

1. SOCIAL WORK ISSUES

SEPTEMBER 2021

The Scottish Government have invited response to their proposals for the establishment of a National Care Service. The document is divided into sections with 95 questions seeking responses – some with a simple YES or NO and most inviting comment and suggestion. You can find it here:

<https://consult.gov.scot/health-and-social-care/a-national-care-service-for-scotland/consultation/>

These briefings are to help people who would like to make a submission to these consultations. This one is about social work issues.

Children's Services (questions 22-25)

Given the community-based and relationship-based nature of social work across all fields in which it is delivered to the public, it makes sense to include them all in one service where:

- knowledge and information can be readily shared;
- a one door approach can be applied e.g. through community hubs, which reduces confusion about access, and where staff can transfer readily across specialisms.
- transitions, e.g. from childhood to adulthood, does not require referral to a completely different service
- where staff can work across specialisms or transfer readily between them

Justice Social Work (questions 36-41)

- Justice social work services should retain their presence within statutory social work services generally and should be delivered through the NCS. The present Justice Partnerships have a questionable role anyway and would be unnecessary within an NCS framework delivered through Local Authorities.

Drug & Alcohol Services (questions 44-50)

Nothing characterises the failure of present service delivery models better than the scandal of Scotland's failure to address its drug and alcohol issues – so the case is made for inclusion of drug and alcohol service responsibility within an NCS working in partnership with colleagues in Health delivering specialist prescribing, nursing and other services. Social work need to assume responsibility for support services.

National Social Work Agency (questions 53-54)

The establishment of a NSWA within the National Care Service is broadly welcomed as a means of re-establishing the importance of social work and social workers within the care system (with a role akin to doctors within the NHS). The establishment of such an organisation within an NCS needs to be built on recognition of where the workforce has been let down through present arrangements. Education, continuous professional development and improvement are all important, but so are supervision, workload management and the provision of sufficient staff to make relationship-based work a reality and not just an aspiration. The NSWA should have an aim of creating an environment where community-

based preventative social work becomes the norm: statutory reactive services should be a fall back when preventative services fail, and not the primary focus of provision. What is not needed is a set of prescriptive hoops for social workers to jump through to prove their competence in order to uniformly “scale up good practice”, which is not to say that social workers should not have guaranteed set aside for training. Rather the emphasis needs to be on professional autonomy and trust within a framework of professional and management support, and of course accountability.

- Does the establishment of the NSWA imply the cessation of funding to organisations like IRISS and CELCIS and their abolition? Their roles would effectively be incorporated in the new centre of excellence. This requires careful thought about implementation (and negotiation with trade unions) so staff with expertise and experience are given opportunity to transfer to the new organisation.
- The paper talks about “parity with other professions” but it is not clear which ones and on what basis? –A problem is that the role and task of social work, like care, has no agreed and established formulation or definition and further consultation is required on this and the role of support staff to put an end to this steady encroachment – driven by cuts - of para-professionals on areas of work often (and traditionally) undertaken by QSWs. There is an argument that the National Social Work Agency should also be responsible for overseeing training and standards for staff who are currently not required to register with the SSSC, like social work assistants and advocates, who, in some cases, receive little of no formal training.
- The loss of status and understanding of what social workers do has to be seen within the context of negative trends

over the last thirty years: the growth of a prescriptive and reactive role in addressing statutory concerns around risk, rather than prevention and relationship-based work; and the loss of social work identity within local authorities through diminution of the Chief Social Work Officer role and amalgamation with other functions to save money. These things will not be cured by announcing and setting up a NSWA if social work continues to be marginalised and its priorities determined by health models and requirements i.e. IJBs.

- We are concerned about the proposal that social workers’ pay should be somehow determined by the NSWA. There is a strong argument for national rates of pay but this should be established through national collective bargaining as part of the wider care workforce. We believe the trade union view on such matters should be given primacy.

Allocating resources

Investment is required to deploy social workers where they are needed – this can be determined by ending the post code lottery currently in place and employing social workers in the communities where deprivation levels are at their highest. Communities here might not be geographically located – they might consist of ethnic groups whose members may or may not be concentrated in particular neighbourhoods. Social work should take its proper place within a National Care Service, providing an important adjunct and gateway to social care services: just as hospital services are on a continuum involving multiple community-based doctors, nurses and other health workers within a framework provided by the NHS, so social workers would play a vital role in preventative services (and statutory responses when they are needed) - all provided through democratically accountable and properly resourced Local Authorities. Social Workers and those who make up their teams must get back to relationship-based services based around local networks and giving proper meaning again to the concept of care from the cradle to the grave.