

RESPONSE TO THE ADULT CARE REVIEW

THE CARE REFORM GROUP AT COMMON WEAL

INTRODUCTION AND PURPOSE

Common Weal published its **Manifesto for a National Care Service**¹ on 27 January, the week before the Scottish Government published the report of the **Independent Review of Adult Social Care**². The two documents are written in very different styles and have very different starting points: Common Weal's manifesto being designed to articulate a set of principles on which a new National Care Service should be founded, the Adult Care Review (ACR) "to recommend improvements to adult social care in Scotland". The purpose of this briefing is to evaluate how far the recommendations in the Independent Care Review deliver against the aims, objectives and principles set out in our Manifesto and more generally would create a National Care Service worthy of the name.

SUMMARY OF COMMON WEAL'S CONCERNS ABOUT THE ADULT CARE REVIEW

Our overriding concern is the ACR fails to create a coherent rationale and public narrative for the future of 'social care' practice and policy and economic or democratic accountability and fails to set out the terms and structures of a comprehensive National Care Service. There is no analysis of how the current system developed or its flaws and the proposals, while in many cases an improvement on the current situation, remain piecemeal and the overall vision full of unresolved contradictions.

On the one hand the ACR proposes a tightly controlled, top-down, undemocratic (in respect of local governance) management of resources, which appears founded in neoliberal managerialist thinking, exercised by ministers through strengthening of 'integration' structures that have been shown to have failed to deliver integrated practices and outcomes for users. Yet on the other hand it recommends the continuation of a mixed economy of providers which will result in great variations in pay and conditions, poorer planning, poorer data management, and profit-taking from the public purse. This creates a picture of power, control and risk adverse management driving a structuralist approach to reform at the institutional level whilst creating greater complexity, uncertainty and instability in the field. We fear the combination of top-down managerial, controlling simplicity contrasted with diverse complexity in the field and arbitrated by unelected government-appointed agencies will be a recipe for continued expansion of the private sector.

The proposals, unfortunately, bring little clarity to the roles of those who actually deliver the care needed to make services work. They fail to consider the different needs and the specialisms that meet those needs, and fall well short of creating 'gold standard' uniform and fair conditions of service for care workers. The injection of money, though sorely needed, appears one-off and while portrayed as a social investment is not part of a social investment strategy linked to understanding the nature of local economies, the empowerment of civil society and the release of its energies and assets. The investment proposed is not assessed against the costs for a tax-funded public service in a rational planning framework, and the commissioning and procurement model will continue to use pricing in a mixed and therefore distorted economy of social care.

Instead of a 'national conversation' about the reform of social care our analysis shows the ACR offers a one-off solution which fail to address the fundamental questions:

- **Care workers:** The ACR recognises and welcomes the work of the Fair Work Convention but does not build on it

effectively. It recognises the issue of low pay, but not the inequitable pay between public and private/not for profit sectors. Apart from the proposed National Job Evaluation programme, which is welcome, it has little further to add about what is needed to address the issues of low pay, poor conditions of service, lack of proper training, and reliable systems for collective bargaining and workforce planning going forward. It provides no answers to the Fair Work Convention's statement that "This is a skilled and highly regulated workforce, expected to act in a professional manner in undertaking what is undeniably a highly responsible role". A wide range of social work specialisms, and skilled health workers need to know where and for whom they will be working, what the expectations of them are and how best they can do their professional work and cooperate with other professionals and agencies.

- **The Mixed Economy of care provision:** the ACR sets out no clear vision for the roles of the public, third and private sectors and fails to address the question of whether there can be a mixed economy without creating a two-tier service. The role of the private sector in principle and in practice, both in terms of ethics (putting a price instead of a cost on care) and in distorting provision (using a business model linked to ever larger care homes) is not discussed. Nor is the question of whether a 'balanced mixed economy of care' could be created (by transitional arrangements) and fairly regulated across the sectors.
- **A National Care Service:** the question of whether a comprehensive free, publicly-funded service analogous to the NHS is desirable and affordable is not discussed.
- **Relations between health and social care 'Integration':** there is no consideration of whether continued structural, organisational and managerial integration is the best way forward – it is taken as given – and whether this can deliver integrated practice necessary to achieve integrated care outcomes for users. The beefing up of Integrated Joint Boards

(IJBs) continues the unsuccessful attempts to use structural change to achieve care outcomes, and also de-democratises social care by side-lining public accountable Local Authorities. 'Integration' appears an excuse for a managerialist health service takeover which will almost certainly result in health priorities continuing to drive care in future. It is undesirable that the 'integration' agenda shifts power to Government ministerial powers operating through unelected IJBs and away from local accountable democratic structures in local government.

- **The commissioning of care services:** rational allocation of resources depends upon sound data, supported delivery networks, and equitable distribution. The question of whether this can be achieved by contracting and procurement in a mixed economy of care is not addressed. Handing responsibility to IJBs will simply create new divisions with local government who are responsible for the infrastructure that supports care (housing, community facilities etc).
- **The costs and financing of a 'National Care Service':** while the ACR recognises that making a social investment in social care has a positive multiplier effect on local economies, it fails to address how we might recoup wasteful expenditure on PFI schemes, regulate (end) profit-taking and extraction in the private sector, activate local economies or properly take account of the cost-benefits of informal caring and so broaden our understanding of the economics of social care. All this would be achieved at cost by social investment fairly allocated to local areas.
- **The global assessment of met and unmet need:** the ACR acknowledges that the years of austerity and cuts to services have created considerable unmet need for social care but there are no recommendations for what data might be required, how to estimate the 'catch-up investment' needed and real increases in expenditure going forward.
- **The nature of 'care' and social care:**

lumping informal caring, 'social care' as a general category, with the complexities of both health and social care professional expertise does not properly address the different needs of different groups who need very different kinds of 'care'. Their central shared feature however is that the human rights and needs of individuals and groups are best met within trusting, respectful and compassionate relationships in which co-production enables the person in need to flourish. This should be central to a National Care Service.

- **The role of the community and civil society:** The ACR refers to the need for 'consultation' and listening to users, and notes that those who are 'consulted' often feel undervalued and not listened to. This points to the need for a deeper, more local, more participatory engagement with local communities about how social care services can be designed and provided as proposed by MSPs on the Health and Sport Committee, in their report on the future of Adult Social Care, which advocates the need for a 'national conversation' on care. Social policy planners and politicians should be focussing on the empowering of local communities, primarily through local government, to realise the principle of subsidiarity and active citizenship linked to local democracy and the public good instead of the top-down proposals of the ACR.

What follows is a more detailed evaluation of the recommendations of ACR against Common Weal's Care Manifesto, which highlights the positives as well as the negatives within the context of our overall concerns

AIMS AND OBJECTIVES

Common Weal proposed principle: *"The aim of the National Care Service should be to promote a caring society and to support and provide care to all who need it, free at the point of need."*

The ACR sets out no aims and objectives for a NCS but it does describe a purpose:

ACR “Everyone in Scotland will get the social care support they need to live their lives as they choose and to be active citizens. We will all work together to promote and ensure human rights, wellbeing, independent living and equity.”

There are similarities between both statements but the starting point for the ACR is “care

support” not care, and it is not clear who are the “we” who should work together.

Whereas CW sets out a set of clear objectives, the ACR starts with a list of “changes” it wants to see to the current system which focus on “improvements”. The highlighted paragraphs mark the areas of overlap between the two approaches.

CW’s Objectives	ACR’s Changes
<p>Support caring relationships and informal care provision in communities;</p> <p>Support and develop the social work and social care workforce;</p> <p>Prevent care needs developing unnecessarily; Assess the care needs of communities and allocate the resources necessary to ensure those needs are appropriately met and as close to the community as possible;</p> <p>Establish rights to care services for those who need them;</p> <p>Monitor the emergence and evolution of care needs as society changes and respond to individuals and communities whose care needs are unrecognised and unmet;</p> <p>Lead research on care needs and care provision and the impacts of social and economic policy on caring relationships;</p> <p>Support the provision of care that is integral to other services, including health, education, culture and recreation.</p>	<p>A new narrative for social care support;</p> <p>A redesign of the system of social care support (including the creation of a National Care Service);</p> <p>Redefining quality and closing the gap between intent and lived experience (the implementation gap);</p> <p>Protecting, promoting and ensuring human rights and equality;</p> <p>Greater empowerment of people who need support and unpaid carers at the level of the individual and the collective; and</p> <p>Valuing of the social care support workforce.</p>

The ACR includes statements in several places that sound like aims and objectives, e.g. “The end is human rights, wellbeing, independent living and equity, as well as people in communities and society who care for each other” but nowhere is this clearly set out.

THE MEANING OF CARE

Common Weal position: *There is a spectrum of care from the existential, everyday care that humans provide each other all the time to formal care provision, with lots in between, such as volunteering and familial care. Care is an everyday feature of culture and civil society*

and belonging and community are critical in a caring society. Care is about far more than those individuals who are unable to look after themselves and the state holds an obligation to ensure that citizens are provided with what is required to live a flourishing life.

The need for care services is defined as any assistance, support, enablement and empowerment that is given to people who have needs (limitations, disabilities, disadvantages) that prevent them being able to lead a flourishing daily life and take a full part in social and community life. But care is not just a service to be provided in an instrumental way or right to be claimed. It is fundamentally relational; the nature of the care experience is co-produced between the carer and the cared for. It requires carers who are skilled in carrying out particular care tasks but also that they do so with a suitably caring disposition. This requires qualities of presence, discernment and the application of ethical principles to day-to-day work and for carers to feel safe and adequately supported. As such, care cannot be readily commodified or codified without losing some of its essence."

ACR Positives

- Recognises that there needs to be a debate about care which does not start by assuming resources are restricted
- Identifies the desirability of a recognised common purpose for care

ACR Questions/concerns

- It never actually addresses or articulates this common purpose beyond existing mantras of autonomy, choice, continuous improvement ... it does not give any insight into what care might involve
- It is, thus, unable to look beyond existing, managerial (and ultimately, despite its protestations, service-led) ways of thinking
- In attempting to make the case for a system based upon rights perspectives,

it does not consider alternative, philosophical models of care such as care ethics, which offer a compelling critique of the limitations of rights and help us understand why they have failed so badly during the Covid crisis

- It does not address questions of dependency, claiming for example that we need to move from crisis to prevention, when clearly we need both, as crisis is an intrinsic part of care
- It does not address the affective and dispositional qualities of care

ACR Negatives

- Essentially, the whole document evinces a neoliberal world view, which cannot accommodate a notion of care that goes beyond the market and legalism – every other critique follows from this

FOUNDING PRINCIPLES

The proposed principles that should underpin a National Care Service should not be considered in isolation but inter-relate, inform and strengthen each other. For ease of reference, they are grouped under headings.

Common Weal proposed principle: A National Care Service should be a universal service from the cradle to the grave providing care to all who need it.

ACR Positives

- "People must be able to access support at the point they feel they need it..... and barriers to this, such as the current eligibility criteria and charging regimes, to be fundamentally reformed and removed"
- Unmet needs to be recorded

ACR Questions/Concerns

- Purpose of this removal of criteria and charging is said to be “to allow a greater emphasis on prevention and early intervention” not because it is right.
- There is no right to care proposed (whereas it is recommended that a “right to respite” be introduced) and there are no mechanisms proposed to ensure that people get the care they need.

ACR Negatives

- While briefly acknowledging the fractures in care services, makes no recommendations for a single care service covering all care groups.
- There is no attempt to assess the resources required to meet care needs or even to set out mechanisms for how this might be done over time.

Common Weal proposed principle: *A National Care Service should be free at the point of use*

ACR Positives

- Abolishes non-residential care charges
- Increases levels of free personal and nursing care payments in care homes

ACR Questions/concerns

- Considers abolition of accommodation charges (as we propose) but decides to retain them
- Not totally clear how new level of free personal and nursing care payments for care homes will be worked out (concern shared by Alzheimers Scotland⁴)
- There appears to be no mechanism to stop providers benefiting from this by increasing their fees

ACR Negatives

- The Review does not propose a service that is free at the point of need. This is a central weakness.
- Appears that abolition of charges may be paid for by further savings (e.g. delayed discharge) in the NHS when Covid-19 shown NHS needs resources too.

RESOURCES AND RESOURCING

Common Weal proposed principle: *The resources allocated to a publicly-funded National Care Service should be determined by an ongoing assessment of the likely care needs of the population as a whole*

ACR Positives

- Portrays paying for social care as a social investment with wider benefits
- Recognition that greater investment is required.
- Recommends £0.66bn p.a. increase to pay for its specific recommendations, a 20% increase in real terms over 2018/19, and the largest investment is social care this century.
- Recommends unmet need to be recorded and that we need longer term planning.

ACR Questions/concerns

- There is no reference for the claim that there has been “increased expenditure on adult social care in real terms since 2009/10 by 7% in total and by 5% per capita”. Social Work Scotland in their submission to Feeley⁵ showed that “expenditure in 2018-19 over £700m less than what would have been required to maintain services at their pre-austerity levels compared to the needs of Scotland’s adult population”.

- As a consequence of this failure, it appears to fall-back on improvement science to meet funding gaps.

ACR Negatives

- Failure to explain how it has assessed what it would cost to meet unmet need (£436m for 36,000 people) if eligibility criteria are removed. The figures are based on 2009/10 expenditure but at that date few non-urgent needs were qualifying for services; meeting lower level needs is likely to require far more resources but the ACR does not assess what those might be
- No attempt to assess the level of funding required to put in place low level infrastructure
- Focus on making savings from NHS and transferring this to NCS, particularly delayed discharge. This won't work, the NHS too is short of money and Covid-19 has exposed the folly of the "just in time" approach to use of hospital beds which leaves no spare capacity.
- After their one-off proposed additional expenditure fix, they propose increases of 3.5% a year to take account of growing demand (the very old). This will consolidate the funding gap.

5. PUBLIC GOOD

Common Weal proposed principle: *Care services should be 'not for profit'*

ACR Positives

- None – its starting point is "Why not nationalisation?" rather than "why not for profit"?

ACR Questions/Concerns

- Shift from "competitive to collaborative commissioning" assumes private sector will collaborate
- It is not explained how a "new deal must form the basis for commissioning and procuring residential care, characterised by transparency, fair work, public good, and the re-investment of public money in the Scottish economy" could work
- The proposals for financial transparency and reinvestment of profit into care are almost certainly unworkable or, if workable, would require enormous resource

ACR Negatives

- "Our principle (sic) concern is not with profit itself, which plays an important function in any market economy" – profit should have no place in care.
- Accepts that the creation of a National Care Service does not mean taking private sector care homes into public ownership or denying the private sector a role in social care in the future, contrary to the way the NHS operates;
- Argues against nationalisation on the basis the evidence from the Care Inspectorate shows that the voluntary sector provide highest quality community services and that for Care Homes there is no evidence of a link between sector and quality. That is not true for Care Homes.
- Fails completely to consider extraction of profit from sector when discounting nationalisation of care
- Not consistent with Independent Care Review for children which committed to services being not for profit
- No analysis of costs or benefits of taking over sector: use £900k cost of taking over Home Farm Care Home on Skye uncritically as reason for not taking over sector

PROVISION OF CARE

Common Weal proposed principle: *The design and operation of care services should be driven by those who need care, informal carers, the workforce who deliver care and be embedded in local communities*

ACR Positives

- None – top-down approach

ACR Questions/Concerns

- People needing care, carers and professionals being “routinely involved” in commissioning is not the same as these groups driving commissioning.
- There is no mention of involving frontline staff in the care they are supposed to deliver.

ACR Negatives

- Recommendation 27 for a National Improvement Programme is all top down and symptomatic of the managerialism that has failed
- The ACR fails to address how we can embed the process of reform and development of ‘social care’ in communities, or recognise that the way to do this is to attend to the lived experience of those who live in households, families, alone, in neighborhoods and communities. People are the key both in terms of their needs and also their willingness to recognise needs. By talking about ‘social care’ in a general sense we are a long way from peoples’ experiences and not recognising that there are very different needs that cannot usefully be lumped together. We need a community development approach as much as a rights approach which creates a framework of real participation in developing and reframing social care in community terms.

- Shift from elected local authorities, with responsibility local services and infrastructure, to unelected HSCPs, will make bottom-up commissioning almost impossible
- No mechanisms to involve Service Users, carers or the workforce in managing services (outside of Self-Directed Support)

Common Weal proposed principle: *The National Care Service should ensure care is provided to those who need it*

ACR Positives

- Recognition that people must “be able to access support at the point they feel they need it”
- “A co-production and supportive process involving good conversations with people needing support should replace assessment processes that make decisions over people’s heads.’
- Recommended barriers to this “such as the current eligibility criteria and charging regime, to be fundamentally reformed and removed”.
- “social workers, should be focused on realising those rights [to services] rather than being hampered in the first instance by considerations of eligibility and cost”

ACR Questions/Concerns

- There is a difference between eligibility criteria being removed and reformed, yet both proposed. Why if these criteria were removed would people need to “understand better what their rights are to social care and supports”?
- The “Rights Approach”. The legislative framework is important as providing the basis for engaging with those who may need care and informs the duties and obligations of public services. The ‘rights approach’ also assists those concerned in creating a strong sense of validation for

those in need so that they can articulate their needs and make their requests for assistance in ways that enhance their self-respect and do not make them feel that they are supplicants. These legal frameworks can only be realised however in relationships of trust, validation, respect, where equality and fairness are present. Here there are two intertwined aspects of caring: first that the skills of listening and knowledge of the field are required to create a shared and proper understanding, second that resource decisions have to be made in a mutual understanding of the realities of the situation. The concept of 'assessment' concerns the nature of the predicament faced by the person in need and the ways in which skilled and experienced professionals can identify ways to alleviate and minimise the limitations therein and also maintain with the person in need the possibilities of a flourishing way of life. That 'assessment' has become synonymous with eligibility and rationing has both undermined confidence in these helping relationships (and in the public services that provide them) and eroded the skills of the social work role.

ACR Negatives

- Fails to address resource issues (see commentary on resources section) and without this the rights approach likely to be meaningless

Common Weal proposed principle: *A National Care Service should support the ability of people needing care to continue daily life and fulfil their aspirations with the least possible deterioration in their ability to do so and prevent the need for additional care where possible.*

ACR Positives:

- Emphasis placed on prevention in the Review. It is highlighted in the Executive Summary and is spelt out in the case for a National Care Service 'There should be a consistent, national focus on preventative,

early intervention and anticipatory forms of support'

- The accompanying emphasis on collaboration vs competition and markets and relationship vs transactions being key.
- The recommended removal of charging and eligibility criteria

ACR Concerns/questions

- Evidence shows that moving funding toward prevention is extremely difficult without additional resource because of the continuing demands of critical/crisis care services – we are not clear that there will be sufficient funding for preventive services
- There is nothing specific in the Review ensuring that a good proportion of additional funding will be earmarked for a move toward prevention, early intervention and anticipatory forms of support.
- Although the Review makes strong statements about removing and replacing assessment processes, in the remainder of the document it continues to refer to and discuss 'assessment'. We are not convinced, therefore, that the aim to do away with it is supported.
- We are concerned that the link between social care and other local services crucial to prevention (e.g. housing, transport, social work, community development) will be weakened if responsibility for social care is removed from Local Authorities.
- Moves to early intervention, anticipatory care will rely on consistent relationships being developed between people in need of care and those working in social work, housing, social care etc. Therefore, their success will rely on effective changes to ensure Fair Work and a workforce which is supported to remain and develop within the sector. We have some concerns about the workforce proposals put forward in the Review which are rehearsed in relation to other principles.

- The Review states, and we believe, local community resources, informal and formal, to be crucial to good social care and in particular to early intervention and anticipatory care. However, we do not see enough in the report to show how these local community services and resources will be funded and supported, particularly if the role of Local Authorities is reduced as recommended.

Common Weal proposed principle: *The provision of formal care services should be founded on compassion and be relationship based*

ACR Positive

- Shifting the paradigm diagram notes the need to move from transactions to relationships

ACR Questions/Concerns

- Having stated the need for this shift, relationships are described in ways that are almost entirely transactional i.e. they exist in order to make the system function more smoothly rather than being recognised as essential human goods. The Review talks of ‘contractual relationships’, ‘relationships between managers and service users’ but nothing of what happens in the encounter between carer and cared for.
- Mentions compassion three times as being evident in response to the Covid crisis but does not explore the implications or explain what the role of compassion in the care system should be.
- Relationships can be good or bad but can have a shadow side – what is meant by relationships and how might they be a force for good is not considered.

ACR Negatives

- Believes that market capitalism might be tamed through trusting relationships...

- Does not recognise workforce implications – how might a system allow for caring relationships to develop? e.g. in terms of time, personal, intersubjective disposition.

Common Weal proposed principle: *Anyone needing care or in receipt of care services has a right to be heard, to have their views taken into account and to take decisions about how that care is delivered where they are able and resources allow*

ACR Positives

- “A stronger voice for the person requiring support and their advocates” is set out early in the report as one of three elements of service redesign for a National Care Service.

ACR Questions/Concerns

- The report’s first solution is to do this by strengthening Integrated Joint Boards but this won’t happen due to their top-down managerial nature. They are inevitably dominated by officers – who set agendas and offer solutions to very complex issues covering large populations – it is difficult for a user’s voice to be heard within such organisational settings.
- The range of user experiences is so wide that representation on IJBs might be difficult to achieve in practical terms: as with other such bodies (and the experience of SDS bears this out) – the voice most heard being that of young (often male) physically disabled individuals – those who lack organisational and articulation skills will inevitably be left out.
- The second solution, improved advocacy services, seems to be based on the premise that those who assess for services (local authority social workers) have an inbuilt inclination to deny them in order to preserve budgets – creating tensions and adversarial negotiations based around financial considerations rather than need. This is not what social

workers are trained to do – indeed they are trained to advocate on behalf of the individuals – and this is reflected in their professional Codes of Practice.

- While the report half recognises that social workers need to be freed up to build relationships with those they support, there is no detail about how this might be achieved, so the report falls back on the need to build advocacy services. If social workers were doing what society invests in them to do, then advocacy services would only be required in a small minority of cases.
- The report goes on to call for improved complaints processes: this is based on 1990s New Public Management, citizen-as-consumer complaint mechanisms which are now common across all areas of life. Complaints systems already exist and should be a port of last resort, rather than a pointer to a better service. Mechanisms are required that avoid issues in the first place: services built at community level and shaped by the needs of service users articulated through their own voices, those of their carers, and through social workers who are trained to draw them together, and then connect with services required. Complaint systems are only useful to those who have sufficient knowledge and authority to use them. The threat of punishment and sanction (against workers) that underlies such processes does not build the relationships needed to resolve issues properly at an early stage.

ACR Negatives

- The “stronger voice” called for should be sought and heard at front line level at the point of contact between the person requiring support, and services. Bureaucratic solutions based on user involvement in management structures, rather than the operation of services, will not provide this, and neither will a strengthened complaints system. The solutions offered do not address issues of empowerment and involvement encountered by society’s most

disadvantaged which should be an integral part of social work.

Common Weal proposed principle: *The National Care Service should treat informal carers as equal partners in decisions about the provision of care*

ACR Positives

- Recognition that “we need to support and enable unpaid carers to continue to be a cornerstone of social care support”

ACR Questions/Concerns

- Prioritisation of information and advice for carers by an NCS and improving carer assessments are not going to address the issues carers face.
- The framing of the need for more respite as a right is problematic as it creates unresolvable conflicts with the right of the cared for person to refuse respite.

ACR Negatives

- The Recommendations on carers are vague aspirations – “carers need better more consistent support” – and there are no proposals for how to solve some of the issues raised, e.g. carers having to give up work to care for someone
- One carer is to sit on the Board of an NCS but there are no proposals for carers to have a say over how frontline services operate, e.g. care homes, days centres,

WORKFORCE

Common Weal proposed principle: *The National Care Service should be a professional, fully trained service including social workers and care staff from a variety of disciplines*

ACR Positives

- Recognition of lack of training and recommendation that “national organisation for training and development, recruitment and retention for adult social care support, including a specific Social Work Agency for oversight of professional development, with appropriate read-across to shared and reciprocal learning with the NHS workforce” be created.
- Recommendation for a National Job Evaluation Programme could provide foundations for national pay and conditions and a more professionalised workforce, with routes to career progression.
- Recognises Personal Assistants, employed through Direct Payments, should have same training etc as rest of workforce.
- The report recognises (p43) that the role of social workers has suffered through fragmentation, and that this has impacted across the range of services provided. It suggests that “.....the decisions taken by social workers on people’s care needs decoupled in the first instance from questions of affordability.” (p72). This is, in our view, a crucial question facing the social work workforce.

ACR Questions/Concerns

- Unclear what levels of training are actually recommended and the costs of this.
- Refers to “investment by providers in training and support for staff” – this won’t happen unless providers are paid a lot more and will be unnecessarily costly.
- Having raised questions about the role of social work, the report provides little amplification and does nothing to provide any semblance of solution. It makes very brief reference to recent and ongoing (but limited in scope) reviews of aspects of social work service (p43), but no reference at all to the last major review⁶ (in 2006) and the need now to look at the social work

field as a whole. That it says, is beyond the scope of this review.

- The only training aspect mentioned for social workers concerns a mention from some users (p10) that they found that “...not all social workers had enough training in their functional difficulties.” It goes on to suggest that assessments should be holistic and focused on “holistic wellbeing and personal outcomes rather than outputs and money.” Whilst we would agree with this and the description that follows of how assessments could be improved, we consider that the report lacks any detail of how this might be achieved: indeed whilst it makes frequent reference to the importance of ‘community’ it nowhere suggests that social workers might help build stronger and more resilient communities by a turn back to community based social work and a place in early intervention: the inference is that this is down to local organisations and the third sector (whose role is suggested as filling gaps that social workers could and should do in our view). This might actually be a more fundamental training and directional need.

ACR Negatives

- Position of Social Work is not explained
- Fails to include non-adult social care workforce and social work staff in its workforce plans

Common Weal proposed principle: Pay and conditions for the social care workforce should be based on national pay scales and national terms of employment agreed through national collective bargaining.

ACR Positives

- Recognition that the social care workforce is undervalued, badly paid for vital and skilled work, held in low esteem in comparison particularly to the health workforce, poorly supported in terms of

learning and development and generally under represented.

- Agreement to the recommendations of the Fair Work in Scotland's Social Care Sector report.
- Acceptance of the need for national sector-level collective bargaining and proposal to establish a sector-level body.
- Recognition of the need to radically improve training, recruitment and retention and the need for support and supervision particularly for those who work in isolation in the community or working in people's homes.
- Recognition of the importance in care of relationships and trust and the power of the workforce to transform lives.

ACR Questions/concerns

- No mention of the role of trade unions. There is no reference to the evidence, accepted by government and regulators, that trade union organised workplaces are safer. The ACR welcomes and accepts the Fair Work in Scotland's Social Care Sector report but nowhere in it is echoed the strong Fair Work message that trade unions play an important and effective role in all Fair Work dimensions and in particular Effective Voice. The Fair Work Convention report states: 'Due to the nature of the work social care is a challenging environment for unions to operate in...This undermines effective employee voice.' The ACR suggests that the Social Care Living Wage Implementation Group be recast as the Fair Work in Social Care Implementation Group. In that group the Scottish Trade Union Congress is a key member. In recommendations 43,44,46 there is no mention of the Scottish Trade Union Congress or of trade unions at all.
- It is unclear if the arrangements laid out in recommendations 43, 44, 46 are meant to establish a collective bargaining structure similar to that in other parts of

the public sector, e.g. NHS, education, Local Authorities or whether the remit of the 'national forum' named in recommendation 46 is simply advisory, something we would not support. This forum will involve 'workplace representatives', but trade unions who represent almost all Scottish workers who are deemed to have an effective voice (see Fair Work in Scotland, December 2020) are not mentioned. It is unclear how these 'workforce representatives' will be chosen. Another concern about this recommendation is that it does not give collective bargaining a wide enough remit. We would argue, for example, that it should include consideration of worker health and safety standards. We do not believe that the Review's aim to radically improve training, recruitment and retention can happen without taking these concerns into consideration.

- Major concerns about acceptance of a continued major role to be played by the private sector in social care. The bulk of this sector has not only not encouraged and supported strong worker voice in their organisation but has acted in an actively anti trade union manner.

ACR Negatives

- Fails to recommend a solution to the low wages issue. Trade Unions have called for a target of all social care workers being moved as quickly as possible at least to Local Authority rates. Instead of a recommendation of progression to local authority terms and conditions the Review talks vaguely about setting minimum standards.
- Fails to recommend that skilled workers ought to be paid a skilled workers wage;

PUTTING PRINCIPLES INTO PRACTICE

Common Weal proposed principle: *These principles, taken together, would provide the foundations for a new dynamic approach towards social care provision in Scotland and the creation of a National Care Service. Care is an integral part of the human condition and irremediably complex. The provision of good care cannot be reduced to single principle or approach but needs to take place in a space that takes account of rights, needs, resources and responsibilities. Common Weal is developing a blueprint for a National Care Service which will set out in more detail how these principles for care could be realised.*

ACR positives

- There are scattered references through the report which provide some acknowledgement of the complexity of

social care, e.g. of the need for social workers to have time to support people

ACR questions/concerns

- Reliance is then put on a human rights approach which cannot address issues relating to needs, resources and responsibilities
- Care is as a consequence grossly oversimplified but this makes care provision amenable to ‘improvement science’

ACR negatives

- The ACR takes a top-down management improvement rather than an approach based on practice values, by both care staff and social workers
- There are no effective proposals to empower practitioners

REFERENCES

1. <https://www.commonweal.scot/policy-library/common-weals-manifesto-national-care-service>
2. <https://www.gov.scot/groups/independent-review-of-adult-social-care/>
3. <https://www.fairworkconvention.scot/fair-work-in-scotland-report/>
4. <https://www.alzscot.org/sites/default/files/2020-12/Alzheimer%20Scotland%20Response%20-%20Dementia%20%20COVID19%20recovery%20and%20transition%20plan%207%20Dec5%202020%20%28002%29.pdf>
5. <https://socialworkscotland.org/consultation/independent-review-of-adult-social-care/>
6. <https://www.gov.scot/publications/changing-lives-report-21st-century-social-work-review/>