improve outcomes for people who need support. They advocate for effective leadership for the social work profession that is respected on a par with health leaders, all working together for good outcomes for people.

"We need value-based leadership, value based ethical approaches, clear role and leadership and social work trained leaders in key leadership roles."

Participant in the Adult Community of practice

"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

Audit Scotland (2018) indicated that some progress had been made with integration. However, the pace has been too slow and key areas such as integration of budgets and long-term planning are still unresolved. Whilst this will have undoubtedly been impacted by the Covid-19 Pandemic any gains should be salvaged.

The CHSCBs should be responsible for commissioning, procuring and managing community healthcare services which are currently delegated to IJBs and provided by health boards. It makes sense, therefore, that staff responsible for the delivery of these services could transfer too, placing them in the employment of the local CHSCBs with nationally agreed terms and conditions implemented locally.

During the pandemic there have been some improvements in health, social work and social care working together more closely, for the greater good of people requiring help and support. This happened, despite the challenges and early negative experience of the social care workforce, when resources were targeted towards health.

This successful partnership working, to some extent, evidences the way our governance structures can impede progress rather than assist service delivery. During the pandemic, usual IJB governance arrangements were suspended because of the crisis and many decisions were taken more locally. This indicates there is a balance to be struck between national and local decision making and new CHSCBs need to take account of this.

Governance in interprofessional arrangements can be difficult and size and scale matters. Professions with fewer people can be overwhelmed by larger ones. Social work needs strong governance and leadership arrangements to function effectively alongside health. The specific functions and professional values of each Profession must be recognised.

There is national and local tension inherent in the "Once for Scotland" approach. While there is merit in commissioning on a national scale for some services, such as the national trauma centres, local flexibility and innovation must continue to meet the diverse needs of different communities and populations across the country.

Where there is low demand for or difficulty in commissioning highly specialist services, it makes sense to commission on a Scotland wide basis. The principle of local commissioning, where the needs and nuances of people are better understood, should be the preference. If commissioning on a national level, care must be taken

around local implementation because people should not need to leave their communities to access support.

A concern from CHSCBs assuming responsibility for all the services, and potentially staff, is that the CHSCBs could be extremely large organisations (larger than some health boards). Existing local planning and commissioning plans may be at risk of being lost in the myriad of competing priorities where health demands and support models of a medical nature may overshadow social work and social care responses. SASW stresses the advantage of the social theory model that is rights and values based, promotes independence, and recognises the barriers created by society that impact negatively on people's lives.

Q28. If the National Care Service and Community Health and Social Care Boards take responsibility for planning, commissioning and procurement of community health services, how could they support better integration with hospital-based care services?

SASW members support community-based initiatives where health and social work staff contribute to supporting individuals to stay in their communities. This reinforces the model of community social work.

"More services in the community that link with health and social care such as exercise groups and community led groups...money is required to set them up."

SASW survey respondent

"Enable people to share information across services and distinguish between crisis intervention and preventative and early intervention services. Put the people back into communities to build and harness the resources within communities, build that village that's needed to raise the kids and support each other."

SASW survey respondent

Social workers highlight the benefits of good communication, sharing skills and resources and how complementing the work of different professionals is important. Identifying local unmet need with CHSCBs and having the opportunity to develop local responses is critical to SASW members.

The challenges of people being delayed in their discharge from hospital, the time taken to put SDS support arrangements in place and the current focus on crisis intervention remain problematic. Our members draw the Government's attention to the strength of rights-based practice and community development approaches that deliver responses to collective need and address social justice issues - a core function of the social work profession which we expect resonates with Government.

"I have concerns about moving towards a more medical model as solutions".

Participant in the Adult Community of Practice

The consultation makes no reference to shifting the balance of care from hospital-based care to community-based care which has been a national priority for some time. Despite the resources that have been made available, there has been little success in shifting that balance. The interface between community care and hospital care continues to be challenging with a lack of guidance about how it should operate in practice. People who need support often fall between both and with overall demand increasing this is likely to get worse as organisations try to preserve their resources for the next crisis that comes along.

Any reform in social care and the inclusion of community healthcare staff in the NCS will require some reform of the NHS, and sufficient funds to implement change on this substantial scale.

SASW believes community health, social care staff and social workers being employed by a single organisation, whether it be the CHSCBs or the NCS, could go some way to developing a new common organisational culture. This would encourage respect for each other's role and function as well as an understanding of how different disciplines contribute to the prevention of unnecessary hospital admissions, reduce the number of people delayed unnecessarily in hospital, support rehabilitation and reablement and maintain people more effectively at home in the community.

In social work and social care, excellent examples of 'pilot projects' are not scaled up and learning is not disseminated because there is limited access to research opportunities and funding linked to formal routes and structures for national implementation.

"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

Well-functioning health care services require well-functioning and well-resourced preventative social care services. Unfortunately, the provision of social care has been negatively affected by reduced resource. This has resulted in increased thresholds and eligibility criteria for social care assessment and support. Early intervention and preventative approaches have reduced, meaning people require to be in crisis before they can secure the help they need. This means they arrive to social work systems later. An investment in locally based social work and access to social care services for early intervention support would benefit both local community and hospital-based care, leading to much better outcomes at an earlier stage for people who need support.

"We did not have a serious issue, it was not a crisis, but preventative approach was needed and would have stopped things escalating. It all went to massive crisis quickly. We had a case worker who left and was not replaced, eventually got another

one and now she has raised child protection concerns. I told her I knew it was coming. Support did not come quickly enough, and more resources needed now to clean it up and as a family we have really struggled because of that."

Parent Carer in Stakeholder Engagement Session

Q29. What would be the benefits of Community Health and Social Care Boards managing GPs' contractual arrangements? (Please tick all that apply)

X Better integration of health and social care

X Better outcomes for people using health and care services

X Clearer leadership and accountability arrangements

X Improved multidisciplinary team working

X Improved professional and clinical care governance arrangements

Other (please explain below)

GP contracts are not well understood. Their relationship to other healthcare provision and routes of accountability are often unclear to people who use them. This is often evidenced in misunderstood chargeable services such as fees for capacity assessments and completion of welfare benefits documentation. However, it is recognised that they are the main gateway to secondary care through referral processes to specialist and consultant services.

"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.

In shifting the balance of care from hospital care to community care GPs have a key role to play, especially as enablers in rural and island communities[6]. No matter where their contractual arrangements are managed, they could be an integral part of local arrangements with capacity for influencing the commissioning agenda through their knowledge of unmet need and potential future demand. They could work in tandem with social workers to support anti-poverty work, capacity assessments and disability benefit applications for people who need them.

There are limited ways in which GP data has been gathered, analysed, and used to improve local access and provision. There would be benefit in agreeing local data sets that help to manage performance to ensure efficient service provision that

[6] https://www.gov.scot/publications/shaping-future-together-report-remote-rural-general-practice-working-group/

meets the needs of the local population. Such data could also serve for benchmarking and comparative studies to ensure a consistent GP service is being delivered nationally.

GPs operate a system where patient 'cases' remain open for the duration of the patient's lifetime, and they can call on their GP when they need them. There are aspects of this approach that has the potential to positively influence thinking for new universal approaches to social work that would benefit from the GP model and their experience.

Q30. What would be the risks of Community Health and Social Care Boards managing GPs' contractual arrangements? (Please tick all that apply)

Fragmentation of health services

Poorer outcomes for people using health and care services

Unclear leadership and accountability arrangements

Poorer professional and clinical care governance arrangements

X Other (please explain below)

From a social work perspective, the benefits appear to outweigh any risks. However, there is concern that by CHSCBs managing GP contracts the number of health professionals represented on the CHSCBs would increase with the potential for social work issues to be further overshadowed by health issues.

Q31. Are there any other ways of managing community health services that would provide better integration with social care?

Social workers hope for effective IT systems that are fit for purpose and make a positive difference to integrated working.

Our members also highlight the need to have strong social work representation in leadership roles to ensure social work issues remain high on the agenda. In addition, to shift the focus from crisis intervention work to early intervention and preventative approaches, sufficient transitional funding will be needed.

Our members accept the need for better integration but recognise it will require more than structural change to deliver it. They highlight the need for cultural change and the need to clarify and reassert the role and function of social work with health colleagues. Our view is that social work leaders and managers must have the same influence, power, and status in their roles as is afforded to health professionals in comparable roles.

Social Work and Social Care

Q32. What do you see as the main benefits in having social work planning, assessment, commissioning and accountability located within the National Care Service? (Please tick all that apply.)

X Better outcomes for service users and their families.

X More consistent delivery of services.

X Stronger leadership.

X More effective use of resources to carry out statutory duties.

X More effective use of resources to carry out therapeutic interventions and preventative services.

X Access to learning and development and career progression.

X Other benefits or opportunities, please explain below:

This is an opportunity to develop a new partnership of equal status in health and social care where social work leaders with the appropriate professional social work practice and experience work alongside health leaders. Each should be accountable for their respective professional disciplines. This might help other professions to better understand the role and function of the social work profession including their statutory duties of protection, welfare and promoting human rights within legislative frameworks. Social work should claim its expertise in risk enablement and management and the exploration of competing rights. Social worker's training and qualifications equip them for their unique role.

Having social work planning, assessment, commissioning, and accountability located within the NCS could potentially:

- deliver robust workforce planning to address shortages of social workers and mental health officer resource
- better coordinate the needs of the national social work workforce as a whole
- reduce bureaucracy and assist practice
- create opportunities for social workers to engage in early intervention and preventative work, and
- rebalance caseloads

This would allow social workers to use their full range of skills in early support and preventative work as well as statutory interventions making the social work profession more appealing. This could stem the flow of social workers leaving the profession, make it more attractive to new recruits and facilitate more effective use of the social work resource.

"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 in Edinburgh, beautiful young people getting broken, by the system. No longevity not valued. Not the job they studied for."

Parent Carer in Stakeholder Engagement Session

Mental Health Officers have a particular cross cutting specialism that responds across all adults' social work. This reinforces the need to retain all mental health functions together. Balancing duty of care with a person's right to self-determine, that can at times result in restriction of liberty, are specialist skills. MHOs are embedded in promoting human rights, a core function of the social work profession. The national shortage of MHOs has put pressure on the social work workforce, and it requires continued proactive work on a national level to address it.

"I had a practice teacher opportunity – gave me insight of breadth of what we expect social workers to be so am more mindful of what's on their plate. A very difficult job and they can never win."

Participant in the Collective from an independent support organisation

Our members believe a relaunch of the profession is now necessary. Community social work would give social workers greater visibility in communities. It would improve trust through practicing in an enabling role as opposed to the perception of them intervening when people do not want this but are in crisis. Rebalancing their workload would enable relationship-based practice to be the central feature of social work, with knowledge and skills supporting people to have full lives and realise their potential as valued citizens.

Q33. Do you see any risks in having social work planning, assessment, commissioning and accountability located within the National Care Service?

The scale of community health services and number of colleagues that may sit within the NCS are much greater than those associated with social work. This risks the loss of the professional identity of social workers and may result in health having a greater influence over operational delivery, service design and the characteristics of commissioned and purchased services that have been within the domain of social work.

To alleviate this risk, we need a new culture within the NCS that respects the role of social workers and values the profession which has much to contribute to the integration agenda. Social workers need professional autonomy consistent with their role and function. This will require effective social work leadership, guiding the profession and balancing statutory duties with the promotion of rights and the management of risk. Unfortunately, there is little mention of social work leadership in the consultation. The current functions of Chief Social Work Officers include professional quality assurance, governance, operational management within which social workers deliver local authority responsibilities. This role cannot be diminished in a National Care Service but must be strengthened at national and local level. Transformational change lies ahead, and Scotland requires effective professional social work leadership to protect the rights of many marginalised citizens.

Social work as a profession operates from a values perspective and a rights base, promoting the social model of disability. This sometimes conflicts with models that tend to focus only on the individual using shorter term tasks or process-based interventions that do not always reflect individua needs. It will be crucial that this social perspective is strengthened and not lost in the new arrangements and that the progress made in self-directed support, the vehicle for social care delivery, is respected and expanded to ensure choice and control is maximised for people who need support.

Assessment is a core social work activity. This is reflected in the 4 years undergraduate and 2 years postgraduate courses of study undertaken by people to qualify as social workers. Social workers learn a range of skills and techniques not only to assess, but that also enhance relationships thereby confidently supporting people to reach their potential.

The new arrangements could also potentially remove decision making further away from the people who need support. This will undermine coproduction practice with people who need services, carers and other stakeholders. Economies of scale in services being purchased from larger provider organisations could mean that community-based organisations lose out on tendering opportunities. This might lead to increased inequality with the needs of those in the central belt taking preference over rural or island communities.

Nursing

Q34. Should Executive Directors of Nursing have a leadership role for assuring that the safety and quality of care provided in social care is consistent and to the appropriate standard? Please select one.

☐ Yes

☒ No

Please say why

If the question is asking about the quality of nursing care in a social care setting, our answer is yes but if it is the quality of social care in a social care setting the answer is no.

We assume the question relates to nursing in a social care setting and our response relates to nursing duties in domestic/social care settings.

Nurses are clinically trained usually to work in the acute health care sector but many, through additional training, undertake specialist roles. Within primary health, District Nurses and Health Visitors are examples of nursing specialisms, already working in people's homes, that might be located with the NCS scope. Likewise, nursing in care homes should have the status of a specialism and require the completion of additional training.

Executive Directors of Nursing should have a leadership role for assuring that the safety and quality of nursing care in social care settings is consistent and to the appropriate standard. The responsibility for social care in community settings,

including residential homes and care at home services should remain with the Chief Social Work Officer consistent with their statutory duties in Section 12 of the Social Work Scotland Act 1968.

Social care is provided in peoples' own homes and when being supported they must have confidence that the professional providing their support is competent. Therefore, all social care workers are trained to minimum standards with many having additional training. Social workers have a duty to promote wellbeing, human rights, and choice for individuals within the social care context. This promotes the social model of support.

"Social workers need to be there when I need them. I need them to be available to me emotionally. They need to provide emotional support not just practical support."

Participant in engagement group for people with learning disabilities.

Requiring help and support with daily living are not medical needs and do not require a medical response.

"Social workers are missing the relationship with people and that's a particular type of practice."

Participant in the Adult Community of Practice

Many social care staff assist people with their personal care needs which could involve assisting with catheter changes or assisting people to have their nutrition using a PEG. This support is personalised to the individual and it is this nuance that requires to be supported through health and social care professionals working together. This degree of personalisation should form part of the additional training for nurses operating in a social care setting where the focus is a social model perspective and the skills needed should reflect that.

Social work leadership within the NCS and at Community Health and Social Care Board level will require equivalents to the Executive Nursing Directors. The role of Chief Social Work Officers and a Director of Social Work with responsibility for operations and professional assurance should be considered at national and local levels.

Q35. Should the National Care Service be responsible for overseeing and ensuring consistency of access to education and professional development of social care nursing staff, standards of care and governance of nursing? Please select one.

X Yes

No, it should be the responsibility of the NHS

No, it should be the responsibility of the care provider

Please say why

We assume "social care nursing" refers to nursing that takes place in people's homes including care homes and we respond on that basis.

Both regulated workforce elements are currently trained separately. Nurses and social workers through university courses, and social care through a wide range of higher education and vocational qualification options. The SASW view is that this initial education arrangement continues. However, the additional specialist training for nurses to equip them to work in a social care setting should sit within the National Care Service to promote the social model of disability.

The National Care Service should be responsible for overseeing and ensuring consistency of access to professional development of social care nursing staff, standards of care and governance of nursing where practiced in the social care setting.

In the same vein, the National Care Service should be responsible for overseeing and ensuring consistency of access to professional development of social care and social work staff (the latter through the Social Work Agency), standards of care and governance of social work and social care.

The regulation of the social care nursing workforce needs to be considered. Social workers and social care workers are currently responsible for their practice through the SSSC whose responsibilities are under consideration as part of this consultation.

"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

Frameworks for the social care workforce should also create clear opportunities for career pathways into nursing or social work.

Q36. If Community Health and Social Care Boards are created to include community health care, should Executive Nurse Directors have a role within the Community Health and Social Care Boards with accountability to the National Care Service for health and social care nursing?

☒ Yes

☐ No

In this response, we assume that Executive Nurse Directors for community health services would be part of the National Care Service.

If Community Health and Social Care Boards are created to include community health care, it will require reform within the NHS to locate community health staff to the NCS/CHSCBs. If this happens, Executive Nurse Directors could have a role within the Community Health and Social Care Boards with accountability to the National Care Service for community health and social care nursing. They should not be responsible for any social care elements.

The professional accountability for social work and social care staff should be through, (what is now called) the Chief Social Work Officer or a Director of Social

Work in the new model. Having this social work leadership role clearly visible at national and local level in any new structure will be of vital importance given the impact that decisions about statutory and uninvited interventions can have on individuals and families. The Executive Director of Nursing and Director of Social Work leadership roles will require equal status with consideration and clarity as to their statutory functions and responsibilities.

“I’m concerned the new social work agency becomes an annexe of the NHS. It will weaken the voice of social work.”

Participant in the Mental Health Community of Practice.

The location of these roles should be decided based on the scope of what is included in the NCS under the new arrangements. The principle guiding this should be that decision making and access to resources should be as near as possible to the people being served to ensure they understand need, nuance and local variation. All workforce groups should be able to see their profession properly represented and respected within the leadership of the NCS and Community Boards.

Justice Social Work

Q37. Do you think justice social work services should become part of the National Care Service (along with social work more broadly)?

☒ Yes

☐ No

Please say why.

If Scotland creates a National Care Service, nearly 70% of respondents to our survey think that justice social work should be part of it. Their reasons for this are expressed in these quotes lifted directly from their survey responses:

"For consistency of a human rights-based approach integrating social work and justice services"

SASW Survey respondent

"Social work is at the crux of families' lives which specialisms cut across"

SASW Survey respondent

"Support for community social work and justice, the people we work with are part of communities, that's what needs to be joined together".

SASW Survey respondent

"Ensure we maintain and hold onto a social work identity …rather than a pull towards techno-bureaucratic approaches"

SASW Survey respondent

There is a strong message from our members that social work must either all go into a National Care Service or all not. Underpinning this is the experience in justice social work of the large numbers of people, particularly those who circle in and out of the system, whose backgrounds of trauma and disadvantage have had a significant impact on bringing them into the justice system. The Reducing Offending, Reducing Inequalities report[7] from NHS Health Scotland identified clear inter-relationships between poverty, social exclusion and offending. It is reported that 20% of people in prison have a physical disability, that 20–30% have a learning disability that affects their ability to cope with the justice system and called for this to be addressed through improved access to quality housing, work, education cultural opportunities and support services. Across the justice system people have high levels of mental ill-health and substance use problems. Many in the justice system have not been able to get the support they need, and one might argue that a majority are examples of where our universal health and education systems have previously failed. SASW is concerned that, whilst Government is usually keen to hear from people who have experience of services, people with experience of the justice system are unlikely to

[7] Reducing Offending, Reducing Inequalities (healthscotland.scot), published 22 August 2017

have had the time to consider the implications nor the support that might be necessary to respond directly to this consultation.

Social problems and lack of support exacerbate the likelihood of offending. The Scottish Government's National Strategy for Community Justice[8] recognises the connections between deprivation, poor educational outcomes, mental health, substance use and the likelihood of offending:

"An individual's likelihood of desistance can be significantly affected by structural factors such as timely access to housing, health and wellbeing, financial inclusion and employability. Furthermore, people who have committed offences may present complex and multiple or require support in order to engage effectively with necessary services."

SASW Survey respondent.

Social work views much of the work required in an effective justice system to be relationship-based and directly linked to adult social care and support services. Currently, there is variation across the country around the governance of justice, with some justice social work being delivered within Health and Social Care Partnership arrangements and some not. Bringing justice into the National Care Service could enable opportunities for cross-cutting work such as domestic abuse to deliver more seamlessly. Within an NCS, justice social workers could also have direct access to social care and support provision directly reducing onward bureaucratic referrals.

Those of our members who responded "no" to the inclusion of justice, expressed a desire to keep their work embedded in local authorities as their preferred governance arrangement due to the risk of reduced local democratic safeguards in a National Care Service. They expressed concerns about:

- The role of justice (around 20% registered social workers are employed in justice) being marginalised in a large national social care and social work organisation.
- The potential loss of s27 ring-fenced funding for justice services (which perhaps are not politically attractive and may fare badly if resources are needed, for example, by care and support for older people.)
- The dual role in delivering community sentences imposed by the Courts as well as the supervision role including a focus on welfare and support.
- The placement of management of high risk, dangerous individuals. These are unwanted statutory interventions where, often, people also require social care and support.
- A lack of evidence-base for the proposal to include justice social work within the National Care Service.
- The potential of diluting relationships with justice partners including the Police and Courts.

Therefore, whilst SASW supports the inclusion of justice services within the National Care Service, we strongly recommend that a scoping exercise is undertaken as part of the NCS programme. This should map out the options to deliver justice

[8] National Strategy for Community Justice - gov.scot (www.gov.scot)

assessment, care and support, risk management and the delivery of non-welfare community sentences. This should create a more robust evidence base for future decisions and enable the justice community to engage meaningfully in service and governance development.

Q38. If yes, should this happen at the same time as all other social work services, or should justice social work be incorporated into the National Care Service at a later stage?

☒ At the same time

☐ At a later stage

Please say why.

SASW's survey response is 63% in favour of justice social work being incorporated at the same time as everything else. Those who prefer all elements of social work to be incorporated at the same time mention:

- The importance of starting all social services elements together to ensure cohesive cultural change across all social work specialisms.
- There are risks in having two change stages; one as the NCS is set up which will change relationships across the sector and then another change if justice moves into the NCS at a later stage.

SASW wants to ensure that where social work cuts across specialisms, (e.g., youth justice, domestic abuse) significant disconnects do not emerge by separating out parts of the social work system.

Those who thought justice social work should come into the NCS later cited reasons such as the complexity of the task, the level of planning, preparation and training that will be necessary and the opportunity to learn from those services going into the NCS first. Some view social work in justice as more complicated than other areas of social work. However, others recognise that there is complexity across all areas of multidisciplinary or integrated work.

Whatever structure is decided for justice social work, it should bring adults' services and justice social work services more closely together given the care and support needs of the people in the justice system.

Q39. What opportunities and benefits do you think could come from justice social work being part of the National Care Service? (Tick all that apply)

☒ More consistent delivery of justice social work services

☒ Stronger leadership of justice social work

☒ Better outcomes for service users

☒ More efficient use of resources

☒ Other opportunities or benefits - please explain

Better outcomes for people were by far the strongest response from SASW members, at 82%. Respondents also chose stronger leadership, and more efficient use of resource as the key opportunities and benefits for having justice social work as part of a National Care Service. Additional benefits that should be realised include:

- More early intervention and prevention
- Addressing the causes of crime through embedded community work and links with other social work and social care supports
- Better connections with health and social care for children and adults

Q40. What risks or challenges do you think could come from justice social work being part of the National Care Service? (Tick all that apply)

Poorer delivery of justice social work services.

Weaker leadership of justice social work.

☐ Worse outcomes for service users.

☐ Less efficient use of resources.

☒ Other risks or challenges - please explain:

As with children's and adults' services, there is a risk that, although a NCS may improve many professional relationships and offer opportunities for more seamless access to social services, existing multi-disciplinary joint delivery and the positive local arrangements that enable good practice will be disrupted. As with children's and adults' services, a National Care Service would require significant implementation support on set-up to ensure these positive relationships are maintained where they exist and are developed where they do not currently exist.

If funding is not ring-fenced, particularly for the statutory risk management and community service side of justice social work, there is a risk that current levels of service could not be maintained. Many of our members who think that justice social work should not be part of a NCS expressed concern about being a small part of a very large system and the impact of a pooled budget on people already exceptionally marginalised. Given the range of views and the fact that justice social work has not had a recent review to scope out the issues and options fully, SASW recommends Government consider this and that attention should be paid to ensuring the views of those who have experience of the justice system inform future decisions.

Q41. Do you think any of the following alternative reforms should be explored to improve the delivery of community justice services in Scotland? (Tick all that apply)

☐ Maintaining the current structure (with local authorities having responsibility for delivery of community justice services) but improving the availability and consistency of services across Scotland.

☐ Establishing a national justice social work service/agency with responsibility for delivery of community justice services.

☐ Adopting a hybrid model comprising a national justice social work service with regional/local offices having some delegated responsibility for delivery.

☐ Retaining local authority responsibility for the delivery of community justice services but establishing a body under local authority control to ensure consistency of approach and availability across Scotland.

☐ Establishing a national body that focuses on prevention of offending (including through exploring the adoption of a public health approach).

No reforms at all.

X Another reform – please explain:

The management of risk is a key feature of justice social work that requires advanced skills to practice within multi-disciplinary professional groups to manage public protection from high risk and highly dangerous individuals. This has become a well-evidenced, research-led and specialist skill set that requires additional training. There are a range of options as to how community sentencing might be delivered as described in the consultation. The options offered in the consultation are lacking in clarity and detail. These options are difficult to consider without explanation of what each of those mean or might look like. 30% of respondents to the SASW survey had a preference that local authorities should retain the responsibility for community justice services. Other than that, no consistent preference for a particular model was expressed other than, for the majority, a probation service approach, removed from other social work functions, is not a desired approach.

Some quotes from our justice engagement activity:

“Every community is different. That’s why it didn’t work when it was community justice authorities”

Member of The Justice Community of Practice

“Probation service hasn’t worked in England and won’t work up here”

Member of The Justice Community of Practice

“I support moving towards community social work and justice”

Member of The Justice Community of Practice

Q42. Should community justice partnerships be aligned under Community Health and Social Care Boards (as reformed by the National Care Service) on a consistent basis?

☒ Yes

☐ No

Please say why.

71% of SASW survey respondents said yes. Of course, the issue of the number of CHSCBs has yet to be decided but SASW members have a strong desire to ensure the governance landscape is simplified. As no other options were offered in the survey, there is little scope for comment.

Prisons

Q43. Do you think that giving the National Care Service responsibility for social care services in prisons would improve outcomes for people in custody and those being released?

☒ Yes

☐ No

Please say why.

People in the justice system are citizens who have the same right to care and support as any other citizen. Social care and support in prisons is a matter of adult social services. Justice social work is not funded for adult services assessment or delivery of care and support.

90% of respondents to the SASW survey agreed with this question. A National Care Service could direct strategic commissioning in prisons for personal care and have oversight of a consistent approach to locally nuanced support services in prisons.

Scotland's prison population currently cannot access the same level of assessment, care or support that people in the community do. This is fundamentally an issue of human rights, but neither is it an effective way to reduce future crime, future victims or to improve the wellbeing of people from some of our most marginalised communities.

Fundamentally, prison is simply a setting in which health, social support and care and social work should be delivered. Many prisons hold people from the local community, some are specialist prisons for young people or women, many people move around the prison estate. Local needs in each prison can vary considerably. There is a risk that if we deliver a completely different model of support to people because they are in prison, we will have a "prison service" and a "community service".

There are a variety of social work roles in prison. The interfaces between them remain problematic and any change to justice and prisons must take this into account.

- Prison based social work delivers assessment of risk of re-offending and harm, reports for the Parole Board/Tribunals and statutory Throughcare planning for people subject to statutory supervision upon release. Is not funded to deliver adults' social work and social care services.

- Justice social workers in the community deliver Court reports, community sentences and Throughcare support and supervision for people returning to their community or for those who present particular risks.

- Adults' social work delivers assessments and care and support to all adults in the community. If a person who has care and support needs is released from prison, their "home" local authority adults' social work team is responsible for planning their care.

The Reducing Offending, Reducing Inequalities report[9] from NHS Health Scotland identified clear inter-relationships between poverty, social exclusion and offending. *"The Scottish prison population reflects our most socially deprived communities."* It reported that 20% of people in prison have a physical disability, that 20–30% have a learning disability that affects their ability to cope with the justice system and called for this to be addressed through improved access to quality housing, work, education cultural opportunities and support services. The Scottish Prison Service 2019 survey of people in prison[10] notes that 38% of respondents reported a disability.

The complexities of need experienced by people in prison is evidenced by the Hard Edges Scotland[11] report (2019). This found that 5,700 adults in Scotland experience three 'core' forms of severe and multiple disadvantage (homelessness, offending and substance dependency). Many of these people are in our prisons, meaning that to be effective, integrated health and social care must work within prisons, across transitions into and out of prison, and with community-based supports and services.

The Independent Review of Adult Social Care[12] (Recommendation 19) suggests that integrated health and social care in prisons might be one of the elements delivered through a national approach. Given that health services are already delivered successfully in prisons by health and social care partnerships (other than Forth Valley and Lothian) there is no evidence that a nationally imposed model would deliver the benefits required. Thought should be given as to the delivery of integrated health and social care and social work in prisons. If other elements of community health are sited in the National Care Service, with national oversight and local delivery through the CHSCBs, this should be the same model within the prison setting.

Statutory and voluntary throughcare services are currently the responsibility of the local authorities. There remain significant issues around care and support needs, not only of people in prison, but people entering and leaving prison, where links to adult care and support in people's home areas are not being made effectively.

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[9] Reducing Offending, Reducing Inequalities (healthscotland.scot), published 22 August 2017
[10] 17th Prison Survey 2019 - Bulletin Final7197_3445.pdf
[11] https://lankellychase.org.uk/resources/publications/hard-edges-scotland/
[12] Adult social care: independent review - gov.scot (www.gov.scot)

Preparation for everyone being released from prison should entail basic support around housing, finance and local connection to primary care, support for mental health and substance use issues. The home CHSCB for anybody in prison should be responsible for bringing people successfully back home. They should also be responsible for delivering integrated services into prisons in their area and for making effective and robust links for people from out with their area in preparation for release. This is a considerable opportunity to improve outcomes in our justice system.

Q44. Do you think that access to care and support in prisons should focus on an outcomes-based model as we propose for people in the community, while taking account of the complexities of providing support in prison?

☒ Yes

☐ No

Please say why.

88% of SASW survey respondents said yes. Good outcomes for people can be achieved in prison and are necessary if we are serious about reducing crime and rehabilitating people in the justice system. In 2019-20 nearly 11,500 people left prison. Of people who were released in 2016-17, 41% were reconvicted within 12 months[13]. Of course, the impact of prison sentences on the outcomes that people achieve in their lives is far more complex than simply the rate of reconviction. A true outcomes measure would need to take into account future education and employment, future relationships and capacity to parent as well as future health and economic security. This would be a long term and exceedingly complex measure to attribute to the care and support experienced in prison.

SASW notes that the consultation does not offer any alternative model to an outcomes-based model.

One alternative to an outcomes model is a minimum standard model. A minimum standard of support for leading an active life in prison, for supporting relationships with friends and family and for improving health and well-being might be of some use in the current situation.

However, with the numbers of people with trauma and who have hidden disabilities in our prisons, SASW proposes a model based on having a positive experience in prison. That is much more within the control of those delivering integrated health and social care in prisons alongside the Scottish Prison Service and could be measured much more easily. We know that positive life experiences lead to better lives for people. If we do not consider what a positive prison experience might look like for an individual and encourage their agency and self-determination whilst they are in prison, we shall continue to cause additional trauma and mental health harm to people while in prison. People leaving prison should do so with a support package in place that brings some stability and hope in a period when many experience yet another crisis that results in further offending.

[13] https://www2.gov.scot/Topics/Statistics/Browse/Crime-Justice/Datasets/ReconvictOffendDatasets

Alcohol and Drug Services

Q45. What are the benefits of planning services through Alcohol and Drug Partnerships? (Tick all that apply)

X Better co-ordination of Alcohol and Drug services

X Stronger leadership of Alcohol and Drug services

X Better outcomes for service users

X More efficient use of resources

X Other opportunities or benefits

please explain

The management of alcohol and drug services through multi-disciplinary and evidenced based approaches, whole system leadership and in partnership with others, including people being supported is welcomed by SASW.

All the above are recognised benefits of the Alcohol and Drug Partnerships and the opportunity for support from across disciplines is valued. The role of social workers in promoting the social model of support and the protection of human rights in this context is key, as is understanding the social detriments that can lead people into problematic substance use.

Responses to addiction must be on a whole family basis and encompass social (including racial and class-based disfranchisement) and economic marginalisation. Partnerships can enable cross cutting work which contributes to better outcomes for people being supported and their family and carers.

The work of the Alcohol and Drug Partnerships to actively include service users in the services/support available to them and build connections is very positive, but it is resource intensive and hampered by a lack of resources. Peer support models are valued but need to be supported by skilled staff including people with experience of addiction and recovery being encouraged to access career pathways.

Q46. What are the drawbacks of Alcohol and Drug Partnerships? (Tick all that apply)

Confused leadership and accountability

Poor outcomes for service users

Less efficient use of resources

X Other drawbacks

please explain

While the management of alcohol and drug services through partnerships arrangements is positively received and the multi-disciplinary approach welcomed, there is a view amongst SASW members that there is an over-reliance on, and privilege given to medicalised approaches and solutions to social problems.

Treatment approaches are often given greater recognition than alternative support options from skilled social workers whereas a combination of both may achieve better outcomes. There is strong support for addiction to be recognised as a public health (SASW prefers the use of the word “social”) issue. Social workers highlight the strong connection between substance use, poverty, lack of opportunity, unresolved trauma and adverse childhood experiences.

As with much commissioning of the Third Sector, lack of consistent funding from the ADPs and short contracting cycles undermines positive work in the sector and demoralises the workforce.

Q47. Should the responsibilities of Alcohol and Drug Partnerships be integrated into the work of Community Health and Social Care Boards?

☒ Yes

☐ No

Please say why.

Nearly 90% of SASW survey respondents to this question agreed the responsibilities of the Alcohol and Drug Partnerships should be integrated into the work of Community Health and Social Care Boards. They advised the Community Health and Social Care Boards, and the National Care Service must draw attention to the social detriments that often lead to substance misuse recognising the answers to these social problems lie in contributing to reducing inequality, increasing opportunity and finding solutions to the poverty and trauma related issues that have substantial impact on people’s life chances.

Responses to problematic substance use must involve the whole family and the cross-cutting nature of this work means it should not be seen in isolation from other social work disciplines such as children and families’ and justice social work as well as broader multi-disciplinary approaches. This supports our view that all social work functions should remain together.

SASW is acutely keen to see substance misuse recognised as a social issue requiring a social response. A better whole systems approach is needed to deliver a network of community-based initiatives to help people struggling with substance use. These should reflect the diverse nature of communities taking account of local difference and be fully supported by experienced social workers facilitating the involvement of people with living experience.

The concept of community social workers was supported in our engagement with our members. They recognise the value of early intervention, the impact of substance use on families and communities, and the impact of stigma in improving outcomes for people.

Q48. Are there other ways that Alcohol and Drug services could be managed to provide better outcomes for people?

SASW members suggested several ways that drug and alcohol services could be managed to provide better outcomes for people. These include:

- An increase in community outreach programmes which members report have previously worked very well but have been substantially reduced.
- Better education and clear guidelines to prevent discrimination against drug users in the justice system.
- Better use of services provided in the third sector including longer term commissioning.
- Early intervention by skilled workers.
- The use of trauma informed practice.
- Ensuring people are not discharged from treatment programmes too soon and that they have reliable long-term support in their community.

There is support for more flexible ways to connect with people informally including suggestion around reducing rigid appointment systems where non-attendance can result in the individual being removed from lists. Responding appropriately to people's capacity to engage is part of the support that people need to recover.

The range of options offered for people to be better supported included better access to employment, further education, apprenticeships, and voluntary work in local communities. Social workers identified the need for more trained and skilled social workers in this field of work to bring social responses to addiction issues that consider, how people live their lives and spend their time.

"We need a national network of support services, that can deliver to local communities. The range of services needs to be much broader, and people should be supported to rehabilitate and integrate into their local community if that is a realistic option for them. They should be able to build and contribute to local sustainable resources and programmes that may include further education, employments schemes, apprenticeships, and voluntary work in communities."

SASW Survey respondent.

Q49. Could residential rehabilitation services be better delivered through national commissioning?

☒ Yes

☐ No

Please say why.

There was strong support from 84% of respondents in the SASW survey for residential rehabilitation being delivered through national commissioning but not at the expense of community-based responses. Current arrangements mean that access to residential rehab is limited, inconsistent, dependent on where you live, and

it varies significantly between local authorities. A national commissioning arrangement could increase availability and address the issues mentioned above.

“There is such a lack of it, and it differs from each local authority to another. It needs to be a fairer approach to these services and not just a postcode lottery.”

SASW Survey respondent

Very focussed specialist commissioning might also improve quality standards across the country. There may be economies of scale for this very expensive model of care and support which is not always able to produce good outcomes. Residential rehabilitation is only one part of the recovery journey and is not suitable for all circumstances. There should be a wider range of options beyond the 12-step recovery programme which is used considerably.

Although there was significant support for residential rehabilitation being commissioned nationally, continued investment in community-based support remains a significantly underfunded area. Community-based responses are vital in maintaining relationships and ensuring smooth transitions back home.

Q50. What other specialist alcohol and drug services should/could be delivered through national commissioning?

While there was support in theory for other services that could be commissioned on a national basis there remained a strong view that local community-based services were of the utmost value. Detoxification and rehabilitation services for people with a dual diagnosis of mental health issues and alcohol addiction and for those people with alcohol related brain injuries are services that need significant attention and investment. SASW members support the development of appropriate aftercare through a national discharge from hospital programme. Residential rehabilitation opportunities that allow families to reside together and multi-disciplinary assessment and support to be commissioned nationally might be beneficial to support consistency across the country. SASW supports the establishment of a national naloxone programme and safe injection sites across the country. As the evidence supports, they are highly effective. Housing services could also be addressed on a national basis including a Housing First approach designed for people with problematic substance use who are in recovery.

Q51. Are there other ways that alcohol and drug services could be planned and delivered to ensure that the rights of people with problematic substance use (alcohol or drugs) to access treatment, care and support are effectively implemented in services?

Better education would enable the public to better understand the causes of problematic substance use. A primary outcome of education must be a reduction in stigma. Reducing stigma was highlighted particularly for people who struggle with substance use when caught in the justice system. Nobody has ever been punished out of addiction and the discrimination experienced by people in the justice system only exacerbates poor mental health.

An increase in skilled social workers within justice settings to uphold people's rights could help people have greater influence over more effective supports. SASW supports the work to embed independent advocacy and the voices of people with living experience into the Alcohol and Drug Partnership Strategy Groups.

While SASW members work within the current response models, they recognise the appalling drug death rates in Scotland and are keen that new responses are considered. Learning from across the ADPs should be captured and shared widely with effective use of data to support this.

Mental Health Services

Q52. What elements of mental health care should be delivered from within a National Care Service? (Tick all that apply)

☒ Primary mental health services

☒ Child and Adolescent Mental Health Services

☒ Community mental health teams

☒ Crisis services

☒ Mental health officers

☒ Mental health link workers

☐ Other – please explain

Respondents to the SASW survey said:

- Primary mental health service - 60% said yes
- CAMHS – 75% said yes
- Community mental health teams – 75% said yes
- Crisis services – 70% said yes
- MHOs – 80% said yes
- Mental health link workers – 60% said yes

The key message from SASW is that, from CHSCB level, mental health services must be delivered seamlessly. If all community-based health and social care goes into the national care service then yes, all community mental health care should go in.

However, there are issues for social work and social care in bringing large numbers of professionals from a health background into an agency that needs to be based on a social model. Overall, however, this is an opportunity to move forward into a more fully integrated community around mental health and wellbeing across adults' and children's services.

Q53. How should we ensure that whatever mental health care elements are in a National Care Service link effectively to other services e.g., NHS services?

SASW members suggested that workers who would have a specific role to create a cohesive approach could be a way of ensuring effective links between mental health in the NCS and other appropriate NHS services and that learning must be employed from the challenges in our current system:

- The significance of information sharing and having systems that talk to each other including clear pathways between services is essential.
- Development of clear guidelines, whole system approaches, NCS gives us this opportunity for clear communication.
- Greater emphasis being paid to the core role that social work provides within the context of mental health services.

National Social Work Agency

Q54. What benefits do you think there would be in establishing a National Social Work Agency? (Tick all that apply)

- ☒ Raising the status of social work
- ☒ Improving training and continuous professional development
- ☒ Supporting workforce planning
- ☒ Other – please explain

SASW strongly welcomes the proposal to establish a National Social Work Agency (NSWA).

If people who use and need social work and social care services are to see improved services that help them achieve good lives including goals and aspirations, Scotland needs a respected social work profession, working alongside health and social care colleagues to enable people to get the right support when they need it. This workforce needs to be both accountable and autonomous. Social workers need to be able to make professional judgements that are not subject to interference by budget holders and politicians. Social workers need the freedom to use their expertise in assessing need, offering what might help and in providing tailored supports.

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, where a truly national approach is required, it fails if not all areas by into it. 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.

SASW is clear that the title of social worker must continue to be protected. We agree that, if Scotland wants to keep social work as a key profession working alongside people during their most challenging times, the workforce needs to be planned for and properly trained and supported throughout the career span. There also needs to be agreed levels of qualified social workers to meet the demand based on population need across the country taking account of local variation.

We note the consultation's understanding that social workers are not able to spend time on early intervention and prevention work (page 86) but wish to challenge the assumptions behind this. Lack of resources and capacity drove the profession to a position where the role of a social worker is now seen as the sum of those statutory local authority duties and powers which government guidance then ascribes to only social workers.

*"The description of social work in the consultation is not in line with standards of social work education and ethical principles agreed in 2019 (*Standards in Social Work Education, sssc.uk.com*)."*

Participant in the adult community of practice

This is an area that positive leadership from an agency within the NCS might be able to address and resolve. Workload pressures also impact on the capacity of social workers to undertake training which is delivered across the different local authority areas without a professional framework guiding content or the timing of post-qualifying learning.

SASW members see opportunities in a National Social Work Agency particularly in improving training and continuous professional development but also raising the status of social work and supporting workforce planning. Having experienced the trend in recent years to be considered as a part of social care, SASW members appreciate a discourse in which social work has a distinct place and value within public services.

SASW sees the potential in a National Social Work agency for better use of public resource in:

- Simplified and consistent implementation of policy and legislation across the country.
- Addressing core and common training and development needs.
- Bringing about nationally consistent terms and conditions.
- Achieving comparable investment in the development of the workforce as happens in the NHS.
- Improving outcomes for marginalised people, sometimes seen as "difficult to reach" and helping to embed equalities principles and action within the profession and more widely across community health and care.

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*[6]. 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, appropriate and culturally sensitive. 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.

Overall members see a National Social Work Agency as offering considerable benefits in bringing social work values and ethos to the NCS. To succeed it must reduce current bureaucracy and the complexity of our regulatory, research and training and development landscape.

"All of the above are potential benefits but will ultimately depend on resources being available and having the right people in the right roles."

SASW Survey respondent

Q55. Do you think there would be any risks in establishing a National Social Work Agency?

SASW members raise a variety of risks around the creation of a National Social Work Agency. These include:

- Risks of reduced function by bringing in elements that already exist in other agencies particularly where some of those elements appear well-established. Some members commented that without more detail, it is difficult to have sight of where some of the functions might move from and so the impact on existing government funded organisations such as IRISS, CELCIS, SSSC and Social Work Scotland is not overt.
- The NSWA appears situated centrally and far from day-to-day practice. There is a need to ensure that different communities in Scotland are serviced equally well and appropriately as substantially different approaches may be required for rural and island communities.
- Lack of funding for reasonable and balanced caseloads for social workers and development time/resource would mean that the ambition of a NSWA would not achieve its goals.

One of the key recommendations from the Munro review (2011) in England of child protection is around the impact that additional (i.e., national and local, regulator and employer, legislation and guidance) targets and rules have on limiting the capacity of social workers to stay person-centred. Overly standardised services, frameworks and rules cannot deliver individualised responses, and this is a key risk in both the National Care Service and the National Social Work Agency.

A NSWA would also need to connect with:

- Independent (self-employed) social workers who provide a variety of important services directly to individuals and families as well as contracted and consultancy services to social work providers, the Courts and others.
- Social workers working within care and support providers in the independent sector.

The Government 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. A NSWA would need to create links, support training and development and engage with the employers of these social workers as part of its work.

Q56. Do you think a National Social Work Agency should be part of the National Care Service?

☐ Yes

☐ No

Please say why

If the NCS comprises only adults' services, and children's and justice social work are sited elsewhere, the capacity of a NSWA in a NCS to have the impact and influence on these external environments would be much reduced. This would lead to deviations in core standards of social work practice, greater inconsistency in policies and practice across the three specialisms and could result in reduced mobility within the workforce. If justice and children's social work are not included in the NCS, the rationale for having the NSWA within the NCS should be very carefully considered.

Although, in the main, keen to have an agency tasked with raising the profile, quality and consistency of the profession, SASW members were almost 50-50 in their views on where the agency should be situated.

Those who agree it should be within the NCS cited the need for clear continuum and connection with the NCS to ensure cohesive and coherent social work leadership within the NCS.

Those who thought it should not be part of the NCS expressed concern that a body with so much responsibility for standards, planning and improvement should sit within the service with responsibility for realising those ambitions in practice.

Wherever the NSWA sits, it must be able to reach independent social workers and those who work in the Third Sector and their employers.

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.

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.

A NSWA would need to create links, support training and development and engage with the employers of these social workers as part of its work.

Q57. Which of the following do you think that a National Social Work Agency should have a role in leading on? (Tick all that apply)

Social work education, including practice learning

☒ National framework for learning and professional development, including advanced practice

☒ Setting a national approach to terms and conditions, including pay

☒ Workforce planning

☒ Social work improvement

☒ A centre of excellence for applied research for social work

Other – please explain

SASW members see the potential for a strong role for the NSWA in all the elements mentioned in this question.

If the NSWA is placed within the NCS, there may be some thoughts as to where decisions around the content of social work qualification should sit. There would be considerable risks if the government agency responsible for the employment and deployment of social workers also had the power to define the profession. As a professional association, SASW could not support that particular set of circumstances seeing the potential of risk to the generic social work education which is highly valued by the profession. However, the role of future employers and existing members of the profession in supporting the learning of the next generation of social workers is an area that requires clear strategic oversight and leadership in which we would expect the NSWA to be engaged.

A national framework of development could address regional inconsistencies in post-qualifying training and ensure clear expectations of the content and quality of the training offered to social workers. Investment in research is welcome.

Overall, SASW agrees that national terms and conditions will be positive for social work and social workers. Where social workers undertake specialist training or take on additional duties, the pay structure should reflect this. Currently the pay structure is far too flat and a banding approach such as nurses have in the NHS would improve recruitment and the development of additional expertise within the non-managerial social work career path. However, thought will be needed on those geographic or specialist areas that are currently hard to recruit.

“National pay and grading is positive. It will do away with golden handshakes. Yes, consistency of grading in social work is good.”

Participant in Children and Families’ Community of Practice.

Workforce planning for new social workers and those with specialisms should have a national approach and be able to forecast over several years to ensure Scotland grows enough social workers.

Social work improvement should be inextricably linked to development and training and driven by the application of social work research. Currently these functions are in disparate organisations which may not be the most effective and joined up approach.

Reformed Integration Joint Boards: Community Health and Social Care Boards

Governance model

Q58. "One model of integration… should be used throughout the country." (Independent Review of Adult Social Care, p43). Do you agree that the Community Health and Social Care Boards should be the sole model for local delivery of community health and social care in Scotland?

☒ Yes

☐ No

Please say why.

Most social workers who responded to this question in the SASW survey supported the Community Health and Social Care Boards being the sole model for local delivery of community health and social care in Scotland if they replace IJBs.

SASW supports there being a single model of governance. Our current landscape is cluttered with different arrangements which makes clarity of responsibility and accountability complex. A single model could offer national consistency.

SASW members recognise that there needs to be significant cultural change in order to embrace new model. Structural change alone will not deliver the aspiration of integration and experience of seamless services. Careful transitional arrangements will also be necessary to ensure continuity of delivery.

While the single model of integration is supported, the need for local flexibility to meet local need remains highlighted as well as a desire for opportunity to learn from good practice in the independent sector.

Q59. Do you agree that the Community Health and Social Care Boards should be aligned with local authority boundaries unless agreed otherwise at local level?

☒ Yes

☐ No

Q60. What (if any) alternative alignments could improve things for service users?

There was overwhelming support in the SASW survey (84%) in question 58 for the CHSCBs to be aligned to local authority areas. Questions were raised about whether the 32 local authority areas should remain or if they need to be reduced. Reductions in numbers of local areas might bring reduced inconsistencies and improvements in implementation. There was some thought that the CHSCBs could be aligned to the 14 health board areas giving hospital-based services and community-based services in each health board area which could be renamed to reflect the inclusion of social

care. Irrespective of what is agreed, it is important that people who need support get the best support/service possible to meet their needs with decision making as close to them as possible and the staff who work in the organisation(s) providing support are recognised, valued and appropriately rewarded for the work they do.

Q61. Would the change to Community Health and Social Care Boards have any impact on the work of Adult Protection Committees?

As with all inter-agency and formal partnership work, any changes to our existing structures are likely to have an impact. The guidance and make-up of these Committees may need to be reviewed to reflect changes in bodies. The key outcome must be that, nationally and locally, the organisations involved in supporting and protecting people at risk are able to do so effectively and are accountable for doing so.

Membership of Community Health and Social Care Boards

Q62. The Community Health and Social Care Boards will have members that will represent the local population, including people with lived and living experience and carers, and will include professional group representatives as well as local elected members. Who else should be represented on the Community Health and Social Care Boards?

The interests of people who use services, their families and carers should be paramount to any board construct. They should be well represented and an integral part of setting priorities, budgets, and decision-making processes. Where there are competing views, and where party politics can sometimes interfere with consensus decision making, it can be a challenge for all involved. Local democracy is crucial to well-functioning boards. Participative decision making should be encouraged, the diversity of communities recognised with full involvement of Black, Asian and other minoritised ethnic groups as integral parts of communities. Where there is conflict between what people in communities identify as priorities and the priorities identified by paid officers, there should be opportunities to reach shared understandings, with the views of local citizens recognised as valid and carrying at least equal weight.

While it is important to ensure that local people are well represented, a clear selection process will be needed for agreeing members of the Community Health and Social Care Boards and SASW would support the involvement of local people in designing that process. Working across disciplines and departments is crucial for effective community development. The involvement of housing, education, environmental staff, representatives from the third sector, young people, and other organisations that reflect the communities covered by each CHSCB should be on the Board.

Where there is potential for the Board to be large, this can be a barrier to effective participation for some people. There should be a range of structures that engage people, gather views and this should influence the activity prioritised. It will be

important to be clear about the legal status of the CHSCBs and whether they will be public bodies directly accountable to ministers or have some other formal status.

Q63. "Every member of the Integration Joint Board should have a vote" (Independent Review of Adult Social Care, p52). Should all Community Health and Social Care Boards members have voting rights?

Yes x

No

Q64. Are there other changes that should be made to the membership of Community Health and Social Care Boards to improve the experience of service users?

People who use services and their carers/families should be fully involved in the design and delivery of those services in a co-productive way. The Community Health and Social Care Board should have clear governance structures and be accountable through local democratic processes with strong local representation. Should there be a sizeable number of staff employed by the Community Health and Social Care Board there should also be staff representation on the Board. In addition, care providers should also be included.

As well as changes to the membership of the Board it will be important to address the culture that is created and how the Board will function. It should have processes in place to ensure individuals who may need assistance to effectively participate have support to ensure their voices are heard.

In current Integration Joint Board arrangements, the chair of the Board must be a local elected councillor or one of the non-executive directors appointed by the Health Board. In any new arrangement, consideration should be given to expanding that function to include greater community representation.

Community Health and Social Care Boards as employers

Q65. Should Community Health and Social Care Boards employ Chief Officers and their strategic planning staff directly?

☒ Yes

☐ No

The current system where Chief Officers are managed by both the local authority and the health board is untenable.

Q66. Are there any other staff the Community Health and Social Care Boards should employ directly? Please explain your reasons.

It is clear from the consultation that there are options to be explored for staff currently employed in community health, social work and social care. SASW supports the involvement of staff in decisions about the future of social work and social care and about their future employer.

There are significant opportunities for consistency by employing health, social work and social care staff in the same organisation. This might improve integration and could address protectionism of budgets and resources. There is frustration in the sector that managers are unable to carry out formal management functions across the integrated organisational boundaries. This results in them operating two sets of policies and not having the authority to deploy staff to respond to operational delivery pressures. The aspiration here is that having staff employed within a single organisation such as the NCS and hosted within CHSCBs would resolve these issues.

SASW members raise concerns around the prospect of moving employers, TUPE and pension impacts. They also want to ensure that, should there be any movement, social worker posts are protected in number or increased to take on more preventative work. There must be enough resource to meet the needs of the communities served.

Community health and social care staff could either be employed directly by the National Care Service and be assigned to work in a geographic area through the Community Health and Social Care Board. Or they could be employed directly by the Community Health and Social Care Board. There are other permutations, but whatever decision is made will inevitably cause disruption to people being supported and to the workforce. This will need to be well managed with transitional arrangements to minimise the disruption and loss that such large structural change will cause.

Social workers often work many hours over their contracted hours, rarely for additional payment. Flexible working conditions will be vital in enabling any semblance of healthy working lives. Whilst many of our social workers note an aspiration for national terms and conditions for social work and social care staff, similar to that in either health, teaching, the police and other public services, it is important that this does not reduce existing terms and conditions nor inhibit the flexibility our work often requires. The workforce is looking for national agreement about salary scales and a clear route for national engagement and representation by the profession’s range of unions.

Commissioning of services

Structure of Standards and Processes

Q67. Do you agree that the National Care Service should be responsible for the development of a Structure of Standards and Processes?

☒ Yes

☐ No

If no, who should be responsible for this?

Community Health and Social Care Boards

Scotland Excel

Scottish Government Procurement

NHS National Procurement

A framework of standards and processes is not needed

Q68. Do you think this Structure of Standards and Processes will help to provide services that support people to meet their individual outcomes?

Yes x

☐ No

Q69. Do you think this Structure of Standards and Processes will contribute to better outcomes for social care staff?

Yes x

☐ No

Q70. Would you remove or include anything else in the Structure of Standards and Processes?

The structure of standards and processes could contribute positively to providing services for people who need them and may contribute to better outcomes for staff. However, it is properly applied implementation, availability of resources and strong effective leadership that will make the greatest difference.

Commissioning is about knowing what services and support people need on a local level and balancing that with what is needed on a national level as well as when it is needed, how much of it is needed and for whom. It is important that commissioning is ethical, driven by human rights and has the person at the centre. It should actively involve the individuals who use services and their carers to ensure what is

commissioned and ultimately purchased is fit for purpose and meets the needs of those who use it. They should also be fully involved in the management of the contract with their experience of using services seen as a valuable contribution.

Commissioning is inextricably linked to fair work practices and the current price based tendering model contributes to in-work poverty through low hourly rates for care staff. SASW supports fair work policies and wants to see an end to in-work poverty. We would like to see that reflected in the standards relating to costs and support for the Fair Work Accreditation Scheme

While competitive tendering is a requirement within competition and procurement law, SASW would welcome a move to quality-based collaborative models that focus on improved outcomes for people accessing and using services where the focus of any competition is on quality. A range of commissioning models such as alliance commissioning, direct award and the micro-commissioning of self-directed support should be encouraged because variation is important to meet the diverse needs of people who require support and their carers.

Commissioning staff should be trained in a range of approaches with a move away from traditional commissioning and procurement models. The current pattern of short-term cyclic commissioning can have a profound effect on people when their support arrangements are disrupted. Relationships can be lost and staff experience lack of job security, especially after multiple TUPE transfers. In complex care it is often the most poorly paid people who are supporting individuals with the greatest levels of need which does not reflect the principles of fair work. There has been discourse around the rigidity of framework agreements and the National Care Home Contract in relation to the need for local flexibility.

SASW welcomes work to resolve these issues and set national standards as proposed. We suggest a mechanism for establishing the financial viability of independent providers to ensure any concerns are timeously captured to minimise disruption and distress in the life of people being supported should their support arrangements require to change in response to financial pressures experienced by providers.

Market research and analysis

Q71. Do you agree that the National Care Service should be responsible for market research and analysis?

☒ Yes

☐ No

If no, who should be responsible for this?

Community Health and Social Care Boards

Care Inspectorate

Scottish Social Services Council

NHS National Procurement

Scotland Excel

No one

Other- please comment

Significant work in relation to data gathering and use has been undertaken over the years by a range of organisations including those charged with regulation and scrutiny. This work should not be lost in any new arrangements.

One of the challenges across social services has been the lack of a national overview of intersecting data that together, if analysed, would give a fuller and more accurate picture of demand patterns. This should influence and guide commissioning and purchasing arrangements.

Currently this data remains within each individual organisation with limited sharing facilitated through the Integration Joint Board structure. The lack of information and data sharing has restricted long term strategic planning aspirations and affected commissioning and procurement processes.

National commissioning and procurement services

Q72. Do you agree that there will be direct benefits for people in moving the complex and specialist services as set out to national contracts managed by the National Care Service?

☒ Yes

☐ No

If no, who should be responsible for this?

Community Health and Social Care Boards

NHS National Procurement

Scotland Excel

There will be benefit in commissioning and procuring specialist services (e.g., rehabilitation and palliative care) on a national level that could address the shortages of specialist providers in the market. This could reduce costs and improve access and consistency. However, there are concerns that the models of service/support commissioned will be predominately task-based responses to individuals' needs. Scotland Excel commission nationally and their role will need to be considered should there be changes to that arrangement.

It is important to recognise that while specialist services and services for people with complex needs may be commissioned on a national contractual basis, they must promote local long-term relationships and minimise the need for people to leave their communities to access the complex or specialist support they need.

The flow of information and governance arrangements between Community Health and Social Care Boards and the National Care Service will be critical to the success.

Regulation

Core principles for regulation and scrutiny

Q73. Is there anything you would add to the proposed core principles for regulation and scrutiny?

There must be something in the principles around having a human rights approach to the regulated workforce. SASW members report delays in fitness to practice processes that can impact on their ability to move home, job etc for years, often because the complaint against them is viewed as low risk and so not prioritised. The current system that can affect people's lives in this way for potentially years. Low risk single complaints should have a timescale for action and a principle of minimum intervention to achieve a desired outcome.

SASW agrees with the proposal that scrutiny, inspection and regulation should be undertaken independently of the NCS. In addition, the roles of improvement and regulation should be clearly articulated and separated.

Q74. Are there any principles you would remove?

No, but there should be no more than 10 principles and ideally reduced to six or seven as a maximum.

Q75. Are there any other changes you would make to these principles?

Firstly, they should be written in succinct plain language that is clear for everyone. Principle 6 might better read, "Regulation is a key part …" high quality and responsive care and support is dependent on a multitude of enablers including regulation.

Strengthening regulation and scrutiny of care services

Q76. Do you agree with the proposals outlined for additional powers for the regulator in respect of condition notices, improvement notices and cancellation of social care services?

Yes

No

Please say why

SASW does not have a strong view other than that the proposals should be strenuously tested against the principles previously noted particularly considering human rights and fair treatment in the round.

Q77. Are there any additional enforcement powers that the regulator requires to effectively enforce standards in social care?

SASW does not hold a view on this.

Market oversight function

Q78. Do you agree that the regulator should develop a market oversight function?

☒ Yes

☐ No

Q79. Should a market oversight function apply only to large providers of care, or to all?

Large providers only

☒ All providers

Q80. Should social care service providers have a legal duty to provide certain information to the regulator to support the market oversight function?

☒ Yes

☐ No

Q.81 If the regulator were to have a market oversight function, should it have formal enforcement powers associated with this?

☒ Yes

☐ No

Q82. Should the regulator be empowered to inspect providers of social care as a whole, as well as specific social care services?

☒ Yes

☐ No

Please say why

Care services are a vital part of people's lives and may also be where they live for residential and supported living services. To contribute to success quality care and

support must be delivered sustainably. The collapse of providers, whether they provide single services or many, can have devastating effects on people's lives and for this reason the regulator should incorporate inspection of social care as a whole, the provider of services and the services they provide.

Enhanced powers for regulating care workers and professional standards

Q83. Would the regulator's role be improved by strengthening the codes of practice to compel employers to adhere to the codes of practice, and to implement sanctions resulting from fitness to practise hearings?

SASW agrees the regulator's role would be improved by strengthening the codes to enable the regulator to compel employers to comply and to implement sanctions. Employers of social services workers have duties to their workforce and the people supported by that workforce to ensure that staff are well trained and able to undertake their roles effectively. Without the ability to compel employers to adhere to the codes of practice, the SSSC can only act against individual registrants. This is neither effective nor fair.

Q84. Do you agree that stakeholders should legally be required to provide information to the regulator to support their fitness to practise investigations?

SASW agrees that stakeholders should be legally required to provide information to the regulator to support their fitness to practice investigations. They are "witnesses" in fitness to practice investigations and where they are employers often have some interest in the results of investigations. When they do not provide information as requested, the impact on complainants and registered workers subject to fitness to practice can be substantial and can result in long periods of stress for both parties.

Social workers are often complained about by members of the public but with little evidence. Other stakeholders (particularly local authority employers) may hold records that will either provide supporting evidence or indicate there is no case to answer. If stakeholders are required to provide information, there must be some consequence should they not do so. Social work leaders and the professional associations should be fully involved in exploring any change in fitness to practice arrangements.

Q85. How could regulatory bodies work better together to share information and work jointly to raise standards in services and the workforce?

Evidence of regulators working together can be seen in outputs such as significant case reviews where learning is shared to mitigate future likelihood of such events.

Better data analysis to show any patterns in fitness to practice issues that may indicate a failure by employers would be helpful in preventing the misplacement of responsibility on individuals where there may be other mitigating factors.

While it is likely that improvements could be made in the relationships and cooperation among regulatory bodies, it is difficult to answer this question without clarity about the regulatory bodies in scope. The SSSC already works closely with other regulatory and scrutiny bodies. Scotland should have a common platform from which organisations and professionals can learn from, for example, significant case reviews and realise national agendas such as The Promise.

Q86. What other groups of care worker should be considered to register with the regulator to widen the public protection of vulnerable groups?

Social work assistants or paraprofessionals who take on a variety of roles supporting social work practice could be considered for registration. Currently family support practitioners and community development workers are not required to register, despite many undertaking care management and support tasks with vulnerable individuals.

Voluntary registration (not regulation) of personal assistants may enable better support and development structures for them and their employer.

The role of ‘Appropriate Adult’ requires to be considered and explored in this context.

Valuing people who work in social care

Fair Work

Q87, Do you think a 'Fair Work Accreditation Scheme" would encourage providers to improve social care workforce terms and conditions?

Yes X

☐ No

Please say why.

SASW fully supports the fair work principles and a Fair Work Accreditation Scheme. We believe the social care workforce should be recognised for the valuable work they do, the skills they have and the contribution they make to the human rights of people they support. This can be done in a range of ways that are reflected in recruitment practices, terms and conditions and rates of pay, all of which need to improve.

For an accreditation scheme to work well there must be a commitment within commissioning and procurement practice to honour the fair work principles[14] and reflect them in prices agreed for purchased services.

It is widely acknowledged that fair work is not being consistently delivered in the social care sector, despite some good practice and efforts by individual employers. Stakeholders from across the care sector have undertaken extensive work advocating for fair work. Enhancing fair work for those who work in social care is essential, empowering and recognising that providing social care is a highly skilled job. It is also highly regulated, but it is chronically undervalued and staff who work in social care are underpaid.

There are few incentives to attract social care workers into the workforce. Many organisations in both the public, third and independent sectors are struggling for staff. For those in employment, there is no clear career pathway resulting in many social care workers leaving the profession. There is a national social care workforce shortage that needs a national solution. Social care staff and social workers are committed to and charged with supporting some of the most vulnerable people in our society. Every day they manage a range of risks around individuals to ensure they are safe and well, often working in environments where they are understaffed. Heavy caseloads have a negative impact on both the quality of work and the wellbeing of workers and exposes both them and them, and the people they support, to greater risk.

[14] https://www.fairworkconvention.scot/wp-content/uploads/2018/12/Fair-Work-Convention-Framework-PDF-Full-Version.pdf

Q88. What do you think would make social care workers feel more valued in their role? (Please rank as many as you want of the following in order of importance, e.g., 1, 2, 3…)

x	Improved pay
x	Improved terms and conditions, including issues such as improvements to sick pay, annual leave, maternity/paternity pay, pensions, and development/learning time
x	Removal of zero-hour contracts where these are not desired
x	More publicity/visibility about the value social care workers add to society
x	Effective voice/collective bargaining
x	Better access to training and development opportunities
x	Increased awareness of, and opportunity to, complete formal accreditation and qualifications
x	Clearer information on options for career progression
x	Consistent job roles and expectations
x	Progression linked to training and development
x	Better access to information about matters that affect the workforce or people who access support
x	Minimum entry level qualifications
x	Registration of the personal assistant workforce
x	Other (please say below what these could be)

Please explain suggestions for the “Other” option in the below box

We recognise all the above could help social care workers feel more valued in their role, and SASW supports any activity that reduces in-work poverty, maximises opportunity and improves standards of care for individuals needing support.

Engagement with the social care workforce, including PAs, would illicit their views about these options. We support further exploration around a voluntary registration scheme for PAs. PAs are directly employed by the individuals they support or their

representative, but they are also part of the national workforce in social care and should be included in fair work improvements of terms and conditions, rates of pay and opportunities for training.

In supporting PAs as part of the national workforce, it is important to balance the needs of the PA and the unique nature of the relationship they have with the person who employs them in a delicate way and with great sensitivity to ensure their relationship is not compromised.

While recognising the history of PAs and valuing the work of the Independent Living Movement in establishing the PA model, PAs must be free to explore other employment opportunities in the social care sector and elsewhere. Access to external training and support could help facilitate that for those who are interested in doing so. Alongside that there should be support to PA employers to ensure they are good and fair employers with opportunities for PAs and their employers to access mediation where it is needed.

Q89. How could additional responsibility at senior/managerial levels be better recognised? (Please rank the following in order of importance, e.g., 1, 2, 3…):

	Improved pay
	Improved terms and conditions
x	Improving access to training and development opportunities to support people in this role (for example time, to complete these)
x	Increasing awareness of, and opportunity to complete formal accreditation and qualifications to support people in this role
x	Other (please explain)

Please explain suggestions for the “Other” option in the below box

When individuals have management responsibilities, it is crucial they understand their responsibilities and can effectively support, manage, and deploy staff within the requirements of the Health and Care (Staffing) (Scotland) Act 2019. For this reason, appropriate training is necessary. In addition, access to mentoring support would be beneficial to allow managers the opportunity to reflect on their learning and accumulate experience in a structured and supportive approach. This could be greatly enhanced through improvement measures based on implementation science. This would help build not only good managers but strong leaders in the profession. Workers must be properly remunerated for the work and additional responsibilities they take on.

Q90. Should the National Care Service establish a national forum with workforce representation, employers, Community Health and Social Care Boards to advise it on workforce priorities, terms and conditions and collective bargaining?

Yes x

No

Please say why or offer alternative suggestions

SASW supports the National Care Service establishing a national forum with workforce representation, employers and Community Health and Social Care Boards to advise it on workforce priorities, terms and conditions and collective bargaining, including with the smaller specialist unions.

As well as union and employer representation, it will be important to have inclusion from the NCS/NSWA and independent organisations. This is needed to ensure all activity is consistent with national strategic planning priorities and is being delivered at a local level and that local experience guides national strategy.

Independent support organisations have contributions to make to national data sets for strategic planning, commissioning, and procurement purposes and many employ a range of professions who work within the impact of workforce pressures and should be involved in discussions about the future social work workforce.

The principles of fair work practices should apply to the full workforce to ensure there is no disadvantage for those not directly employed by the either the National Care Service or the Community Health and Social Care Boards. The inextricable link between fair work practices, service costs and contract values are critical in this respect. Effective fair work practices require the full involvement of all parties to find agreeable solutions to consistent terms, conditions and rates of pay across all of the social work and social care workforce that reflect the value of the skilled work they do and the contribution they make to national priorities.

Workforce planning

Q91. What would make it easier to plan for workforce across the social care sector? (Please tick all that apply.)

X A national approach to workforce planning

X Consistent use of an agreed workforce planning methodology

X An agreed national data set

X National workforce planning tool(s)

X A national workforce planning framework

X Development and introduction of specific workforce planning capacity

X Workforce planning skills development for relevant staff in social care

X Something else (please explain below)

All of the above would contribute positively to the workforce planning for social care and social work.

Recruitment and retention strategies need to be targeted and appropriately implemented for each area rather blanket recruitment solutions. Over recent years, social work and social care have been terms used interchangeably with little understanding of how they differ. Government should clarify language in this regard as both workforces require appropriate planning at the same time, recognising the interdependencies that exist between them. Any reference to the 'social care sector' must indicate whether social work is included. In addition, the social care sector has lots of constituent parts and care should be taken in referring to the components (e.g., day care, care at home, residential work).

Reasonable caseload sizes for social workers should be agreed nationally, incorporating the opportunity to use their full range of social work skills. This should result in a workable balance of preventative and early intervention opportunities too. Workforce planning must take account of the need for training, continuous professional development, reflexive practice and supervision. This is critical to support social workers in their complex role of relationship building and use of appropriate and balanced approaches that respect human rights, the right to self-determine and the delicate balance of risk management, choice and protection.

Training and Development

Q92. Do you agree that the National Care Service should set training and development requirements for the social care workforce?

☒Yes

No

Please say why

SASW agrees that the National Care Service should set training and development opportunities for the social care workforce to ensure there is consistency, equity of access, arrangements and resources for backfilling posts and time set aside for study. There needs to be a clear-cut policy and procedures in place to support this as opposed to discretion by local managers. Professional development needs to be seen as an integral part of the social care career pathway with a framework linking payment to qualification and responsibility

Q93. Do you agree that the National Care Service should be able to provide and or secure the provision of training and development for the social care workforce?

X Yes

No

SASW supports the NCS providing and/or securing the provision of training and development for the social care workforce and the NSWA should be responsible for this for social workers.

The pressure on local authority budgets has negatively impacted available resources for training and many learning and development sections within local government have been scaled down. In addition, outsourced services are perhaps procured with greater weighting given to costs over quality with little provision for ongoing training and upskilling the workforce. Investment in training for all staff will contribute to maintaining high quality support for people and opportunities for training and development are an important principle in the fair work practices.

Post qualifying training opportunities for social workers are often limited. Where social workers can go on training, there may be issues with backfilling posts. Training does not have a high profile in the busy schedules of workers who have high caseloads. Across the country there is significant variation between local authorities both in the provision of and in opportunities for external training. Demanding workloads and HSCPs integration management structures mean that social workers do not always receive professional social work supervision. This can impact negatively on their developing experience and professional confidence. SASW hopes that under the proposals for a National Social Work Agency, these issues will be resolved.

Personal Assistants

Q94. Do you agree that all personal assistants should be required to register centrally moving forward?

Yes

☒No x

Please say why.

IRASC talks about the need for the PA workforce to be recognised but in the consultation, this seems to have been translated to registered. PAs are often vetted and can be members of the PVG scheme but there are mixed views about whether Personal Assistants require to be registered.

The PA workforce is fragmented and dispersed across the country. It may be helpful for workforce planning reasons to understand the scope and size of the PA population to provide relevant support, opportunities for training and to help them keep abreast of practice developments. Because there is no central register, there is no way of knowing the size of this workforce or for having any collective engagement with them. This became very evident when trying to disperse the £500 payment from the Scottish Government to PAs as there was no single route to identifying who the PAs were.

Additionally, the close and very individualised nature of the relationship between the PA and the person they support does not lend itself to registration requirements, standardisation and formalisation. The person's domestic setting is their home, so any regulations should not unduly compromise this. The principles of the independent living movement on which this model of support was founded should be retained. For this reason, we do not support formal regulation.

The employer-employee relationship is governed through employment law and people with a direct payment should be recognised as employers first and foremost. With the use of SDS option 1 increasing, the PA workforce is likely to increase correspondingly. Being a PA should be recognised as a worthy career option and PA employers should be fully supported to be good employers who operate within fair work principles.

SASW supports further Government engagement with PAs and PA employers to explore and be guided as to how they can be better supported given the unique nature of the relationship.

Q95. What types of additional support might be helpful to personal assistants and people considering employing personal assistants? (Please tick all that apply)

X National minimum employment standards for the personal assistant employer

X Promotion of the profession of social care personal assistants

X Regional Networks of banks matching personal assistants and available work

X Career progression pathway for personal assistants

X Recognition of the personal assistant profession as part of the social care workforce and for their voice to be part of any eventual national forum to advise the National Care Service on workforce priorities

X A free national self-directed support advice helpline

X The provision of resilient payroll services to support the personal assistant's employer as part of their Self-directed Support Option 1 package

X Other (please explain)

The types of additional support that might be helpful to personal assistants and people considering employing personal assistants indicated above are supported by SASW.

Option 1 within SDS is the only route through which PAs are generally secured. They are employed directly by the person needing support or by their representative. To enable as many people as possible to have this option, third party arrangements can be put in place to allow the representative or a support organisation to assist with budget management, employer support, payroll and HMRC responsibilities.

Option 2 allows for individuals to choose the support they want and how they wish to spend their allocated budget to meet their assessed needs but gives the responsibility for securing it and paying for it to the local authority. Offering the opportunity for significantly greater individualised support arrangements through the option 2 route should be explored and further developed. Many individuals needing support in rural locations are being driven into option 1 when that is not their choice. The lack of available social care provider organisations from which to have an alternative is the root of this problem. To avoid compromising the PA model which is embedded in the independent living movement the root cause should be addressed and alternatives considered through creative use of option 2.

PA employers consistently raise issues about the challenges they experience recruiting PAs. The hourly rate employers are permitted to pay the PA is set by the funding local authority, and usually at the level of the living wage but with significant variation across the country. SASW recognises the challenges of those experiencing in work poverty and supports fair work principles for all social care workers as a contribution to tackling this. We also support that the budget allocated to the individual is enough to cover all of the PA costs with a consistent approach across the country to training costs, backfilling costs, travel costs etc.

PA employers and PAs advise that this flat rate does not reflect the level of responsibility and the complexity of the tasks undertaken by some PAs which means that those individuals with more complex or greater levels of need are disadvantaged. As it currently stands a PA undertaking catheter care, stoma care or assisting with PEG feeding may be paid the same hourly rate as a PA who could be assisting with basic housework or social activities. Often, PAs are supporting people with behavioural challenges, working within tight guidelines in difficult circumstances at great personal risk, yet receive the same flat rate of pay. A framework that reflects the variation in tasks and activities linked to complexity and risk and consistent with

fair work practices is suggested. SASW recognises the importance of fair work principles and of valuing employees and would support further work on this issue linked to opportunities for career progression for PAs who may chose it within a national credit and qualification framework, such as SVQs.

There is significant variation across the country around the use of self-employed PAs. Some local authorities permit it and other refuse. PAs and PA employers tell us it has been difficult to reach an agreed position with the interpretation of HMRC rules and legislation variable across local authority areas. As a result of this, some individuals have been able to use this method for recruiting PA support and others, depending on the local authority stance, have been denied this option. Some employers are required to sign waivers that absolve the local authority of any responsibility and others don't.

This is frustrating for social workers as there are substantial inconsistencies in decision making even within the same local authority. In rural communities where many people (often women) have cottage industries, they can supplement their income through PA work but having to be employed when they already have self-employed status adds complexity. This is an additional barrier.

SASW is committed to reducing inequality and supports the development of having an agreed national position on this.

Q96. Should personal assistants be able to access a range of training and development opportunities of which a minimum level would be mandatory?

- ☐ Yes
- ☐ No

This is two questions. SASW agrees that PAs should be able to access training and development opportunities. However, personal assistants are employed directly by individuals and expected to deliver very individualised support to assist the person with whatever help they require to meet their needs and contribute to living a full life. For this reason, the training they require is very much related to the needs of the individual they are supporting and therefore it may be difficult to mandate for minimum training especially when the NCS or the CHSCB is not the employer.

PAs and PA employers have told us that securing training for PAs such as moving and assistance training can be difficult and that they are not provided with double funding to back fill for their needs when PAs are on training. SASW would support resolution to these issues. PAs and PA employers are best placed to offer guidance about mandatory training requirements.