



Social Work Scotland Chief Social Work Officer Annual Survey 2020

24 March 2021

Contents

Introduction	2
Outline of study	3
Re-issued survey 2020	3
Findings	5
Section 1 About your job.....	5
Background information.....	5
Chief Social Work Officer role.....	6
Summary	8
Section 2 About your experiences	8
Organisational role and pressures.....	8
Links and connections across partnerships	11
Involvement with and access to corporate leaders	12
Reflections on COVID-19.....	14
Summary	14
Section 3 About your professional development.....	15
CSWOs' own support networks.....	15
Learning and professional development.....	16
Implementation of self-directed support.....	18
Promotion of social work locally.....	18
Summary	19
Final reflections.....	19
References.....	21

Introduction

1. The role of Chief Social Work Officer came into effect on 1st April 1996, part of the comprehensive remodelling of Scottish local government prescribed by the [Local Government etc. \(Scotland\) Act 1994](#).¹. Similar to the statutory 'Director of Social Work' role which it replaced, the Chief Social Work Officer (CSWO) provides strategic and professional leadership in the delivery of social work services. As detailed in [national guidance relating to the role](#), the CSWO should assist local authorities, Health and Social Care Partnerships and partners in understanding the complexities and cross-cutting nature of social work service delivery. This includes (but is not restricted to) issues such as corporate parenting, child protection, adult protection and the management of high risk offenders. The CSWO also has a critical contribution to make in supporting overall performance improvement and management of corporate risk (Scottish Government 2016).
2. Social Work Scotland (SWS) supports CSWOs to carry out their statutory roles within local authorities. For example, SWS facilitates the national CSWO Committee, providing a forum within which to consider issues which impact on professional social work practice and issues which are within the remit of the CSWO.
3. In January 2020 SWS ran, for the first time, a CSWO Annual Survey (referred to as Survey 1 throughout this report) to gather information in relation to the context in which CSWOs work, and the realities of delivering on the CSWO role (Social Work Scotland 2020). The purpose was to better understand and represent the strengths, challenges and issues associated with the role and to enable SWS to better advocate for and support the role of CSWOs in Scotland.
4. Following the outbreak of COVID-19, the CSWO Committee agreed that the CSWO Annual Survey be reissued in June 2020, as part of a broader effort to help understand the impact of COVID-19 on the social work workforce.. This paper reports on the findings from the second survey (referred to Survey 2 throughout the report). Please note: although the numbers are small, we have continued the use of percentages throughout.

¹ Sec.45 of the Local Government etc. (Scotland) Act amended Sec. 3 of the Social Work (Scotland) Act 1968, replacing Directors of Social Work with Chief Social Work Officers.

Outline of study

Re-issued survey 2020

1. The purpose of the survey was to better understand the strengths, challenges and issues associated with the role of the Chief Social Work Officer (CSWO) and the aim of the survey was to gather information on the range of activities of CSWOs, the pressures and challenges and how the role was supported locally.
2. The survey was structured into two separate online question sets: part one and part two. Part one was a shorter survey gathering information about individual CSWOs and their organisations. This part contained identifiable information about those who took part. Part two gathered more information on the experiences of the CSWO, local structures and professional development opportunities. Part two did not ask for any identifying information, allowing CSWOs to complete questions anonymously and in confidence. However, the anonymity has also meant that responses could not be analysed in terms of geography, size or organisational structures, limiting some of the potential analysis. It also limited comparisons between Survey 1 to which 27 CSWO responded and Survey 2. General comparisons could be made, but not more specific comparisons in terms of local authority size, shape of Health and Social Care Partnership (HSCP), etc.
3. Responses (to re-issued survey) were received from 21 CSWO for both parts of the survey. From the identifiable information gathered through part one, this sample included CSWO from urban, smaller urban, rural and island areas across Scotland. Scottish Government's (2018) *Urban Rural Classification* was used as a framework and each Council was classified according to where the greatest proportion of the population resides, but would have some of its population living across other types of communities (see table 1).

Urban rural classification	Number of local authorities	
Large urban	4	19%
Other urban	8	38%
Accessible small towns	1	5%
Rural small towns	--	--
Accessible rural	5	24%
Remote rural	3	14%
Total	21	100%

4. The remainder of this paper reports on the findings from the two parts of the survey (across three sections):
 - Section 1: About your role (survey part one)
 - Section 2: About your experiences (survey part two)
 - Section 3: About your professional development (survey part two)

Findings

Section 1 About your job

1. Section one gathered background information of Chief Social Work Officers (CSWOs), their role and some information on their contracts.

Background information

2. All who completed the surveys were CSWOs – no individual responded as a designated deputy and all were registered social workers. From 20 replies, three CSWOs had been in post for more than five years, six between 3-5 years, nine for only 1-2 years and two had been in post less than a year. Almost all held at least one post-qualifying award or degree (see table 2). This fits with wider knowledge of the turnover in the role, and highlights concerns around support for those new into the role.

Category	Number
PQ1	3
PQ2	3
Practice Teaching Award	9
Mental Health Officer Award	2
Certificate in Child Protection	10
Certificate in Criminal Justice	1
Advanced Award	4
CSWO Postgraduate Diploma	3
Masters level qualification	8
PhD	--

3. Other awards or degrees listed included a Postgraduate Certificate in Social Services Leadership, SVQ 5 Management, Certificate in Social Management, Diploma in Social work Management and Postgraduate Diploma in Social Work Management. One respondent held an additional professional qualification in

Adult Nursing and another held Diplomas in Health and Social Welfare, and Child Psychology.

Chief Social Work Officer role

4. Although the CSWO role itself carries a long and complex list of statutory responsibilities, almost all CSWOs who responded to the survey also held extensive operational portfolios, usually at a head of service or 'Chief Officer' level. The key operational / service areas for which CSWOs had all or part responsibility were criminal justice social work (95%; n=19), public protection (95%; n=20), children's services (86%; n=21), adult care (60%; n=15) and adult health (50%; n=14). Key functions for which CSWO were overall or partly responsible were social work learning and development (91%; n=21) and quality assurance (90%; n=20). This is similar to the picture reported from the first CSWO survey (Social Work Scotland 2020).

Table 3 Areas within CSWO operational portfolio			
Category	All of the service area	Part of the service area	None of the service area
Quality assurance role only (i.e. No operational responsibilities)	--	--	--
All areas of social work	--	--	--
Children's social work (n=21)	81%	5%	14%
Children's health (n=18)	22%	22%	56%
Education – early years (n=14)	0%	7%	93%
Education – ASN (n=15)	0%	27%	73%
Adult social work (n=15)	40%	20%	40%
Adult health (n=14)	21%	29%	50%
Criminal justice social work (n=19)	79%	16%	5%
Quality assurance (n=20)	40%	55%	5%

Public protection (n=20)	65%	30%	5%
Social work learning and development (n=21)	62%	29%	9%
Homelessness (n=14)	7%	21%	72%
Welfare rights/anti- poverty (n=14)	21%	29%	50%

5. Respondents were asked to identify colleagues / roles locally who held responsibilities for the oversight of statutory social work functions. These included Heads of Service, General Managers, Directors, Head of Service, Chief Operating Officer, Deputy CSWO or the Lead Social Worker.

6. Knowing within which service or directorate the CSWO was located helped to understand the complex picture and structure within which CSWOs operate and influence. From 21 responses, 33% were formally located within the HSCP. The remaining 66% were located within council directorates, with a large degree of variation in what was included within local structures. For some, the role (due to the operational responsibilities of the individual) sits within children's social work, for others it is within broader education, children and families' teams, and for others this was within a combined directorate for education, children's service and justice. Others sat within Community and People. Overall, this confirmed a wide degree of variability in the operational responsibilities of CSWO, the structures within which they work, and reflects a challenging, confusing environment within which they are required to fulfil their statutory responsibilities (Scottish Government, 2016).

7. From 21 responses, 86% of CSWOs reported that their position was permanent, nine per cent were Acting CSWOs and five per cent were in a temporary capacity. All were employed full-time and contracted to work between 35-37 hours. Salary levels varied between £70,000-£79,000 (24%), £80,000-£89,000 (33%), and £90,000-£99,000 (38%). Only one CSWOs reported their salary was in excess of £100,000. Of the 13 who reported whether the CSWO role included a supplementary payment (in recognition of the additional responsibilities), only five noted that a supplement was provided. For others, there was no supplement attached to the role, or the supplement had been removed.

8. Sixty-two per cent reported directly to a Chief Officer, Chief Executive or Chief Operating Officer and 29% reported to an Executive Director. The remaining CSWO respondents (9%) reported to either a Deputy Chief Executive or Head of Service.

Summary

1. No two CSWOs share exactly the same operational portfolio. Most CSWOs have had prior experience in one or more specialist areas of social work (children, adults, justice), but rarely all. CSWOs new to the role reported that they do not always feel well equipped to cover the full extent of cross-cutting areas for which they are to provide strategic and professional leadership. Survey responses articulate a common concern that the role of CSWO is not always well understood locally or nationally, particularly by colleagues in health and education. Multiple remits for CSWO in relation to their operational responsibility, alongside their strategic and professional leadership role across all social work, can be confusing.

Section 2 About your experiences

1. The information gathered in this section explored the operational pressures faced by CSWOs and their designated deputies, and how their portfolios might be changing. Data was gathered about organisational role and pressures, CSWO links and connections across local partnerships, involvement with and access to corporate leaders, and several offered reflections on the ongoing impact of responding to COVID-19.

Organisational role and pressures

1. CSWOs were asked how often they worked additional hours to their contracted weekly hours. From 20 responses, all were working additional hours each week; all but one replied *always*, with the one respondent replying *sometimes*. Over three-quarters (78%; n=18) stated they worked between 10-20 hours per week in addition to their contracted time, with 11% regularly working more than 20 additional hours per week. One CSWO respondent noted that, during COVID-19, an additional 40 hours per week was needed.
2. The percentage of 'those who work additional hours' **and** 'the number of additional hours worked' had both increased from Survey 1 (January 2020); an increase from 76% to 100% and from 67% to 78% respectively. It was not possible, however, to determine whether this was related exclusively to the pressures created by COVID-19, or other factors, as respondents were asked not to share identifiable information to ensure confidentiality.

3. CSWOs were also asked to indicate the approximate proportion of time spent across the range of portfolio areas their role covers. This information was compared with responses from the first, January survey (see table 3) and despite slightly fewer responses to survey 2, there was no significant change to how time was split across the various services and functions, with children's services, adult care and community justice taking greater proportion of time, as well as the functions of clinical and care governance and involvement in corporate and partnership groups.

4. Unsurprisingly, children and adult social work demand the greatest proportion of time, but responses demonstrate the wide-range of business for which CSWOs needed to have knowledge and understanding in service areas and organisational functions. The only slight changes between Survey 1 and 2 was a decrease in the proportion of time (3%) recorded for activities in relation to criminal justice with an increase of 3% noted for health related activities. This is perhaps unsurprising in the context of COVID-19, with cessation of some services and enhanced attention to others. The impact of COVID-19 on reducing the capacity of criminal justice social work was highlighted in SWS's contributions to the Scottish Parliament's Justice Committee.

Table 4		
Proportion of time on the range of services		
Category	Average: survey 1	Average: survey 2
Children's social work and social care, child protection, fostering/adoption, statutory responsibilities for Looked After children & young people, secure accommodation authorisation	26% (n=15)	26% (n=14)
Adult social work and social care, adult protection	11% (n=17)	11% (n=12)
Statutory mental health and Adults with Incapacity	5% (n=17)	4% (n=12)
Community justice, offender management, MAPPAs, management of Drug Treatment and Testing Order, management of Supervised Release Orders	10% (n=19)	7% (n=14)
Self-directed support implementation	2% (n=15)	2% (n=11)
IJB related	6% (n=17)	6% (n=14)
Health services related	4% (n=15)	7% (n=11)
Workforce planning and delivery (i.e. ensuring that the right workforce is in place and registered)	4% (n=16)	4% (n=14)
Workforce learning and development (i.e. ensuring that the workforce is skilled and trained)	2% (n=16)	4% (n=14)
Your own learning and development	1% (n=14)	2% (n=14)
Clinical and social work/care governance	11% (n=17)	8% (n=14)
Strategic development	8% (n=19)	8% (n=14)
Involvement in corporate groups	9% (n=18)	10% (n=14)
Involvement in partnership groups	8% (n=15)	8% (n=14)
Budgets	5% (n=17)	6% (n=14)

Organisational corporate functions	6% (n=13)	5% (n=14)
Inspection/audit requirements	7% (n=18)	4% (n=14)

1. CSWOs were also asked to rate areas of organisational pressure or stress on a scale of 1 - 5 across their portfolio areas; 5 being the most pressurised and 1 the least. Table 4 sets out the responses from both surveys where respondents rated the pressure or stress in that area of work as lowest (rated 1-2) or highest (4 or 5).
2. Unsurprisingly the highest pressures to emerge from both surveys were felt in relation to children's and adult services, budgeting and involvement in partnership groups. CSWOs identified that they were under pressure to re-design both adults and children's services to save money, but with the same expectations of service delivery and maintaining the balance of care. Another pressure in this area identified were staff shortages and staff welfare, in terms of high caseloads and staff carrying additional responsibilities. CSWOs described significant numbers of vacancies and recruitment challenges in some areas, and also challenges in ensuring a balance of experienced staff across the range of services.
3. CSWOs felt under intense and constant scrutiny due to potential overspend, budgetary challenges and pressures to identify savings. Respondents acknowledged this was a pressure felt by colleagues across Councils, IJBs and the NHS. CSWOs also reflected that they were often expected to attend and be visible on a wide-range of partnership meetings and groups, which was both time consuming and, at times, could feel isolating.
4. Areas of business which a significant number of CSWOs identified from both surveys as feeling pressurised (in respect of demand on their time) included self-directed support implementation, and workforce development and individual development. CSWOs described good relationships and support structures in place that helped manage the pressures, while others noted these activities demanded the time of CSWO but it was not causing additional stress. However, in terms of both workforce and individual, professional development, the reason for their being less pressure was the limited opportunity to undertake activity in these areas; the absence of dedicated budgets, time and capacity meant that such areas, while critical, were not able to be prioritised.. As one respondent observed:

'Taking on the role of CSWO, ironically, meant there was no longer time to complete the CSWO Advanced Award.'
[Survey 2 respondent, 2020]

5. Interestingly, there were four areas where there was a shift between the January and June surveys: criminal justice, where those recording high pressure reduced

from 35% to 13%; self-directed support where those recording high pressure reduced from 31% to 0%; clinical governance where those recording high pressure reduced from 50% to 26%; and inspection and audits where those recording high pressure reduced from 47% to 33%. As mentioned earlier, there are limitations with making comparisons between the surveys, however, some possible explanations might be that the focus on managing COVID-19 has meant a continued priority on children's and adults services with less focus on inspection, audit and self-directed support implementation. In terms of criminal justice, 38% (n=16) of respondents in survey 2 commented that although the national debate about the role of Criminal Justice Social Workers was unsettling, it was an area that was working effectively.

6. Finally, responses to the area of clinical governance suggested that this area was often more frustrating than stressful: some CSWOs reported that arrangements need further development or embedding; others had not had time to develop a direct scrutiny role; there were different local interpretations of what governance should look like; and local arrangements, which were often too health focused, needed both time and scope to rebalance with social care¹.

Links and connections across partnerships

1. Not surprisingly, the wide-ranging corporate and partnership groups with which CSWOs were involved was related to their own operational roles, and the priorities of the local authority or Health and Social Care Partnership. This ranged from regional groups to activity involving the council and elected members, local multi-agency partnerships and a range of local development groups or boards.
2. The types of groups or committees included council committees, Community Planning Partnerships, Child, Adult and/or Public Protection Committees, Chief Officer Groups, MAPPA, Alcohol and Drug Partnerships, Integration Joint Boards, Mental Health taskforce groups and Transformation Boards. Most respondents reported that they were involved in about a dozen groups on a regular basis (range 8 - 24) with one CSWO mentioning involvement in 50 networks, groups and boards. Not all groups, meeting or boards, however, required the same level of time and commitment.
3. Within the core of the meetings or groups that CSWOs attended regularly, most chaired about 6-8 groups (n=14). Again, this related to the areas of business covered by their role and included, for example, Children's Strategy or Strategic Planning Groups, Community Justice Partnership, ADP, Autism Steering Group, Corporate Parenting Groups, Social Work Training Board, Mental Health Working Group and three chaired or co-chaired Adult, Child or Public Protection Committees.

4. There was a similarity in the committees or boards that CSWOs (n=16) reported into. Most reported into local IJBs, CPPs, HSCPs, Chief Officer Groups, Child, Adult or Public Protection Committees, cabinet and local council committees including education, social work, housing (depending on how local committees were organised), scrutiny and finance and audit committees. Of those who commented on frequency (n=12), all reported to the multi-agency partnerships and full cabinet routinely although one reported attending the CPP only when required. The main committees where attendance appeared more occasional than routine were scrutiny, finance and audit committees.
5. Just under half of respondents reported having administrative support, but this was often shared and required some negotiation; 21% reported that they had no support and 36% did not say.

Involvement with and access to corporate leaders

1. Of those who replied to this question (n=17), 65% replied that they were a member of their authority's most senior corporate management team. The remaining 35% described being members of the HSPC executive team, HSPC senior management team, corporate management team or Directorate Leadership Group (described by one respondent as '*the tier below the most senior tier*'). The reason for this differentiation could not be surmised from the responses; i.e. whether this was based on the size of a local authority or in relation to how services were organized, for example.
2. For just over half (53%), the operational portfolio was the same as when they came into post, but the role had changed for a significant minority (47%). One area of change had been in response to COVID-19 where CSWOs now had oversight of care homes. Others had simply been asked to take on more responsibilities over time, either by taking on interim posts due staff shortages or increasing workloads when posts were not filled after falling vacant (as part of cost cutting measures).
3. Fifty per cent (n=16) reported being fully involved in budget setting processes although one individual replied that this was in relation to their Head of Service role (rather than as CSWO). Just under half reported they were involved to some degree and only one person (6%) replied they had little involvement. The following, however, neatly summarised the views of others:

*'Fully involved in discussion and negotiations.
Does not mean I get what I think is necessary.'
[Survey 2 respondent, 2020]*

4. CSWOs should have direct access to the council Chief Executive and elected members, and is a statutory member of the area’s Integration Joint Board (as set out in statutory guidance published by Scottish Government, July 2016). Overwhelmingly, 94% (n=17) reported that they had direct access to the Chief Executive of the Council and to Chief Officers of IJBs (see table 4). For the one individual who replied they did not, access had existed previously, but not currently. Just under three-quarters (69%; n=16) had direct access to Council Leaders and elected members and the main reason given for lack of access was no formal mechanism or process, but CSWOs could request meetings when required. One CSWO had direct access to the portfolio holders, but not the Leader of the Council and another was trying to establish a more formal process. Similar reasons were given about lack of access to the Chair of the IJB, however, for one CSWO the main services that they managed were retained within the Council functions.

Table 5 Direct access to corporate leaders		
Category	Yes	No
Direct access to the Chief Executive of the Council (n=17)	94%	6%
Direct access to the Leader of the Council and elected members (n=16)	69%	31%
Direct access to the Chair of the Integration Joint Board (n=17)	71%	29%
Direct access to the Integration Chief Officer (n=17)	94%	6%

5. CSWOs were asked if there was dedicated strategy and performance support for social work in their area. Only 24% (n=17) reported having a dedicated strategy and performance team in place, while a further 18% reported they had access to planning and performance support from generic corporate teams. One individual noted that the value of such support was limited, as the council’s information system could only produce certain reports. For those without a dedicated function, several described this support being shared across two directorates. Despite, some areas having dedicated support, 81% (n=16) did not feel that the support available to social work services was adequate. Many expressed concerns that either health or education (depending on local structures) were seen as priorities ahead of social work:

*‘Children, Families and Justice [social work]
Services struggle to get equitable access to the support available.’
[Survey 2 respondent, 2020]*

6. Under half (42%; n=17) reported there was a dedicated learning and development function for social work, but this was under pressure and under-

resourced and for some did not offer learning opportunities other than induction and supporting social work placements. For the majority, this function no longer existed or had been centralised. One CSWO commented that NHS held the learning and development function, which meant a dominant focus on clinical issues rather than social care. Another commented:

'There is insufficient resource for council as a whole so focus is on statutory and mandatory training with little scope for other forms of professional development.'
[Survey 2 respondent, 2020]

7. Seventy-one per cent (n=17) did not feel that current provision was adequate.
8. Finally, CSWOs (n=17) were asked about their access to administrative support: 53% had dedicated support; 41% had shared support; and 6% had no support at all. For one CSWO with dedicated support, the administrative support was for their Head of Service role although both roles were covered and for those with access to shared support, this was often limited.

Reflections on COVID-19

1. CSWOs reflected that managing and supporting staff throughout COVID-19 has been challenging, and had both broadened and deepened the responsibilities of the CSWO. Some reported that they have had less access to colleagues due to stretched capacity and resources, and increased demands in terms of mobilising service responses to support individuals and their carers or families, and managing risks at all levels. The amount of decisions and briefings required across the range of social work services was described as 'immense'. As well as increased duties in relation to care homes, swift responses were required to new and emerging national legislation and policy. Although COVID-19 related investment was acknowledged, the financial challenges of delivering services in the future remains a significant concern for CSWO.

Summary

1. From the responses, the pressures on the individuals hold the role of CSWO are clear. More are working additional hours, and the hours worked have increased. Pressures were particularly felt in relation to children's and adult services, budgeting and the need to be visible on a wide-range of partnership meetings and groups, which was time consuming and, at times isolating. CSWOs described intense and constant scrutiny due to potential overspends, budgetary challenges and pressures for savings. Despite these constant pressures, and the statutory responsibilities they hold, not all CSWOs were part of the authority's most senior corporate management team, or involved in budget setting processes. In general, CSWOs had direct access to the Chief Executive of the

Council and to Chief Officers of IJBs, but not all had direct access to Council Leaders and elected members, as there was no formal mechanism or process.

2. The lack of dedicated strategy and performance support in many areas, and the lack of a dedicated learning and development function for social work, means that social workers are poorly supported to meet their continuous professional development (CPD) requirements for registration and are not accessing ongoing, quality tailored training and development. There is felt to be a lack of parity in this regard with education and health colleagues, who have dedicated time to learn.
3. Delivery of the CSWO role, and its associated responsibilities for providing strategic and professional leadership for all social workers in their area, is clearly hampered for some by the absence of dedicated resources in terms of strategy, performance management, learning and development for the workforce.

Section 3 About your professional development

1. The information gathered in this final section explored CSWOs' own support networks, learning and professional development, and promoting social work.

CSWOs' own support networks

1. CSWOs were asked to record what support they had accessed or planned to access during the past year. The three key areas of support accessed were formal 1:1 supervision, peer support, and membership of professional organisations. Fewer used mentoring or job shadowing (see table 5). This was similar to the picture reported at Survey 1.

Category	Used	Intend to use
Formal 1-1 line manager supervision (n=12)	92%	8%
Peer support (n=14)	86%	14%
Mentoring (n=6)	33%	67%
Job shadowing (n=3)	--	100%
Membership of professional organisations (n=12)	92%	8%

2. The survey asked more specific questions about the use of peer support networks and, in particular, to rate from 1 (least) to 5 (most) on how likely they were to use peer support networks. From 14 responses, 79% rated the likelihood of using networks as either 4 or 5. CSWOs noted that peer support networks were invaluable and critical because of the uniqueness of the CSWO role; such networks could help address feelings of isolation in the role, were essential to wellbeing, and could help CSWOs navigate the local landscape and national agenda:

'Peer support is critical for me. The CSWO role is unique and can feel isolated as very few appreciate the pressures and extent of the responsibilities. I do not like to complain about the pressure and the time I give to the role, my role is to lead and inspire not to offload to others. I can do this with peers.'

[Survey 2 respondent, 2020]

This resonates closely with the information given in section one, regarding the length of time in role, feelings of isolation and lack of support, and reiterates the importance of local authorities' contributions to – and support of – the Social Work Scotland frameworks which exist to provide specific and focussed support for social work professionals, leaders and CSWOs.

3. It was difficult, however, given the competing demands to carve out time to develop networks and CSWOs commented that they would value more opportunities for networking through Social Work Scotland.

Learning and professional development

1. Although required by statutory guidance (Scottish Government 2016), few CSWOs had received a formal induction into their current role. Just under a quarter (n=13) had received induction either from their Chief Executive, 1:1 sessions with their line manager or a supported transfer from the previous CSWO. For others, there was either very little – *'a bag of papers to read through'* – or no induction at all.
2. In coming into the role, the general areas identified as knowledge gaps by CSWOs were: IJB related; adult social work and social care; statutory mental health and adults with incapacity. The critical areas of knowledge that individual CSWOs needed to address in taking up the role were wide-ranging and included: the specific statutory responsibilities associated with children and families social work, Integration Joint Board dynamics, adult social work issues, clinical care and governance, statutory mental health, MAPPA, guidance for looked after and accommodated children, and the corporate processes for decision-making. The range of gaps identified by CSWOs is likely to reflect the variety of backgrounds

and experience of individuals coming into the role, as well as the varied operational portfolios held by different CSWO.

3. Once in post, 50% of CSWOs (n=14) reported that their learning needs were identified either through regular supervision or annual appraisal. For the remaining CSWOs, their learning needs were either addressed on an ad hoc basis or were not discussed or addressed. Learning needs not being addressed was explained through various reasons, such as pressures on workloads or unstable management structures. In the last year, the main supports and resources CSWOs (n=19) accessed or intended to access included engaging with people who use services (77%); conferences and seminars (74%); SOLACE (37%); resilience resources for social work and social care (26%); and Social Services Knowledge Scotland (21%). Some CSWOs stated that the professional development was often outside of work and in their own time. Outwith work individuals informed their own learning and development through professional articles, books and blogs (63%) and their own independent research (53%).
4. CSWOs were also asked whether they had made use or planned to make use of qualifications or courses in their role. It was difficult to comment on the responses to this question as it was unclear if a lack of response was because the individual did not have the qualification or had not attended the course, or did not intend to use the learning. From responses, however, the main qualifications or courses which CSWOs had used or planned to use learning in practice were: the PGDip CSWO; a Professional Masters Programme; and Leadership for Integration. The professional masters programmes included the MSc Leadership and Management in Social Services (Stirling), MSc Social Work Management (Strathclyde) and MSc in Public Services Leadership (Queen Margaret).
5. When asked about gaps in learning, CSWOs acknowledged that the wide remit of the role and the workload pressures meant it could be difficult to prioritise learning needs. Time and capacity were cited as the main constraints in accessing learning and development. While several CSWOs acknowledged the necessity of a professional advanced award in relation to the CSWO role, they also stated that less formal learning and development support would be welcome:

'The Advanced Award (CSWO qualification) is a useful and necessary professional resource and recognition for the role, however the attrition rate for the course may indicate the conflict between studying as a CSWO and being a CSWO. Otherwise, some less formal support, learning and development at national level would be particularly helpful, albeit each role is unique to the local area and profile.'

[Survey 2 respondent, 2020]

6. Some described less formal processes such as linking with a buddy or mentor, and others mentioned group learning opportunities. Enablers to learning were identified as access to online resources, attendance at conferences, supportive managers, the CSWO network and support from Social Work Scotland.
7. CSWOs were asked about their leadership needs specifically and how this might be addressed. Two challenges were identified: the first was managing the CSWO role when it was split between two different agencies with different approaches (to learning and development), for example when adult services were part of the HSCP, but children's services remained with the Council; and the second was providing leadership and assurance for services and professional practice for which a CSWO had little previous operational experience. The key mechanism to help address this was through the networks and links across CSWOs locally, regionally and nationally.

Implementation of self-directed support

1. CSWOs were asked to reflect on the specific challenges and next steps for the implementation of self-directed support (SDS). Some CSWOs reported that implementation was underway in adults services and that there had been positive developments in taking an SDS approach in other areas, such as support for learning (where for example, children find school attendance difficult). Others acknowledged that the profile and understanding of SDS, locally, needed further promotion and required a more consistent understanding across agencies; particularly some areas of health and nursing.
2. In terms of the local barriers to the implementation of SDS, CSWOs identified: (a) the use of block contracts, (b) the impact of eligibility criteria, (c) limited shared understanding across agencies, (d) developing self-directed support within children and families services, and (e) access to limited staffing and resources.

Promotion of social work locally

1. Several challenges in promoting the role of social work locally were identified by CSWOs:
 - a. working in a landscape where some parts of the service are integrated and others remain separate; i.e. in many local partnerships not all social work services are integrated within a single structure;
 - b. promoting the ethics and values of social work at the corporate centre can be challenging, as the profession can be misunderstood and viewed as equivalent to other council services, being subsumed in a shared corporate identity;

- c. ensuring social work has a voice within health and older people dominated agendas. This has been brought into sharp relief during the COVID-19 crisis;
 - d. attention given to social work tends to increase only at times of challenge, concern or scrutiny, and during these times the focus of corporate management can feel as though it is on social work services rather than multi-professional shared responsibility; and
 - e. social work does not report into any specific local social work committee, adding to the challenge of maintaining its professional identity. (Instead it feeds into 'children and families', 'education', 'communities', etc.)
2. At times, CSWOs described social work as the *poor relation* to health and education. The CSWO role was seen as prominent within local authorities and views were sought on social work responsibilities and practice. This was welcomed, but placed much on the shoulders of individuals without access to the necessary infrastructure to support them to fulfil this responsibility, or necessarily the status and authority to take appropriate action.

Summary

3. As has been discussed, the requirements placed on individuals holding the CSWO role are significant, blending together complex operational responsibilities and a strategic and professional leadership role. This added to the challenges of promoting social work locally, and meant it was difficult for many CSWOs to prioritise their own learning needs.
4. Time and capacity were cited as the main constraints in accessing learning and development. Peer support networks were invaluable and critical because of the uniqueness of the CSWO role; they could help address feelings of isolation, were essential to wellbeing, and could help CSWOs navigate the local landscape and national agenda. It was difficult, however, given the competing demands, to carve out time to develop networks.

Final reflections

1. The passion and commitment of CSWOs to their role, their partners and to the communities who engage with social work services was very evident from the survey responses. The role is exceptionally varied and dynamic. However, a majority of CSWOs felt there is a need to challenge the view that the CSWO responsibilities could simply be an 'add-on' to existing responsibilities. For social work to be an equal partner alongside health and education, effectively explaining the highly complex and sensitive work of the profession across a variety of local committees, groups, etc., the CSWO role needs to come with the

status and resources (particularly time) necessary. Some commented that the absence of these things locally reflected a lack of awareness and understanding of the responsibilities of the role:

'In all honesty, I think it's become almost an impossible role to do thoroughly and effectively - unless you have considerable levels of support. I have a great team, I have excellent working relationships across the partnerships, I have dedicated, quality PA support. And still, this role is a constant challenge to get work done on time, meet deadlines, satisfy Members and colleagues and the public. I manage to do this job but I struggle to reach the important parts around connecting to the workforce, spending time with service users and contributing to the wider SWS agenda.'

[Survey 2 respondent, 2020]

2. There were also concerns that competing priorities across systems and structures, with individuals holding strategic, operational and budgetary management responsibilities for services, could leave individual CSWOs feeling conflicted and exposed (their statutory professional responsibilities in tension with their corporate, organisational duties) Professional networks were critical to supporting CSWOs to make sense of the wide range of different local governance and structural arrangements.
3. More positively, some reported that in their local area and partnership, senior leaders' understanding of the CSWO role had recently improved, particularly in terms of public protection. Several CSWOs observed that COVID-19 had brought the role and function into sharper focus, with CSWOs able to demonstrate the effectiveness and versatility of the social work profession. The understanding of social work and the role of CSWO was considered to be more fragile at lower tiers of management, especially when social workers were less represented in senior management roles.

For more information, please contact admin@socialworkscotland.org

We'd like to thank Jane Scott, independent researcher, for analysing the results of the CSWO survey, and putting together this report.

References

Scottish Government (2016) The Role of Chief Social Work Officer. Guidance Issued by Scottish Ministers pursuant to Section 5(1) of the Social Work (Scotland) Act 1968. Edinburgh: Scottish Government.

Social Work Scotland (2020) CSWO Survey – initial results.

ⁱ <https://socialworkscotland.org/briefings/care-homes-enhanced-professional-oversight/>