

## SASW response to letter from Convenor of Health, Social Care and Sport Committee on 17 November 2022

### **General views on the Bill**

#### **Do you agree that accountability for social services should be transferred from local government to the Scottish Ministers and for what reasons?**

SASW believes that Scottish Government Ministers need to be accountable for social services, however, this should not be held by them in isolation. It must also be shared within local governance arrangements to ensure national and strategic overview with local delivery and appropriate accountability mechanisms at each level. Given the scale, scope and impact social care has on the lives of individuals it is reasonable for citizens to expect a Minister to be accountable.

#### **To what extent would the Bill address urgent challenges in community health and social services?**

This Bill, in isolation, is not the mechanism to effectively address the current urgent challenges facing community health and social services. Solutions cannot wait for the conclusion of a potentially prolonged Parliamentary process. SASW is working with other key stakeholders including COSLA, Social Work Scotland and Scottish Government on the most urgent issues of workforce capacity and wellbeing, which are, of course, inextricably linked. However, the Bill makes explicit reference to fair work and ethical commissioning across the social services sector which is a key part of any solution which must reflect the needs of the variety of workforces within social services.

#### **Are improved consistency and quality the most important criteria to achieve better outcomes for people needing social care and support in Scotland? Are there other criteria you think are more or equally important in considering reform? What impact will the Bill as introduced have on services in terms of fulfilling these criteria?**

While improved consistency and quality across the country is crucial, being able to easily access care and early support are equally as important. Our members told us the drive for consistency must not over-ride locally tailored solutions to local issues and, while Scottish citizens should be able to expect some degree of consistency, this must also relate to high quality outcomes. There is a risk that in trying to secure

consistency, we create low bars around inputs rather than having professional freedoms to work with people from their individual perspectives in a way they experience as person-centred.

The current application of eligibility criteria, driven by the limited resources available to meet increasing demand, is a significant barrier to people accessing social work and social care support. This restricts opportunities to meet outcomes in their lives beyond the minimal level of care.

The impact of the Bill will be negligible without the addition of substantial resource to community services to create a larger, sustainable workforce across social work and social care.

**What elements of the Bill will make the biggest contribution to improved outcomes for people using social services? What additional elements would you like to see included that could further help improve outcomes? How should the impact of the Bill in improving outcomes be measured?**

The Bill, as a framework bill, focuses on high level structural reform which, on its own, cannot deliver improved outcomes. Our members felt that the Bill does not say enough about the detail of the legislation that will affect social work or about the environment and the day to day working conditions for social workers to see the potential impact on outcomes for people who need support and people who work in services.

Ministerial accountability for the NCS is something that most of the people we work with expect and our members welcome a clear link to national government. However, they strongly state the case for structures and processes that enable local and creative person-centred approaches and governance that has clear connections and influence from local government as well as national oversight.

To date, integration has not yet delivered the bulk of benefits anticipated. Issues include the variety of integration schemes, complexity of the decision-making structures, teams trying to be integrated on different terms and conditions, the budgetary process coming through the NHS and local authorities' own governance structures.

SASW aspires to a future where neighbourhood multi-disciplinary teams of health, social work and social care, commissioners and third sector colleagues work together based in settings such as schools, GP surgeries etc as resource for the entire community through our lifespan. Our focus should be on enabling community teams facilitating community strength and early support by workers who are fairly and equitably paid and have career pathways and options. Integration may be a tool for this but where it results in complex systems it can actually create barriers to working together in innovative ways.

**What could be done to ensure the process of change wouldn't destabilise services?**

Our members raised concerns about the Bill having an over reliance on structural changes to bring about improvement. If the care boards reflect the IJB structures we will not address the issues we currently experience with integration. So, our members want to see the costs and benefits of any substantial structural change well thought out and balanced.

Staff within the respective organisations are on different pay rates and terms and conditions for jobs of equal value creating disharmony, especially when co-located. The differential in mileage rates between health staff and care staff working in the same office clearly demonstrates one aspect of this.

There is no mention of social work within the Bill yet social workers and the staff who provide the infrastructure to enable them to carry out their responsibilities would be greatly impacted by the changes proposed in the Bill. SASW advocates that the functions of social work which include adults social work, children's social work and justice social work remain together. It will also be vital that whichever organisation holds the statutory functions should also be the employers of staff who carry out those functions. This is to avoid either commissioning arrangements based on task and time, or complex partnership arrangements that struggle to deliver due to their governance and budgetary arrangements.

## **Comparisons between the NHS and social care**

### **Is there sufficient clarity about the differences between the National Health Service and proposals for a National Care Service?**

The Bill introduces community health into the national care service but there is no definition of the functions that constitute community health and this lack of detail hampers understanding.

Within the NHS model there are elements which should be mirrored in a national care service such as universal access to a GP when required. The social work equivalent would be universal access to a social worker. As a GP would devise a treatment plan and refer to nursing, physio or other service as required, a social worker would formulate a support plan and refer to specialist social work and social care services as required. Like GPs, social workers should be the community gateway for people accessing social services. Community health practices are located within local communities. Social work should also be based and embedded in local communities.

## **National Social Work Agency**

### **Should the NSWA cover social work only or could it take account of multi-disciplinary working? How could a National Social Work Agency address workforce pressures in social work? Should it also cover the social care workforce? How could a National Social Work Agency address workforce pressures in social work? Should it also cover the social care workforce?**

The NSWA must cover social workers as a first priority. It must cover all aspects of holistic relationship based social work with all adults and children in the statutory and

independent sectors. It must have responsibility for workforce planning, quality and improvement, it must link research to practice and support consistent yet locally sensitive implementation of best practice and national policy.

From the start, the NSWA should also cover paraprofessional roles where workers undertake some elements of social work tasks under the supervision of a social worker. Recruitment to social work qualification courses often come from this group who provide vital and often unrecognised support across children's, adults and justice social work.

Social workers operate within multi-disciplinary teams where most other partners have their own routes for professional support and leadership at national level. The NSWA needs to make strong connections with the organisations responsible for health and social care workforce planning, training and quality improvement. The Centre for Excellence for Social Work, we expect, will sit within the NSWA and provide a much-needed hub for best practice, academic research and the implementation of evidenced approaches into social work practice. It will also enable practitioner research projects, supported by employers locally that will feed and drive improvement work. Time for research and ongoing learning is a critical part of improvement methodology which will improve practice and build confidence in staff when their practice is evidenced based.

Social care workers are a crucial resource for social workers and the people we work with who need support. While the responsibility for social care at a local level sits with the chief social work officer, nationally, social care sits within the Scottish Government's health directorate. Social work and social care have strong professional links and interdependencies. Social work is the main point of access for social supports of all types and delivers intelligence to social care commissioners about levels and types of local need. Social care workers deliver local support in response to that identified local need and for this reason must feature within whichever organisation is the delivery arm of local social services provision. As the Government actualises its commitment to the social model of disability, we believe this would suggest that social care workers should be viewed as a key part of community social services. Social care education, training and research, as with social work, needs robust support to enable effective implementation in community teams. For that reason, we consider social care education, training and research must be planned and inextricably linked to the NSWA and the Centre of Excellence.

### **How should the Bill ensure that the principle that services are to be centred around early interventions and prevention is realised in practice?**

Early intervention is hampered by the lack of resource to meet demand not by any lack of aspiration, creativity or innovation. As a result, spending is focused on people in greatest need to the detriment of preventative approaches that could avoid or mitigate crisis. The availability of transitional funds to move from failure demand to proactive early prevention and sufficiently funded provision would greatly assist in this.

Most of the social work workforce is employed by local authorities and report caseloads focussed only on crisis, high risk cases likely to need high levels of

support and often statutory intervention. Social work is a holistic profession and our work is founded on building relationships, establishing trust and being able to deliver early support. This is no longer what we are employed to do and is the main source of stress and burnout. In addition, where we come to situations already at crisis point, we are not able to establish relationships which in turn is more likely to deliver poorer outcomes for the people who need support and for our society more widely.

Our members raised concern about the costs and transitional risks of restructuring on the scale the Bill envisages. At this stage there is no indication of the number of care boards but there appears scope to potentially reduce costs in infrastructure thus releasing funds that could be reinvested in front line services.

If Scotland is serious in enabling early support from a well-trained and professional workforce there are two key elements:

- greater resource (initially)
- a step change in the role of social work to enable holistic, community support when people need it.

### **Workforce pressures**

**What aspects of the Bill could support or embed fair work practices in social care and support services? Are there any aspects of the Bill witnesses would like to see further reinforced, or anything they would specifically like to see added to the Bill, to support this objective?**

The Bill identifies a commitment to ethical commissioning, but it lacks the detail to provide confidence this will be delivered. When finance is limited, best commissioning practice suffers. SASW supports fair work practices which must be reflected in commissioning and procurement arrangements. Our members continue to voice concern over the role of profit in social care services and are glad to see the power to focus arrangements for tendering on particular types of organisations.

Fair work for social workers is perhaps less directly about pay in itself. The key issues for social workers include:

- the current role of social work - with high-risk crisis interventions, little early support work and virtually no community building role
- parity of esteem with other professions (social workers report many instances of dismissive language and poor behaviour towards them in many environments)
- inconsistent pay and conditions across the 32 authorities and also the third sector leads to a situation of social workers following the higher pay scales, simply moving the problem around.

**What difference could implementation of the Health and Care Staffing (Scotland) Act 2019 make to the integration of health and care services? How do witnesses see the commissioning principles set out in the 2019 Act interacting with the NCS principles set out in the current Bill?**

The Act more effectively applies to building based services and wards making its application to field social work impractical. From a social work perspective safe staffing levels are incredibly important in delivering statutory functions and ensuring public protection. It is also crucial to ensure workforce capacity can meet the demand of people who need the support of a social worker during difficult times.

Recent research commissioned by Social Work Scotland<sup>1</sup> and<sup>2</sup> evidences the pressures social workers are experiencing and the impact it has on them both professionally and personally. Having sufficient staff is important to ensure safe services but also to ensure the wellbeing of the staff delivering those services. Social workers need reasonable workloads, time for supervision, reflection on practice and time for training, perhaps a national model based on the Agenda for Change or McCrone Agreement as achieved by colleagues in health and education respectively.

**What role is there for professional bodies in addressing workforce issues? To what extent will the Bill facilitate or impede professional bodies in fulfilling that role?**

Professional bodies are paid by their members to work across employers and governments to ensure their members and all of us who need their services are safe and that the quality of services continually improves. The Bill mentions training and research relevant to the activities of the National Care Service. Given the proposal for the NSWA and its Centre of Excellence, this is a broad but congruous approach. SASW would expect future training opportunities to be aligned with the Advance Practice Framework being developed by the Office of the Chief Social Work Adviser and for independent professional associations to be strongly linked into all the decision-making on education and training so we can feed in the views and experience of our members.

SASW members are disappointed there is no mention of social work or their statutory duties in the Bill yet social workers will be the profession most significantly impacted by the proposed changes. SASW is committed to working with its members, stakeholders, Social Work Scotland and Scottish Government to continually improve both the wellbeing and effectiveness of our profession.

**What aspects of fair work could be co-designed, and who should be involved in the co-design process?**

SASW supports the principles of fair work and the principles of co-design in public services. For a fairer society everyone needs to be included. This is particularly important for those who have not historically been around the design table such as carers, people who use services as well as individuals from BME communities and other marginalised groups. Women have often underrepresented and the gender balance in this activity is important.

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<sup>1</sup> [Setting the Bar: towards an indicative maximum caseload for Scotland's public sector social workers - Social Work Scotland](#)

<sup>2</sup> [Setting the Bar 2: 'Taking the wheel' - Social Work Scotland](#)

**How do we ensure fair work becomes a reality in a national care service? Is there enough in the Bill to reassure you that fair work is adequately addressed? If not, what is missing?**

There is a need to understand that social care workers are some of the most regulated but lowest paid members of staff. The role they have requires them to have a great amount of skill and initiative which they use everyday. This is not recognised or valued. The NCS must recognise the value of this work, remunerate them appropriately, value the skills and experience they bring and the level of responsibility they carry.

**Training and research**

**How can the Bill ensure staff time is protected to undergo training and professional development?**

There is a danger in thinking there is a homogenous workforce in health, social care and social work. There are many sections of the workforce and their professional requirements are very different. In terms of the training and development needs of social care workers, many of whom are employed in third sector organisations, this must be recognised through commissioning specifications and the inclusion of fair work practices during any tender or service negotiation processes. Costs must reflect staffing levels that afford the release of staff for learning and training as well backfill capacity. Given the workforce pressures in social care and the need to increase capacity it is crucial to make the social care role more attractive through better application of fair work principles and valuing the staff who work in it.

For social workers, fair work means having reasonable caseloads, effective and sufficient admin support, a reduction in paperwork and bureaucratic processes coupled with the support of a National Social Work Agency, a Centre of Excellence and equivalency of terms and conditions across the country. These improvements would attract more people into the profession which would in due course build capacity, increase staff numbers, and make it possible to protect time for training and development.

Whilst the scope of Community Health has not yet been defined, this is difficult to comment on. However, at the present time it seems sensible to anticipate that the NHS might continue, at least initially, to deliver clinical training where professional groups are employed in the NCS and the NHS.

**What are the risks and opportunities in care boards or the Scottish Ministers setting standards and becoming involved in qualifications for social services staff?**

Where an employer sets occupational standards there is always the risk that, to ease pressure on the employer, the standards may be reduced, and safety compromised. There is a critical role for professional organisations, unions, and academic institutions to work collaboratively to ensure effective standards that deliver high quality services are maintained whilst recognising the challenges faced by employers. Social workers carry public protection and mental health responsibilities

and duties where governance and accountability should be considered in the context of any deliberations.

**How is training linked to fair work? Does the Bill as introduced acknowledge and facilitate that link appropriately? How could the Bill be improved to reinforce the link between training and fair work principles?**

Training is linked to fair work in social care by recognising the importance of backfilling posts where people are attending training to ensure the wellbeing of remaining staff. The costs and capacity for training should be included in commissioning and procurement activity.

In social work, training is linked to fair work by ensuring employers have enough trained staff with reasonable caseloads to allow for training and learning activities. ,

**Which body or bodies should oversee training of social services staff and should this be made clear in the Bill?**

Social services are not a homogenous workforce and have specific requirements whilst there are strong and crucial links between social work and social care. Currently, there is no single body for either social work or social care and this is problematic for both. The Scottish Government through the Office of the Chief Social Work Advisor is already working on an advanced practice framework for social workers looking at career pathways for advanced practitioners and managers. If this is implemented effectively, along with a national approach to terms and conditions, it could be the basis of effective and fair remuneration which in turn makes social work a more attractive career prospect and sustains those already working in social work.

Social care clearly needs an equivalent package of support for fair work, training, research and implementation. SASW believes this should be part of the wider social services approach to quality improvement and workforce wellbeing which the NSWA and Centre of Excellence will embody for social work.

**Information sharing and data collection**

**Should other bodies, beyond care boards and health boards, or individuals have access to the scheme to share information proposed by the Bill?**

This is a challenging area. The protection of individual privacy and the need to share information requires balance and to be handled sensitively with skill. It is important that people who have experienced trauma avoid repetition of those experiences by sharing what happened with multiple people on multiple occasions. Education, housing, health colleagues and colleagues in the third sector all hold information. It is important to note that where people who need support/protection have been failed and significant case reviews take place, many findings identify the failure to share information as a contributing factor.



**Should there be more detail in the Bill about the ‘care records’ scheme? If so, what would witnesses like to see?**

This needs more detail in the Bill and requires further consideration. It is a tricky balance to understand what to share and what not to share. At present, workers across the health and social care sector are often uncertain about what is appropriate and proportionate to share. Currently the risk appears down to individual judgement about GDPR and many workers are understandably risk averse, preferring not to share in case they breach the law but not always considering the wider and long terms implications of not sharing. Nearly all significant case reviews cite poor information sharing as a contributing factor.

The application of professional judgement around sharing information, requires an understanding of the risks, balancing those risks, and making difficult decisions based on the analysis of the information available at the time. Social workers are trained to do this. Multi-disciplinary conversations are important and allow for critical reflection, support and agreement. Co-location with multi-disciplinary colleagues encourages conversations among professionals from different disciplines. They learn from each other, pick up on trends and patterns with people/families, recurring names and issues and can work in a MDT way to offer support to individuals and families.

**What part could and should data collection play in the monitoring and evaluation of the implementation of a national care service?**

Data will play a significant part in measuring how well the NCS is performing. However, measuring cause, input and outcomes may be difficult with so many variables, which include disadvantage, poverty, geography and so on.

We will need a vision of success for the National Care service in order to describe what success looks like. The NCS will need analysts who are expert in taking raw data and understanding what it might mean in reality. For example, if the Promise is successfully implemented, statutory interventions will reduce. But decreased interventions could also mean that serious situations are being missed. We will need experts who can interpret the data in context. It will be important to measure impact and to make sure we are using the correct measures, have clear data sets and experts to ensure we understand qualitative and quantitative data correctly.

**Would you support the continuing use of integration indicators so that performance could be compared before and after the reforms proposed by the Bill are implemented?**

The integration indicators tend to be health orientated. The lack of investment in health, social work and social care has undoubtedly impacted negatively on the health service. This is evident, for example, particularly around delayed discharge data which has the effect of focussing on that as the main issue in health and social care. Delayed discharge is important, but the focus on this distorts the other major roles of social work and social care in delivering outcomes far wider than its role aligning to the NHS. Social workers protect people’s rights, promote social justice, undertake statutory duties, and use their legal powers to protect people and society.

They spend time building relationships with people excluded or on the margins of society and work in areas of problematic substance abuse, criminal justice, homelessness, mental health, neurodiversity, and disability. Social care workers offer practical support that enables people to have better lives and undertake practical tasks/activities that they cannot do without that support.

The National Care Service will give Scotland the opportunity to continue to develop our wellbeing indicators to become even more pertinent across community health, social work and social care.

As technology improves, we would hope to see a reduction in the time lag for reporting national data and a more national approach to collating data around the workforces, vacancies, planning, effective practice and the outcomes achieved.

Whatever it measures, data collection must be simple, asked for once, completed once by those contributing and be able to show clearly the performance of the NCS.