

National Care Service

SUBMISSION FROM SOCIAL WORK SCOTLAND, TO SCOTTISH GOVERNMENT'S CONSULTATION

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Social Work Scotland is the professional body for social work leaders, working closely with our partners to shape policy and practice, and improve the quality and experience of social services. We welcome this opportunity to comment on the proposals for the National Care Service, and see it as an opportunity to consider what social work and social care professionals need in order to deliver the support and protection that people, families and communities are calling for. Support that is accessible, tailored, flexible and empowering. Support that draws people back into community and society, rather than widening the gaps.

The Scottish Government have set out an ambitious proposal for a social care system which offers wrap-around, high-quality, person-centred care. We agree that the system we have now is not fit for purpose, partly because social work is often relegated to a resource management role. We believe that an empowered social work profession is the key to unlocking ambitions for societal change through social care. In balancing a person's needs, rights and wishes for support, the social work profession is uniquely equipped to ensure a National Care Service takes our care systems beyond a transactional process of seeking and receiving a package of support to the provision of a dynamic and person centred service which is responsive to individual and societal need, recognising that people who need the most support are often least able to ask for it.

If the proposals outlined in this consultation come to pass, it would mean the most significant shake up of public services in seventy years. We know that the process of reform would be disruptive, creating risks and threatening established services without any certainty that new structures and policy will deliver the improvements needed. We also know that without substantial investment (over and above what the Scottish Government has already promised) the reforms will likely fall short of the ambitions set out. But change is needed, and at Social Work Scotland we have engaged extensively with our Board, members and partners and the response below reflects common threads which run through the broad and often divergent range of views across the social work profession.

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IMPROVING CARE FOR PEOPLE

Improvement

Improvement must be a key focus of the NCS. The establishment of a single national body, with clear lines of accountability to Ministers at a national level, gives us the opportunity to ensure that consistent, high standards of performance are developed and maintained across Scotland. That national view will also ensure that learning can be shared and implemented across the country. Intelligence gained from inspection and scrutiny of services will be used to identify where improvement is needed, and themes will be fed back into commissioning and procurement.

[Extract from consultation, page 15]

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*

SWS response to Q1: As with all aspects of a National Care Service (NCS), the centralisation of implementation and improvement support is likely to bring benefits and dis-benefits. After decades of lopsided investment, with health the overwhelming focus of improvement funding and activity, **Social Work Scotland strongly supports moves to expand and enhance the implementation and improvement support which social work and social care services can access.** That support needs to be at a scale, and of a diversity and quality, sufficient to make a measurable, positive impact on the people working within social work and social care, and through them, individuals and communities across Scotland. If the NCS does not include all of social work, then there will need to be a strong connection between improvement standards set within the NCS and for those social workers and social care services operating outside of the structure.

In respect of the benefits of the NCS taking responsibility for improvement across community health and care services, we agree that it may lead to better coordination among organisations tasked with improvement. Perhaps more importantly, a degree of ‘centralisation’ may enable us to tighten up on the methods and approaches deployed by the various organisations, **ensuring all are based on (and reflect in the ‘doing’) the extensive research on what works to implement change (e.g. the Active Implementation frameworks).** Social work and social care, operating as they do through relationship-based models of practice (rather than technical processes), are not well suited to exclusively Quality Improvement based approaches. Subjective experiences can pose a challenge for articulating improvements in relationship based work. While qualitative

methodology approaches to gathering information tell a fuller story around experiences, the varied experiences and interpretations of improvement from one individual to the next can make such detail difficult to report and scale up consistently. We have ample evidence of this from successful improvement programmes in the children's social care sector, and less successful ones around early years. Implementation science can help us come to a more informed, collective understanding of what is needed to realise the vision we all share for social care and community health; easily accessible, person-led, rights-based, etc. It is critical that everyone involved in the provision of these essential public services (including, perhaps especially, Ministers and civil servants) understand the components of successful implementation and / or improvement, and the bounded roles of intermediary bodies (e.g. CELCIS, NES, etc.), regulatory and scrutiny bodies (SSSC, Care Inspectorate, HIS, etc.) and the service delivery organisations themselves.

It is true that Scotland could do much better at 'scaling-up' successful practice; however centralisation of implementation and improvement support will not, in itself, achieve this. The sharing of learning between areas achieves only what it purports to do; the sharing of learning. **If we wish to translate that learning into successful practice in other part of Scotland, the implementation and improvement structure within the NCS must have sufficient breadth and depth (i.e. numbers and skills of its dedicated workforce) to actually get alongside the delivery organisations for extended periods (i.e. years, not weeks) coupled with direct investment in the delivery organisations themselves, to mirror, develop and implement improvement where it matters most, ie directly in service delivery.** To be successful the NCS must reflect the language of the component professional groups sitting within it, to ensure each professional involved remains connected to its aim and drives forward its vision. To effect change for people accessing the services within a NCS it will need to ensure the voice of supported people is given effect through meaningful opportunities to collaborate with improvement programmes. For Social Work Scotland, our priority is unsurprisingly social work, and we do see the opportunity in these proposals, married to those around a National Social Work Agency (NSWA), for the development of implementation and improvement support which is tailored to the unique context and responsibilities of social work. Through that kind of bespoke support, we do believe it would be possible to strengthen the cycle of self-assessment, scrutiny and improvement. It should also directly assist in delivering more consistent outcomes for people accessing care and support across Scotland. The consultation proposal, and consultation questions Q1 and Q2, are only about the benefits and risks of the opportunities provided by an NCS to take responsibility for improvement. It does not reflect the more detailed consideration of the need for improvement in the Feeley report. Feeley's Recommendation 27 recognises the establishment of an NCS is itself insufficient to deliver improvement – what is needed is “a National Improvement Programme for social care”. We agree and would suggest that the National Social Work Agency offers the opportunity to centralise and scale up good practice.

Social work is exceptionally well-placed to support the NCS to achieve the aims of consistency and sustainable improvement from a human-rights based approach.

Social workers are professionally trained to work together with an individual to improve outcomes with them, which requires an investment of time with a person or family, an effective and trusting relationship, unconditional positive human regard, an asset-based approach, and the ability to work with someone at their own pace. Social work professionals take forward such relationship-dependent work whilst carefully ensuring the balance of 'duty of care' and a human-rights based approach. That balance will need to be reflected in all improvement frameworks.

To achieve the improvement aims of the NCS, and outcomes for people, families and communities in Scotland, it will be necessary to invest in the social work and social care workforce and its leadership. If the NCS structure is to retain accountability for improvement, then in Social Work Scotland's view, the NSWA would be best placed to support Ministers to ensure the professional social work role, and all the skills represented therein, is seated within the improvement aims of the NCS. Implementation science tells us that structural change will not lead to better outcomes without the necessary investment in leadership and workforce. The centralisation of improvement activity is an opportunity to invest in social work leaders and workers, to effectively engage them to support the change necessary to design, implement, and deliver services that support people.

If improvement functions were to sit squarely inside the NCS, the respective roles and responsibilities of – and pathways between – the NCS, NSWA and others would need to be clearly set out. The NSWA should, for example, have a role in determining how scrutiny and improvement activity is shared nationally to support a consistent approach to learning and improvement at the local level. We believe that the existing national structures in place, that is, the Care Inspectorate, SSSC, Community Justice Scotland, and the Mental Welfare Commission, should be coordinated to support local improvement tools and intelligence-led regulatory work. Agencies such as IRISS, HIS, and NES all play roles in sharing best practice and supporting improvement, and their contributions will require consideration if a new structure is to be best informed from regulation, improvement, and learning. Decisions must be taken about the siting of scrutiny and improvement support functions so that there is maximum benefit for service delivery at a local level.

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

SWS response to Q2: Yes, there are clearly risks in the National Care Service taking overall responsibility for improvement across community care and health services. For example, a one size fits all approach to improvement may not adequately reflect local variation and need unless there is a carefully planned approach to including local voices and experiences. Some other of the specific risks we have highlighted in our answer to [Q1](#), but at a fundamental level there is the simple reality (and risk) that such significant change (as represented by the establishment of the NCS) may disrupt or dilute existing, successful implementation and improvement support. Scotland has a number of world-class teams and

programmes, supporting front-line workers to introduce new models of practice or improve their existing processes. Without careful, considered reform to tighten the links between such teams (and to appropriately disinvest or redeploy resources from the less successful ones), we risk ending up with a big, centralised ineffective implementation and improvement mechanism, rather than the mixed economy (some strong, some weak) which exists now.

In addition to the ‘disruption risk’, if care is not taken to the design, a new structure may also add complexity to the current landscape, rather than reducing it. The existing structures provide an inconsistent and subjective approach to implementation, despite national and legislative expectation; which is why we see benefits to reform. But the impact on the agencies currently delivering improvement functions must be acknowledged, with recognition of their varying roles and responsibilities across the health, social work, and social care workforce. Delivering meaningful and well-embedded improvement activity requires thoughtful consideration of professional roles and responsibilities and the statutory functions that underpin intervention and engagement; consideration which many of these organisations have given time to, developing their understanding and insight. The legislative basis for involvement with an individual and/or family differs across professional roles, and to achieve improvement across the whole we must recognise the need for discreet, specialist knowledge (e.g. of adult protection). Indeed, Social Work Scotland is concerned that, **in adopting a single approach to improvement, the NCS approach to implementation and improvement does not accurately reflect the complex, various statutory functions of social workers, which sets them apart from many other professionals who will be working within a NCS.** The development of a strong NSWA will mitigate such a risk by ensuring the professional social work role is central to the design of appropriate assurance frameworks to take forward a human-rights based approach to engagement with the NCS.

Another risk is that reform of implementation and improvement bodies will, in itself, be considered sufficient. For implementation and improvement to be successful there must be significant investment in the NCS workforce at the same time, building up their capacity to work in new ways or improve existing practice. Moreover, if the objective of the NCS reforms is to create a system which can genuinely identify and implement continuous improvement, future national structures (including the NSWA) must be aimed at building local implementation and improvement capacity. One potential dis-benefit of tighter centralised control of implementation and improvement support is the acceleration and consolidation of a trend which has been underway for many years, with expertise and capacity pulled out of local delivery organisations and into national bodies. **SWS does believe that efficiency and, more importantly, increased efficacy can come through the establishment of national resources, but it must not be at the cost of local capacity, indeed investment in local capacity is also required.** The national care service must be focused on nurturing and supporting the local, not replacing it.

Finally, to underline a point made above, the transition from current arrangements to future structure is likely to be disruptive, not just for the organisations and professionals involved

but also the organisations they are supporting, and through them, individuals, families, communities. We must not see progress achieved and improvements made unnecessarily undermined by the development of NCS. Reform must be about building on and expanding existing strengths, with a detailed and comprehensive plan relating to how the transition will be managed.

ACCESS TO CARE AND SUPPORT

Assessment and access

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.*
- *Speaking to someone at a voluntary sector organisation, for example my local carer centre, befriending service or another organisation.*
- *Speaking to someone at another public sector organisation, e.g. Social Security Scotland*
- *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.*
- *Through a contact centre run by my local authority, either in person or over the phone.*
- *Contacting my local authority by email or through their website.*
- *Using a website or online form that can be used by anyone in Scotland.*
- *Through a national helpline that I can contact 7 days a week.*
- *Other*

SWS response to Q3:

Note: the consultation proposes a scope for the NCS much wider than the ‘How it works now’ section covers. In answering these questions, we have assumed they cover all the service areas proposed, including social work services for children and families, justice social work with individuals that have offended, as well as alcohol and drug services, and mental health services, which (when generic) are usually considered part of adult social care, and are available to children and families, and individuals that have offended. We have also made the assumption that the necessary strength in connection between the social work function and the delivery of social care is understood. This well-respected bond between professional groups supports effective social work intervention and an individual’s ability to give meaning and effect to their human rights.

Reflecting on the substance of the Independent Review of Adult Social Care, and the experiences shared by people working in and receiving support through ‘social care’, **this section of the National Care Service consultation paper is perhaps the most**

important, touching on assessment¹, access to care, eligibility, aspects of prevention, and “Getting it right for everyone”. All other sections of the consultation, and all parts of an NCS which may be built, exist solely to create a safe, enabling context in which to provide care and support.

In respect to this specific question (no.3), we have provided additional detail which we hope will assist in reflecting **the full expression of social work engagement, and the connection between it and access to care and support through social care. It is absolutely critical that policy makers and service design consultants understand that care and support are not exclusively features of a rational market, in which every individual is aware of their needs, are able and willing to articulate them, and all wishing to receive support.** This is not the reality for some individuals that require support, and an NCS built on such a premise will be at risk of not achieving the aims and aspirations of the NCS proposals. Social work as a profession and a service exists, in part, in acknowledgement of the complexity of individual need that often requires support, belief, and an asset-based approach to articulate the way forward. In some instances, individuals with the most acute needs actively avoid and reject the support available to them. Social workers support and enable the risk these situations can represent, in balance with a human rights-based approach. Individual and family preferences do not always neatly align with best interests or human rights, and social workers help to enable and articulate these tensions to maximise the individual's right to self-determine. The balance of risk with rights and enablement can sometimes be in tension with each other, and must be balanced with the rights of those around an individual (e.g. their children, their community). To successfully achieve this, social work relies upon a well-trained and informed social care professional. Care and support are not (and should never be) a purely transactional ‘event’; “I seek out and ask for support, then some system provides it for me”. **To achieve the best outcome for an individual, their family, and community, within legislative and human rights expectations, the skills of both social work and social care professionals are required.**

People live in their own interconnected and interdependent ecosystems, which are often messy and challenging to navigate, in identifying barriers and enablers, assets and risks. **The necessity of social work in the context of social care (and indeed of social work as a partner to nearly all other public services) is to help individuals and other professional colleagues to navigate this challenging terrain.** To identify and respond to support needs before they potentially develop into problems. To form relationships when an individual or family does not want to engage. To work alongside someone subject to compulsory measures, who actively rejects the support but for whom the provision is

¹ We continue to use the language of “assessment”, but acknowledge that for some this embodies power inequalities within the “good conversations” that are needed. The NCS offers the opportunity to modernise language around care and support, linking in with a comprehensive review of relevant legislation, from which much of our current language is drawn.

deemed statutorily necessary, as part of a complex balance of risks and rights. All such scenarios must be taken in consideration when reviewing access to care and support.

In short, for many people the process of accessing care and support requires relational social work engagement, and cannot be simplified into the options provided above.

Relationships are the platform from which successful outcomes are achieved for an individual, family or community. A social worker is trained to use their own input as a resource and support, in and of itself, so while social work engagement may result in a transaction (the provision of a service), it is often the case that it does not, as the engagement itself has been the support. Good conversations and relationships can help identify the strengths within an individual or family, or communities and the solutions to challenges they are facing. Community developments promotes inclusivity, and builds local networks of supportive scaffolding around people. That is the empowering approach we hope a NCS will enable.

Related to the point above, we also wish to emphasise that for personal outcomes to be improved in a meaningful and sustained way, time is needed. This is particularly true where individuals are less able or willing, for whatever reasons, to articulate what support they need. To ensure that social care and community health support is for all, and not just those who request it, the NCS will need to invest significantly in its workforce, building up both total numbers and skills. **Only with that investment will the workforce, in both social work and social care, have the capacity to consistently identify an individual's assets through a risk framework which safely supports a person's right to self-determine.** Balancing this fundamental human right with any statutory duty of care, within the complex reality described earlier in our response, relies on the skillset of professional, regulated social workers. The ability to deliver services identified through social work engagement is reliant upon a sufficiently trained and resourced social care workforce. Investing in social work and social work leadership will support the NCS's ability to offer a considered human rights-based service that keeps access to support and care grounded in a person-centred approach.

We agree with the proposal on page 22 that the NCS operate a "No Wrong Door" approach, so that people have access to the care and support they need irrespective of which service they engage with first. The approach, when implemented correctly (and not just a slogan), can also facilitate a more coordinated system of support, sanding down the 'hard edges' of our current siloed structure. However, in the design of the NCS and the operationalisation of the No Wrong Door approach, thought must be given to the statutory functions held by social work, spanning intervention and prevention, protective work and compulsion (through the legal system). Successful No Wrong Door models elsewhere in the UK have understood the utility of social work as a thread which knits disparate systems together, filling the gaps to make it feel like a seamless system for the individual or family concerned.

The addition of Children and Families and Justice Social Work to the NCS proposals underscore the importance of reflecting, in subsequent iterations of the plans, the reality that social work ‘supports’ individuals who may not require a “service”. As noted above in Adult Social Work, relationships are key to delivering effective outcomes. **Developing strong and supportive relationships is a cornerstone of achieving the aims of The Promise, the Bairns Hoose model, and Joint Investigative Interviewing, while preventative work in justice is vital to the wider public protection agenda.** The importance of community development is in supporting inclusivity – that a wide range of needs can be met locally where people live and spend time, in inclusive support networks. ‘Assessment’ and ‘support’ in these contexts do not often lead to the requirement for a commissioned service, and the options for accessing support and care would not seem relevant.

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, but 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.*

SWS response to Q4: None of the above. Social Work Scotland recognises the importance of a No Wrong Door approach to accessing social work and social care that allows a multi-disciplinary engagement for an individual, however, the questions as asked could better reflect the distinct, valuable and legislative responsibilities the underpin this multi-disciplinary work. **Care and support can (and is currently) coordinated by many different people, including by individuals themselves. The role of social work within a social care system is wider than ‘care management’.** To ensure an individual’s rights to choice and control of their social care experience are being promoted, there are factors which need to be assessed through an ecological lens, situating the individual within their context and relationships. In some cases that may lead to, through the social work intervention alone, support being identified within existing networks or in the community. Or in other cases it may lead to protective actions being identified as necessary to enable risk in line with legislative duties. The reduction of ‘care and support’ down to a process involving the coordination of various services not only creates risks for the public, it undermines and undervalues social work (and other related professionals) within the system.

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*
- b. What a support plan should focus on:*
- c. Whether the support planning process should be different, depending on the level of support you need:*

SWS response to Q5: As detailed in response to Questions [3](#) and [4](#), social work is not exclusively concerned with the transactional elements of care and support (i.e. the provision of a “service”). Social work sits at the heart of the social care system to facilitate the delicate, complex and essential balance of considerations; preferences, rights, best interests, etc. That critical function was acknowledged in the Social Work (Scotland) Act 1968, section 12, and supported by Scottish Government guidance on the Role of the Registered Social Worker in May 2010. **These documents clarify that the accountability for the statutory duty to assess and promote the welfare of individuals sits with social work, a profession specifically trained to undertake the task.** Understanding and then reflecting someone’s strengths through a risk framework, while simultaneously supporting them to realise their right to choice and control, is a job for professional social workers, as recognised by the accountability for legislative duties and functions that only a social worker may undertake. This is not to say that other people and professionals cannot or should not be involved in such a process; the guidance remains clear however, that the accountability for and exercise of such functions sit with social workers. We are arguing that, **in this question as with others in this section, an often complex and difficult task is being reduced to a bureaucratic function. An NCS built on such foundations will not only fail to be equitable, fair and accessible to all, it is also likely to be unsafe and unsustainable. We understand and sympathise with a desire to make systems simple, and in doing so redress actual and perceived power imbalances within the current system. But human lives are not simple, and social work and social care is about supporting human lives; the policies which underpin it must reflect that.**

Social Work Scotland advocates for support planning which is an intrinsic part of collaborative assessment, and which should always be:

- Rights-based, built around on the relationships that are important to the adult and relentlessly focused on putting the adult at the centre of decision making and improving outcomes with them and for them.
- Feature a strengths-based support planning process that includes early intervention and preventative approaches, enabling the person to manage their own care as far as possible.
- Include options for both light touch and more detailed support planning, depending on the level of complexity and need, as part of a single planning process and model of care. Linked to the development of an integrated social care and health record, to

ensure that, with their consent, people's information moves through the system with them.

To achieve this level of collaboration in assessment, professionally trained social workers are uniquely placed to deliver a relationship-based approach, supporting assets and strengths to be realised and built upon. **Investment will be needed to sufficiently equip an NCS workforce to consistently take an approach which recognises what matters to the person, and deliver this across the span of situations where someone may engage with social work services.** This should be informed by local and demographic needs, consider early intervention and preventative approaches, and allow for opportunity to undertake community engagement.

Early help and community support can be creative, responsive and adaptive to changing circumstances, and should be regarded as part of a holistic provision to reduce crisis demand, as people are supported to find help before their needs become critical. Early help and community support models work for individuals and families, unpaid carers and communities by supporting the trusting relationships that are needed to co-produce the kind of care and support that people want. These can help to maintain people's independence and wellbeing, address loneliness and social isolation and help people to feel connected, while also increasing workforce satisfaction through greater worker autonomy, cross sector working and collaborative decision-making in community settings². Investment in a social work workforce would provide early help and support, and deliver a front door to support which does not require eligibility criteria to be applied.

In respect of eligibility, it is important to note that adult social care eligibility criteria were adopted in response to the fiscal challenges being faced in local areas where the financial envelope did not stretch to meet the demand of service requirement for individuals in need. In 2014 the Scottish Government issued *Statutory Guidance for Self-directed Support* – eligibility dominates this document, which perhaps reflects the financial challenges faced by local delivery organisations at the time. In a particularly arresting phrase, taken from the guidance's "Supported Person's Pathway" (page 21), it notes that:

"The initial purpose of the assessment is to identify the person's needs with a view to determining whether the authority has an obligation to meet those needs. In other words, it is to determine the person's eligibility for support. [...]"

Over the past decade this fiscally-driven framing of assessment has determined and diminished social workers' approaches to working with individuals to identify their needs and what matters to them, and to work with them to find solutions to problems and ways of meeting needs and outcomes. Social work professionals are trained to work across the lifespan, acting to protect or ensure compliance when required, but ideally in the preventative, strengths-building spaces which reduce the need for other measures. And so

² <https://ihub.scot/improvement-programmes/people-led-care/collaborative-communities/community-led-support/>

the very ability of the profession to carry out its functions in line with its principles and values of the profession has been affected by eligibility criteria. Moreover, the narrative which has grown up as result of eligibility criteria (that social work is primarily focused on the transactional) has been severely detrimental to the profession's esteem and self-worth. **To that end, Social Work Scotland agrees with the Independent Review of Adult Social Care (IRSAC) criticisms of eligibility criteria acting as “one of the main barriers to accessing social care” (IRASC, page 10) and in practice incompatible with prevention³.**

In the consultation document (page 19) the Scottish Government propose to remove eligibility criteria in their current form by moving away from a focus on risk and instead focusing on enabling people to access the care and support that they need to lead a full life. For the reasons outlined above we support a move away from “eligibility criteria in their current form”, but we also note that “risk” is not in itself the problem. Risk is a constant and necessary part of our lives, and **to engage an individual in determining and managing their own personal risks is the core objective of an empowering social work and social care system.** It is important, therefore, that we take this opportunity to fully assess and understand the implications of reforming or abolishing eligibility criteria. Such work will require time and expertise, drawn from across the lived experience of people working in and receiving support from public services, or left with unmet need, together with other experts who can assess the scale of unmet need and cost options. This ‘expert panel’ should be tasked with assessing the fiscal investment each option would require to be safely and equitably realised, and it should consider how demand management and rationing works in other services, particularly in the NHS⁴. It must investigate, and inform public debate on, the scale of unmet need and use of waiting lists, and what transitional arrangements will be needed to take us from the status quo.

Q6. The Getting It Right For Everyone (GIRFE) 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? Please say why:

SWS response to Q6: Learning through initial and significant case reviews has highlighted the need to address deficiencies in multi-agency work. A shared language and practice model through which all professionals could engage is attractive. However, the delivery of such a practice model would be complex and would require the engagement of colleagues

³ That was not the intention of the 2009 Eligibility Guidance which repeated stressed the importance of prevention and early intervention throughout the document. However, in most if not all local authorities that is not able to be resourced, because all funding was required for the growing numbers of people with higher level needs.

⁴ Rationing in the NHS is a mixture of highly visible features such as waiting lists and waiting times, and less visible practices such as the gatekeeping functions of GPs, Health Board contracts with primary care that exclude certain treatments, drug prescription policies, etc. The private health sector, whose doctors often also work in the NHS, is also a factor – providing alternatives for people with sufficient monies, or working for companies that provide employees with health insurance. The pandemic has forced many people in great pain to pay privately for delayed procedures such as hip replacements.

across many disciplines. We also know from extensive experience in children's services how hard-won improvement is, and how swiftly lost it can be. A GIRFE approach must be informed by learning from the GIRFEC model, both positive and challenging. Social Work Scotland, as a close partner in both the development and ongoing implementation of GIRFEC, extend our offer of assistance to the GIRFE initiative.

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? Please say why:

SWS response to Q7: If a single practice model were to be developed, Social Work Scotland sees a role for the NSWA in relation to its implementation from a national 'approach' down to a consistent local practice. This mediation and translation from policy to practice has been missing, in the main, from the approach to GIRFEC. As with children and families, social work engagement with Adults, Justice, and people in receipt of Alcohol and Drug Support services involves multiple professionals and can be complex. Approaching practice through one model would need to be well defined and agreed across multiple professionals, which will require it to have a sound empirical basis and flexibility. **Development of an integrated health and social care record will require significant resource and would span multiple systems; although a simple-sounding idea, and in many respects a sound objective, the costs of achieving it are likely to be significant.** This and would need to be assessed in terms of value for money, as well as considering other options such as person held records, an option being taken forward in other countries.

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

SWS response to Q8: As noted at [Q7](#) having clearly defined roles with the multiple colleagues involved in the approach to effective engagement would support a well-informed and understood integrated approach, and on this basis GIRFE is welcomed. It is unclear if a single model approach would meet the needs of work across Adult, Justice, and Alcohol and Drug services.

If a GIRFE practice model were developed, its implementation should adhere to the implementation science approach, with a key role for the NSWA. However, we would welcome more work to clarify what the description of GIRFE as set out in the proposal means in practice, taking into account what is common across social work for children and adults, but also key legislative and policy differences between Children's social work, Adult social work, Justice, and Alcohol and Drug Support social work. Getting it Right for Every Child (GIRFEC) is described as an unqualified success on page 21, but with no references to evaluations to substantiate the claim. As many of our members are closely involved in the implementation of GIRFEC on a daily basis, in all parts of Scotland, we can say from a

position of expertise that it has not been an unqualified success. Real progress has been made, and we remain strong supporters of GIRFEC as an approach and all-children-service practice model. But a strong policy has been let down through unbalanced and inconsistent implementation. GIRFE, if it is to have any chance of success, must learn the lesson that implementation is 9/10ths of the work. Developing the policy is the easy and quick part.

Social Work Scotland also wish to take this opportunity to note that wider engagement on ‘prevention’ is needed, jointly with COSLA and other partners, including investment in community development, welfare rights, mainstream services, and community organisations. GIRFE, like GIRFEC, must ultimately be about securing the right help at the right time. And for many that right time will be a preventative bit of action, at an early stage in a person’s evolving situation. We welcome **the statements in the NCS consultation that recognise community-based provision, but we feel that a more detailed and nuanced conversation around a public health led approach and community development is sorely needed** (if we are to realise the potential of both the Promise and a NCS). Sometimes prevention is considered to be automatically delivered when the eligibility thresholds are lowered from critical only to include support for substantial, moderate or lower-level needs⁵. For some people that will be true, in the sense that help now will prevent or delay the more serious needs that without such support are likely to develop in future, at greater cost. But for many people, the prevention resources that are needed do not exist in their communities. Partly this is due to the decade of austerity which reduced community services, such as community development social work and community education and funding for community organisations; civil society has also been weakened. Investment in prevention, therefore, needs to go much wider than the relaxation or abolition of eligibility.

⁵ IRASC page 28: “As a result of access to social care support being based on eligibility, where the starting point means that you have to be in critical need and at crisis point in your life, it is little wonder that there is a lack of focus on prevention and early intervention, and few resources targeted at providing a little support to prevent the crises from occurring in the first place”.

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'.)

SWS response to Q9: Standardised support packages versus personalised support

Personalised support to meet need	Standardised levels of support	No preference
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See SWS answer to Q.10 and supplementary material for caveats and conditions.

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
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Transparency and certainty versus responsiveness and flexibility

Certainty about entitlement	Flexibility and responsiveness	No preference
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These are not true contraries

Preventative support versus acute need

Provides preventative support	Meeting acute need	No preference
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Both are needed

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

SWS response to Q10: Group B – Personalised entitlements

Q10: Note: This question is referred to as **Question 9** in the consultation document. This is the point where the question numbering is not aligned. We will refer to this as **Q10 and number accordingly onwards**.

In view of the importance of this area Social Work Scotland has prepared a specific supplementary paper, reviewing the options for reform presented in the consultation document. Please refer to that paper for more detailed commentary.

Option (e + f) is the preferred approach for carer rights to breaks, provided there is sufficient funding to meet existing and additional demand, for both LA/NCS assessment and support resources, carers centres, and wider preventative investment in: (1) the replacement of the Carers Allowance with the Scottish Carers Assistance, with wider eligibility and higher payments; (2) the establishment of more carers centres where needed, and investment to

build up their capacity for light-touch assessment and support; (3) widening the range and improving the quality of types of short breaks and replacement care available.

Considering the focus and recommendations of the Independent Review of Adult Social Care, we are concerned about the sparsity, focus and quality of consultation questions about social care in general, and carers specifically. The Feeley report prioritised improving support to carers, and made a range of observations and recommendations, only a few of which were about structures. But in this consultation, only Feeley's Recommendation 11 is discussed, and within that only the part which states: "carers should be given a right to respite with an amendment to the Carers Act as required". Other recommendations about the need for investment in a wider range and volume of short breaks, and to review financial support to carers, are not considered. This is disappointing, and a missed opportunity. It must be a matter of the most urgent national priority that we improve the experiences of those supported by, and those who provide support within, the social care system. Structural changes are not going to deliver improvement in themselves. Their relevance depends entirely on whether they are going to make it easier or harder to facilitate the investment and policy reform which are needed.

In the case of unpaid carers, there are estimated to be over a million in Scotland – mostly family members, but also neighbours and friends – providing the vast majority of 'social care'. Without them the health and social care systems would collapse. During the pandemic, the numbers of carers and their hours of caring have both increased, due largely to reductions in social care and support¹. Many of these key services have not yet returned to pre-Covid levels, including respite care, care at home, and day services which benefit carers. The Feeley report acknowledged that "unpaid carers in Scotland represent a larger workforce than the paid health and social care support workforces combined" (page 32) and quotes Oxfam's estimate that "the economic value of the contribution made by carers is estimated to have been £36bn" in Scotland (page 88). **Social Work Scotland believes that major investment is needed to improve support to carers and fully recognise their contribution.**

Since commencement of the Carers (Scotland) Act from 2018, funding has been provided to local authorities to implement its provisions, but our members and partners have repeatedly flagged the inadequacy of these resources. The consultation paper itself acknowledges⁷ that relatively few unpaid carers (around 3%) receive statutory support for breaks from caring. This support is often expensive and local authority and Health and Social Care Partnership (HSCP) local eligibility criteria are generally set at high levels of need, to help manage budget pressures. This is partly because the funding provided to councils, for an additional 16% of carers to be able to have an annual break by 2022-23, is based on a unit cost of £300 per year, which is too low to fund the replacement care necessary for the person cared for, without which the break is seldom possible.

The funding of 'breaks from caring' must take a systemic approach, including investment in (1) carers centres, (2) LA/NCS assessment, support and replacement care resources, (3) replacing Carer's Allowance with wider eligibility and higher payments levels in the new Scottish Carer's Allowance⁸, so that more carers can afford short break costs, (4) widening the choice of types of short breaks and replacement care available, and to improve their quality (as was recommended by Feeley).

USING DATA TO SUPPORT CARE

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

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

Disagree

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

Disagree

SWS response to Q11: Social Work Scotland is keen to see social care, social work and health embrace technology, harnessing its potential to improve the experiences and outcomes of supported people. We are also supportive of moves to modernise and streamline the muddle of information management systems currently in place, making interoperability a priority. With the appropriate safeguards, a more interconnected, digital information infrastructure should facilitate better planning, delivery, monitoring and continuous learning, as well as enhancing the support provided and reducing costs (as well as staff time tied to computers, rather than supporting people).

We disagree, however, with the idea of a nationally-consistent, integrated and accessible 'social care and health' record, for a number of reasons. Firstly, recent Scottish and UK history provides plenty of object lessons for why a 'national social care and health record' would be a bad idea, from the perspective of public investment (invariably a poor one) and in terms of public attitudes (with hostility still strong in some parts of society to personal information being shared among public organisations). We suspect such a project would be expensive, create opposition that will likely engulf better ideas, and ultimately unsuccessful. (Money that would be better spent employing more social care staff and social workers.) Secondly, there is plenty of scope to improve how people's sensitive personal data is recorded, stored, accessed and shared, without getting stuck in the mud over a national scheme. A programme of investment and bringing-into-alignment of existing systems, managed as a coordinated programme of change, could secure some of the benefits while also building in safeguards that ensure personal information is only used, with their consent, for specific purposes and by specific people. Only then should a business case assess the pros and cons of the further significant investment required to develop an integrated electronic health and social care record.

Thirdly, and most importantly, from a practical of view, we doubt it would be ethically possible to 'centralise' all relevant information in a record that is accessible to all. Who decides, for example, how much of a social worker's assessment is included in the record? Social workers currently engage with multiple services and agencies in order to coordinate support for individuals. This operates through information sharing protocols that have been developed in line with General Data Protection Regulations (GDPR). Despite how this consultation presents 'health and social care', neither are simple domains in themselves, and few people in Scotland simply have 'health' and / or 'social care' needs; people are much more than the consultation's sometimes, transactional and consumerist framing suggests. Individuals have a range of social, emotional and material needs existing alongside and entirely bound up in their 'health and social care' needs. To what extent should an individual's material / economic / family circumstances be reflected in their national record? Do all professionals and workers who come into contact with that individual need to know? What if that person also had care experience as a child, should this be knowledge open to all? There are instances when specific professionals may need to know such information, to enable them to fulfil their duties to safeguard the individual. But context is all-critical. Apart from in these rare, specific circumstances, individuals should have the right to determine who knows what about them, even if it impacts negatively on the efficiency and / or quality of the support they receive. That is a system built on human rights. And it is a system which underlines the importance of social work as a thread which runs through multiple parallel systems. As an individual's 'lead professional', a social worker can make sure that the individual's choices around information sharing are fulfilled, while retaining the responsibility to take action (including sharing of information) when the individual's wellbeing demands it.

Whatever approach to information sharing is adopted it must start from a coherent understanding about current legislative requirements. The Scottish Government's Children and Young People (Scotland) Act 2014 remains only part-commenced due to the Supreme Court's judgement around its permissive data sharing provisions. The development of any new system where personal data is stored would require rigorous adherence to the legislative basis under which this information could be shared, with clear information sharing agreements and protocols between services to protect the confidentiality of those receiving services. Particularly when, as in the case of social care, support will be provided by organisations who are not formally part of the NCS itself (being private or voluntary organisations).

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?

SWS response to Q12: No. We oppose the use of legislation to secure the compliance of organisations who hold sensitive personal information on individuals. For work which relies

on cooperation and trust, it is a blunt instrument. An ineffective one too, as creating legislative requirements about data may orientate the system towards complying and reporting, but it does not address the actual problems, which are linked to underinvestment in technology and skills, the stripping out over recent years of facilitative administrative capacity in relevant organisations (as they dealt with austerity), and the lack of common data standards and definitions. We would warmly welcome a concerted, SG-led but locally delivered initiative to address these problems. Change is needed: reducing the variability in definitional interpretation, improving recording practice, improving professionals' ease of access to administrative data, and improving quality. Legislation will not deliver any of these changes though. Only investment and leadership will.

If CHSCBs are to be established as the NCS delivery arms, we see an opportunity to address some of the problems we have outlined above: case recording, standardising definitions, building capacity for data collection and analysis, etc. We see also an important role for the NSWa, supporting national analysis and workforce development.

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?

SWS response to Q13: Social care statistics about people's needs, the services or support they receive, and their costs is not available in Scotland on anything like the volume, scope and quality required for effective service planning, management, evaluation and monitoring. As part of the preparation for a National Care Service a systematic review is required of the data currently collected by the various national agencies from local authorities, regulatory bodies, and private and third sector care providers, against a statement of requirements that should be developed with all stakeholders and partners population surveys are needed to supplement data about people already in touch with social care and social work services – these alone can provide information on population needs, on unpaid care and carers, and the extent to which people receive support of different kinds from different sources.

Current population surveys provide some useful data but not on the scale required, and should be included in the systematic review recommended. In the last ten years there has been an increasing emphasis on sourcing social care statistics from anonymised data downloads from local authority and service provider databases that hold data for individual people receiving or otherwise in contact with services.

The resulting statistics, while improving, still have many gaps requiring estimation, often due to differences between councils and service providers in data recording and collection, database functionality and configuration, and data extraction. During the decade of austerity, many local authorities have reduced the "back office" staffing supporting such systems in order to protect numbers of staff in direct contact with the public.

This problems requires more detailed diagnosis of the actions and investment required to deliver a step change in progress. The Feeley report mentions in several places the need for better data, information, and outcome measures, and this is seen as one of several key priorities for the proposed National Care Service. In the transition from the current paradigm to the new one, it is essential that the assessment and support planning process delivers much better data on people's needs, the solutions, support and services in the care and support plan, their costs, and any remaining unmet needs, alongside the development of community resources to support prevention.

This will require recording practice to be reviewed to enable IT systems to be able to capture this information in a form in which it can be aggregated and fed back to influence budget-setting, commissioning and policy development. In this way the range of solutions, support, and services can be monitored alongside data on unmet needs, so that over time a clearer picture emerges of the costs of the new paradigm, and the extent of any unmet need. Investment in IT systems, information recording, and data extraction and analysis is necessary at both local and national levels to achieve these ambitions.

COMPLAINTS AND PUTTING THINGS RIGHT

Q14. What elements would be most important in a new system for complaints about social care services?

- *Charter of rights and responsibilities, so people know what they can expect*
- *Single point of access for feedback and complaints about all parts of the system*
- *Clear information about advocacy services and the right to a voice*
- *Consistent model for handling complaints for all bodies*
- *Addressing complaints initially with the body the complaint is about*
- *Clear information about next steps if a complainant is not happy with the initial response*
- *Other*

SWS response to Q14: A consistent model for handling complaints would be beneficial. Social Work Scotland's Self-Directed Support team have developed a standard around 'Accountability'. This standard aims to address some of the difficulties supported people have experienced in navigating a complaints process. These challenges range from simply raising concerns, to making a complaint, challenging the outcome of a complaint, communicating with the Ombudsman, SSSC, Care Inspectorate (if need be) or in extreme cases, challenging the interpretation of the legislation at Judicial Review.

Local Authorities and HSCPs currently operate a single complaints system that aligns with the requirements set out by the Scottish Complaints Ombudsman. All social work and social care complaints are taken through this two stage process. Where complaints cannot be resolved through this two stage process, there is a role for the SPSO to investigate. Supported people can also complain directly to the Care Inspectorate and SSSC about any social work or social care services they receive.

A Charter of Rights and Responsibilities is captured by the existing Health and Social Care Standards which came into effect in April 2018. The new Standards are relevant across all health and social care provision. They apply to regulated care settings, social care, early learning and childcare, children's services, social work, health provision and community justice. If the NCS and the CHSCBs plan to reform the current complaint system in operation it would be recommended that to achieve an effective complaints system it should be clear who (or which organisation) is responsible for the service that has been delivered. Any new arrangement must promote clarity of accountability to maximise the effectiveness of complaint handling and adhere to agreed minimum standards.

Minimum standards would need to take into account:

- The Values and principles of choice and human rights, amongst other pieces of Social Work and Social Care legislation.

- That for some, it may be difficult to raise concerns around their care and supports to workers. To say that that they are dissatisfied with things to the very person who put the care and supports into place for them may cause them some level of personal discomfort. There needs to be some level of independent support for people to be able to make complaints, including access to advocacy.
- Making complaints can also take time, which can be problematic. Some people are left without the supports they want, whilst cases are being investigated.
- The process for appealing decisions is not always clear and accessible.
- Taking a case to Judicial Review also requires significant support and funding, which many supported people would find impossible. To date, since the introduction of the SDS Act in 2013, only one case in Scotland has been taken to challenge a local authority's interpretation of the legislation, in Lennon vs Highland (2021).

We would also note that there is already a Charter of Rights and Responsibilities, reflected in the Health and Social Care Standards which came into effect in April 2018. The new Standards are relevant across all health and social care provision. They apply to regulated care settings, social care, early learning and childcare, children's services, social work, health provision and community justice. If the NCS and the CHSCBs plan to reform the current complaint system in operation we recommended that it should be clear who (or which organisation) is responsible for the service that has been delivered. Any new arrangement must promote clarity of accountability to maximise the effectiveness of complaint handling.

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

SWS response to Q15: No. It is unclear what the added value of an additional commissioner would be, and how this would simplify the current landscape for supported people. A full analysis of the cost of any proposed new Commissioner and their attendant support infrastructure would need to be balanced against the expected and likely impact this person would have on other regulatory/ombudsman roles.

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?

SWS response to Q16: Yes. Social Work Scotland fully supports the use of a measure. We welcome the consideration of the experience of individuals, families and communities supported by social work, and receiving care and support services, as a fundamental component of a system to measure outcomes. Local authorities and HSCPs regularly consider the number, trends, and themes of complaints as well as outcomes and lessons learned. In addition, the local authority is a key partner in considering practice and outcomes in cases explored under multi-agency significant case review mechanisms.

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

SWS response to Q17: In view of the importance of this area Social Work Scotland has prepared a specific supplementary paper, reviewing the options for reform presented in the consultation document. Please refer to that paper for more detailed commentary.

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:

SWS response to Q18: In view of the importance of this area Social Work Scotland has prepared a specific supplementary paper, reviewing the options for reform presented in the consultation document. Please refer to that paper for more detailed commentary.

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

SWS response to Q19: In view of the importance of this area Social Work Scotland has prepared a specific supplementary paper, reviewing the options for reform presented in the consultation document. Please refer to that paper for more detailed commentary.

NATIONAL CARE SERVICE

[Extract from consultation document, p. 49]

The priority is to ensure national minimum standards, improve consistency, and raise the quality of services across the country. Variation in quality and access to community health and social care has been raised as a concern by those in receipt of support and care and their families. The pandemic shone a spotlight on these issues and regardless of the systems in place people made clear that they saw the Scottish Government as accountable for failings and variations.

The establishment of a National Care Service (NCS), accountable to Scottish Ministers, will ensure that we can:

- *achieve consistency across the country, and drive national improvements,*
- *ensure strategic level integration with the NHS that promotes preventative care and reduces the need for hospital stays,*
- *sets clear national standards and terms and conditions for the commissioning and delivery of services; and*
- *vitality bring national oversight and accountability to ensure that all individuals universally have access to the services needed.*

In this chapter the proposed core scope, role, and remit for a new NCS are set out. These are considered the minimum national levers needed to deliver the pace and scale of improvement needed to improve and maintain outcomes for people across Scotland in a consistent way.

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

☐ No, another approach should be taken

SWS response to Q20: While we are broadly supportive of Scottish Ministers assuming accountability for the delivery of (in the first instance) adult social care, through a National Care Service, we recognise the complexity of this and the need for this to be fully understood before progressing. Not least, understanding the implications of what this shift in accountability means for the preventative, protective and other statutory responsibilities which sit with adult social work teams currently based in local government. To achieve the objectives set out for the NCS Ministers must assume accountability for these functions also.

It is important to note that **‘social care’ and ‘social work’ are interrelated but distinct things; and the conflation of the two, in any context (e.g. adult, justice, children and families) leads to poor policy and service design.** Social care is a dynamic process of

‘doing’; the provision of a service, output or set of actions, often provided by trained staff, designed to meet an individual’s assessed needs and thereby enabling them to engage in a full, meaningful life with dignity. It should be delivered in line with the legislative expectation of full involvement from the individual, with choice and control of output fully informed by the person, with input (where appropriate) from their family, their social worker, etc. Social work weaves in and around social care; an essential component, but also, necessarily, distinct. *Social Work exists to protect and enable people and their families, often at times in their lives where their capacity to manage change and need is inhibited due to a wide variety of factors, some of which are societal factors out with their control. Social workers uniquely bring a capacity to identify the multitude of influences on an individual’s circumstances, including consequences and gaps from involvement with other public and community services.* These are often messy and complex spaces, wherein success is realised through non-judgemental relationships, based on empathy, respect, compassion and positive-regard. Social workers are specifically trained to work in this way, in these spaces and moments.

In the context of adult social care, the moment of change may be when an individual can no longer safely care for themselves without support. The spaces are those that exists between the individual, their family, their community, the hospital, the care home, etc. Social work is there to be alongside the person through the period of change, and to ensure that their rights, wishes and best interests are what determines the actions the ‘system’ takes (e.g. what ‘social care’ is provided to them, and how). But, critically, social work engagement does not always result in a ‘transaction’, such as the provision of a (social care) service. Social work can itself be the facilitator of change, working through a relationship with the individual to utilise existing strengths and develop new capacities. And if given the right conditions to work in (i.e. scope to do community-based, preventative activity) the cumulative value of individual social work interactions is social justice and social change, addressing the day-to-day reality of inequality, prejudice and isolation. A social care system without social work is one that relies on individuals to be self-actualising, mindful of their strengths and limitations, and able to ask for help. In other words, it is a social care system for the few, which will exclude the many. A social care system rooted in social work has the potential to be one which helps transform society for the better, and which is open and accessible to all (regardless of wealth and capacity).

Bringing this narrative back to the question of ministerial accountability, **we illustrate this distinction and relationship between social care and social work to make the point that accountability will need to extend to social care and social work.** Ministers must be accountable for the quality and accessibility of the services (social care) as well as the extent to which people are accessing those services (social work). This is different to the health context, where Ministers are only responsible for the service. For the NCS to work, Ministers will need to be accountable for just those kind of individual decisions, ensuring services are identifying the individuals who are isolated and hostile to assistance, or receiving a statutory intervention, and making sure that appropriate safeguards are put in place to guarantee their wellbeing (a key function of social work). Ministerial accountability

for the delivery of 'services', as proposed in the question above, would potentially cover only one aspect. The NCS consultation proposes that adult social workers will move into a NCS, therefore the accountability will need to extend across both domains: social care and social work.

This question also affords us the opportunity to outline our position on 'scope' (which we address more specifically in later questions too). **The term 'social care' could mean just 'adult social care' (what the term is most often associated with) or the entirety of social care provision in Scotland, including but not limited to, the children's care system and support for children with disabilities.** As other parts of the consultation suggest that Ministers believe the entirety of social care provision should move under their accountability, we will assume that the maximalist version (all social care) is the context for this question (no. 20).

Social Work Scotland's members have tried to surface and evaluate the implications of the various structural permutations suggested by the consultation, always with a mind to securing, at the end of this period of change, a context which enables social work to provide the best support and care possible to people and communities. **We have concluded that social work is stronger, and more flexible when all its constituent parts (e.g. adult, justice, children and families, etc.) are located together within the same structure. However, we cannot yet move from that conclusion to support for all social work services moving into the NCS (and therefore under the accountability of the Ministers) on the basis that the case for inclusion of the entirety of social work has not been made yet.**

In respect of adult, children's and justice services, little evidence has been provided so far that such a radical change (moving accountability from local government to central government) would deliver the changes needed in those areas i.e. significant and sustained increases in funding, expansion of the workforces, changes to existing operating cultures which inhibit social worker autonomy. In the absence of clear commitments and evidence that inclusion in the NCS would deliver these changes, but also with full awareness that change is coming for every local area in Scotland, **Social Work Scotland calls on Ministers to work with partners, over the next year or more, to identify and evaluate the various reform options for children's social work and social care, justice social work, adult social work, etc. There is too much at stake to simply upend existing arrangements for the possibility of improvement. We do not deny or reject that the changes proposed in the consultation might represent improvement, but more work is needed to ensure that they represent the best possible next step in the reform of critical public services.**

Social Work Scotland is eager to be part of whatever work is necessary to determine the right next step. As a membership organisation promoting the leadership voice of the social work profession, we believe strongly in a holistic approach to social work practice, helping to realise the country's moral and social justice ambitions by supporting individuals to safely manage the changes and challenges life throws at all of us. We – as an organisation

representing leaders of the profession – believe that social workers are most effective when able to build and implement a systemic approach to their work, which situates people in their context (the interdependency of family, community, etc.) and takes in an individual's whole life-course (today's children are tomorrow's adults). **We believe that the profession will be weakened by structural change that does not recognise the totality of the professional offer, and which further inhibits us from realising a systemic approach.** Social workers provide relationship based engagement to address the individual impact of wider social inequalities, holding statutory duties to support and protect individuals, and working to balance risk, duty of care, and self-determination. Social workers are professionally trained to support effective engagement and relationships to promote basic human rights. Whatever structures are adopted, with whatever lines of accountability, the need to do 'social work' will remain in all parts of the system, and no group of professionals are as well equipped to do it as social workers.

In conclusion, **while we share the Scottish Government's objective of improving consistency for those seeking and receiving social work and social care support, and we believe in the value of social work maintaining a coherent, single professional identity, the proposals to extend Ministerial accountability over other parts of the social care sector need further exploration and consideration.** Their exclusion from the NCS may create obstacles in our pursuit of seamless service delivery for individuals and families, particularly as it is primarily adult actions and behaviour that is the cause for concern. This may, in turn, inhibit our collective ability to realise the Promise made to care experienced children and young people. But, at the same time, the inclusion of relevant services risks fracturing strong, established partnerships in some areas, potentially losing progress and improvement already made for people receiving care and support. The risks and benefits need to be more carefully assessed and debated before a decision is taken.

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?

SWS response to Q21 The proposals made within the consultation that Children and Family, Justice, and Alcohol and Drug social work services be included within a NCS poses complexity and complications for seamless service delivery that require consideration. Social Work Scotland, a membership organisation promoting the leadership voice of the social work profession, believe strongly in a holistic approach to social work intervention, supporting individuals to access social justice from a human-rights perspective. This approach requires a collective response to addressing systemic inequality across the lifespan to ensure the full effect of a person's human-rights can be expressed. We believe that strong social work leadership should be central to the development of any structure from which social work is to be delivered.

We believe that the profession will be weakened by a structural change that does not recognise the totality of professional offer social work brings to a complex system,

and how the collective voice of social workers can shape and influence the future development of a fairer, socially just, and more accessible Scotland. Social workers provide relationship-based engagement to address the individual impact of wider social inequalities, holding statutory duties to support and protect individuals, and working to balance risk, duty of care, and self-determination. Social workers are professionally trained to support effective engagement and relationships to promote basic human rights, and are a necessary requirement to any structure seeking to support individuals to achieve their outcomes.

We suggest that the proposed structural creation of a NCS involving one area of social work reflects an unhelpful view that social work as a profession is a conduit to access a consumerist and transactional system, negating the significant role the profession plays in supporting people to navigate the complexity of social systems currently operating. The design, development, and implementation of a NCS must benefit from the involvement of social workers across the profession to ensure the consistency, person-centred, delivery of health and social care support reflects a human-rights and social justice core. It is our position that social work cannot be delivered in silos, and the current proposal to remove a portion of the profession into a NCS will weaken the profession as a whole, reducing the benefit that could be achieved through a NCS. If a NCS is the only model through which social work service can be delivered, then our view would be that social work as a profession should remain together in this service. **The case for inclusion of the entirety of social work in the NCS has however, not yet been made.'**

The impact of social work remaining together as a profession and moving into a new structure will affect the current level of provision, which is already being affected by the impact of the pandemic. Further change will disrupt the seamless service provision for individuals and their families. Many of the services social workers engage with to carry forward statutory functions and tasks will remain within the local authority governance, such as education and housing, and this will require thoughtful pathway discussions to mitigate the risk of supporting good outcomes if there was a whole profession move into another structure. A national structure engaging with 32 local authority approaches reflecting local priorities would be a challenge, and may risk the NCS's aim of delivering improved outcomes for people through consistent approaches, in contrast with a single NCS approach for social work service delivery. Mitigating such a risk would be an early requirement if this approach were progressed.

It will be necessary to create clearly defined parameters around which areas of Children and Family, Justice, and Alcohol and Drug services would be included in an NCS. The unintentional inclusion or exclusion of service will have consequences on effective service delivery that will require mitigation. Delivery nationally on The Promise, the Bairns Hoose model, and Joint Investigative Interview commitments – alongside the broader range of children's services supporting GIRFEC, and the role of social workers as the lead professional for almost all families who require the coordinated support through a

multi-agency child's plan - require the balance of engagement with multiple partners that would sit outwith the NCS and the aims of each initiative could be affected by a whole system move to a national model. The importance of professional social work recognition in Justice social work should be retained in any whole profession approach under NCS, with the continuation of ring-fenced funding and aspirations around community justice approaches progressed. Supporting the development of Justice and Alcohol and Drug services from a social model should be at the heart of future developments in a NCS if these services were included, and balanced against a public health position regarding how inequalities can be addressed in these areas. The involvement of Adult social work in this landscape with recognition of where the intersections are with each of the other specialisms would be necessary to ensure the learning from significant case reviews that highlights disjoin and poor communication between services at transition points is mitigated. The NSWA would have a role in supporting the wider improvement across the social work profession in achieving this aim providing a whole profession perspective that could be used to support improvements. Social work as a whole profession can lend insights to these conversations and collectively support better outcomes to be achieved if it is proportionally resourced to meet the aims and aspirations of policy and legislation and the demands placed upon the profession to deliver collaborative, relationship-based services.

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

SWS response to Q22: As an organisation broadly supportive of the establishment of a NCS, we agree that parts or all of professional social work will feature as functions / services within the new structure. We have already noted (in our answer to [question 21](#)) that we believe social work is stronger and more effective when able to work as an integrated, interconnected profession, subject to the same professional standards, etc. Being located in different operational and accountability structures does not prevent that, but it is likely to make it more difficult. That said, **the case for including the entirety of social care and social work in the NCS has not yet been made, and so we cannot, at this time, support the proposals to do so.**

Our priority, whatever the eventual scope of the NCS, is to ensure that its underpinning policy and legislation reflect a comprehensive understanding of the role and function of social work, and that they create the conditions within which social workers, regardless of structures, can do the jobs they were trained to do. Community development, for example, and proactive, preventative work with families. **Social work is a profession which intersects with individuals at various points in their life course.** The intersections can be planned (e.g. a move out of hospital), protective (e.g. putting in place support to prevent a possible adverse outcome) or crisis driven (e.g. child and adult protection). In some instances, the intersections are based on legal compulsion (e.g. a non-custodial community sentence, or Compulsory Supervision Order). The variety of these intersections with people's lives gives social work a fairly unique perspective and insight on the societal

challenges we are collectively seeking to address. We also believe it places social work in an unparalleled position to effect positive change, at both an individual and community levels. To effectively support an individual, family or community, we must look at the circumstances surrounding them, and the linkages between them and others; an ecological approach. A person with addiction problems may also be a parent, have mental health problems, and experience domestic abuse at the hands of a partner. An older person in hospital with cognitive impairment may want to return home, but has family who feel they should move into a care home. A person on remand in prison with a physical disability may have lost access to their housing.

As decades of social work practice attest to, weaving in and out of the complex tapestry of individual lives, targeting specific issues faced by an individual or family, isolated from the wider context of their life experience, is unlikely to result in lasting, sustainable change. On a daily basis we see how problematic and unhelpful it is to separate out an individual's 'presenting issues', just so they can fit neatly into arbitrary 'service' boxes. It is this system-serving logic which leads to an individual receiving support from multiple professionals, representing multiple organisations, at the same time. It suits the system to silo off the person's housing issues, their mobility issues, their welfare and benefit issues, etc. But it does not suit the individual or family at the centre.

It is because social work has this potential to work with the whole person (rather than a single, presenting issue) that **we believe social work should remain as an interconnected, holistic profession.** The establishment of any NCS will have profound consequences for social work; but depending on its scope (i.e. whether Ministers have accountability over all or just parts of social care) the consequences for social work will be different. For example, creating a NCS that moves adult social work into a new structure (accountable to Ministers) away from other parts of the profession such as children and families social work, justice social work, and alcohol and drug services, may limit the social work's ability – and therefore the ability of the NCS – to work with the whole person. For the family affected by substance misuse, where one of the parents is subject to a community disposal, a child is under the supervision of the local authority, and an older sibling in receipt of adult social care support, they may consequently have two or more social workers, plus all the other professionals involved. Such fragmentation exists in the current system, but can be mitigated to a degree through good local planning and communication within the local partnership. Any rupture in accountability (with central government assuming part, and local government retaining part) may make that mitigation harder, as the accountability of both systems will need to be satisfied. These reforms may therefore make delivery of a seamless service more of a challenge, not less. Particularly for people who will need, at different points in their life, to engage with social work. Separating the accountability of social work between Ministers and local authorities' also risks compromising proposals made elsewhere in this consultation, for a one-route, 'no wrong door' access to care and support.

Moreover, **lifting adult social work into a national accountability model while leaving other areas of social work at the local level also risks how essential services are**

funded. We suspect a system for which Ministers are directly accountable will take priority over those for which they are not, meaning funding will be directed to meet the priorities of an NCS, leaving local authority social work services in the same (or worse) position they are now; underfunded, understaffed and, in some areas, undervalued. For large sections of the population (e.g. children, individuals that have offended, etc.) this would also mean a hardening of the postcode lottery inherent in the local authority-based model, as different areas make different choices about what to prioritise spending on, but where for other parts of the population (adults) they can access, at least in theory, a consistent suite of services and support, which are portable. That is an inequity across the population which may even be challengeable in the courts.

But, as already noted, **while it is a priority for us to maintain social work as a coherent, integrated profession (made up of many discreet parts), this does not translate into a conclusion that all social work must move into an NCS because adult social work has done so.** Instead, our attention is focused on securing for all parts of social work, whatever structure they are located within in, the enabling context already described. And at a practical, detail level, we will seek to work with Scottish Government to ensure that the statutory functions of social work are clearly articulated and delineated. This will be particularly important where transitions linked to age are concerned, and where public protection responsibilities are shared among a number of partners. Examples include Adult Support and Protection Committees, MAPPA and, although not legislatively required, Child Protection Committees.

If our assumption is correct, and a NCS covering adult social care (at a minimum) is a certainty, it will be important to build strong professional governance and leadership into new structures for those parts of social work which will be incorporated. Similar to the role which Chief Social Work Officers currently provide at the local level (where social care and social work accountability current reside), Ministers will need to be reassured that, at Community Health and Social Care Board (CHSCB) and national levels, the NCS is meeting its social-work-related statutory functions. Most obviously, adult, child and public protection. To provide this reassurance, **Social Work Scotland recommends that an executive level position be designed and reserved for a social worker, at both CHSCB and national levels.** The latter role may sit comfortably with the Scottish Government's Chief Social Work Advisor, and at CHSCB level this should be a parallel post to the Executive Director for Nursing. Such posts would make Ministers' accountability real for the social work components of the NCS. Furthermore, should social work have to operate within different accountability structures in the future, these executive level posts within CHSCBs will provide a clear link across to Chief Social Work Officers based in local authorities, and other social work leaders. In this way we may mitigate the risks of fragmenting the profession, facilitating connections to form a coherent national leadership, with responsibility for upholding the integrity of social work practice, values and principles (whatever structure or context social workers are operating in).

The National Social Work Agency (NSWA) will also have an important role in bridging and connecting up the accountability of Ministers and others. [As our answers later in the consultation \(on the NSWA\) make clear](#), we believe strongly that the NSWA's brief must cover the entirety of the social work profession, attendant para-professionals (e.g. social work assistants, family support workers, etc.) and all social work functions (preventative through to protective). Securing this scope for the NSWA should equip the profession with opportunity and means to maintain the coherence of a single social work profession, with the benefits that accrue from that for wider public services, communities, families and individuals. The NSWA can also provide direct support to all social work professional leaders, whatever structures are eventually adopted.

Moving on to a new point, the partial and ambiguous list of responsibilities provided in the consultation document underlines **how important it will be to clearly define the responsibilities, service areas and legal accountabilities which end up in distinct structures** (and where these overlap, how that is managed). The unintentional inclusion or exclusion of service will have consequences on effective service delivery that will require mitigation. Just in children's social work and social care, delivery on The Promise, the Bairns Hoose model and Joint Investigative Interviewing require engagement with multiple partners at local and national levels. Each is likely to be highly sensitive to disruption. In the justice sector, the transfer of justice social work's functions into a NCS needs to be considered with a view to the long-term security of ring-fenced funding, connections with critical services such as housing, and the reality that some local areas supplement justice social work budgets to ensure safe levels of provision (something they could not do if JSW responsibilities were transferred). Supporting the development of Alcohol and Drug services from a social model could be at the heart of future developments in a NCS, if these services were included, providing balance with a medical model for addressing inequalities. But again, the boundaries of which services (with an alcohol and drug partnership's scope) are within the accountability and direction of Ministers needs very careful delineation. Without it, the day-to-day tensions between local partners may be supplanted by a more hostile environment of accusation and blame between national government and local actors. In respect to social work, again the NSWA could have a role in mitigating these problems, ensuring a whole profession perspective to surface the areas of potential tension and assist in identifying solutions.

Finally, **we wish to reiterate our concern (noted in our answer to the [previous question](#)) that the NCS outlined in this consultation is a consumerist and transactional construct, at some considerable distance from the socially transformative endeavour conceived of the conclusion of the Independent Review of Adult Social Care**. Such a construct would be problematic for all, and particularly so for the less advantaged groups within society. For the social work profession, it also presents some specific, serious issues. Not least, its highly reductive treatment of social work's contribution and potential, negating, for example, its capacity to be a force for change in and of itself. Not every engagement with social work leads to the provision of service. Effective social work practice may identify a path through to a positive outcome without the

need for a 'service' (beyond the relationship and support which the social worker themselves can provide). The design, development, and implementation of a NCS should not only enable social workers to realise consistent, person-centred, social care support for people. It must also equip and enable them to give meaning to people's human-rights and promote social justice aims. Social workers are in the system to help people navigate periods of change and need, making the connections on their behalf, and holding the balance between our 'duty of care' (a statutory function) and a person's right to self-determine. To make possible such a relationship-based approach, on which the success of the proposed NCS relies, there must be a sufficiently staffed social work and social care workforce available in all parts of the country (i.e. not just central belt). That workforce must also be integrated across the 'life course', ensuring that the whole context of a person's life can be understood, and that transitions between 'service' domains are as seamless as possible.

The impact of the NCS, whatever its scope will be significant for social work. Parts or all are likely to move into a new structure, and all parts will experience change of a sort. Like other front-line public services, the pandemic has left the profession exhausted. While there is understanding for why these changes have been proposed, and sympathy in some quarters for the detail of the changes, all in social work agree that the disruption wrought by the NCS will be incredibly challenging to manage. The risks to undermining essential services to individuals and families, in both the short and medium term, are high. Whatever the outcome of this consultation, preparations to manage the transition need to begin immediately, and at a scale appropriate to the task. Social Work Scotland again notes its commitment to constructively engage in that task.

SCOPE OF THE NATIONAL CARE SERVICE

Children's services

[Extract from the consultation document, p. 55]

Our proposal therefore is that children's social work and social care services should be located within the NCS to ensure a more cohesive integration of health, social work, and social care. By doing so, it affords the opportunity to address the unanticipated consequence of integration where children's social work is currently fragmented across different public bodies in different integration arrangements. Having children's social work and social care within the NCS will provide the opportunity for services to become more cohesive – built around the child, family, or person who needs support – reducing complexity and ensuring improved transitions and support for those that need to access a range of services, including improved links with health. Location within the NCS would also permit us to have a system where access, assessment, funding, and accountability is in one body. In doing so we need to retain and strengthen the existing links with Education and Early Learning and Childcare. The overarching purpose will be to ensure consistent delivery of services to the most vulnerable children and families, which is inextricably related to the provision of services to adults. In doing so we need to ensure that access to services and reduced complexity for service users is a fundamental principle – this being one of the key messages from the IRASC.

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

SWS response to Q23: This is too complicated a question to simply provide a 'yes' or 'no' answer. The implications of either response are profound; not just for social work, but for children's services as a whole. We accept that there is no status quo option; whether children's social work and social care services are included or not in the NCS scope, change is guaranteed for every local authority in Scotland. The creation of a NCS will necessarily void the Public Bodies (Joint Working) (Scotland) Act 2014, meaning every area will be required to rethink their structures and partnerships. **The question is therefore whether these specific proposals represent reform likely to provide social work and its partners with an enabling context within which to affect meaningful, positive, sustainable change for children and families (and all other groups that social work supports). As the Promise Scotland has framed it: will it help us keep the Promise?**

Social Work Scotland has already set out its broad position on the scope of the NCS, in response to questions [19](#) and [21](#). That position shapes our response to this specific question on children's social work and social care. In relation to the inclusion or otherwise of children's social work and social care, further understanding of the evidence base for

inclusion, and appropriate time to consider the benefits and risks of this model and any alternatives is required to allow an informed response to the question.

Current arrangements for the delivery of children and families social work can be different across Scotland, with variation also in the priority given to this area of work. That priority is not necessarily linked to inclusion or otherwise in local Health and Social Care Partnerships. Areas in Scotland have established partnerships which are delivering tangible improvements and which reflect an understanding and valuing of social workers' unique contribution. In other areas, arrangements are not working as well for children and families. Change is therefore needed, and the work which informed the Promise noted this, and has already laid out a comprehensive action plan to progress change. We are reluctant though to imperil the progress some areas have made by bringing children's social work into the NCS without a more comprehensive investigation of the conditions for good partnership working and the risks, strengths and likely long-term consequences of inclusion, compared with other options / structural arrangements. To elaborate on this:

Evidence Base

The binary nature of the consultation question has created dilemmas for Social Work Scotland members, who have tried to relate the very short section on children's services with the principles and components set out for the National Care Service (NCS) and its Community Health and Social Care Boards (CHSCBs). Our members have voiced considerable concern over the lack of inquiry around the future of children's social work, and the absence of evidence that such radical reform would provide children and families social work with the resources, professional relationships, leadership, connections and community-orientation that it requires to be successful.

Our members are keen to ensure that the profession, and the leadership of the profession, remain as part of a coherent whole; the various disciplines - justice, adult, children and families - robustly interconnected. There is a risk that a profession, split across different accountability and governance structures will be a weaker profession, and a less effective service in support of Scotland's communities. Thus, to avoid further splits which integration has already created, inclusion in the NCS may be indicated. This is balanced by the views of other members who note that the professional identity of other professions is not determined by structure and governance arrangements

Risks and Advantages

Members have constructively sought to find a framework for analysis of risks and comparative advantages in this proposal, and in the absence of data and analysis this has been a struggle. For example,

- **There is a lack of information in relation to public protection and this lack of clarity means members have been unsure about how child and adult protection will be managed and delivered within a NCS**, and how this will impact on children's safety, family support and the expectations on practitioners.

- **The ‘yes/no’ response option to the inclusion of children’s services in the NCS implies that there are no other options for, or pathways to reform.** The consultation document itself acknowledges in relation to justice social work, that the NCS could evolve over time, incorporating other elements if the evidence base supports this. A pause to allow time for proper consideration of the evidence for inclusion or otherwise of children's services, and what structures best facilitate coordinated and inclusive practice for children and their families is therefore required.
- An evidence base supporting the likelihood of intended consequences and analysis of unintended consequences would seem fundamental pre-requisites for substantial reform to legislation, structures and systems that secure the safety and wellbeing of individuals and families across the country.

We acknowledge that there may be cultural advantages to building an inclusive, ‘cradle to grave’ culture within the NCS right from the start. We are aware therefore that there is a cultural dilemma in progression of an NCS for adults, while pausing to consider the evidence base for inclusion or otherwise of children and families.

Experience and academic evidence also make clear how difficult it is to achieve even modest culture change in established organisations. For social work within the NCS, we are aware that the influence of the whole profession, spanning issues, communities, policy areas and the life course of individuals, is likely to be greater than that of adult social work alone, particularly when a culture is being co-produced with partners from large, well-supported and assertive professions such as nursing. The establishment of the NCS, and the prospect of children’s services potential inclusion creates profound dilemmas for the profession.

Social Work Scotland notes that children and adult services operate in a very different domains and particularly in areas related to the use of compulsion, protection, and the market. We acknowledge that the interface, especially in relation to transitions between children and adult provision, is an area for improvement. As is noted in the section on transitions, the crucial factor in smooth transitions is a positive relationship. A fundamental question therefore is whether it is necessary and appropriate for both areas of social work and social care to operate in similar ways with the same structural and governance arrangements in order to bring about the necessary improvements.

Time to consider the issues outlined above, explore options and consider what structurally best meets the commitments of the Promise and the desire for integrated, evidence-based practice, is required. This could include exploration of whether statutory functions which sit with local authorities, including the general welfare provisions of advice guidance and assistance, remain in place but with Ministers assuming a greater degree of accountability and responsibility and therefore direction in relation to children’s social work and social care services. Crucial to the way forward is:

- Respect for the significance of the network of local partnerships and particularly the fundamental importance of close local co-operation between education and social work services around wellbeing and protection of children.
- Acknowledgement of the variation of priority given to children's services across the country within the existing structures and that greater Scottish Government accountability may facilitate progress towards consistency of service offer and quality between local areas,
- The benefits of a greater national oversight in developing respect for the social work profession. In such a scenario the National Social Work Agency (NSWA) could again play a pivotal role, helping to knit together the lines of accountability.

Social Work Scotland members also recognise the need for a consistent language, principles and practice approach across children's services and justice services for children 'in conflict with the law' and members have noted the absence of consideration in the consultation report and proposals of the interface of new structures with the Children's Hearings system, including consideration of sustaining and building on the post-pandemic reform and recovery processes which is in progress.

The Social Work Scotland Children and Families Standing Committee and its contributory subgroups have engaged positively with the direction of reforms needed in order to deliver on 'The Promise', framed within the current children's services structures. **The way in which an NCS and its Boards would work with other services towards delivery on the Promise, realisation of the UNCRC and mitigation of poverty require greater discussion and detail, as these are priorities within the current system, priorities valued by both social work and social care staff at all levels, and factors which the children and families with whom we work, and the work have highlighted.**

The NCS consultation report is positive about the GIRFEC national practice model. The consultation report advocates that components of the GIRFEC model become a consistent feature of 'GIRFE' in adult social care and health. As long-time supporters of GIRFEC and partners in realising the approach in practice, **Social Work Scotland believe that the development of a consistent practice and language framework across all services is likely to be positive for individuals and families.** However, this should be recognised as a not insignificant challenge, in the light of learning from the difficulty Scotland has experienced in fully realising GIRFEC within children's services where cultures, practice and language were not dramatically different at the start of the process and in the face of the resistance of small but vocal minorities of citizens who object to aspects of the model. We refer here also to our answer at [q6](#).

A related issue is the position and relationship with Education Services, who are a core aspect of the GIRFEC approach, providing universal and targeted services for children. Members have highlighted this as the key critical relationship for children's social work. Education staff across early years, primary and secondary stages pick up and manage a

wide range of early and targeted supports, and play a core role in the protection of children, alerting social work services to concerns, undertaking a lead professional role, and working as part of the Team around a Child. This relationship and the structures which supports it, allow for flexible, proactive and innovative approaches to children's wellbeing and protection, and imaginative use of funding. The potential loss of the ease of working in this way due to changed structure and funding, and the impact of re-negotiating such a critical partnership, is of concern to some of our members.

We are also unsure about the extent to which integration of children's services within the NCS would be necessary to realise a shared approach across adult and children's services. We can see potential benefit, but balance this potential with our insight around GIRFEC implementation, and the challenges which our members continue to encounter in some areas regardless of whether they have integrated structures alongside other children's services or are part of the HSCP; the 'structure' has not necessarily made realising GIRFEC easier. **We would therefore suggest that inclusion of children's services in the NCS is not an essential component to achieving a single practice model across children and adult services; implementation science and experience would point towards investment, strong and adaptive leadership (composed of a determination to overcome the problems encountered), facilitative administration and time, as all being more important to success than structures.**

One of the common themes in our member's feedback relates to the significance of family support, and preventative social work in general. Members are keen to **articulate the significantly complex landscape within which children and families social work operates. Its contribution to the entire continuum of support and protection from early intervention and prevention, through to the management of complex risk and child protection within the family and community, statutory intervention, permanence and youth justice cannot be overemphasised.**

This work is vital and fundamental to keeping children safe and at home with those whom they love. Good family support is integral to safeguarding children. **Whatever the structural reforms adopted following this consultation, they must be focused on enabling social work to give more time and capacity to such activity,** through an expanded and better supported workforce not only with more social workers, but also family support workers and a range of other essential roles such as business management. We strongly agree with the NCS proposal to make services more cohesive – built around the child, family, or person who needs support. This is already the objective of a wide range of initiatives across the country; not least continued efforts to implement GIRFEC. In assessing the relative merits of including children's social work and social care within the NCS or other alternative structures, it will be necessary to make explicit how they will facilitate the interaction of universal and more targeted support round a child and family, making available all the practical and material help they need.

Family support is also central to positive transitions from phases of high risk and complexity in a family, including situations where compulsory measures have been

adopted through a Children's Hearing. **Family support, early intervention and child protection are inextricably linked, and best practice in child protection places this within a continuum of support and a GIRFEC approach. Similarly, the UNCRC articles which provide for protection from all forms of abuse, neglect, exploitation and violence are inextricably linked with those that relate to participation, family and parental support, recovery and best interests.** The social work profession is central to the achieving these linkages in partnership with those in each child's world who care about and have responsibilities towards the child.

Related to this, **changes to the adult social work and social care systems, regardless of the scope of the NCS, must take account of the needs of 'parents'**, especially those of children who are at risk or may be on the cusp of care. We tend to frame the Promise and related change programmes through a narrow 'children and families' lens. However, it is overwhelmingly the adults involved that require care and support if we are to realise positive change at family level, and transformation at a societal level. Support for the 'adult' parents of children in areas such as practical support, financial assistance, mental health, drug and alcohol desistance, should be an explicit priority of any future NCS.

Many of our members have explicitly recognised the potential benefit of a **national framework of terms and conditions for children and families social work and social care staff**, extending to salary levels. This would reduce the pull of a few authorities who, through higher salaries, have been able to attract newly qualified and experienced social workers at the expense of other areas. It would also help reinforce social work as a national profession, underpinned by a single national regulator, bound by national standards and operating within a national framework of legislation.

However, it is also important to note that flexibility in salary levels and other benefits have for some areas, been essential to their ability to attract and retain staff. Such flexibility would therefore need to be retained for some specific areas e.g., island authorities, much as English public services do with an additional 'London weighting' to nationally agreed salaries. **We also wish to make explicit that any work on social work terms and conditions must extend to and include consideration of the many para-professionals who work alongside professional social workers, such as social work assistants and family support workers. These colleagues are core components of the services and supports social work is responsible for, and demand greater national recognition than they currently enjoy.**

The consultation document alludes to deficiencies in local authority delivery of children's social work and social care. As noted above, priority given to children's social work and social care varies across the country, and is not necessarily linked to the structures within which the service is delivered. It is a reality that in some parts of Scotland, local government has not been conducive to the delivery of children and families' social work, leaving the profession in that area feeling misunderstood, and undervalued. This however, is not a universal experience. **Throughout the Independent Care Review and our continued work to realise the Promise, Social Work Scotland members have underlined the**

need for change at the local level, if social work is going to be enabled to “keep the Promise” - a Promise which cannot be kept, we believe, without a strong, confident and sufficiently resourced social work profession at the heart of Scotland’s public and community services. However, no mention is made, in the consultation document’s very short section on children’s services, of the significant reduction in revenue funding for local government over the past decade, and the steady increase in statutory responsibilities that have been placed with local authorities. Duties which, when combined with demographic, health and socio-economic changes, have meant increases in demand for children’s social work and social care. With proportionately less and less resource, many local authorities have flexed, streamlined, adapted and redeployed funding to priority services (such as social work) during this time.

This again illustrates the dilemma posed for social work by the NCS proposals; experience within children’s services varies considerably across the country, reflecting the relative strength of local arrangements for children and families’ social work. **As the organisation representing the leadership of the profession, we must underline our openness to change, and willingness to engage in constructive dialogue with central and local government about any reform** which will deliver to children’s services the means with which to provide children and families with the best support. But it is difficult to comment upon comparative risks and advantages of entirely new accountability and operational structures without analysis of what has worked and not worked in the existing system, and what has been successful in improving children’s services to date.

Finally, our members have highlighted contextual factors which will continue to constrain and influence outcomes within new structures. This includes:

- differing professional cultures,
- the relative strength of local partnerships,
- tensions between the priorities of different services e.g. health care waiting lists vs. community / family support and the consequent impact on resource allocation
- leadership,
- the availability of local resources,
- community deprivation levels,

While consistency of access, quality and experience are all aims we share, it is the responsibility of leaders in any context to be honest with the public and practitioners that local differences are likely to remain whatever structures we put in place. These differences will be perceived by some as inconsistency or inequality. Scotland’s single NHS is no different; some services are available in some areas but not others, and the quality of those services differs from place to place. This is in part because the NHS is not, despite the assertions of the consultation document, a ‘single’ entity; it is many distinct legal entities operating under a common framework.

The detail above outlines the reason for what we trust is a balanced and considered position, We are open to dialogue about the possibility of inclusion of children's services in the NCS and look forward to ongoing discussion but time is required to explore the implications, and consider alternatives to ensure that such as critical decision is made on the basis of evidence and due consideration of the risks and advantages.

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

SWS response to Q24: There is a wide spectrum of children who are affected by disability and a generalised yes/no response is therefore not meaningful. Moreover, the question implies that access to services is complicated for *all* disabled children. **While we agree that the breadth, depth and accessibility of services for disabled children must be improved in some areas, it is also the case that some parts of Scotland have a successful model in place, providing support which is valued by children and families.** These areas, and the children and families they support, may not wish to see an established, trusted framework put at risk by incorporation into a NCS. This support is also not all provided by social work or social care providers; much sits within the domain of education services and related family support provision. The success of some areas is no reason for complacency, and we are eager to work with Scottish Government and other partners to understand how successful models have been developed, and to 'scale up' - where it is relevant and appropriate, across the country. **We have also noted earlier that for children with profound and multiple disabilities who require specialist services which may not be possible to sustain at local level, national approaches may be of benefit. Additionally in the attention of a NCS to the disabilities of the adult parents within a family, we see potential for drawing the links together between GIRFEC and GIRFE; building an approach which is rights-based, proportionate, child centred, ecological and holistic.**

The reduction of 'complexity' for children and families depends on an interaction of factors, some of which can be structural, and some of which relate to communication, teamwork and professional relationships. The following features are examples of variables that are usually key to the reduction of complexity (and also key to the next part of this question on effective support for transitions to adult life and services).

- *earlier, guided accessibility to information* about processes, resources and timelines;

- an *understanding of family* and of the interaction of relationships that are part of each young person's growth and development through transitional stages;
- *sufficient continuity* of a co-ordinating key professional during transitional phases when this is necessary;
- *approachability and pro-activity* of key professionals;
- *practicality and expertise* of key professionals offering guidance during loss, separation and service change;
- *adequacy of budget allocation* in relation to all wellbeing needs;
- *creative bridging* of gaps for individuals through partnerships between family, third sector and statutory services;
- *respect, honesty, encouragement* and support for parents and carers, especially when they find themselves in adversarial positions.

We also note that members have considered the notion of early inclusion of some specialist forms of children's services into the NCS. One example was services for children with profound and multiple disabilities. There are other examples of programmes and specialist services needed by children and families, which might be improved in terms of accessibility, quality, financial support, consistency of standards, sustainability, and learning by a co-ordinated national approach. **As with wider children's social work and social care, a period of detailed inquiry is needed to assess the relative merits and risks around each. Moreover, as our members have observed, if some forms of specialist children's services were integrated with the NCS and the majority of mainstream children's social work was not, there is a risk of a split in the experience of families.**

Social workers have a key role in support for complex transitions to adult life, and services for those individuals with additional support needs, and their families. Some of our members see this as an area where there are arguments for 'inclusion' of children's services within the NCS in order to minimise the interfaces in the system and improve transitions.

It is possible that a NCS may provide greater impetus to national developments, such as GIRFE(C), family group decision making, the principles of good transitions, and the new self-directed support standards. It may also facilitate better co-ordination of complex transitions, and the development of pre and post qualifying training for relevant professionals, provision of outreach services, and support to carers. **But it is also likely that challenges will remain within a national structure, including the tension between specialist social work teams and other, more generic, disciplines and professions.** This tension can be particularly acute in instances where there are child protection concerns. **Having a nationalised system will not automatically equip all professionals with an equal degree of specialist expertise, nor will it immediately locate specialist staff across all parts of Scotland.**

We would suggest that key factors in the chemistry of avoidable and harmful 'complexity' for children and families are

- a lack of awareness about rights among children, families and professionals, and
- a lack of accessible opportunities to seek remedy when rights are not upheld.

We therefore welcome the proposal to develop a charter for rights and responsibilities, in line with the current Health and Social Care Standards, to provide clarity as to what rights individuals, their families, and their carers can expect. The charter should also clearly outline the process for feedback and complaints. We note that consideration is being given to the concept of a Commissioner for social care, and that there is an awareness of potential overlaps in the role of the Commissioner for Children and Young People in Scotland; to avoid confusion the roles of any new bodies must be carefully mapped and delineated from existing ones. Social Work Scotland is keen to support developments that promote a collaborative learning culture that integrates the practical meanings of inquiry, complaint, inspection, self-evaluation, research and data analysis processes.

For transitions to adulthood

☐ Yes

☐ No

Please say why.

Please see our [answers above](#), which set out our thoughts on transitions to adulthood.

For children with family members needing support

☐ Yes

☐ No

Please say why.

Although we have used the term 'support' freely ourselves in this response, in the context of this question the term requires some precision. The support made available to family members of a child develops from an assessment of need, it may be provided by universal or community services, or in the form of targeted services provided and funded by children's services. Many aspects of how need is met will be open to self-directed support options. Support will therefore include a range of areas such as:

- Help with general contextual factors addressing poverty, housing, or the health educational or social care needs of the adult themselves.
- Practical assistance in the home or with care needs of their child or to reduce risk factors
- Direct trauma informed reparative work with parents or children
- Emotional support e.g., a trusted relationship to lean on in times of stress Support in the pre-birth period and early years with parenting, mental health or child care

- Community and peer support such as befriending, youth work, afterschool clubs, community centres.
- Time limited programmes addressing mental health, specific periods of stress or issues, or the development of specific capacities
- Flexible, long-term support, over years to varying degrees of intensity.
- Contextual safeguarding approaches, where collaboration is needed with young people, families and communities to address risks in specific locations and contexts.

It is therefore impossible to say whether locating children and families' social work services within the NCS would reduce complexity for those members of family who need support in order to safeguard and promote the wellbeing of the child. There are too many services and support forms in scope, and therefore too many variables. Moreover, many of the supports would not - under the current proposals - sit within the NCS, being linked to the NHS or other parts of local authority children's services such as education. Ultimately, the strength of much of the relevant support depends on local communities and the proactive behaviour of universal services. **Social work can absolutely play a part in building strong communities, and assisting universal services to adopt cultures and approaches which support families in a positive, preventative way. But it is unclear whether being part of the NCS would make that role any easier or harder than it already is. Undoubtedly though, there may be some forms of specialist service which could be developed, funded, evaluated and improved more consistently and effectively from within a national service; more work is needed to specify what should be on that list, and how the NCS would interface with other services that are crucial to family support.**

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.

SWS response to Q25: This question, when discussed with members, prompted more questions than answers. For example, what is meant by 'alignment'? Is this about shared languages, approaches and professional relationships, or is it about the geographical boundaries of services, or lines of accountability? Or all of them? **Social Work Scotland is wholeheartedly behind collaborative inter-agency approaches that promote the rights and wellbeing of children and their families, and will continue to work with partners to build common priorities and agreement about how to achieve them; including with health colleagues.** That is part of realising GIRFEC locally and nationally. But the barriers to progress are not primarily structural; they are often a predictable outcome of Scottish Government asking different partners to prioritise many different things,

not all of which align, and tying funding to those priorities. If a NCS worked in such a way that the professional groups with colleagues at the front line, closest to the needs of children and families, could identify and articulate the priorities together, and then orientate the structure and its resources towards those without political interference, then there is a chance that the NCS could improve 'alignment'.

Members also noted that a primary alignment for all children is with education services, and that inclusion in a NCS would, in bringing services together with health and other social services, change the relationship with education services which forms a substantial part of the universal provision for children.

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

☐ Yes x

☐ No

If yes, please give examples

SWS response to Q26: The risks are various, complex and interdependent. We have already set out, in response to [question 23](#), some of our thinking. Social Work Scotland members understand that the status quo is not an option, for any area of Scotland. The paths ahead are all shadowed with uncertainty, except for the fact of disruption and change along each one. **If children's social work and social care are not part of the NCS, the current structural arrangements for more than half of Scotland's child population will still need to be completely reworked, with Integrated Joint Boards (and Lead Agencies) dissolved, and components of those partnerships, including possibly some child health elements, pulled into a NCS.** Even for those local areas where children's social work and social care are not delegated into integrated joint boards, the disintegration of Boards locally will require adjustments, re-structures and revisions of policies and local partnerships. New relationships will require be built, including with NCS partners based in each area.

For social work, there will also be professional implications, with local adult social work colleagues attached to a new structure (possibly with distinct terms and conditions), with its own professional leadership and governance. The statutory role of the Chief Social Work Officer will need to adjust to take account of the changes to accountability that the NCS will bring. There is also the potential impact of the National Social Work Agency, the extent and 'scope' of which is still to be determined. And we understand that, if children's social work and social care are not included in the NCS, alternative reforms will be considered, to help improve consistency, alignment and accessibility of support for children and families. These alternative reforms are being considered separate to, although in support of, the Promise, which will itself demand change from all local social work teams. **Our inability to discern what the future for social work might look like outside the NCS is a major risk for the profession, and central to the dilemma these proposals represent.**

It is our responsibility to profile the possible risks that inclusion of children's social work and social care in the NCS might represent, to ensure they are fully taken account of in decision making. To summarise, the risks identified by SWS members include:

- Disintegration of the integrated partnerships (and the incentives that underpin good partnership) that are essential to local delivery
- A move to centralisation may shift the focus away from local priorities towards national ones.
- A narrowing of the priorities that professional social work is turned to, as a small 'central command' direct a national resource. The messy diversity across the country is also a rich, fertile bed of ideas, innovation and interest.
- A risk that children and families social work – indeed all social work – becomes more bureaucratic not less, as the centre seeks to control and direct activity through layers of management, policy, reporting, etc. That tendency of the central government is currently challenged, with varying degrees of success, by local government. In a NCS that defence would be gone.
- Transitional risks, relating to the highly complex planning and phasing of change that moving from current accountability and operational structures to new ones would require. Throughout all of which social work must continue to ensure the wellbeing of children and families are safeguarded, their rights promoted, and voices heard.
- The establishment of the NCS is a significantly more complicated endeavour than the building of the NHS, being a rebuilding of massive structures, which are already populated with staff and responsibilities, providing services to people every minute of every day. Much of the NHS was built on 'green field land', an expansion of services into territory where none had really existed before. With so much risk inherent in such an endeavour as the NCS, we urge extreme caution in the inclusion of children's services into the NCS right from the start without a full examination of the consequences, unintended consequences, benefits, risks and an opportunity to explore fully across a wide range of stakeholders what an alternative, more effective and safer transformational change might be.
- Political risks, mostly reflecting the understandable tendency of elected officials to prioritise issues and concerns which are important to vocal voters. Those may not, however, be the priorities which professional or academic evidence has identified, or which leaders agree require attention e.g., expanding family support if wider progress is to be made on areas, such as on keeping The Promise. Resources tend to flow towards political priorities at all levels of government. Children and families social work has not benefited from this in the current system, and risks being in no better position in a NCS. A NCS under the stewardship of a different political party than the current governing coalition may also have priorities that are anathema to social work, but against which social work within an NCS is less able to resist.
- Policy-making risks – The parliamentary window within which legislation may be laid seems to be driving a policy timetable that precludes due diligence, particularly

around consideration of unintended consequences and alternative models. For a profession which operates within the context of statutory responsibilities, and the mediation of rights with protective and other duties, a hastily built legislative environment carries major risks.

- Financial risks for children and families social work, where resources (much needed for expansion of duties and services now) are swallowed up by NCS set up costs. For some local areas, where resources have been protected (from cuts prompted by reducing central government allocation) or 'topped up' (via other sources), the prospect of all finance being controlled from Holyrood is a concern, due to the risk that could they potentially be worse off. Particularly as central government looks to balance the books after the pandemic, or chooses to re-orientate funds to a political priority.
- Workforce risks, as social work and social care staff make personal choices to change or end careers, to avoid the disruption that is to come, and / or the prospect of moving from local government. This is also a major 'transition' risk - what do we do if departures from key professional and other roles rises above replacement rate? What if many experienced staff, including professional leaders, see the moment as a time to step aside? What are our contingencies to hold services together, and duties up held?
- Risks of depersonalisation, as, counter to the intentions of proposals, some local services and partnerships disintegrate within a homogeneous national service.

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?

SWS response to Q27: Yes. **Social Work Scotland supports the move of community health care services into CHSCBs. This would support the NCS aim of person-centred and holistic care provision across the health and social care landscape.** We also agree that, as the first point of contact for access to health services, GPs play a key role in the gatekeeping and oversight function for wider NHS access. We would recognise this as a similar role played by social workers with regard to accessing care and support through local authorities. We would recommend that both social workers and GPs retain their role of oversight and support for health and social care services within the NCS structure through CHSCBs.

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?

SWS response to Q28: Social Work Scotland believes that there is much to be gained by the proper integration of health, social work and social care. However, this needs to be on the basis of a differentiated understanding of the principles and values of all the professions involved, retaining each profession's unique contribution and impact within local integration arrangements. **To facilitate this, we are supportive of measures which would consolidate social work as a genuinely national profession, recognised and supported nationally, underpinned by common terms and conditions and a strategy for its growth and development.**

To support the future delivery of integration through CHSCB, the contributions of social work professionals are essential to realising a human-rights perspective at both service design and delivery stages. New structure should give equal weight and prominence to the contribution of social care, social work and health staff.

Q29. What would be the benefits of Community Health and Social Care Boards managing GPs' contractual arrangements?

SWS response to Q29: N/A

Q30. What would be the risks of Community Health and Social Care Boards managing GPs' contractual arrangements?

SWS response to Q30: N/A

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

SWS response to Q31: In some parts of Scotland it may be more effective (in comparison to establishing a CHSCB) to develop a 'one authority' structure, bringing all the functions of the health board and local authority into close alignment and shared governance. Where those organisations are co-terminus, and the services already deeply woven together by virtue of geography, limiting the area to just management of community health services may be reductive.

SOCIAL WORK AND SOCIAL CARE

[Extract from consultation document, page 64]

Our proposal therefore is that duties and responsibilities for social work and adult and children and families' social care services should be located within the NCS to ensure a more equitable and cohesive integration of health, social work and social care. By doing so, it affords the opportunity to address the unanticipated consequence of integration where social work and social care is currently fragmented across different public bodies in different integration arrangements.

It will provide the opportunity for services to become more cohesive – built around the child, family, or person who needs support – reducing complexity and ensuring improved transitions and support for those that need to access a range of services. Location within the NCS would also permit us to have a system where access, assessment, funding and accountability is in one body.

Including social work within the NCS would mean social work's legal powers and expertise would remain inextricably linked with the delivery of care, and with the work of a National Social Work Agency (see page 88) to enable the consistent scaling up of good practice

Q32. What do you see as the main benefits in having social work planning, assessment, commissioning and accountability located within the National Care Service?

[Other benefits or opportunities]

SWS response to Q32: This section of the consultation reflects a general understanding of the social work role and context. It also provides a fair, if very brief and partial, description of challenges faced by the profession in the current system, and our concerns about reform creating even harder edges between the siloed components of our care and health systems. Hard edges which ignore the interdependent lived reality of people's lives, and which impede the provision of holistic, empowering support and advocacy for individuals, families and communities.

Social Work Scotland members have consistently, long before engagement with the Independent Review of Adult Social Care, identified potential benefits from enhanced national planning for social work. These conversations informed our recommendation to the Review that a 'National Social Work Agency' be developed; a recommendation we are pleased to see included in this consultation. Chief among the potential benefits is robust workforce planning for social work (including attendant para-professionals), which feeds directly into the Scottish Government's policy and budget setting processes. For too long policy has been developed, and finance allocated against it, without proper consideration of the capacity demands it will make on social work. The end result is a profession which feels at full stretch to fulfil its statutory duties (and the accompanying paper work); with no time to

dedicate to those aspects of the job (relationship-building, preventative, community development, etc.) for which many social workers choose the career.

Within current structures, with 'statutory' social work spread across 32 different local authority employers, it has proven difficult to secure a coordinated focus on the workforce's needs, with a medium to long-term view. The size of the profession has therefore remained largely constant over the recent past, despite the increases in legal responsibilities, socio-economic and demographic changes which have pushed up demand, and a series of reports identifying people's desire for more personalised, consistent relationships with professionals (which requires there to be more of them, in order for workers to give more time). Moreover, the protected time the profession has for its learning and development has been eroded away, through a combination of budget cuts (removing learning and development officers from teams) and increased pressure on individual social workers' time. **Social Work Scotland hopes that a more coordinated, national approach to workforce planning will privilege the need for professionals to have such learning and development time, as a core component of delivering quality support.**

However, our support for the establishment of national structures for social work, in recognition of the profession's centrality to the provision a range of critical public services and functions, does not simply translate into support for locating all planning, assessment, commissioning and accountability for social work within the National Care Service. **The question assumes, we think, that all social work practice (currently provided through local authority employed social workers) is in scope, but we have made clear a position, in response to earlier questions ([21](#), [22](#), [23](#), [24](#)), that such a development needs further discussion and analysis.**

Furthermore, some of our members have interpreted the question to be specifically about the "planning, assessment and commissioning" *responsibilities* of social workers, rather than about planning, etc. for the profession itself. If this is correct, **we must underline our disappointment in the transactional and consumerist framing that it puts around social work.** The scope and reach of social work intervention extends significantly outwith the provision of services through assessment, planning, and commissioning. Social work engages with individuals, families and communities to address the impact of social inequalities from a human-rights and social justice perspective, and it does so (when resources and structures enable it to) through the promotion of dignity, safety, choice, privacy and an individual's potential. In other words, through more than the provision of a social care service. Social work legislation also specifically acknowledges the profession's early intervention, prevention and protection roles; the spectrum of the work happens within these legislative bookends. A recognition that social work engagement does not always result in service provision is essential to understanding the value placed by the profession on establishing relationships with individuals and families; relationships which act as the springboard for achieving outcomes. **Reductive descriptions of social work engagement, as a process of assessment, planning, commissioning and provision, does not reflect the impact that social work makes currently, the parameters of**

existing legislation, or the potential of the workforce. It also treats the assessment process as if this can be delivered without establishing relationships and people, their families and other support networks.

To take forward a person-centred approach, social work relies on relationship-based engagement, strong connections with colleagues in different social work specialisms, and in other services and organisations to support a balance between the Duty of Care held under statutory functions with a person's right to self-determine. This can be clearly expressed through the importance of the role of the Mental Health Officer (MHO), where the consideration of deprivation of liberty is recognised to require the specialist skills of a trained social work MHO to ensure this balance of duty of care against an individual's right to self-determine is carefully considered. This specialist social work role crosses the lifespan, from child to adult and into older age, and reflects the importance of connection across social work specialisms to ensure that services delivered are firmly rooted in a human-rights based approach. **To maximise the effect of human-rights and relationship based work there requires to be a sufficiently staffed social work workforce and where there is not, there will be an impact on implementing the policies and legislation from Scottish Government at the frontline.**

Social work, social care, education, health, housing and the justice system intersect in this complex tapestry of an individual's life, and as we have already noted in earlier answers, it is problematic to consider separating out a person who needs support by their presenting issues. In this respect, **creating a NCS structure that moves an area of social work, for example adults, away from other social work services (Children and Family, Justice, and Alcohol and Drug Services) presents us with a profound dilemma. Social work is made up of various component pieces, but we consider it at is strongest and most effective when part of a coherent whole**, the different 'specialisms' interconnected through common structures of communication, leadership, governance and accountability. The current local operational structures delivering social work vary across Scotland - an outcome first of local government reorganisation in 1996 and secondly of Health and Social Care integration twenty years later -- creating fractures that we do not believe have been good for supported people, in respect to the service available from social work. The profession has, though, remained broadly united through a common structure of leadership, accountability, etc. **We are concerned about what the future is for each constituent 'specialism' within social work, and therefore for the profession as a whole, if adult social work alone is drawn into an NCS, with new accountability pathways. Such a development risks fragmenting the social work profession into separate silos, at a time when the profession's coherence and interconnections are critical to the realisation of the holistic, ecological and person-led support called for by both the Promise and the Independent Review of Adult Social Care.** Social work as a generic profession is uniquely well situated to support an individual, families and communities to navigate the boundaries of (and transitions between) other public services such as social care, and to make a measurable impact on wider societal inequities. **Adult social work in a NCS, isolated from other social work specialisms, risks becoming the procedural**

function much of this consultation frames it as, undertaking assessments of ‘complex’ cases in order to match the person with an appropriate social care service. In this scenario there would be nothing about relationships or advocacy for the individual, or prevention and early intervention.

However, consenting to a wholesale move of social work into a NCS requires an enormous leap of faith at this stage in the development of the proposed new national service. **We do not want to see the profession fragmented, but as almost no detail has yet been provided on how a future NCS would work, we are essentially being invited to take a gamble;** and considering the limited and consumerist tone of much of the consultation, we remain unconvinced that it is right next step. More detailed proposals, accompanied by firm commitments to address current issues (including the under-resourcing of social work), are needed before we can provide clear answers to this and many other questions in this consultation.

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

SWS response to Q33: The proposals made around social work planning and process must be considered in the context of ‘whole-system-change’ agendas currently being progressed, such as The Promise. These represent positive opportunities to reform public services around the experiences and insight of supported people and frontline professionals. Many of our members have **identified the NCS proposals as a risk to these reform programmes, both in terms of the paralysis such major reform often creates in the existing system, and the potential prospect of poorly constructed policy and structures around the NCS making delivery more difficult.**

Another identified risk relates to leadership. Social work’s specific statutory duties centre on the delicate balance of rights and risks – both individual and societal – which demands well-trained autonomous professionals using their judgement in highly complex situations (practically, legally, ethically). It is essential that the arms and legs of the profession are supported and coordinated by a strong, flexible spine of leadership. At present this exists within local authority and Health and Social Care Partnership structures, with specific statutory roles located with a Chief Social Work Officer for each of the 32 local authority areas. **We are deeply concerned that there is no mention of professional leadership in this section of the consultation;** and only one reference to the CSWO in the consultation document as a whole (on p.107). This is despite the fact that the CSWO remit is wide ranging, covering all social work delivery, with safeguarding responsibility for individuals at risk, for proper deployment and support of the social work and social care workforce, for ensuring robust and effective systems and processes, care governance, and continuous improvement across the whole range of social work and social care services. All issues covered by this consultation. **Social work leadership is essential to deliver on the many aspects of social work practice where human-rights considerations are**

required; something identified by Feeley, but not sufficiently taken up in this consultation.

Other statutory duties within social work, around prevention and early intervention, in particular around mental disorders as identified duties in the Mental Health Act 2003, also sit within the accountability structure of professional social work oversight. The CSWO is directly responsible for some statutory functions which restrict personal liberty, and they have specific duties in relation to public protection. **In a NCS, Ministers will be accountable for the responsibilities (and liabilities) carried by Chief Social Work Officers; this is not discussed in the NCS consultation paper and further clarification is needed as to how this will operate.**

Situating any part of social work within a NCS, whether actual social workers or just their functions, will require a well thought through and robust structure of professional leadership and accountability, at all levels, including at the most senior executive levels. Anything less will risk the NCS (or its constituent parts) failing to comply with its statutory obligations, inviting possible legal action. A problem within the current system, impeding delivery of the type of support envisaged by the Feeley review, is a capacity crunch within social work, at all levels. In line with broader increases in the size of the workforce, there should be a corresponding increase in the number of senior level positions within social work, to support the safe execution of the functions and duties that underpin practice, through supervision, management, consultancy, review, self-evaluation, etc. If the NCS is going to be anything more than an expensive re-arranging of deck chairs, it is these kind of tangible actions and changes that it must identify and on which it must deliver.

The question of leadership becomes even more important if a NCS splits the profession across different accountability structures. Parallel but connected spines of social work leadership will need to be developed for both systems, knitting together statutory responsibilities that will continue to sit with the profession but which now have varied governance (e.g. public protection). Those leaders, across the two or more structures, will also need to work together to mitigate the risk of partner professionals and political priorities subverting social work into a transactional, process-focused, care management and ancillary role. The National Social Work Agency has much potential to be a positive force whatever the final structure of the NCS, but it is of particular importance if social work is to be split, providing some of the thread to help tie it together across organisational boundaries.

Finally, as a membership organisation spanning all parts of social work, we believe strongly in a holistic approach to social work intervention, providing support to individuals from a rights-based, ecological perspective. The delivery of social work requires multi-agency involvement and cooperation, and while the result of such activity does not always end in the delivery of a service, our legal duties to protect individuals does place social workers at the centre of many critical processes. This fact surfaces an

additional dimension of risk around the involvement of social work within the NCS, in respect of our ability to act independently, in defence of an individual's right. For example, recent Mental Welfare Commission reports have indicated that the legal discharge of individuals from hospital through HSCP arrangements was not regularly evidenced, while Mental Health Officer analysis of legal detentions under the Mental Health (Care and Treatment) (Scotland) Act 2003 reflected an increase in emergency detentions where MHOs were not contacted, as per legal requirements. Simply put, in both of these scenarios an individual's human rights were not given the full consideration as intended by legislation through the involvement of a social worker. Would social work's incorporation into the NCS make such functions easier or harder to realise? Particularly when Ministers feel under pressure to relieve political and public areas of concern, such as the pressure on hospital beds.

Social models of care and support are based on an individual's right to self-determine, with efforts made appropriately to mitigate and manage risks to the individual (not remove them entirely). For example, individuals living in a care home should not have their liberty deprived, through a unilateral decision, to support the ongoing functioning of that home. They have rights, and while it is fair for society to expect a balanced consideration of how their exercise of those rights impacts on those around them, we cannot claim to believe in rights and personal agency if we simply disregard people's rights in a moment of crisis. Indeed it is in the crises that we show our true priorities. **Social workers are a necessary part of any system which seeks to respect the individual, evidenced throughout the pandemic by instances where social workers had to push back on politically expedient but ethically questionable decisions.** In this vein, proposals to situate more oversight of care homes with the Director of Nursing, made later in this consultation, will likely weaken a system designed to support care homes as 'homes', and risk moving from a social model of care, rooted in a human-rights approach, to a medical one.

The importance of professional social work in the justice domain is also key to the successful delivery of outcomes within public protection. **We believe it is vital that in any approach to the NCS that includes justice social work, the ring fenced funding for justice social work must be protected and enhanced.** Our members are deeply concerned that, without this sort of commitment around funding and leadership for justice social work, its inclusion in the NCS will see it sidelined, imperilling progress the wider community justice and public protection agendas.

A NCS that seeks human-rights and person-centred rights for citizens will require social work, and in particular, knowledgeable and experienced social work executive leaders, to ensure that legal delivery of protection work is undertaken. Any proposal that removes a portion of the profession into a NCS risks weakening the profession as a whole, and our ability to fulfil protective functions. For example, it would make it more difficult to secure the involvement of all social work in considerations around improvement, or the outcomes of significant case reviews (which sometimes highlight the disjoin and poor communication between services at transition points). We would support a

NSWA as an opportunity for the professional knowledge, leadership and oversight of social work to support activities around developing a NCS. With sufficient powers and standing, the NSWA, along with an executive lead for social work at national and Community Health and Social Care Board levels, would mitigate the potential risks of delivering social work through a NCS.

A NSWA would support the profession from recruitment into social work, education, post qualification learning, and advanced practice career development. This would provide Ministers with reassurance that the desire to deliver a human-rights and person-centred service is informed by those professionals trained to deliver such a service. The design, development, and implementation of a NCS will benefit from the involvement of social workers across the profession to ensure the consistency, person-centred, delivery of health and social care reflects a human-rights and social justice core.

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?

SWS response to Q34: No. Nurse leaders should continue to have a leadership role for assuring the safety and quality of nursing provision within social care settings, consistent with their qualifications and experience. In the case of adult care homes specifically, nursing staff account for around 10% of the overall workforce, and Nursing Directors should be focused on the oversight arrangements for that part of the workforce.

Chief Social Work Officers currently have a statutory leadership and professional governance role for aspects of social care, consistent with their qualifications and experience. The provision of social care services within the community, including care at home, care homes and residential homes, arises from duties within the Social Work (Scotland) Act 1968. Section 12 of this Act places a duty on local authorities to promote social welfare within their local areas. Oversight and responsibility for the delivery of social work provision in line with this Act is delegated to the Chief Social Work Officer. **We strongly oppose any change to legislation which removes or unnecessarily complicates social work oversight of the delivery of social work, and through that, aspects of social care (e.g. promotion of the individual's wellbeing, human rights and choice). A credible regulatory framework is currently provided by the Scottish Social Services Council and Care Inspectorate, and any proposals to amend operational structures, regulation and scrutiny must take into account the specifics of the social work role, and the critical importance of maintaining a system based on a 'social model', rather than a 'medical model'.**

If a NCS is to be established, professional leadership and oversight must, at all levels, be conducted by those with competence in the relevant area of practice. This does not preclude cooperation, challenge and input between professional groups. But if Ministers wish to be reassured that a future NCS is complying with all relevant Scottish, UK, European and international law around human rights and personalisation, they will need to establish strong lines of social work leadership throughout it, from localities through Community Health and Social Care Boards up to the national level. That social work leadership will need a degree of protected independence from other managers and executives, encouraging and enabling it to be the 'grit in the oyster', asking difficult questions, defending the interests of the voiceless and marginalised, and seeking out opportunities to make people's lives better (rather than waiting for people to self-identify for help). **The breadth of statutory responsibilities placed on, or situated in practice with, social work, demands that governance and oversight continue to sit with a Chief Social Work Officer. Within the NCS's CHSCBs that role should be part of the responsibilities of an Executive Director for Social Work, equivalent (in status, terms**

and conditions, business support, etc.) to any other professional lead, including Executive Directors of Nursing within the NCS. These two individuals, along with their respective teams and other relevant Directors and partners, would hold together the responsibility for the provision of rights-based, person-led community health, social work and social care services in a local area.

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.

SWS response to Q35: Yes. If the National Care Service is responsible for these areas of practice, and this workforce, then it should also have responsibility for overseeing and ensuring consistency of access to education and professional development. Social workers employed within these services should continue to be aligned to the SSSC, with the constructive additionally of the National Social Work Agency to support wider workforce planning and development.

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?

SWS response to Q36: No. We struggled to understand this question. Our reading of it is: **If CHSCBs are established, and include in their scope community health services, should NHS Executive Directors of Nursing be accountable for nursing delivered within social care settings. If this reading is correct, our answer is no. We fundamentally do not agree that the establishment of a NCS proceeds without reform to the NHS structures too; including, specific to this case, a look at the employment and professional governance for community nursing.** We advocate the development of professional governance structures within a NCS and through CHSCBs, appropriate to the service responsibilities it has within scope. That governance structure should support the unique professional contributions and statutory functions and duties incumbent upon each professional. Through development of such governance and oversight arrangements, Ministers would be provided with clear lines of accountability, to ensure effective service delivery in line with legislative responsibilities.

SCOPE OF THE NATIONAL CARE SERVICE

Justice Social Work

[Extract from the consultation document, p. 73]

Including JSW services as part of the NCS could have some benefits, including addressing longstanding concerns about the consistency and availability of community justice services, and creating greater links to related public health services. The future model for the delivery of community justice services continues to be a live issue, particularly in the context of wider priorities around reducing the prison population and encouraging a further shift towards community interventions, and moving to a more national approach could aid these developments. In addition, if a NCS is established which includes some or all social work services with the exception of JSW, there is a risk that service provision could become more disjointed, and that JSW would not benefit from other reforms to the social work profession.

However, if JSW were to be included with the NCS, this would (as with other elements of social work and social care) involve transferring the relevant statutory responsibilities and revising highly complex funding and delivery arrangements, while ensuring that effective partnership working and service provision is not disrupted. This would require significant time and resources. If JSW services are to be included in the NCS, therefore, we suggest they might be transferred in a later phase of the process. However, we are inviting views now on whether they should, ultimately, be included.

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

SWS response to Q37: As with previous and subsequent questions in this 'scope' section, the issues at play are too complicated, and the detail provided on the NCS structure too limited, to answer 'yes' or 'no'. We have already, in response to earlier questions, set out our general position on scope, and it applies here too. **Social Work Scotland accepts that there is no status quo option;** the Scottish Government's commitment to establishing a National Care Service (with broad cross-party support) means change is inevitable for every local authority in Scotland. Every area will have to rethink their structures and partnerships. This is welcome, as we do not believe the current structures, in some parts of Scotland, are working for social work. **The main focus for us is therefore securing reforms that are likely to provide social work and its partners with an enabling context within which to affect meaningful, positive, sustainable change for individuals that are subject to community orders, including reducing reoffending, keeping our communities safe and protecting victims of crime for the supported people and communities.** We have concluded that social work is more likely to be able to

effect that positive change when all its constituent parts (e.g. adult, justice, children and families, etc.) are located together within the same structure. As it is likely that adult social work will move into the NCS there is an argument for moving all of social work into the NCS with it, to protect the internal connections and coherence of the profession. But **after much debate, we have concluded that a commitment to maintaining a united profession is not sufficient grounds to support all social work services moving into the NCS. Each discipline within social work operates in unique contexts, and the relative merits of inclusion in the NCS need to be assessed thoroughly for each, alongside alternative reforms.** We do not deny or reject that the changes proposed in the consultation might represent improvement, but more work is needed to ensure that they represent the best possible next step in the reform of critical public services.

Turning specifically to justice social work, structural reform has been a perennial discussion, and since the establishment of the Scottish Parliament more than one attempt has been made to 'centralise' the functions of justice social work in a national body. Those efforts were ultimately unsuccessful (in Scotland, although not in other parts of the UK), but the idea has not gone away. Since the autumn of 2019 Social Work Scotland has participated in an informal conversation with national partners (Scottish Government, Community Justice Scotland, COSLA, etc.) about the performance, structure and future of justice social work in Scotland. This conversation was precipitated by concerns over disparities in service provision and practice between local areas, the ability to clearly evidence outcomes, a perception of delay in the implementation of the Scottish Government's priorities, and feedback from some of the strategic community payback order inspections. However, whilst acknowledging there is inconsistency and that this requires to be addressed, excellent JSW practice has been recognised by the Care Inspectorate. For example, their report on CPOs in Aberdeen City concluded that "The support provided by justice staff in Aberdeen is having a transformative impact on individuals subject to CPOs" (and) "Leaders demonstrate a strong vision for transformational change.⁶" Furthermore, the thematic review of JSW prison licence breach and recall concludes, amongst other things, that across the 4 areas reviewed "The management of risk is a significant strength. Risk management plans are of a consistently high standard.⁷"

Social Work Scotland also recognise that JSW must more consistently evidence the outcomes of its work, both the impact on improving the lives of individuals subject to statutory supervision and its contribution to victim safety and public protection. JSW contributes significantly to the Community Justice Outcome, Performance and Improvement framework and we welcome its current review and revision to better evidence the work across both statutory and Third Sector services, including JSW. Moreover, JSW are already proactively engaging with key justice sector agencies and developing a framework to better evidence performance nationally specifically for justice social work services, both to improve and benchmark performance.

⁶ Inspection of justice social work services in Aberdeen, Care Inspectorate February 2021

⁷ Community Justice Social Work: Throughcare Review, Care Inspectorate, September 2021

There is also an important human rights principle in considering consistency and equal access to services for individuals that have offended. A justice social worker working in our island communities or remoter rural or parts of Scotland should have access to the same range of services as their counterparts in larger urban areas where there is a greater range of services available in terms of evidence-based programmes of intervention and more widely, for example mental health. This would lead to more consistent outcomes both for individuals that have offended and victims but requires significant investment to achieve this.

Few of these issues or concerns were a surprise to Social Work Scotland's Justice Committee or local authority CSWOs, who over recent years have consistently flagged capacity and morale issues within the service, inadequate levels of funding to meet increased expectations and demand, and negative impacts from recent structural changes. However, **Social Work Scotland members have also expressed frustration with what they perceive to be a continued misunderstanding among national partners and policy makers about the realities of justice social work practice, perpetuating unhelpful discussions about a national agency and diverting attention from areas more urgently in need of reform, such as prisons.** We are concerned that those misunderstandings still remain, and that while they remain, including justice social work (JSW) within the NCS would be a high-risk change, potentially impacting on the quality of the service available to individuals that have offended, communities and the justice system. Much of this is linked to resources and we agree with the Scottish Sentencing Council that "Appropriate community-based disposals are generally viewed by sentencers as providing a greater chance of rehabilitation and as a more cost-effective alternative to imprisonment. However, in a number of areas, resources are not seen to be sufficient to support effective community disposals⁸."

On the basis of the information currently at our disposal, the current structural / operational arrangements for JSW – delivered by local authorities working in thirty-one 'Community Justice Partnerships' – presents a number of (potential) strengths and weaknesses. Unsurprisingly, many of these are dualisms: from one perspective a characteristic is seen as a strength, but from another it is seen as a weakness.

Strengths

- a) Current arrangements reflect a **commitment to localism and devolved government**; power and responsibility is located as close to communities as possible. JSW held accountable through local democratic structures (i.e. councils).
- b) **Local links / relationships to other council services, infrastructure and partners**, such as housing, police, Community Learning and Development, drugs

⁸ Judicial perspectives of community-based disposals, Issues paper, Scottish Sentencing Council October 2021

and alcohol, children's services, adult social care, etc. The community justice agenda is built on an ecological model, situating individuals within their environments and attending to the breadth of their needs, not simply behaviours. Such an approach is necessarily a local one, mobilising the strength of local partners (including JobCentre Plus, Housing Associations, voluntary organisations, etc.) in providing tailored support and supervision. Local relationships could be diminished if the local link is broken.

- c) Encourages **partnerships with local voluntary organisations and communities**. Regional or national approaches would likely favour larger, centralised voluntary organisations and well-resourced interest groups.
- d) Although it is not necessarily linked to the organisation of JSW, research involving people with lived experience of the criminal justice system consistently finds **JSW as one of the most helpful, proactive and 'sticky' support services** they encounter, opening up doors to social support, health services, housing, etc.¹
- e) **Local experimentation, flexibility and adaptation**. Different areas can try different approaches, tailored to local context, capacity and demand. Local variation may also allow for improved models / programmes / practice to be identified.
- f) **Responsive to risks, issues and opportunities**, with local managers able to make changes relatively quickly. Within a more centralised structure, innovation, creativity and responsiveness may be stifled, with layers of approval required before necessary action taken.
- g) **JSW forms part of a coherent 'social work service'**. Lord Kilbrandon's reforms, enacted in the Social Work (Scotland) Act 1968, abolished Scotland's probation service in favour of local authority social work departments. In the context of JSW, this has helped contextualise offending as being linked to deprivation and inequality. All statutory social work services are therefore overseen by a Chief Social Work Officer, providing professional oversight, accountability and quality assurance. (If JSW services were restructured, how would such professional oversight be continued?) Being part of single social work services also allows social workers to move between disciplines (justice, children's etc.) without changing employer, providing career pathways, and encourages cross-fertilisation of knowledge exchange and strong transferrable skills between services. Employment by local authorities imparts (to JSW) a feeling of being part of the local infrastructure and working for the local community, and it also means that pay and conditions are backed up with the weight of large public sector unions and the benefits of local government collective bargaining.
- h) Currently working to **a national framework for the delivery of JSW** set out in the National Outcomes & Standards for social work services in the criminal justice system (Scottish government 2010) (NOS) and associated practice guidelines / templates, e.g. criminal justice social work reports (CJSWR), community payback orders (CPO), drug testing & treatment orders etc.
- i) **Availability of a range of nationally implemented risk and needs assessment tools**, e.g. LS/CMI, Risk Matrix 2000, Stable & Acute 2007, and accredited programmes (MF:MC, currently non-accredited and being re-designed, and the

Caledonian System, but available to only approximately two-thirds of local authorities).

- j) The **ring-fenced JSW grant** (within the Scottish Government's annual allocation to local authorities) affords a measure of protection from the ongoing cuts to wider local authority funding and ensuring justice social work continues to be protected within the delivery of wider social work services set against the competing demands of child and adult support and protection. This is precisely why the ring-fenced grant was applied in the 1990s.
- k) Unit returns for CPOs and DTTO provide **a range of quantitative data** (e.g. numbers of orders) and there are **limited performance indicators** linked to NOS (e.g. the number of days to start an unpaid work requirement after the order is imposed).

Weaknesses

- a) **JSW lacks a strong, national infrastructure to influence, promote and implement national policy and strategy** within the criminal and community justice arena. COSLA represents the interests of local authorities (rather than JSW specifically) and it does not direct the activities of its members. Social Work Scotland (being a small voluntary organisation) has neither the resources nor authority to effectively represent or direct local authority JSW services. Community Justice Scotland (CJS) is focused on community justice partnerships, not JSW. In other areas of public policy (e.g. children and families, adult social care) social work practice is supported, at least to some extent, by organisations funded to assist with implementation and facilitate improvement.
- b) **JSW has a low profile and limited voice within local government.** Even in the narrower context of social work services/departments, when set against children services and adult social care, JSW can be a relatively low priority. This is despite individuals and families frequently working with all of these services simultaneously, including JSW, and the essential multi-agency and partnership working that this entails. This can mean there is **limited understanding of the service among local senior managers and councillors**, leading to poor governance and accountability.
- c) **Unreasonable variation in the provision of services between local areas**, e.g. the availability of bail supervision, diversion from prosecution schemes and structured deferred sentence; different interpretations of NOS, including breach etc.; ViSOR. This leads to a lack of consistency in approaches and potentially outcomes for people working with JSW all of which should be predicated on identified best practice. To an extent this is explained by severe cuts in the JSW grant affecting some local authorities when the current funding formula was introduced 5 years ago. This necessitated hard choices in what services to provide, such as bail supervision.
- d) Much of **JSW guidance, as well as the high-level National Outcomes and Standards, are now out of date**, no longer reflecting the changes that have occurred in policy and practice. Moreover, it is increasingly unclear who has responsibility for and ownership of reviewing, rewriting and publishing JSW

guidance. To update these is a very significant piece of work, but an essential one if we are address the weaknesses discussed at c) above.

- e) Notwithstanding the (largely quantitative) JSW related data in the community justice outcome and improvement framework, **different local authorities continue to use different performance and quality assurance frameworks**. This makes it very difficult to benchmark performance, quality assure practice, or develop shared short-, medium- and long-term outcomes.
- f) **Different information and case management systems** (where, and if, the latter exist) are in use, with two main private providers (OLM and Anite) and several bespoke systems.
- g) In the absence of any central direction or leadership, **policy and practice developments are often very slow**. In the case of the 'Throughcare and Release on Licence' joint prison and community based report (TARL) it has taken eight years from the start of the work to reach an agreement in principle among the thirty-two local authorities; it will now take further time and effort to implement the agreement. Many similar examples are available. Furthermore, at present the responsibility for coordinating local authorities and engaging with national partners falls to members of Social Work Scotland's Justice Committee. Not only are these individuals volunteering their time (often over and above their contractual hours), they are also not properly empowered to represent local authorities in national negotiations.
- h) **National training for JSW now sits with Community Justice Scotland (CJS)**, even though that organisation's purpose is partnership development, diversion, etc. Training on some programmes, such as LS/CMI, is specifically for a single agency, not partnerships. JSW were not properly consulted with prior to CJS assuming these responsibilities, and as a result it has created tensions and confused relationships between JSW and CJS. It is our understanding that CJS did not anticipate or expect to be given this remit by Scottish Government.
- i) **Systematic underfunding of JSW over a number of years**. While the Scottish Government grant for JSW is ring-fenced, the legislative and policy agenda has significantly increased demand (e.g. Community Payback Orders), outstripping the very marginal increases in funding made available each year. Moreover, the current funding formula actually penalises JSW for successfully reducing re-offending, as retrospective three-year activity levels are the basis for allocation.

Many of these issues are not going to be resolved by simply moving JSW into the NCS. A broader package of measures is needed to provide justice social work with the enabling context required to realise our shared (Scottish Government and social work) vision for community justice.

Any national discussion about the future of JSW must be prefaced by a commitment from Scottish Government to properly understand the costs of JSW, and the resource requirements necessary to deliver its (Scottish Government's) policy agenda. We welcome the fact that a process is now underway, led by Scottish Government, to review and reset JSW funding. Only with the appropriate level of funding

(and by association, staff levels) in place can other issues be properly addressed, such as consistency of practice between areas, performance monitoring, etc. That fact will remain irrespective of whether JSW is included in the NCS scope; arguably the issue becomes even more important for Scottish Government to make explicit its commitment, as many local authorities currently 'top-up' the ring-fenced allocation from SG to JSW, enabling a broader base of services than the central grant alone would allow. Inclusion in the NCS would deny JSW that additional source of budgetary support. Moreover, inclusion in the NCS will require the ring-fenced allocation to be reviewed in its entirety, as the 'service' will no longer be a local government responsibility. A significant risk to JSW moving into the NCS is the loss of the funding protection the ring-fence provides; in the discussions to follow the consultation, commitments from SG that a form of the ring fence will be continued in the new NCS structures will be essential and it is imperative ringfencing is retained regardless of whether JSW is in scope or not.

Progress on a number of issues identified above would be significantly enhanced and accelerated through the support and leadership of a national social work body empowered and tasked with facilitating improvement in local JSW services. As such, we are pleased to see the proposals in the consultation for the establishment of the National Social Work Agency (NSWA). Whatever the eventual scope of the NCS, the NSWA should be for all parts of the profession, and all the services and functions the profession is responsible for. A strong JSW component within the NSWA should help provide the voice, coordination and leadership that is needed nationally, as well as a substantive organisation to represent JSW among justice system partners. It should also, if social work is ultimately split across different accountability structures, help facilitate the links between those structures, which is essential to the effective delivery of JSW (and all social work). For example, the intersection of Justice and Alcohol and Drug services, in particular through the Rights Respect and Recovery strategy. Also access to health and social care while in prison, the inconsistencies of which have been well documented, and acknowledged by Scottish Government. Justice and adult social work teams will need to work together to ensure individuals deprived of their liberty in prison are still able to have their remaining human rights upheld. And in the run up to release, and the transitional period when a former prisoner returns to their community, the partnership between social work teams (including children and families) becomes even more important still, applying the ecological lens to take account of the individual's needs, but also those their family and community. This will need to be carefully considered and managed in a NCS where adult social work sits and other areas of social work, such as Justice, will remain outside of the structure.

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?

SWS response to Q38: As noted already, Social Work Scotland members have expressed concern and hesitation about leaping into inclusion of JSW into the NCS. There is a desire

among JSW leaders for their staff and services to remain part of the wider social work body, but also a pragmatic view that JSW must privilege structures and partnerships which enable it to support and supervise people in the most effective way possible. It is accepted (and called for) among SWS members that JSW needs to be improved as it is not working as well as it could.

Reform, however, needs to be orientated towards creating a workforce of sufficient size and capability for the work entrusted to it, and a social model of support delivered through relationships. To that end, SWS will engage constructively and positively with invitations from Scottish Government to explore the possible options for reform, including inclusion in the NCS.. The NCS is a potentially valuable opportunity for public service improvement. However, if the time is not taken to get it right, it may represent a significant risk to public services. Therefore, it is appropriate time should be taken over the design of the whole; time in which detailed discussions about the best next steps for JSW can be carried out in parallel, which should consider all the potential alternative options. If the outcome is inclusion in the NCS, then all relevant services can move into the structure together, thus ensuring new processes and cultures are created together.

In conclusion, the issues identified in our answer to Q36, including the strengths and weaknesses of current arrangements, need further discussion and resolution before and decisions about whether and when JSW can be included in a National Care Service. As Professor Andrew Coyle concluded “There is no evidence that particular organisational arrangements for the delivery of criminal justice provision in any one country lead to a higher or lower use of imprisonment or affect re-offending rates⁹.” Social Work Scotland agrees with Professor Alexis Jay that “The strongest correlation for good outcomes is with the quality of leadership. Not just of social work, but political and corporate¹⁰.”

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)

SWS response to Q39: The key opportunity we have identified (of JSW being part of a NCS) is an enhanced, holistic, social model of support for individuals and their families, with ‘seamless’ connections between justice, adult, health, drug and alcohol and children’s services. Locality-based multi-agency teams, part of the NCS but very much rooted in the community they support, could provide a truly wrap-around approach, through one or two key relationships (i.e. with the individual’s justice social worker), which ensured that social care, health, addictions, educational and material needs were identified and met. At the

⁹ As part of the response to the 2003 single agency proposal, COSLA commissioned Professor Andrew Coyle, Director of the International Centre for Prison Studies at King’s College, London to review the available international evidence and explore whether this supported a hypothesis that a single agency would lead to a reduction in re-offending and the use of custodial sentences.

¹⁰ Professor Alexis Jay was speaking at the Social Work Scotland Annual Conference 26 October 2021 during a discussion on Leadership in Social Work.

same time, the team could be facilitating safe and nurturing engagement between the individual and their children. A NCS that included all areas of social work has the potential to meaningfully improve outcomes through this 'whole-system' approach. However, what the NCS potentially offers with one hand, it takes away with the other. For example, access to housing for those released from prison is a significant issue, and moving JSW into a NCS risks creating further distance between social work and housing partners, who must work closely together to secure good outcomes for individuals.

There is also the potential with the NCS, albeit highly uncertain, that funding for JSW and voluntary sector partners is increased to the levels necessary for Scotland's community justice ambitions to be realised. With accountability sitting squarely with Ministers, and now with the ability to direct activity more clearly from the centre, the political incentive to resource the system adequately may grow.

If effectively resourced, with appropriate numbers of social workers for the scale of need and responsibilities, a NCS could support the preventative and relationship based approaches that underpin effective social work interaction in all settings. Frameworks designed on best practice and research, and implemented with support from specialised intermediary organisation(s), would enable effective, value-for-money approaches to be developed and scaled up nationally. Social workers, through their training and experience, are facilitators of change and would be ideally placed to support effective engagement with this process. If given the right conditions to work in (i.e. scope to do community-based, preventative activity) the cumulative value of social work interactions is social justice and social change, addressing the day-to-day reality of inequality, prejudice and isolation.

Approaches to public protection across Scotland may benefit from the consistency that an NCS could bring, if all areas of social work were working together under the structure. Professional governance arrangements for social work's legislative responsibilities should be integral to the design and development of any structure under which these functions are carried forward, and the establishment of a structure such as the NCS should incorporate this to allow for effective oversight arrangements.

Undertaking the design and development of a future JSW service requires the early engagement of those who have used and delivered the service and adopting a trauma-based approach that recognises the harm caused to people when they experience adverse childhood experiences. It is crucial to take into account the personal circumstances of individuals and their level of maturity when completing assessments, including obtaining information about factors that may have affected a young person's development, such as whether they are or have been in care. These are all things research shows are common to

many young people who are in conflict with the law. There is now compelling evidence that the brain continues to develop until at least age 25¹¹.

The design should reflect a human-rights based approach, orientated towards our shared Community Justice aims. Involving people with lived experience in co-designing services plays an important part in understanding what works. The Commission on Women Individuals that have offended recognised that “Services should involve those using the services in the planning, development and reviewing of those services¹². Moreover, this upholds the principle that people often know what is best for them. JSW practice is based on the risk-need-responsivity principle which states that once the risk posed by the individual and their needs are identified, individuals should be matched to services and interventions based on their unique characteristics (i.e., responsivity factors) such as gender, age, ethnicity, learning style, motivation to change, cognitive abilities, mental health etc.

Nevertheless, JSW plays a pivotal role in contributing to public protection and community safety and an ethical rights based approach must balance the rights and needs of the offender set against victims of crime and their right to feel safe and to be protected and to live their lives free of fear.

Q40. What risks or challenges do you think could come from justice social work being part of the National Care Service?

SWS response to Q40: We have already noted some of the risks in our previous answers, including: marginalisation within a NCS overwhelming focused on the needs of older people and people with disabilities, the loss of ring-fenced funding, and new barriers created between JSW and key partners (such as housing). Moreover, delivering a comprehensive and holistic social work service requires clear pathways and accessibility to resources. If JSW were part of a NCS but other key disciplines from social work were not (e.g. drug and alcohol services, children and families) and the profession was fragmented between local authority and national accountability models, there would be risks to achieving positive outcomes. There would likely be complications too around protective duties, if individuals / cases moved from one accountability structure to another. Detailed consideration must be given specifically to the join between JSW and Alcohol and Drug Partnerships, MAPPA, and Adult Support and Protection committees, which are all legislative requirements and currently sit within local authority arrangements. To achieve a competent and consistent public protection oversight there will need to be clear accountability within these

¹¹ The development of cognitive and emotional maturity in adolescents and its relevance in judicial contexts, The University of Edinburgh, submitted to the Scottish Sentencing Council, January 2020
<https://www.scottishsentencingcouncil.org.uk/media/2044/20200219-ssc-cognitive-maturity-literature-review.pdf>

¹² Commission on Women Offenders report, 2012

arrangements, without which there will be a risk to individuals and organisational risks relating to delivery on legislation, strategy, and policy.

Ring-fenced funding arrangements for Justice social work may be compromised in a split service structure. Determining priorities between national and local structures could result in justice funding being reduced. We would strongly support continued ring-fenced funding for JSW delivery, with allocations increased to match the scale of activity demanded by legislation and the criminal justice system. To achieve the aims that the NCS has set for Scotland, effective social work engagement through a relationship-based approach is required. Social workers require the time and space to work through complex circumstances with an individual, leveraging strengths and enabling self-determination through a human-rights based approach. There will be a risk to achieving the aims set out in the NCS proposals if there is not sufficient investment in the workforce (including para-professionals) responsible for delivering social work.

Q41. Do you think any of the following alternative reforms should be explored to improve the delivery of community justice services in Scotland?

- *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*

SWS response to Q41: Social Work Scotland members are supportive of reform and improvement in how JSW is delivered. **Over the past two years members have debated various options for reform, and a strong majority have consistently rejected the idea of a national justice social work agency of any kind (including a ‘hybrid’ model).** Many have argued that the current structure, although imperfect, suffers primarily from persistent underfunding. The language in the question about “improving the availability and consistency of services” can only be achieved by significantly increasing the resources available to JSW and its community justice partners (particularly in the voluntary sector). Of the options discussed over recent years, members have indicated some support for a more ‘national approach’ to justice social work,

but delivery remaining firmly grounded in local communities, knowledge and relationships, with clear pathways to key partners and the other disciplines in social work. Establishing a dedicated national body to assist local JSW with implementation and improvement (including training) was generally seen as the best way to achieve this (in combination with a review of JSW funding and national commitment to meet the true costs), including evaluating performance, and facilitating implementation of policy and effective evidence-based approaches to ensure greater consistency. We are pleased to note the proposal in the consultation for a National Social Work Agency, and would suggest that a specific 'directorate' within that agency, dedicated to JSW, could fulfil that role.

Social Work Scotland has not taken a position on these alternative reforms. As we said in our response to [Q37](#), the issues identified in our answer to [Q36](#), including the strengths and weaknesses of current arrangements, and the need for further discussion and resolution around viable options for Justice social work before a decision can be made as to whether and when JSW can be included in a National Care Service.

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?

SWS response to Q42: Possibly, depending on the NCS scope and other factors. Social Work Scotland members have noted that, if JSW is included in CHSCBs, then the alignment of Community Justice Partnerships with CHSCBs makes sense. Moreover, if this alignment was part of a wider effort to improve the consistency of community justice services across Scotland, then it would be of benefit to those engaging with JSW.

If JSW is not included in the NCS structures, then further thought would need to be given to the appropriate alignment and reform of Community Justice Partnerships. But whatever the alignment, Community Justice Partnerships should be grounded in shared principles, a social model approach, and human rights. In this way, the delicate balance of a social worker's 'duty of care' and the individual's right to self-determination can be best achieved, buttressed though strong partnership and collaboration.

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?

SWS response to Q43: Yes. **Social work is a central part of the process through which most individuals access social care support funded by the state. In any rights-based, person-centred system, the opportunity to engage with social work – and through it, social care – should not be dependent upon where an individual currently resides; including prison.** The provision of social care services is often essential to the maintenance of personal dignity, and the National Care Service presents an opportunity to ensure social care provision is available at the scale and diversity necessary to meet the human rights of prisoners. The situation at present, as evidenced by the Scottish Government's 'Health and Social Care in Prisons' programme (in which Social Work Scotland has been an active participant) requires dramatic improvement; particularly when the demographic trends of the prison population are taken into account. Few prisons, working in partnership with their local Health and Social Care Partnership, are satisfactorily meeting the social care needs of their prison population, even when operating fairly restrictive definitions of 'need'. Equity (in the availability of services) is an issue, as is quality. The NCS assuming responsibility could enable the learning from the Health and Social Care in Prisons programme to be scaled up and embedded at speed.

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?

SWS response to Q44: Yes. Social care support should be accessible to all those who require it, on a non-judgmental and compassionate basis, giving meaning to the individual's human-rights. An individual should not be excluded from a supportive, relationship-based assessment process, and the support which might follow, because of where they are living or what they have done. We support an approach to social work and social care in prisons which is focused on outcomes, and to the greatest degree possible, personal choice and control. The environment certainly creates complexities, but we know from our own contribution to the national Health and Social Care in Prisons programme that it is possible to deliver quality, relevant support that meets the social care needs of prisoners.

To ensure the NCS fulfills its responsibilities around social care in prisons, we recommend that specific instructions are set out for the Care Inspectorate and other relevant regulator bodies, to regularly monitor and inspect the quality of provision. The National Social Work Agency could also play a role, ensuring the social workers involved are properly equipped, and supporting them to consistently apply a human-rights based practice model in their work.

ALCOHOL AND DRUG SERVICES

[Extract from NCS Consultation paper, page 80-81]

What we propose

People with problematic substance use are often one of the most marginalised in society, and those with lived and living experience of problematic use of substances should be included in a collaborative, rights based and participative approach to the design and monitoring of services. This should recognise that additional support may be needed to facilitate full participation.

We expect that Community Health and Social Care Boards (CHSCBs) will continue to be key partners in ADPs, taking the place of Integration Joint Boards (IJBs) and will continue to provide the governance, finance and procurement functions for them. However, we will consider whether changes can be made to make ADPs more effective and whether they should become part of the National Care Service (NCS) nationally and part of CHSCBs. We would like to hear your views on what changes might be helpful.

We are also considering whether it would be more effective for the NCS to commission specialist provision, such as residential rehabilitation services, on a national level. The aim of this would be to increase accessibility of rehabilitation programmes, and aid in developing good practice on referral pathways, and ensuring funding models are clear and deliver value for money. We are also interested in views on whether other alcohol and drugs services might be better organised on a national basis

Q45. What are the benefits of planning services through Alcohol and Drug Partnerships?

[Better co-ordination of Alcohol and Drug services]

[Stronger leadership of Alcohol and Drug services]

[Better outcomes for service users]

[More efficient use of resources]/

SWS response to Q45: Social Work Scotland supported and still supports the very necessary establishment of local Alcohol and Drug Partnerships, believes they are delivering important benefits, and seeks for their role to be strengthened and better resourced - whatever the outcome of the NCS consultation.

We are pleased to see a separate section on Alcohol and Drug services in the NCS consultation paper. We welcome the First Minister's commitment, in the *Programme for Government*, to address "the national tragedy of drugs and alcohol related deaths":

We will invest £250 million to tackle the drugs death emergency over the course of this Parliament, ensuring better outreach, treatment, rehabilitation, and aftercare services in every local authority, and move quickly to guarantee people access to same-day treatment and a wider range of treatment options, so they can get help when they feel ready.. [Page 4]

Social Work Scotland also agrees that “Alcohol-related harm is also one of the most pressing public health challenges that we face in Scotland” (Programme for Government, page 30). While we acknowledge that extra funding has been put in to support ADPs this year, we believe more funding is required to deliver the outcomes sought for on this key public health issue.

We believe strongly in evidence-based, experience-led service planning, reflecting detailed consideration of the range of people’s lived experience when designing and constructing social work and social care services. In addition to involving people with lived experience (both the recipients of support, and those at the frontline providing that support), service planning and design should clearly and explicitly reflect the strengths and needs of local communities, with a view to addressing social and health inequalities. Services should provide measurable indicators for improvement, support preventative approaches, and give meaning to individual’s human-rights. **Planning should facilitate improvement that is based in implementation science, recognising the importance of leadership, administration, relevant data and skills / competencies as essential components of sustainable, scalable change.**

The *Programme for Government* states that “the inclusion of alcohol and drug services in a new National Care Service” is essential for linking together policies and services around: drugs and alcohol, and “keeping the Promise that every child grows up loved, safe and respected; addressing childhood trauma; mental health; housing and homelessness; poverty and inequality; education and prevention; and improvements in the justice system. Children’s services (including delivering The Promise); mental health”. [Page 29]. **Social Work Scotland believes that it is essential that those links are maintained and developed at local level whatever the outcome of the NCS consultation and new legislation.**

Alcohol and Drug Partnerships (ADPs) provide whole system, strategic leadership around the development and delivery of local strategies to reduce the use of and harm from alcohol and drugs. The multi-agency and partnership working that is required to deliver on local strategic plans benefits from clear governance and accountability routes. **Siting an ADP within a social work structure supports an approach from a social model of care, with human-rights and social justice at its core. It is essential that this is not lost in any future reform, but instead strengthened.** Social workers hold the training and skills to support a wider understanding of the intersections of poverty, deprivation, trauma, and alcohol and drug use, and can provide this perspective to support effective service delivery in the communities people live in.

The Partnership Delivery Framework (agreed by COSLA and Scottish Government in July 2021) and Whole Family Approach Framework (in draft, due to be published in November 2021) will support strengthened governance for ADPs and ensure a good strategic fit with other planning and delivery partnerships. Having social workers involved in ADP oversight supports the necessary understanding of the social causes and impacts of alcohol and drug use within communities, with attention to the specific needs of rural and island communities and the needs and challenges this can pose toward service delivery.

Q46. What are the drawbacks of Alcohol and Drug Partnerships?

[Other drawbacks]

SWS response to Q46: Alcohol and Drug Partnerships are a good model for facilitating a whole system approach to addressing and preventing harmful substance use, however their link into existing governance structures for Councils, Health and Social Care Partnerships and Health Boards needs to be clearer. It is also a good moment to clarify their role – are they advisory, or directive? **Obtaining a firmer footing in the context of the current organisational landscape would be helpful in addressing any confusion arising around accountability and responsibility for ADP strategic priorities.**

Including ADPs in the NCS would require careful, informed consideration of the whole system approach to alcohol and drugs services, and an acknowledgement that some essential partners are not likely to be included (in the NCS). Therefore, the scope and reach of taking forward local priorities from a centralised structure may be limited. Furthermore, **the one model approach to NCS service delivery, through a CHSCB, may not meet the needs of rural and island communities, with geographical challenges and ability to sustain the workforce required to deliver services in these areas.** Further detail around this will be provided in response to the questions on the 'Reforming Integration Joint Boards' section of the consultation.

The use of a social model alongside a medical model widens focus beyond an individual's presenting issues, towards addressing the underlying causes of problem substance use, how problem substance use intersects with poverty, deprivation and trauma, and the impact of substance use on children, families and communities. Social workers are trained in, and hold the skills to, view the social impact of problem substance use and to support the wider social improvements that will be necessary to support effective, macro change. A medicalised approach to problem substance use may provide an impression of progress through a reduction in the number of deaths from alcohol and drug use, but it will not effect change at a systemic or societal level. It represents ongoing treatment of symptoms, rather than pursuing solutions to the underlying problems.

To maintain strength in an ADP, the role of the ADP Support Officer should be clearly understood and endorsed by all partners and stakeholders; in that it is to coordinate

services to achieve the strategic aims of the partnership. Securing greater clarity on the role of the Support Officer will improve operational oversight.

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

SWS response to Q47: Our answer depends on what, if any, social work disciplines and functions are included in the NCS. Approaching this with an open mind, **if CHSCBs are to be the delivery body for all social care, social work and community health services, then there is a case for including ADP responsibilities too.** Aligned with various other relevant professionals and services, at the locality level, it holds the potential for seamless, effective services in the community for people affected by problem substance use. Inclusion may also support implementation of the Partnership Delivery Framework, recently developed and signed off by COSLA and the Scottish Government, as well as the Whole Family Approach Framework (Scottish Government – currently in draft and due to be published in November 2021). Progress with these important developments requires investment, coordination and implementation support; all potential benefits of inclusion within CHSCBs (although we appreciate that there is equal risk that other CHSCB priorities may marginalise ADP work). In respect of the social work role in ADPs, the National Social Work Agency could play a key role in identifying and assisting in the scale up of practices and approaches that work. Thinking practically too, ADPs will require continued support in terms of procurement, finance and legal (among others), all of which are currently provided via Health or the local authority. With the dissolution of IJBs, in the creation of the NCS, the support to ADPs would need to be located somewhere, and CHSCBs could be appropriate. Information obtained at a local level to support procurement and commissioning can be provided from ADPs to reflect local need and to take into consideration rural and island requirements.

Having ADPs situated within a CHSB might also support a wider lens being used to view substance use, as it connects to social inequalities, poverty, deprivation and isolation. **Too often substance use is viewed as something “other”, distinct from other social issues and social care needs. It is not different, even if some of its features are unique.** As the consultation document rightly notes, harmful substance use permeates communities and families, affects people at different points within the lifespan and can affect individuals alongside physical disability, learning disability and mental health challenges. Often, it is a symptom of trauma and/or a coping strategy for mental health challenges, or severe and enduring mental illness. We must see the whole person, not just their harmful substance use, and we must view the person in the context of their family and friend network, and their community. In taking this approach, **we must deploy our social model of care, through skilled social workers and high-quality social care and health support, to see these intersections and come up with person-led, empowering strategies through which to provide assistance.**

Scottish Government has recently provided additional funding to ADPs, which brings funding back to pre-2017 levels. Alongside this, new reporting and governance arrangements have been announced. In any decisions made regarding governance routes for ADPs it is imperative that these developments are taken into consideration. Furthermore, **whatever the final structures adopted for the NCS, ADPs must be rooted in their local area, reflecting their unique context, communities and local needs in their planning and service delivery. Moreover, social work must be central to their leadership and operations.** Individuals who are concerned about either their own drug and/or alcohol use, or the alcohol/drug use of someone close to them, may not require a 'service', but rather the relationship-based assistance and support which is at the core of social work practice. Social workers in drug and alcohol recovery-based services deploy the use of self, and invest time in the relationships, as means to effect change. They can also coordinate input from other agencies and professionals, and work directly on historical trauma or current material or social issues. A well-resourced social work team is key to unlocking long-term, positive change through an ADP.

If ADP responsibilities are in a CHSCB, the roles, responsibilities and accountability within the partnership will need to be very clearly set out. There must be governance routes into other bodies, such as councils (including community planning, housing, and other social work services) to ensure that the protecting people agendas and the impact of communities on individual outcomes are not lost. **Police, children & families' services, health partners, housing providers, people with lived experience, the criminal justice system and the voluntary sector are also all critical partners within an ADP. Any reform of structures that undermined relationships, or make cooperation more difficult, would be bad for ADPs** and bad for the people ADPs exist to support.

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

SWS response to Q48: Social Work Scotland supports the whole system approach that ADPs represent, in identifying local and individual needs and shared multi-agency responsibilities. We acknowledge that the system could be improved in its operation, with stronger governance structures forging clearer pathways between agencies and services to minimise duplication and support a seamless access to services for an individual. However, a model that is about delivering services at a local level, informed by local need and underpinned by shared ownership, are all aspects that should be retained. This will have particular relevance to the design and development of services in rural and island communities; the geographical implications of 'centralised' approaches should take this into account.

Seating Alcohol and Drug services locally offers the opportunity for community informed service delivery, local leadership, and supported cultural change; all components of sustained improvement. ADPs in this context could be well supported by a National Social

Work Agency, acting as a central reference point and bridge between ADP social work teams nationally, without impinging on local delivery and shared accountability.

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

SWS response to Q49: No. The ethos and strategic aims of ADPs (i.e. to reflect and influence local service delivery through individual and community engagement) would make centrally commissioned residential services a challenge. This is of particular relevance for rural and island communities, where service development needs to be flexible to local resource and need.

Ensuring a variety of rehabilitation approaches is available to support effective models of recovery is certainly a priority. Currently, most Scottish rehabilitation residential units follow the 12-step recovery model. We would recommend offering a variety of approaches to recovery, maximising the effectiveness of residential treatment for a wider variety of people. We also believe more attention needs to be given to social models of support, in addition to public health approaches, to ensure the intersection of social inequality, poverty, and trauma are considered in holistic approaches to recovery. All of which requires investment. Having the financial resource available locally to support specialist service design and commissioning would be preferable to a nationally commissioned approach; the latter of which we fear would lead to a 'flattening' of the offer to people affected by substance use, despite the fact that we need more diversity and choice, to better match with people's unique needs, and to give meaning to their rights of choice and control. Leveraging the current role of Scotland Excel to ensure economies of scale, and to support negotiation of consistent pricing across the sector, would offer a national role within a local delivery approach. ADPs can provide the local information required to ensure services delivered meet the specific needs of an area, while the NSWA (alongside other implementation and improvement bodies) can offer perspective in providing effective implementation of best practice models of care and support.

Critically, the biggest challenge in terms of residential rehabilitation is not the facility itself, but the aftercare. Individuals leaving residential rehabilitation face lots of challenge, and need a scaffold of good support networks, housing and communities that feel safe, and secure and meaningful activities, whether these be community, education, or employment based, to support their recovery. Nationally commissioned residential rehabilitation facilities may become detached from these inherently local, community-based services and activities.

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

SWS response to Q50: Scottish Families Affected by Alcohol & Drugs, Scottish Drugs Forum, Alcohol Focus Scotland, and Scottish Recovery Consortium are already nationally commissioned and provide good support to local areas. These represent a range of services effective in supporting alcohol and drug recovery. The flexibility needed in rural and island communities to design, develop and commission services should be a local approach. The impact on the sustainability of current services may be impacted if a national approach is taken and this could weaken rather than strengthen services in these areas.

The existing Medication Assisted Treatment (MAT) Standards, which areas are required to adhere to, and the NHS Education for Scotland National Trauma Training Programme and the Whole Family Approach Framework, all provide a suite of actions which, if implemented properly, would facilitate good quality, person-centred, family inclusive practice. These developments should be carefully taken into account when commissioning any service, either locally, or nationally. Rather than additional services being needed, we suggest the challenge is in securing sufficient scale and flexibility in those services (to meet the needs of individuals and communities) and in ensuring that all of the current initiatives and services are identified and well connected.

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?

SWS response to Q51: We recognise that there is work underway to embed independent advocacy and lived experience forums into ADP Strategy Groups. This requires time to be evaluated, before making decisions on any new initiatives. There is an expectation that ADPs will undertake annual peer-assessment (from October 2021 and onwards) and produce annual delivery plans (December 2021 and onwards) therefore it is reasonable to expect evaluation information by October 2022, which will steer new developments and can help shape the future of service design and delivery. Regardless though, rural and island communities will continue to require flexible approaches to developing services, ensuring they meet their communities' needs and reflect the resources available in their workforce.

Greater use of the information, data, and learning gained through local ADP oversight would be welcome. We see the potential of the NSWA here, assisting in identifying the relevant learning and deploying effective implementation methods to embed it throughout the country.

MENTAL HEALTH SERVICES

Q52. What elements of mental health care should be delivered from within a National Care Service?

- *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*

SWS response to Q52: Social work plays a significant, specific role within mental health, through the Mental Health Officer (MHO) role and as active members in Community Mental Health Teams. The MHO social worker in particular holds a specific designated role recognised and holding duties across the protective landscape. The Criminal Procedure (Scotland) Act 1995, the Adults with Incapacity Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003 situate the social work MHO role in the middle of interventions where there is a delicate, complicated balance required between rights and duty of care (among other factors) for individuals diagnosed with a mental disorder.

Mental health care / services are also critical to a range of other social work duties and objectives, including support for families and care experienced children, drug and alcohol services, homelessness, and so forth. Getting the structures and systems right around mental health care is essential to social work.

But as outlined in previous answers, **we recommend that time is taken for further discussion and exploration of the specific issues relating to service areas before a decision is taken on whether or not to include them in a National Care Service.** This applies to mental health services too. For example, the independence of the MHO role from NHS structures, as recommended by the Milan Review of mental health legislation, may be undermined by incorporation into a National Care Service, depending on its shape and emphasis. It is also not yet clear how the ongoing Scott Review of Mental Health Law will reshape roles, responsibilities and lines of accountability; all future changes must be informed by its recommendations.

In general though, **mental health services are strongest when rooted in a multi-disciplinary team, with professionals from different disciplines (i.e. general practice and psychiatrists, social workers, etc.) working together along clear and well-understood pathways; which include, when necessary, acute services.** Crisis responses to mental health issues, where the police or ambulance services are the first to be involved, are unlikely to create the space necessary for an empowering, strengths-based

approach, offering affected individuals the opportunity to shape and direct the support they receive, and which gives meaning to their human rights.

Mental health service delivery should include a mixed provision of options, and the person receiving support (and their family) should be central to its planning and delivery. To the greatest extent possible, the Self-Directed Support standards should underpin the approach. Even where compulsory measures are involved, we know it is possible to deploy a social model to mental health care, with the MHO role well represented and utilised, that ensures the individual's needs and best interests are balanced with their human rights and principles of least restriction.

In helping to determine which elements of mental health care should be delivered from within a NCS, a practical step might be to develop (in cooperation with supported people and support providers) a series of pen-portraits to capture some of the diversity of people who receive currently support. Through these pen-portraits it should be possible to identify the specific services which are relevant. The relative merits and risks of incorporating each into the NCS can then be assessed, keeping clearly in mind that the objective is to ensure people in all parts of the country have access to timely, high-quality mental health support.

Finally, we believe that to retain the core human rights-based approach to mental health services, social work governance and accountability (to ensure adherence to legislation) must be central and explicit in whatever structures are finally decided upon. All social workers engaged with people with mental health conditions, and MHOs specifically, require those in senior positions to hold the knowledge and authority to assist when other professional views and priorities conflict with a human-rights based approach. It is essential that a Chief Social Work Officer type role exists to facilitate the accountability necessary when taking forward the functions and duties as a social worker under mental health legislation.

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?

SWS response to Q53: We believe that clear understanding of roles and responsibilities, and well thought out pathways between services, are necessary to deliver effective mental health services. Reflections from Social Work Scotland members indicate that the MHO role is not well understood by some colleagues in the NHS; illustrated by recent research which found that health colleagues do not regularly engage with MHOs at the point of detention (effectively restricting an individual's liberty). In making an 'emergency detention', health colleagues do not require the co-authorisation of a MHO, as they do for a short-term detention. **The function of an MHO in the system is to provide assurance that human-rights considerations have been considered before significant actions are taken. Without recognition of the importance of that function among health colleagues,**

there cannot be effective implementation of safeguards in the system. A National Care Service, of whatever scope, should seek to address this.

The independent role of the MHO could be enhanced in line with reforms made in England, which provide the MHO with the authority to manage the whole process of assessment, identifying alternatives to admission where appropriate, and providing the ability to access acute beds (such as in out of hours circumstances).

Furthermore, accountability routes for mental health decisions could sit with social workers in senior and executive positions. Recent reports from the Mental Welfare Commission have indicated approaches to hospital discharge for individuals with alcohol related brain injury which have not always met legal expectations. This is a risk to the current and future delivery of mental health services that can be mitigated, again, through a better understanding of the MHO role among health colleagues, backed up by a strong social work governance structure that puts health and social work professionals on an equal footing. Resources need to be directed toward mental health services, targeted toward frontline staffing and training, to improve the experience of individuals having a mental health crisis and to reduce the impact on families, carers and partners such as Police Scotland.

Investment in the social work workforce is necessary to take forward mental health work in line with legislative expectation and through the aims and aspirations of strategic plans. We see a role for the National Social Work Agency (NSWA) in supporting the development and implementation of the MHO role. A NSWA that supports a consistency in workforce terms and conditions, remuneration, and career progression will likely make significant progress in addressing the challenges of recruitment and retention among MHOs. To develop a workforce that can deliver the breadth of mental health support needed in our communities, including but not limited to the MHO role, national workforce planning is needed, with the links between recruitment, education, post qualifying support and advanced practice all mapped out and closely managed. The NSWA could also support mental health work through implementation science approaches, helping to identify and direct government funding toward those areas of development that would offer the most useful improvement. This would be a centralised and helpful way to support the aims set out in the Mental Health Strategy 2017-2027 and ensure consistency and impact.

In addition to the aims set out in the Mental Health Strategy 2017-2027, the Mental Health (Care and Treatment) (Scotland) Act 2003 places a duty on local areas to work on preventative measures to support those individuals with a mental disorder who live in the community. Properly resourced community mental health teams, comprising health and social work staff, could offer a great deal to preventative work, and support a reduction in the avoidable escalation of mental ill health, its consequences for people and the demand on Police, Scottish Ambulance and NHS24 resources. **Multi-disciplinary mental health**

services can support a whole person approach, including Alcohol and Drug services, Children and Families, Justice and Adults.

NATIONAL SOCIAL WORK AGENCY

Q54. What benefits do you think there would be in establishing a National Social Work Agency?

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

SWS response to Q54:

Other/All of the above. In the course of our engagement with the Independent Review of Adult Social Care, Social Work Scotland identified a range of potential benefits that might flow from a National Social Work Agency. We were therefore pleased to see the idea taken up in the final report from that review, and proposals set out here in the consultation.

A National Social Work Agency is no panacea or silver bullet for the challenges facing social work and social care. We also appreciate that it is unlikely to seem a priority for others working in, or seeking support from, the social care and health sectors. Some will likely argue that it is unnecessary, duplicating the role of existing bodies and creating unwelcome additional bureaucracy. These are risks, which we will need to actively mitigate and manage.

But for those working in and leading the profession, the establishment of National Social Work Agency is a vital piece in the jigsaw of reform, providing the levers we collectively need to plan, develop and improve social work in Scotland. It will be complementary to existing bodies, assuming responsibilities that currently no one holds, and bringing greater coordination in areas where various partners have a role.

At present the national arrangements for social work are messy and inefficient, with Scottish Government, employers, SSSC, Social Work Scotland, improvement bodies and many others all separately 'leading' on aspects of social work's development, without coordination. At best, they serve to hold things together. If we are to effect the changes in social work systems and practice outlined by the Independent Review of Social Care and the Promise, and which the profession itself has called for, we need to create an enabling context. The National Social Work Agency alone cannot achieve them, but they cannot be created without the kind of functions and leadership a National Social Work Agency will provide. It is a necessary, but not sufficient, component of change.

In respect of what benefits we think there would be in establishing a National Social Work Agency, in addition to helpfully raising the status and profile of social work (necessary for progress around recruitment and effective multi-agency partnership), improving training and continuous professional development (necessary for progress around retention and improvement) and supporting workforce planning (necessary to ensure we have enough staff to meet demand) we also think it can play a key role in:

- Support to the operational leadership of the profession, nurturing relationships, coordinating activity between areas, helping identify and implement solutions, etc.
- Support implementation activity within social work, bringing professional and improvement expertise together to facilitate evidence into practice, scaling up of effective approaches, etc.
- Partner in the self-assessment-scrutiny-improvement cycle, providing capacity and expertise to assist local areas to make necessary changes.
- Provide connection and communication between the various 'parts' of social work, such as justice, adults and children and families.
- Policy development and evaluation, working with Scottish Government, National Care Service, local authorities and other partners to develop and maintain a coherent and enabling legislative context for social work and its partners.
- Buttress professional structures of supervision and reflective practice, through training, support to line managers, advocacy to employers, etc.
- Leadership and development, for social workers at all career stages.
- Promoting and enabling diversity in the profession.
- Digital leadership and implementation, assisting with scaling up the use of technology in social work, appropriately and consistently.
- Improvements around transitions within and between public services, supporting social workers to embed the Principles of Good Transitions in systems and practice.
- Lead on design and delivery (in partnership with education providers) of 'advance practice', such as Mental Health Officers and Joint Investigative Interviewing.
- Development of workforce structures which facilitate reflective practice, observation and specialisation (and which remove the need for social workers to assume management roles in order to secure greater remuneration).
- Connections into international social work developments, bringing learning from global partners into Scottish discussions and looking back outwards at changes affecting the profession and affecting our communities and economy.

The extent to which these benefits can be realised depends on the resources made available to the National Social Work Agency. But even a core set of functions, centred on workforce planning and development, would represent a positive acknowledgement of social work's value, not just to social care, but across many public service domains, including education, housing and homelessness, justice, etc. Indeed, if the delivery of social work is to be split across different accountability and employment structures (i.e. adults in the National Care Service and justice in local authorities), the potential value of the National Social Work Agency increases, providing a central location in which the profession can

continue to cooperate and grow as a holistic, integrated profession of shared values, mission and duties.

To unpack the potential benefits of a National Social Work Agency, we have selected below a few areas for more detailed exploration.

Professional status – The public and professional partner's understanding of the social work role is often limited and reductive, focusing in on specific functions or responsibilities (e.g. 'protection' or 'assessment'). This has consequences for practice (as we illustrated in our examples around MHOs are health colleagues use of emergency detentions) but also the morale of the profession as a whole. We consistently receive feedback from members and other social workers describing situations where their expertise and professional judgement are misunderstood and treated as of less value than those of colleagues from other sectors. Considering the prescribed role that social workers play in a variety of systems, working to clarify best interests, risk enablement and rights, the marginalisation of social workers' voice is problematic. But we believe progress can be made through a series of coordinated and consistent measures, designed to enhance and shift public perceptions of the social work role, and inform partners' knowledge and understanding of the role in specific and broader circumstances. At present this job falls on individual social workers and partners. A National Social Work Agency can do more, at scale.

Breadth and depth of professional leadership – A National Social Work Agency, working in close partnership with those with lived experience, employers, academics, education providers and the profession itself, should be able to identify the specialist skills and competencies the profession requires to fulfil its functions, and put in place opportunities to upskill and develop the workforce. These advanced practice pathways should also enable social workers to continue to progress through their careers (with experience and skills recognised through salary and status) without having to take on management responsibilities. A more diverse professional structure and workforce can be developed, which not only mirrors the communities social workers live and work in, but encourages and enables social workers to continue in direct practice without there being a sacrifice to personal circumstances. As confidence grows, and the opportunities to sense-check and consult with experienced colleagues becomes more of a possibility, we would hopefully see a greater degree of professional autonomy within the workforce.

Professional autonomy – A change in culture is required across public services, to enable social workers and other professionals to operate with more autonomy, taking appropriate decisions and holding risk without the need for formal management sign off. It is not plausible to expect power to flow down to people and communities if those tasked with the job of empowerment (i.e. social workers and social care staff) feel themselves disempowered. Although not worded in this way, this has been a consistent finding of review and inquiry after review and inquiry. Systems and structures that are risk-averse, micro-managing and disabling of the skills and motivations of their workforce do not deliver good outcomes for the people who need care and support. And in some parts of Scotland

the system is like this, reflecting hierarchical decision making, organisational rather than person-centred determinations about what resources an individual has access to, corporate vetoes on what individual budgets can be spent on, etc. Social workers' professional decisions are routinely questioned across the assessment and support planning process, and while not all social work intervention results in a discreet 'service', for those cases where this is the recommendation, the professional social work assessment should be given recognition and effect. This would be in parity with colleagues in health, who make assessments and recommendations regarding treatment that are not challenged or changed according to fiscal constraints.

The aim of the NCS is to create a system that enables people to achieve their outcomes in their chosen ways. That requires a workforce that is equipped (numbers, skills, etc.) and empowered to do so.

Supporting the leadership of the profession (e.g. Chief Social Work Officers) – In the current legal context of work undertaken by social workers, the position of Chief Social Work Officer is a legislative requirement to manage the complex balance of needs, risks and civil liberties of vulnerable people, and to carry out workforce planning and quality assurance. This includes responsibility for safe working practices and promoting continuous learning and development for staff.

The establishment of the NCS brings the prospect of social work being split across various accountability and employment structures. This would not be wholly new to social work; the present integration arrangements have resulted in complex, partial and sometimes unsatisfactory structures to accommodate the professional leadership and legislative responsibilities of the CSWO, across all of the profession (irrespective of whether they are 'in' or 'out' of an Integration Joint Board delegation scheme).

Despite complications, within the current model the CSWO does remain the statutory chief officer for social work for each local area. The NCS may change this, creating parallel structures of social work leadership. It will be essential, in that context, to develop strong intra-professional networks. We see a role for the NSWA in this, establishing a supportive framework for engagement, cooperation and learning, inclusive of all. It could also ensure that social work leader's professional development, regardless of employer, is consistent, and rooted in the core professional values and mission.

Leading on Learning and Development – Presently the remit for the regulatory body, the Scottish Social Services Council (SSSC), includes development and implementation of national codes of practice, professional registration, fitness to practice, learning and development, workforce and development and quality assurance. On paper it sounds comprehensive, and it is indeed a wide and varied set of responsibilities. But there are gaps in it, and the scale and complexity of certain aspects means that no single organisation is likely to deliver. A National Social Work Agency could be a valuable partner to the SSSC, leading on training and development and workforce planning and data, in support of the SSSC's regulatory functions.

With regard to Social Work education specifically, the Social Work Education Partnership is currently undertaking work to review and reform the infrastructure that supports Social Work practice placements, with the view of consolidating national and regional structures that ensure the provision of placements within local authority settings (see section on workforce for further detail). As this infrastructure changes alongside the formation of a National Care Service, we propose that this function should also move into the National Social Work Agency. We would suggest that similar consolidation could take place around the supported Newly Qualified Social Work year, the development of an Advanced Practice qualification framework, and data collection to support the intelligence gathered around recruitment and succession planning.

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

SWS response to Q55: Yes. There are risks associated with any change, and the establishment of a National Social Work Agency would represent a significant change for both the profession itself and organisations which educate and employ social workers, among others. We firmly believe the potential benefits of this change significantly outweigh the risks, but it is important that risks are surfaced and mitigation or management strategies developed.

A key risk our members have identified is that the National Social Work Agency is set up badly, without the necessary resources and authority to effect real change. The potential would not be realised, the idea itself would be undermined, the profession weakened. That would, in turn, impact negatively on supported people, particularly those who rely on social work to advocate for their needs and interests. This risk will be magnified if Ministers, partners or stakeholders (or social work itself) present the National Social Work Agency as a silver bullet.

There is a risk of confusion over lines of governance and accountability. To an extent we see a potential benefit here; social work is at its best (the grit in the oyster) when it feels able to speak truth to power, advocate for marginalised groups, and defend principles and values. That requires a degree of independence within structures, and networks of support between colleagues and leaders. A National Social Work Agency could play a constructive role in facilitating this. That aspect aside, though, there will remain a risk of confusing the accountability landscape, with push – pull between different components of our system. Nothing new for social work, who have been operating in integrated structures for years, but sufficiently important for us to plan carefully the lines of reporting and decision making, and the relationships between key parts of the social work system (e.g. SSSC, NSWA, local authorities, etc.).

Another risk is that power, leadership and talent is pulled away from local contexts to the national. Interesting roles with a national remit will be attractive to many, but local delivery will be undermined if effective leaders and managers are pulled away from operational delivery. The solution to this is ensuring providers of social work, such as local authorities and Community Health and Social Care Boards, are creating meaningful opportunities for social workers at the local level, to lead the profession and deliver high quality social work and social care functions.

We are strongly of the view that the scope of a NSWA should reflect the breadth of the profession, encompassing all forms of social work. A major risk would be for the scope of the NSWA to be tied to social work functions included within, or those outwith, a NCS. This could result in a two-tier system for social work, and may foster division, divergent approaches and inconsistency; all contrary to the aims and aspirations of the Independent Review of Adult Social Care, the Promise and other recent reviews.

For the sake of clarity, we state here that regulation of the workforce should be retained by the Scottish Social Services Council, and that the delivery of social work services should continue to happen at a local level (through local government and Community Health and Social Care Boards). We would consider that the NSWA as complementary and supportive to the roles of these key social work partners.

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

SWS Response to Q56: No. We believe that the strengths of the NSWA would be best realised sitting in parallel to the NCS. The ability to support social workers not located in the NCS is vital to affect improvements in practice. Social workers are currently employed in local authorities, through voluntary and third sector organisations, and independently (i.e. self-employed). To truly shift, at scale, the experiences and outcomes of those requiring social work assistance, the NSWA must sit independent from the NCS.

Independence from the NCS, and other structures responsible for the employment and management of social work, is also important in respect of enabling the NSWA to perform, at a national level, the role social workers should be fulfilling at levels; principally, supporting organisations to maintain a clear focus on prevention, human rights, choice and personal control. These are not the preserve of social workers, but the profession has specific statutory duties and responsibilities in these areas, which an 'independent' NSWA can help amplify and make real.

Clear roles and responsibilities would require to be articulated at the establishment of the NSWA and Social Work Scotland is well placed to support and facilitate such discussions to ensure thoughtful considerations were made at the earliest point.

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*

SWS response to Q57: In our response to [question 53](#) we identified the areas in which the NSW Agency could make a sustained, positive impact, and we refer back to that for an answer here. We would support the NSW Agency having a significant leadership role on the areas listed here (albeit not necessarily an exclusive leadership role), and would add to the list the development of the professional career and management structures needed to effect the full value of social work. We view this as necessary to support social workers to exercise their professional autonomy within legislative duties, regardless of the structures within which they work, or community they support.

REFORMED INTEGRATION JOINT BOARDS

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?

SWS response to Q58: No. While we agree with much of the Independent Review of Adult Social Care’s commentary on the challenges associated with Scotland’s variety of integration arrangements, reflecting on the input of our island members, among other factors, we believe it would be a mistake to impose a single model of integration on the entirety of Scotland. Some flexibility will be needed to allow specific parts of Scotland to identify models which work best for their communities, taking into account geography and local economies.

That does not preclude, however, reducing the current level of variation, nor should it undermine the valid objective of securing a greater degree of consistency in local arrangements. Current legislation permits a significant degree of local discretion; it should be possible to narrow this without foregoing the flexibility areas will need to meet unique local circumstances. This is especially the case if the National Care Service only extends to adult social care, social work and community health, as the NHS’ and local government’s discretion over the organisation of other aspects of social care, health and social would demand bespoke arrangements for each area, to ensure appropriate connections.

In the development of Community Health and Social Care Boards, it would be helpful to clarify the flexibility they will have to incorporate services not formally part of the National Care Service’s accountability structure; for example, housing or children’s social work. To allow this flexibility would be to endorse the variety of arrangements seen currently, but to remove it would prevent local areas from making their own decisions about how best to organise local services to meet local needs, and will force some to dismantle effective ‘all in’ arrangements currently in place.

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?

SWS response to Q59: Yes.

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

SWS response to Q60: If the delivery mechanism for the National Care Service is going to be Community Health and Social Care Boards, then to minimise the disruption of transition,

maximise the potential for local democratic accountability and scrutiny, and harness the strength of existing partnerships (beyond social care and health), alignment with local authorities is the best option. However, we acknowledge that the structure of thirty-two local authorities is not necessarily the best arrangement for the commissioning and delivery of social care and social work; the size of some local authorities making economies of scale difficult.

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

SWS response to Q61: Social work holds specific, statutory responsibilities in the context of Adult Support and Protection, Multi-Agency Public Protection Arrangements (MAPPA), Alcohol and Drug Partnerships, and Child Protection. Currently the oversight and accountability for these social work processes sits with Chief Executives of local authorities (supported by Chief Social Work Officers), working through multi-agency groups (e.g. Chief Officer Group) and buttressed by independent oversight through groups such as Adult Protection Committees. A strength of the current model is that accountability across the public protection landscape ultimately sits with the same chief officers, making possible easy linkage and read across between the various domains. The shift of some but not all social work responsibilities into Community Health and Social Care Boards will mean this aspect of the current system is lost, with accountability for part of the public protection landscape, but not all, changing. **If remedial measures are not put in place to ensure strong connections between the various public protection structures, change may have a detrimental impact on the effectiveness of Adult Protection Committees.**

Given the centrality of social work to all statutory protective functions, we recommend that social work leadership is clearly embedded in any new structures developed (e.g. Community Health and Social Care Boards) and all remaining structures. This would be to support Chief Executives (holding corporate accountability for public protection) in fulfilment of their duties, as well as providing valuable linkage between different parts of the system (through the social work profession).

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?

SWS response to Q62: The design of social care, from the level of an individual plan to the nation-wide system itself, must be led by those with lived experience of social care, including carers. **We are pleased to note the reference to professional group representatives too; front line workers are another lived experience of social care, bringing invaluable insight into how an organisation is (or is not) enabling them to providing care and support. Securing this continuum of lived experience (receiving**

and providing support) at the heart of the National Care Service will be a significant, progressive step in the ongoing development of public services. In general we believe that policies, structures and processes should be designed on the basis of subsidiarity, pushing power down the system into the hands of those requiring support, and those who support them. That principle should be reflected at the Board level.

We suggest that social work professional leadership has a clear place on the Boards, in the form of Executive Directors for Social Work. Depending on the final scope of the National Care Service, the Board might also benefit from membership of the local authority's Chief Social Work Officer, facilitating connections between different structures.

In addition, we would recommend that Boards are constructed with reference to inclusion and diversity, including but not limited to gender, disability, sexuality, age, race and culture. The Board should reflect the local area that it represents and the members of a community should feel it reflects their community.

It is worth noting that a truly representative Board would likely be an unwieldy and ineffective governance structure. A balance will need to be struck between effective delivery of functions and representation. However, if we look outside Scotland, to learn from examples from within the UK and internationally, it should also be possible to identify creative solutions which help overcome this tension.

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?

SWS response to Q63: The matter of voting rights is a complex and nuanced one, and merits further, detailed exploration before decisions are made. Concerns around conflicts of interest, power dynamics and fair representation need to be considered. There is also the fact that voting rights come with responsibilities and accountabilities; all those holding them should have the support and resources necessary to fulfil those obligations properly.

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?

SWS response to Q64: Please see our response to questions [61](#) and [62](#).

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

SWS response to Q65: Yes. **The ability of Community Health and Social Care Boards to employ Chief Officers and other staff will be important in establishing their status, and determining their relationships with, local authorities and health boards.** The employment of Chief Officers will also necessitate the direct employment of support staff. We interpret “strategic planning staff” to include individuals with a role in commissioning.

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

SWS response to Q66: **The delivery of social work (safeguarding, assessment, monitoring, support, advice and review) and social care (practical actions to support people meet their personal outcomes) must be local, embedded in and responsive to specific communities.** But as many national organisations evidence, in the public, private and voluntary sectors, a broad geographic scope does not prevent hyper-local and community-based teams and approaches. With this in mind, and reflecting on the successes and challenges our members have experienced in managing services within current integrated arrangements, **we recommend that all relevant public sector staff involved in planning, managing and delivering adult social care, social work and community health are directly employed by the Community Health and Social Care Board, and together constitute the National Care Service workforce.** (This is to the extent that Community Health and Social Care Boards will be direct providers of social care; we appreciate that much, particularly in respect of older people, will continue to be contracted through private and voluntary sector providers.) While not without its considerable complications in terms of implementation, and the likely serious repercussions for services which remain in local authorities and health boards (possibly losing access to corporate functions which are currently shared between teams), only such a bold move will create the space within which the Scottish Government can achieve parity (terms and conditions, esteem, etc.) across the workforce. It would also mirror the approach taken by the NHS, through their Board and national structures.

We appreciate the significance of this recommendation. For social work, as well as other groups, it would represent a seismic shift in working arrangements. The vast majority of ‘statutory’ social workers (those subject to legislative duties) are currently employed by local authorities, and have been for most if not all of their careers. A break with this arrangement will have profound consequences at both the personal and systemic levels, surfacing delicate, adaptive issues of personal identity alongside mercenary, technical matters such as TUPE and pension liabilities. The scale of the challenge will make it off-putting. But **while few of our members actively seek disruption and uncertainty around their employment, all are committed to securing the structures and systems that are most likely to deliver consistently high-quality social work, social care and community health services.** Form must follow function, and if the objectives of a National Care Service are to be realised (let alone the more ambitious recommendations of the Independent Review of Adult Social Care) we cannot see how the

Community Health and Social Care Board model can progress without direct responsibility for the relevant staff. Why, for example, should local government continue to employ staff that has no direct control over (or accountability for), simply in order to 'contract' them out to a National Care Service. And how will the future feel different to staff and communities on a day-to-day basis if in practical reality only a few individuals in strategic roles (Chief Officers and planning staff) move into the employment of the National Care Service?

We would also strongly recommend that, within the leadership and management of the Community Health and Social Care Board, specific provision is made for an Executive Director of Social Work. This post, reporting directly to the Chief Executive and sitting in parity with any other Executive Director level posts, is necessary to ensure the efficacy of social work practice (which will sit at the core of CHSCB functions) and appropriate oversight for public protection and other relevant legal duties. As Chief Social Work Officers currently provide assurance to Chief Executives of local authorities, this Executive Director will provide CHSCB Chief Executive with the professional expertise and leadership necessary to fulfil complex, high-profile statutory responsibilities which will come with their role.

Finally, for reasons similar to those outlined elsewhere in this section, we recommend consideration of CHSCB's employment of Chief Finance Officers and their teams, and other relevant 'headquarters' staff, such as legal, research, human resources, etc. (Some of these roles might be best employed directly the National Care Service or Scottish Government.)

There is a risk in all this of simply building, for each local area, a third governmental structure alongside those of Health Boards and Local Authorities. It surfaces the need for the National Care Service development to be situated in the context of a wider conversation about public sector reform, community empowerment and local democracy. Realisation of transformational change in adult social care and social work probably does require a degree of structural reorganisation, with a view to creating a more enabling context for those seeking and receiving support, and those delivering it. But building a parallel, bureaucratic edifice that consumes public money without addressing fundamental issues around governance and resource allocation, is not likely to deliver any substantive change for people on the ground.

COMMISSIONING OF SERVICES

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

SWS response to Q67: Yes. Social Work Scotland recognises the need for national guidance on commissioning and our members welcome this proposal as an opportunity to embed the voice of lived experience (spanning those receiving and those providing support) in commissioning and procurement processes. A national approach should also reduce the variability between local areas, particularly in the experiences of providers. It could also speed up the process locally, enabling us to get support to individuals more quickly.

It is important, though, that we do not start from a blank piece of paper. Scotland Excel has, over the past decade, been at the forefront of developing national commissioning arrangements, and their reflections and input will be important to ensure we learn from past success and failure.

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

SWS response to Q68: In our view, the creation of national standards and processes which give effect to ethical commissioning could and should facilitate a shift in cultures locally. It is an important part of the puzzle, and central to addressing the legitimate grievances of many social care stakeholders, but on its own it will be insufficient to effect change. The scale and flexibility of available resources will be the key to unlocking people's individual outcomes.

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

SWS response to Q69: N/A

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

SWS response to Q70: N/A

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

SWS response to Q71: To the extent that the National Care Service will assume overall responsibility for the adult social care market, it must follow that, to fulfil its responsibility, it must conduct market research and analysis. This should complement, and not duplicate, the independent market oversight function of the regulator. We assume it will be carried out at a variety of levels, driven primarily by Community Health and Social Care Boards (as the 'bodies' responsible for commissioning services). **Any research and analysis must be cognisant of specific local factors, economies and markets; a broad national approach risks losing the nuance of local analysis. Rural, urban and island communities, for example, each have quite unique markets. The National Care Service will need to bring hyper-local analysis together (where relevant) into a coherent national picture. Articulating the links with other public service areas such as housing, will also be important, with particular reference to the Housing to 2040 strategy.**

It is imperative that commissioning is seen in the broader context of strategic planning and service delivery. Much of the focus of the IRASC report and this subsequent consultation is on prevention, and increasing access to services and support. In order to achieve these related objectives, there must be a flexible, responsive approach to commissioning that can quickly provide for the human rights and needs of individuals who require support. National guidance on ethical commissioning would support this, as will work to establish the necessary workforce capacity.

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?

SWS response to Q72: The proposals within this part of the consultation involve creation of a new service within the NCS to deliver on national commissioning in relation to complex care and residential services, including negotiation of the National Care Home Contract. **We would encourage Ministers to involve Scotland Excel in that work, making use of their knowledge and experience.**

CORE PRINCIPLES FOR REGULATION AND SCRUTINY

Q73. Is there anything you would add to these core principles?

SWS response to Q73: We wish to ensure that the principles amplify the importance, to regulators, of realising a human-rights based approach in practice.

The principles speak about “social care”. If there is to be, as principle 4 suggests, a link between “the regulation of the workforce and their professional standards and the inspection and scrutiny of the services they work in”, the standards should make explicit reference to professional social workers. Indeed, even if social workers are not to be encompassed by this section, then that should also be made clear.

Q74. Are there any principles you would remove?

SWS response to Q74: N/A

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

SWS response to Q75: Principle 3 should clarify whether the regulatory role only sits with services delivered from the NCS, or if it extends beyond the NCS.

Principle 5 should emphasise that regulators work collaboratively with partners to support ongoing learning, without the “where possible” or “pandemic” conditions.

Principle 9 should acknowledge the engagement of those designing, delivering and using services in the development of scrutiny and regulatory approaches. There is an expectation on those responsible for services, and this should be modelled and shared by the regulator of services.

Principle 10 should be clarified to reflect that legislative responsibilities would always be a part of regulation and oversight responsibilities.

All the principles would benefit from recognition that there is a connection between regulation and improvement, but that they are not the same thing. We see regulation and improvement as related but distinct functions, and would suggest this is acknowledged within the principles to clarify intent and purpose.

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

SWS response to Q76: Yes. **We support expanded powers that allow the regulator to respond in a timely and decisive manner to protect supported people, and/or to facilitate clearer intervention by other responsible authorities. Use of this power should be balanced against the harm it may cause people when services are disrupted.**

Our members would like clarity on the role of the local authority as “provider of last resort” in the context of a National Care Service. This duty (to be the provide care and support if no other option is available) is currently held by local authorities, and unless that changes, any resource implications that may arise from regulators taking action (under these enhanced powers) will need to be clearly thought through and quantified, with funds allocated accordingly.

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

SWS response to Q77: Detail around how regulation will align with Adult Support and Protection and the wider public protection agenda, structures and responsibilities would be welcome.

MARKET OVERSIGHT FUNCTION

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

SWS response to Q78: Yes

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

SWS response to Q79: 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?

SWS response to Q80: Yes

Q81. If the regulator were to have a market oversight function, should it have formal enforcement powers associated with this?

SWS response to Q81: Yes

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

SWS response to Q82: Yes. We support the regulator being empowered to inspect the providers of social care as a whole, and not that just the specific services the provider makes available. This extension of the regulator's power should facilitate a proportionate inspection of the providers' sustainability, as well as helping to address 'systemic' issues with particular providers. The impact on communities when providers fail is not just a hypothetical risk; social work has had to manage multiple instances over recent years. And given the scope and reach of some service providers, a national approach to their scrutiny would be advantageous. This role would be best carried forward by the regulator, in close correspondence with the individual commissioning and procurement monitoring arrangements which exist at a local level.

We also take the opportunity to note that regulators should have the power and responsibility to inspect the health and social care support provided by a service, as a whole system. The relevant regulators would need to work together, as the professionals delivering support must. Holistic scrutiny of what should be a holistic service is important to identifying both the enablers and barriers to improvement.

Elsewhere in the consultation there is a proposal for the NCS to retain a market oversight function through research and analysis. It will be important to ensure that there is no overlap or duplication with the market oversight function of the regulator, proposed in this section. We see the NCS as requiring detailed information on market (and provider) performance in order to assist with commissioning (planning, procurement, evaluation, etc.). Some of that information may be provided by an independent regulator, through its own performance of a market oversight function.

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?

SWS response to Q83: We agree with strengthening the codes to enable the regulator to compel employers to comply, and to implement sanctions. We believe this would support the Scottish Social Services Council to fulfil its role and responsibilities on behalf of the profession, contributing to creating an enabling context in which regulated professionals can fulfil their own, individual roles. That is the duty of an employer, and it is appropriate that the SSSC has means with which to reassure itself that employers are fulfilling that duty. However, as with all changes to regulation in this area, the risks of unintended consequences are high, and care will be needed in the drafting, taking into careful consideration the views and experiences of frontline professionals, managers, employers and the regulator. Social Work Scotland looks forward to playing its part in those discussions, to help ensure we get this important change right.

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

SWS response to Q84: Yes, we agree that there should be a mechanism to compel witnesses to provide information, and that this should extend to key partners. Our motivation is to see fitness to practice investigations conducted thoroughly and, critically, quickly, providing the complainant and relevant professional(s) with an outcome as soon as possible. Investigations into social workers tend to be among the most complex, and therefore at most risk of extended timeframes (on occasion stretching over years). We understand that delays are sometimes because stakeholders have not provided information needed to satisfactorily conclude the investigation, and the regulator cannot compel them. To resolve this, in the interests of complainant and professionals, we agree with establishing a mechanism for compelling information.

We would encourage some consideration of the impact this change might have on wider public protection, where organisations and individuals are not compelled to share information that could support the future protection of others. **And as with extending the SSSCs powers over employers, we expect the social work professional leadership to be central to subsequent discussions about the form and application of these changes to fitness to practice.**

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

SWS response to Q85: 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 does already work closely with other professional regulatory, and service regulatory, bodies, with ongoing efforts to provide a common platform from which organisations and professionals can learn from, for example, significant case reviews, or realise national agendas such as The Promise.

As the health, social care and social work sectors (among many others) become more complicated, close cooperation among regulators becomes more important too, managing the boundaries and overlaps (where joint-action may be necessary) and avoiding duplication.

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

SWS response to Q86: Formal registration of workers does offer benefits to both the worker and supported people, but it is not a panacea to a workforce's issues. There are also costs and In line with our position around enhanced workforce planning for all the roles on which an effective social care sector depends (including social workers, care home staff, Personal Assistants, etc.) we would support exploratory work being undertaken to determine if the benefits outweigh the dis-benefits for particular groups. We would advocate that the exploratory work covers social work assistants, family support workers and those social care workers employed in residential day services. (We give a view, in the relevant section, that formal registration may not be appropriate for Personal Assistants, although we would support a voluntary approach).

FAIR WORK

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

SWS response to Q87: Yes. **Social Work Scotland wholeheartedly supports the fair work principles in relation to the social care workforce, and advocates that pay and conditions are improved to ensure that the whole workforce feel valued and remunerated appropriately to better reflect the importance and difficulty of the tasks they are responsible for, the skills they hold, and the social and political priorities they contribute to achieving.**

The current inability to recruit sufficient social care staff is placing strain on existing staff and their wellbeing. Social workers depend heavily on, and highly value social care colleagues to deliver safe, high-quality, person-centred support, which promotes wellbeing and personal choice. In the face of the capacity crunch in the sector, that is becoming harder for social care providers to deliver. If one positive might come from the COVID-19 pandemic, it is that the longstanding issues faced by social care staff are now getting the public and political salience they deserve. The supermarket pay comparisons, as well as prevalence of zero hours contracts in the care sector, are now daily news, and many commentators are engaged in the debate about how to secure, on a strong, sustainable footing, the vital social care sector. But, as yet, change remains a promise rather than a reality. Real, significant investment, over multiple years is needed, giving meaning to "Fair Work".

We would like to take this opportunity to highlight other aspects of fair work for social care staff, which require attention. The Fair Work Framework notes that *"fair opportunity can be supported in a variety of different ways: through recruitment and selection procedures, internship arrangements, training and development approaches and promotion and progression procedures and practices"* (Fair Work Convention, 2016). **We endorse proposals that support both frontline and managerial levels of development, which are essential in driving forward improvements and closing the implementation gap at point of service delivery.**

Relatedly, research conducted by Strathclyde Business School in 2018 highlighted limits to progression in the social care sector: *"Only around two-fifths of survey respondents across our organisations thought that opportunities for progression were open to most or all colleagues. In interviews, most care workers were keen to continue working in the sector, but did not always have a clear view of how their careers might progress"* (Strathclyde Business School, 2018). **A National Care Service should take account of the importance of staff retention and develop effective pathways for a career in care that takes cognisance of both the complexity of many caring roles and the need to reward the level of skill required to support people with increasing complex needs. To**

support this there should be investment and value placed upon managerial levels within social care organisations to ensure strength in leadership that is essential in driving forward the cultural change required when implementing improvements.

Finally, we are lacking at present in Scotland suitable structures to support career pathways from social care into social work, and would suggest that a National Care Service, in partnership with the National Social Work Agency, should encompass training and development opportunities to ensure that these pathways are broadened.

In doing so, it would be prudent to consider what leverage the NCS could have in the event that some private sector providers decided not to opt into a Fair Work Accreditation Scheme, or a National Job Evaluation framework. If commissioning was used to make such *opting in* a condition of publicly funded placement, then there would have to be sufficient alternative providers to allow the local NCS agencies to cease purchasing from non-compliant providers. That is often not the case. There would need to be clear communication around Fair Work, situating the need for NCS commissioning to seek fair pay and conditions for social care staff in the public interests. It may also be necessary, over time, to regrow the public sector and/or seek to develop new not-for profit provision in the Third Sector.

Q88. What do you think would make social care workers feel more valued in their role?

SWS response to Q88: Please see response provided for question [86](#). Social Work Scotland have provided a separate and detailed response to the question regarding registration of personal assistants in that section.

Q89. How could additional responsibility at senior/managerial levels be better recognised?

SWS response to Q89: Please see response provided to question [86](#). Social Work Scotland support approaches to improvement based in implementation science, which indicates that strong, adaptive leadership is a core component of change at the frontline. **We support investment in the leadership of the social care workforce to promote these aims.**

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?

SWS response to Q90: Yes, we support the development of arrangements to consider workforce terms and conditions, allowing for collective bargaining. Representation from

trade unions and employers would be essential, as will input from key partners such as the NSW.

WORKFORCE PLANNING

Workforce planning across social work and social care has historically been a complex task. The impact of the pandemic and Brexit has highlighted the necessity of future planning to ensure this vital area is taken forward in a way that allows sustainable, reliable service delivery.

The Independent Review of Adult Social Care proposed in Recommendation 47 a “National oversight of workforce planning for social work and social care, which respects the diversity and scale of employment arrangements while improving resilience and arrangements for mutual support should be a priority for a National Care Service.” **Social Work Scotland supports initiatives to approach workforce planning in social work and social care through consistent and robust considerations as initial priorities within the National Care Service development.**

Q91. What would make it easier to plan for workforce across the social care sector?

- *A national approach to workforce planning*
- *Consistent use of an agreed workforce planning methodology*
- *An agreed national data set*
- *National workforce planning tool(s)*
- *A national workforce planning framework*
- *Development and introduction of specific workforce planning capacity*
- *Workforce planning skills development for relevant staff in social care*
- *Something else (please explain below)*

SWS response to Q91: A pre-requisite (before Scotland can engage in meaningful workforce planning) will be a clear, widely shared understanding of what is (and is not) meant by ‘the social care sector’. The persistent use of this loose and imprecise term has, in our view, complicated the discussions around workforce planning and lent to a delay in achieving a helpful and progressive plan to reduce the impact of pressures experienced within social care and social work workforces. Social Work Scotland are keen to contribute to any discussion that supports the effective workforce planning for social workers and social care.

The ‘social care sector’, as we understand it, is considerably more complicated than the ‘health sector’, and the approach to workforce planning therefore needs to reflect that, in terms of resources, staff and time allocated to it. We are pleased to note the suggestion, in the list above, of ‘specific workforce planning capacity’ and the development of ‘workforce planning skills’. But even with this in place, all staff and organisations involved need to start

from a shared understanding of the thing being planned for. That must include a distinction between 'social care' and related workforces, including (but not limited to) 'social work', and between the specific components of the 'social care' workforce (domiciliary, care homes, day centres, etc.). That task is complicated further if a National Care Service's (NCS) scope extends to children's social care, with the inclusion of foster carers, children's homes, kinship carers, etc.

A key next step is to assess current and future demand; framed in the context of rights, choice and empowerment, and informed by relevant demographic and social inequalities information. The assessment of demand must also acknowledge that much 'social care' is currently provided informally within families (often by women, with additional impact on their own health and wellbeing and finances, among other things). Assuming some progressive steps are made around eligibility, a National Care Service built on the principles outlined by the Feeley Review should expect to be addressing significantly more 'need' than the system currently does (albeit shifting over time the balance to prevention rather than costly crisis response). For more detail on Social Work Scotland's analysis of the NCS proposal costs, please see our supplementary submission on Finance.

With definitions and demand projections in place, the 'workforce planning methodology' and 'tools' (listed in the question) can come in, providing policy makers and budget setters with detail on the numbers and types of staff needed to deliver safe, relationship-and-rights based, person-led support, by region, local authority and locality. (And it is important that workforce planning for social care, social work and other critical workforces are granular in their geographic focus, as while the NCS might be 'national', its delivery (through human beings) must be hyper-local, enabling people to get the support they need in their community.) For reference in terms of 'tools', in a recent exercise completed by Social Work Scotland it was determined that the maximum social work caseload, by specialism, should be (a) Children and Families = 15 cases; (b) Adults = 20 cases; (c) Justice = 20 cases. If they have not already, social care professionals could no doubt replicate this exercise for their specific roles and functions. An understanding of that safe, appropriate 'case load', when combined with detail on a localities demographics and projected levels of need will provide a sound indication of the 'social care' workforce required in that area. This should be informed by inequalities and deprivation detail to reflect the impact of poverty and related issues on communities.

The Feeley Review was the latest in a long line of official reports (including multiple from Audit Scotland) noting year on year underinvestment in the social care workforce, and the workforces of its closely connected partners, such as social work. Our members, being social work leaders with extensive responsibilities over social care, have also repeatedly highlighted the impact the underinvestment has had on the workforce, leaving it over-stretched and, in some parts of the country, insufficient to meet anything but critical need. A situation compounded, not created, by the pandemic. Growing the capacity of the relevant workforces will take time and considerable financial investment, increasing numbers, improving pay, terms and conditions (to attend to retention of staff) and reforming

systems for planning, recruitment, career progression, skills development, registration, etc. All in a space where, unlike with health, the private and voluntary sectors are major components. We are not confident that the Feeley review sufficiently appreciated the scale of this challenge and investment, or the Scottish Government in its financial commitments made so far. **While we support the proposals for creating a NCS involving adult social work and social care, we acknowledge that in and of itself, structural change will not be a single decisive element to creating the changes required to the delivery of social work and social care for supported people.** Indeed, it may imperil the support they receive during the disruption and uncertainty that will accompany its establishment. The success of the NCS is entirely dependent on its ability to grow and retain the workforce, in the teeth of competitive recruitment from other sectors (health, education, childcare, hospitality, retail, etc.), restricted immigration and a shrinking, ageing population.

Social Work Scotland supports moves to enhance national planning for social care, as we are faced with a social care crisis that requires a coordinated, national response. We also support the development of a national approach to workforce planning for social work, through the National Social Work Agency (NSWA). This should be in close cooperation and partnership with the organisations responsible for the delivery of statutory social work functions, and with those leading on wider social care workforce planning (as social work demand / activity closely tied up with social care).

As we have noted above, and in more length at early questions, “social care” and “social work” are distinct but interrelated things. Social care is primarily an ‘output’, the support which a person receives. The delivery of effective social care necessitates well trained and sufficiently resourced social care workers and there should be investment in this area to meet the needs of supported people. Strength in leadership within social care would benefit the teams of individuals working at the frontline of service delivery. Social work acknowledges the valuable role our colleagues in social care bring to enhance the expression of human rights, choice, and control, for those people we work with.

Social work encompasses a broad range of activities, carried out by a specifically trained and regulated profession. Social workers play a vital role in the wider social care system (as they do in the health, education and justice systems too) holding the links together between component parts, and / or undertaking holistic, ecological assessments of a person to ascertain their strengths, preferences, needs, risks and best interests. Social work is about securing an individual or group’s human rights; as the profession has had to, in partnership with social care colleagues, throughout the pandemic, balancing infection / risk control measures with acknowledgement of people’s rights to family contact, interaction, choice about treatment, etc.

Workforce planning for social work has traditionally been a complex task, with the relationship-based approach to engagement a challenge to account for over the more specific, technical and often time / unit measured activities that exist in health and social

care. The importance of the social work role in upholding human rights and working toward the values and principles of person-centred practice is reflected in the investment of time through engagement that is undertaken in the process.

To achieve a workforce that reflects the needs of those requiring input from social work, it is crucial to consider the statutory basis from which involvement and engagement is rooted. Those statutory responsibilities are not, as many assume, exclusively about 'protection' of individuals. They are equally about early intervention and prevention, building up strengths and capacities. This is captured in the Social Work (Scotland) Act 1968, legislation which, although much amended, continues to provide the statutory bookends for the profession, grounding all its activity in the principles promoting welfare, dignity, safety, choice, privacy and potential. The workforce requirements to meet such demands are well reflected from the views of social work leaders, who hold relevant knowledge and operational experience to determine the number of individuals and/or families a social worker can work alongside to achieve the aims and aspirations of the policies and legislation that direct practice. A formal, national position (i.e. by COSLA as the employer's representative organisation, or by Scottish Government) on the size of the workforce required to achieve the preventative and protective role social workers hold has not to date been attempted. Instead, each local area has been left to determine its own approach, resulting in considerable variance across the country (in, for example, social worker numbers per head of population) and, we believe, a negative impact on the adult and children's social care sectors (as well as justice social work). Given the direct involvement required from social work professionals in certain work, the current approach will not result in a sustainable future for delivery of effective implementation of policy and legislation, including a NCS or the Promise.

We suggest that a workforce tool informed by social work leaders, the geographic and demographic needs of an area, and committed to a protected number of social workers per local area, is a requirement to ensure the safe, effective, and human rights-based service that policy and legislation in Scotland tells us it would like to see actualised in our communities. To harness this information and develop such a tool we would see a central role for the NSWA. But to illustrate what might be achieved, in a recent scoping exercise completed by Social Work Scotland, it was determined that the **maximum** social work caseload, by specialism, should broadly reflect the following: (a) Children and Families = 15 cases; (b) Adults = 20 cases; (c) Justice = 20 cases. Reports from Chief Social Work Officers suggest current caseload numbers are at roughly double the 'appropriate' caseload number identified in some areas. But increasing the social work workforce will not only enable policy objectives to be met, and social work to fulfil the breadth of its statutory role (capacity building and protective); it will also support Ministerial accountability of tasks delivered through the NCS. If Scotland aims to achieve the expectations set out in The Promise, Self-Directed Support, Child and Adult Protection, Mental Health, Community Justice, and Alcohol and Drugs work, there will, simply put, need to be more social workers.

To give a specific example from within social work, current issues around the management of individuals with complex mental health issues, and the pressures around delayed hospital discharge, can be directly connected to the availability of highly trained and experienced Mental Health Officers (a specific social work role). Data suggest a reduction in the MHO workforce over the past five years has impacted the availability of MHOs to progress welfare guardianship applications to support legal discharges from hospital, and to carry forward legal detentions under the Act. The duty under the Mental Health (Care and Treatment) (Scotland) Act 2003, to work on preventative measures to support mentally disordered individuals, is unable to be consistently achieved with the current staffing levels. An increase in mental health related crises in the community adds pressure to an already pressed multi-agency response team, with Police Scotland, Scottish Ambulance Service, and NHS24 reporting significant rises in acute mental health episodes being addressed by them.

Similarly, Adult Support and Protection investigations can only be undertaken by qualified social workers and while numbers of reports of harm into social work services increase, there has been no commensurate increase in staffing to address this area of protection work. Effective child protection work is rooted firmly in relationship-based practice, with early investments in time supporting better outcomes. But that translates in a need for more social workers at the frontline to ensure delivery of this vital aspect of social work remains child focused and supportive whilst compliant with the regulatory and legal frameworks. Community justice and Alcohol and Drug Services work needs time and opportunity to grow through relationship-based approaches, and leadership from social workers in this area will ensure a social model approach that supports reengagement with communities and preventative measure employed. Amidst these vital demands on services, the social work workforce see preventative and early intervention work as a core component of their professional values and training, with the desire to increase involvement in this area of practice to support a reduction in the need for crisis driven work as a necessary component of their engagement with individuals, families, and communities.

National data sets (as suggested in the question), used for determining the scale and nature of population need and workforce demand, are an important part of the puzzle, although not a solution in themselves. The intelligence gained through robust national information will support us to grow and develop the profession as society and community requires, targeting our recruitment into education, aligning placements during training, etc. They may also help in-career progression, enabling us to identify appropriate areas for 'advanced practice' learning. Succession planning for leaders and specialist areas would benefit from improved data collection and analysis, and we would support the NSWA's involvement in this development work to progress a multi-agency approach to robust data indicators, definition sets, and collection. Through a multi-agency approach there will be capacity to scope out an informed framework to guide social work workforce planning, analyse trends and need, and offer an expanded career progression that is responsive to the detail learned through effective data collection.

TRAINING AND DEVELOPMENT

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

SWS response to Q92: No. We do agree that a National Care Service (NCS), if one is established, should have a significant role in determining the training and development requirements of the social care workforce. That is a key aspect of workforce planning, which we assume will sit with the NCS. But we cannot agree with the statement "... the National Care Service should set ..." because it is important to distinguish the different training and development requirements of social workers and social care workers.

First, large parts of the 'social care' workforce are already under the regulatory umbrella of the SSSC (and other regulators). These regulators are and must remain independent of the delivery part of the system, focused on individual's personal outcomes and wellbeing, and the efficacy, quality and appropriateness of workers' performance. That independence is even more important if the functions of a diverse range of provider organisations (local authorities, third sector, and private providers) will come under more centralised influence. Regulators like the SSSC must retain responsibilities around training and development which preclude the NCS from having outright control.

Secondly, the term 'social care workforce' is imprecise, and key roles such as social work do not sit comfortably within it. Social Work Scotland is in favour of an enhanced national approach to workforce planning for social work, as well as one for social care, which would include identifying training and development requirements, and even possibly establishing mechanisms by which those requirements could be fulfilled. For social work, we expect requirements to be set through a process of engagement between the profession, its regulator (the SSSC), a National Social Work Agency, education providers, and employers. That process of engagement needs to take into account the significant disparity across local areas in the access to training, development and advanced qualifications, with significant differences in-house provision; i.e. not everyone is starting from the same place. Furthermore, consideration needs to be given to the impact that training and development requirements should have upon a practitioner's remuneration and career progression.

What a NCS could positively do is re-establish the central importance of ongoing professional learning and development. Not as an add-on to core activities, but as a core activity in itself. Our members, reflecting on all parts of Scotland, report year-on-year reductions in training and development budgets that have hampered teams' capacity to engage in learning and improvement. The reductions in budget have also meant a loss of experienced learning and development staff, who provide the expertise and support to ensure appropriate training and development provision. They also play an important role in the support for student and newly qualified social workers; two areas where we now have significant challenges. The inability of teams to release staff for learning, due to the volume

of demand and workloads, is another barrier. All together the picture is highly concerning; without sacrifice to the safe delivery of frontline services many social workers cannot engage in their continuous professional development, yet to ensure frontline services continue to be safe and effective the professionals involved must have opportunities for reflection and learning. To ensure a meaningful, supported induction for Newly Qualified Social Workers, and meaningful participation in post qualifying learning, workloads need to be readjusted, providing for protected study time. (This should apply to other parts of the 'social care workforce' too, ensuring equity within the sector and with partners in health.) Recent work undertaken by Social Work Scotland suggests that the maximum case load for a social worker (to be able to deliver on the aims of the policy and legislative drivers) is not achieved in most local areas. It is believed that the workforce currently holding significantly higher caseloads than recommended with the being growing demand for social work service.

Lessons from the pandemic have brought about a stronger reliance on alternative modes and methods of learning which in turn has seen more opportunities for collaboration across the country. The national link worker training agreed by the Social Work Education Partnership (SWEP) (funded by OCSWA) and delivered by Learning Network West to all sectors and areas in Scotland has demonstrated the benefits of partnership working and potential for further national initiatives. We hope in the future that the National Social Work Agency (NSWA) will oversee a professional learning framework, coordinating partners (in close collaboration with the regulator) to determine a comprehensive training programme across the career spectrum. The NSWA should take in the whole continuum, from recruitment into social work, through education, placement opportunities, and into the first and advanced years of practice. The NSWA could also have a role in identifying and meeting local professional learning needs, such as those in rural and island communities.

Learning from the frontline of practice should inform the NSWA's approach to supporting professional development. That would also help facilitate an improvement approach based firmly in implementation science. Realisation in practice of the Feeley Review's recommendations and the commitments made in The Promise will require a much more extensive and co-ordinated approach to improvement than currently exists, enabling effective evidence-based practice to be scaled up sustainably. A Centre for Excellence for Social Work and Social Care, located in part in the NSWA, could offer scope to develop quality improvement mechanisms.

In terms of training and development for 'social care' staff (that is, who are not social workers), the majority of social care posts require registration with the SSSC and a consequent requirement to achieve a vocational qualification (SVQs) at the SCQF level (based upon the National Occupational Standards) commensurate to registration category. The qualification involves assessment of competency which requires time in practice to develop competence. Staff generally welcome the opportunity to undertake SVQ but concern is regularly expressed at the lack of dedicated study time, meaning staff must

undertake learning in their own time. This can be particularly challenging to those with family or informal caring roles, particularly where staff are working significant additional hours to compensate for reduced staffing levels within their service. Continued austerity has seen a reduction in local authority non-statutory services which had in the past offered return to study or support with literacy needs through adult education services that have been invaluable to people embarking on SVQ who may be lacking confidence or experiencing other barriers to learning. It is imperative that future approaches consider appropriate mechanisms to effectively support learning to ensure that staff do not leave their post rather than complete their qualification. Retention of staff in care at home and care homes is an ongoing issue with work / life balance, low morale and poor pay and conditions contributing to high turnover.

In addition to the SVQ qualification there are varied approaches to addressing the mandatory training that social care staff require. There is a growing reliance on e-learning approaches to address training and whilst this can present many positive opportunities there continues to be issues with access to appropriate technology. Despite claims that if you can work a mobile phone or Facebook you can access e-learning, this does not acknowledge the anxiety experienced by staff who are faced with challenges of lone study and working with new technology. Staff release to attend formal training sessions can be prevented by low staff levels and a requirement to cancel attendance. It is critical that staffing approaches in social care, as in social work, ensure enough flexibility to afford attendance at training.

Finally, it is important to note the importance of professional supervision in both social care and social work roles, as part of ongoing professional development. As demand pressures rise, supervision may be overlooked in the prioritisation of caseload. This is understandable on one level; social work and social care staff are committed to the people they support. But at both the individual worker and systemic perspectives it is a mistake. Structured, reflective supervision, focused on constructively supporting the worker / professional to continuously improve, is essential to delivering a safe, effective and sustainable service. The function of professional supervision supports not only professional learning and development, but also professional accountability and reflection, which are key facets of social work practice. We strongly recommend that a National Social Work Agency, and other relevant other bodies in or alongside the NCS, develop / procure training for all line managers to enable them to provide regular professional supervision to staff. Time for supervision should be factored into workforce planning too, alongside protected time for learning and development.

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?

SWS response to Q93: Yes, in respect of the ‘social care’ workforce specifically. For the social work profession, the provision of training and development should be overseen by the National Social Work Agency (NSWA). Reflecting on the anticipated diversity of views

from consultation respondents on the matter of NCS service scope, we are unclear at this stage whether the NSWA will form part of a National Care Service. The NSWA should be for all social work, regardless of whether part or all of social work is in the NCS, and therefore it may be that (depending on NCS scope) a NSWA sits more comfortably outside of the NCS, alongside regulators and inspection bodies.

PERSONAL ASSISTANTS

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

SWS response to Q94: No. On the position of a mandatory registration the membership of Social Work Scotland found the binary response options of yes and no to be limiting in allowing us to provide a response that expressed the full consideration given to this matter across the membership. Social Work Scotland is committed to implementing the Self-Directed Support policies Scotland has already put in place, helping to give meaning to people's human rights, and empowering them with choice and control over the support they receive and how they receive it. We support a position that includes the right for individuals to take forward Option 1, which allows them to employ a Personal Assistant of their choosing. Equally, members are committed to a position where those supported people employing Personal Assistants have the reassurance of safe and quality service delivery, which registration of the workforce could support. To reflect the views of our membership we recommend that the exploration of a voluntary register is more appropriate to allow the individual human rights of each party to be considered, respected, and balanced.

Social Work Scotland unequivocally agrees with the need for better recognition and support of Personal Assistants. The PA workforce is fragmented and dispersed across the country, and we share SASW's view that 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 keep abreast of practice developments where they may wish to. As there is no mandatory central register for PAs, there is currently no consistent way of knowing the size of this workforce or for undertaking any collective engagement with them. This became very evident recently 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. A voluntary registration scheme would go some way toward the ability to collect the detail required to take forward these and other initiatives.

However, 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 which can pose a delay to accessing the support the individual requires, making the flexibility in approach of hiring a PA a challenge if a mandatory registration were implemented.

Through engagement with our membership and partners (principal among whom are supported people) we have come to the conclusion that mandatory 'registration' of personal assistants, while offering some benefits as outlined above, would also be in conflict with the core elements of SDS, power, choice, and control. We acknowledge that registration would provide a platform through which to attend to a range of issues (around skills, quality, complaints, etc, as well as benefits such as the payment outlined above) but the possible dis-benefits (e.g. limiting individual choice / autonomy, limiting capacity / accessibility to PAs in general, etc.) appear at present to outweigh potential benefits to

allow us to fully support a mandatory registration. We would welcome the opportunity to engage further in discussions around exploring registration of Personal Assistants and believe our memberships experience could lend meaningfully to future planning.

It may also be possible to achieve some of the potential benefits of a 'register' without formal registration, and these should be thoroughly explored. This would provide an opportunity for PAs to connect, access training and development opportunities with a career pathway, should they wish it. Being a PA should be recognised as a worthy career option and we support any movement to promote this within an NCS. PA employers should be fully supported to be good employers who operate within fair work principles.

Q95. What types of additional support might be helpful to personal assistants and people considering employing personal assistants?

SWS response to Q95: All of the options outlined in the consultation document could offer support to a personal assistant. The personal assistant role can offer autonomy, flexibility, variety, skills development and opportunities for innovation. As a result, there can be high levels of job satisfaction, perhaps not always reflected within other social care roles. We support the promotion of this role as a viable career option, and recognise that those who choose to enter into such a career should be well supported, in terms of pay, conditions, learning and development opportunities. A national recruitment campaign for Personal Assistants may be helpful, highlighting its centrality to realising a rights-based, person-led social care system.

It has been noted that there is inconsistency across the 32 HSCPs in allocating budgets to supported people to enable them to pay the salary of personal assistants, cover recruitment costs, setting up of payroll and employer costs (such as training, holiday, crisis cover, redundancy, etc.). The current, relevant statutory guidance does not cover any of these points and we would recommend that future developments include such considerations. There are concerns around Fair Work and the development of national minimum standards of pay and funding which must reflect an understanding of geographical locations and skill levels of Personal Assistants, which are unique and personalised to the individual supported person. A national approach to what should be included in a direct payment to support fair employment of the PA is recommended, together with any additional funding required to achieve these aims.

Social Work Scotland supports access to quality training and development opportunities for Personal Assistants. There is currently a lack of access to adequate training for Personal Assistants, particularly around complex personalised support, and improving access to opportunities would ultimately lead to a better service for supported people. Indeed, supported people, as employers, would benefit from wider access to induction support and general information for the personal assistants they hire; for example, it has been highlighted to us that not all personal assistants or their employers are aware of the services and support that the Scottish PA Network can offer. The PA

Network, however, has limited capacity in terms of stretch and function across Scotland, so we also recommend that the network's sustainability and growth is considered.

In addition, we would support the introduction of a mediation service for personal assistants, for when things go wrong. We have found that often supported people are new to being an employer, and may be extremely anxious about the role. If the relationship breaks down it is unclear where a personal assistant can go to seek help and support, or where the supported person and personal assistant can go together to get mediation. The PA Network does offer this service but again has limited capacity. Independent support organisations will offer support to the supported person but not always to the personal assistant. To better support this workforce, investment in mediation options would be helpful.

There is a mixed response from our members and partners to the suggestion of a 'register'. There are potential benefits to personal assistants, such as being able to contact each other, for national messages to be shared (for example, when the COVID £500 payments were announced), organise training, agree terms and conditions, and share practice; and also for supported people, making it easier to identify and access personal assistants. The formal regulation of personal assistants, however, requires further discussion and a full understanding of the unique relationship between supported person and personal assistant. We would recommend that any future exploration of this idea is centred on the principles of the Self-Directed Support legislation, to ensure that the rights of supported people are taken into account and their ability to provide views actively supported, and due consideration given to suggestions also made by the Scottish Association of Social Workers (SASW) around a voluntary register.

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

SWS response to Q96: Yes.