Setting the Bar
for Social Work in Scotland

Appendices

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Appendix 1 - Social Work Legislation

The statutory framework for social work services is contained in a raft of different pieces of legislation. It is a hugely complex and ever changing arena. This Appendix is not a comprehensive list of all legislation impacting on social work and social care. It sets out key primary pieces of legislation, to indicate the breadth and variety of legislation that social work currently needs to engage with.

Principal among the legislative list is the **Social Work (Scotland) Act 1968** which places a duty on all local authorities to "promote social welfare" and sets out their duty to assess a person's community care needs and decide whether to arrange services. It provides the foundation and basic structure for contemporary social work in Scotland, made provision for the establishment of local authority social work departments, the Children's Hearing system and requires local authorities to appoint Chief Social Work Officers. Since then the social work profession in Scotland has undergone a period of significant change – the overarching aim being to develop and improve early intervention services and support; built around the holistic needs of individuals, families and communities.

Children and Young People

The Adoption (Scotland) Act 1978 consolidated the enactments relating to adoption in Scotland requiring local authorities to assess the needs of those involved in adoption and to appoint an adoption panel. It places duties on local authorities to assess the suitability of individuals with whom a child is placed for adoption (updated in 2007).

The Foster Children (Scotland) Act 1984 regulates the placing of children in foster homes. It places a general duty to secure the welfare of foster children within their area, with the local authority required to ensure the foster parents and accommodation are satisfactory, make regular checks and remove children from unsuitable premises.

The Children (Scotland) Act 1995 still provides the main legal framework for child welfare and protection in Scotland. Local authorities have a duty to safeguard and promote the welfare of children in their area. Section 19 sets out the responsibilities for each local authority to prepare plans for children's services in their area. This legislation also provides the power for a social worker to remove a child to a place of safety.

The Children Leaving Care Act 2000 created new duties in relation to planning for children whose status as looked after children will be ending and simplified the arrangement for financial support.

The Protection of Children Act (Scotland) 2003 provided for a list of individuals considered unsuitable to work with children to be established and maintained by the Scottish Ministers and for those on the list to be banned from working with children. An individual who knows that he or she is listed commits an offence if he or she works in a child care position whilst listed.

The Adoption & Children (Scotland) Act 2007 modernised the provisions of the Adoption Act 1978. It introduced permanence orders for long term fostering arrangements, extended the adoption support services framework, and allowed for the introduction of a national system of care allowances.

The Looked After Children (Scotland) Regulations 2009 set out the duties and functions of local authorities in respect of children who are looked after by them through care planning, the power to allow looked after children to be cared for either by their own parents or persons who have parental rights and responsibilities and makes provision for kinship care and foster care.

The Child Poverty Act (2010) enshrined a long standing Government commitment to eradicate child poverty throughout the UK. This required Westminster and the Scottish and Northern Ireland administrations to publish their own Child Poverty strategies and set four separate child poverty targets to be met by 2020 (see 2017 Act below for Scotland).

The Children's Hearings (Scotland) Act 2011 sets out the duties and powers of local authorities, constables, courts and other persons to refer all children who may be in need of compulsory measures of supervision to the Scottish Children's Reporter Administration, when actions are required to protect children from abuse and neglect.
Through the Act, Implementation of Secure Accommodation Authorisation (Scotland) Regulations 2013 ensures that the process around the placement of a child in secure accommodation is fair, transparent and in the best interests of the child.

The Children and Young People (Scotland) Act 2014 outlines the duties and planning arrangements that should be in place for children's services to safeguard, support and promote the wellbeing of children and young people. It brings into law key aspects of the GIRFEC approach, the mainstream multidisciplinary approach to supporting children and young people living in Scotland.

The Continuing Care (Scotland) Order 2015 enables the period to provide continuing care under section 26A (6) of the Children (Scotland) Act 1995 Act to be extended by a local authority until the date of that person's twenty-first birthday.

The Child Poverty Act (Scotland) 2017 sets out targets to reduce the number of children experiencing the effects of poverty by 2030 and introduces the duty on local authorities to jointly prepare and publish annual report with Health Board in respect of measures taken or proposed to be taken to reduce child poverty.

The Children (Equal Protection from Assault) (Scotland) Act 2019 recognises that children are entitled to protection from physical violence to the same extent as adults, and removes the state's imprimatur from physical punishment as an acceptable parenting strategy. Individuals within statutory bodies can consider existing policies and practices in place in their organisation on what can be done if someone becomes aware that an unlawful act has taken place.

Adults

Chronically Sick and Disabled Persons Act 1972 compelled local authorities to assess the needs and provide specific services to chronically sick and disabled persons. The act also placed a duty on local authorities to find out how many people in their areas required services and assistance, publish information on the services available and inform those who were in receipt of services about the services most suited to their needs.

Disabled Persons Act 1986 sought to improve services for disabled people, by strengthening their voice through making provision for representation and placing additional duties on local authorities,

Disabled Persons (Services, Consultation and Representatives) Act 1986 permits an authorised representative to be appointed for a disabled person. It also requires that for a person with a mental disorder who has been in hospital for a continuous period of at least six months both health and the local authority should be notified and carry out an assessment of the person's needs.

Community Care Direct Payments Act 1996 created the opportunity for a local authority, as an alternative to the provision of care, to make a Direct Payment to an individual to enable them to arrange their own support for assessed needs.

The Adults with Incapacity (Scotland) Act 2000 provided for decisions around finances and health/welfare to be made on behalf of adults who lack legal capacity to do so themselves because of acquired brain injury, dementia related illnesses, mental disorder or inability to communicate. Social work has a duty to apply for Welfare Guardianship, or for an Intervention Order or for the Financial Guardian where necessary.

The Community Care & Health (Scotland) Act 2002 introduced Free Personal Care to people over the age of 65 whose social work assessment identified that they

required it. The provision of free personal care has from 1 April 2019, extended to all adults, not just those age 65 or over.

The Adult Support and Protection (Scotland) Act 2007 Introduced new provisions for the protection of adults at risk of abuse, including inspection and investigation powers for local authorities and a range of interventions. Social work has a duty to make enquiries about a person's well-being, property or financial affairs where it is believes a person is an adult at risk. Adult Protection Committees were placed on a statutory footing.

Mental Health

The Mental Health (Care and Treatment) Scotland Act 2003 (Amended in 2015) outlined particular duties for local authorities to make sure that people with mental disorder and learning disability get care and support services in the community. Local authorities must also appoint a suitable number of Mental Health Officers (social workers with an accredited mental health qualification) for their area to carry out the statutory functions of the Act.

The Mental Health (Scotland) Act 2015 changed the Mental Health (Care and Treatment) (Scotland) Act 2003 to allow service users with a mental disorder to access effective treatment quickly and easily.

Justice

The Crime and Disorder Act 1990 requires social workers to supervise serious sexual and violent offenders on release from prison.

The Criminal Procedure (Scotland) Act 1995 gave local authorities duties in relation to offenders. They have a duty to provide social enquiry reports to assist courts in the disposal of cases. They also have a duty to supervise certain non-custodial sentences. Mental Health Officers (social workers) have duties under this act to compile statutory reports.

The Criminal Justice (Scotland) Act 2003 provides a clearer and more flexible sentencing framework and the requirement to prepare risk management plans

The Management of Offenders etc (Scotland) Act (2005) (established new community justice authorities to facilitate the co-ordinated delivery of community justice services. It required the police, local authorities and the Scottish Prison Service to establish Multi Agency Public Protection Arrangements (MAPPA) for assessing and managing the risk posed by sexual and violent offenders, including those who have offended against children.

The Community Justice and Licensing (Scotland) Act 2010 introduced "Community Payback Orders" with wide application. This Act also replaced "Probation Orders" with "Supervision Requirements".

The Community Justice (Scotland) Act 2016 established the legislative framework for the model for community justice - its aim "to help create a stronger community justice system based on local collaborative strategic planning and delivery, with national leadership, support and assurance". This Act established Community Justice Scotland as the responsible national body overseeing local level Community Justice Partnerships.

The Management of Offenders (Scotland) Act 2019 introduced a number of important changes to improve the criminal justice system in Scotland. The Act gives effect to key parts of the National Strategy for Community Justice, adopting a preventative approach to not only reduce crime and the number of future victims of crime, but to help create a more just, equitable, and inclusive society where people's life chances are improved and where the best use is made of Scotland's public resources.

Carers

The Carers (Recognition & Services) Act 1995 introduced the rights of carers to assessment and support UK wide.

The rights enacted through the 1995 Act were quite limited and were extended by the Community Care and Health (Scotland) Act 2002 and then more significantly, by the Carers (Scotland) Act 2016 which established new extensive rights for carers including young carers i.e. right to a Carers Assessment and a Carer Support Plan.

Regulation

The Regulation of Care (Scotland) Act 2001 established the Scottish Social Services Council (SSSC) as the regulator of the workforce in Scotland through registration, the publication of Codes of Practice for social service workers and their employers and quality assurance of education and training across the sector. The Regulation of Care (Scotland) Act 2001 (much of which has been repealed by the Public Services Reform
Act (Scotland) 2010) gave protection of title to social workers in Scotland.

The Public Services Reform Act (Scotland) 2010 created Social Care and Social Work
Improvement Scotland (known more popularly as the Care Inspectorate) with a remit to inspect and publish reports upon public and private providers of care, social work and child protection services.

Generic

The National Health Service and Community Care Act 1990. This UK wide legislation, attempted to address demographic and consequential resource issues by introducing the market into social care, with a mixture of public and private provision to meet increasing pressures and expenditure. All services depended on social work assessment of need (commonly called community care assessments). This mirrored the emphasis on assessment in Children's legislation and effectively moved a social worker's main professional duty away from the direct provision of support embedded in the Social Work (Scotland) Act 1968.

The Human Rights Act 1998 makes it obligatory for all UK public bodies to act in compliance with the European Convention on Human Rights (ECHR). This Act directly influences social work practice and planning. For example, under Article 8 of the ECHR, the "right to family life" obliges local authorities to provide assistance.

The Welfare Reform Act 2009 brings together existing welfare benefits into a single system of payment. Roll out of Universal Credit increased pressure on local

authorities for help with destitution (largely picked up through the very widespread creation by the voluntary sector of Foodbanks).

The Equalities Act (2010) brings together and update various pieces of anti-discrimination and anti-oppression legislation that had been enacted over the years (including Sex Discrimination Act 1975; Race Relations Act 1976; Disability Discrimination Act 1995.

Social Care (Self-directed Support) (Scotland) Act 2013 provided a duty to offer the direct payment option and to "give effect to" the person's choice of a direct payment with a duty to have regard to the general principles of collaboration, informed choice and the involvement of individuals using services in the assessment and provision of support. It applies to people of all ages including children and young people.

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Councils and NHS Boards to create an integration authority to be responsible for the strategic planning of adult social care services, some health services and other functions delegated to it. The Act also allows councils to integrate children's and families' services and criminal justice social work.

The Data Protection Act 2018 and GDPR – significant UK legislation that social workers need to constantly assess in terms of information sharing with other key professionals and record keeping of case notes. This is of significant importance in relation to protection and safeguarding duties.

Appendix 2: Setting the Bar Survey Respondent Demographics

The survey received **1588** responses, of which **1552**[1] were from practising fieldwork social workers employed by local authorities / HSCPs in Scotland. This represents more than a quarter (**25.6%**) of this workforce.

The overall respondent profile was consistent with the Scottish social work workforce demographics[2] in terms of social work specialism, age, gender, (*ethnic group*), and employment basis, as detailed below:.

91 responses (**6%**) were received from Newly Qualified Social Workers, 169 (**11%**) from Social Work Assistants, 773 (**51%**) from Social Workers, 137 (**9%**) from Senior Social Workers and 189 (**12%**) were from Mangers. 171 respondents (**11%**) identified as 'Other'. Of these the most frequently specified descriptors were Mental Health Officer (25), Support Worker (22), OT (17), Family Support Worker (15), Admin/Clerical (7) and Enablement and Support Coordinator (7). [58 skipped this question].
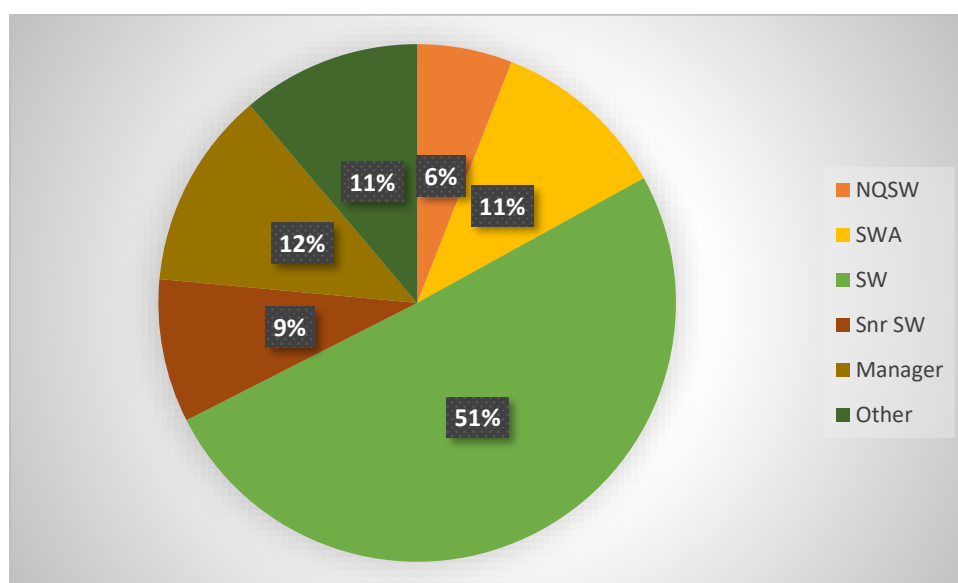

Figure 1- % Survey Responses by Role

The breakdown by social work specialism was similar to that for the workforce. The majority of respondents worked in Children and Families social work (**41.5%** compared to 45.5% of the total workforce). Just over a third worked in Adult social work (**36.6%** vs 32.6%) while **16.2%** specialised in criminal justice (slightly more than 15.4% of the workforce). **5.6%** responded Other (consistent with national workforce data) of which ~ 1.0% identified as "Mental Health", 0.5% as "Addiction Services / Substance Misuse, 0.5% learning disabilities and 0.5% worked across more than one service area.

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[1] 36 responses were received from business support staff and OTs who would not be included in the **6,049** head count calculated through the most recent LAWS data.

[2] As determined through the most recent LASWS data and the SSSC 2020 Interactive Social Worker Data Tool

Social Work Specialism (%)
Comparsion of Survey Respondents & Worksforce
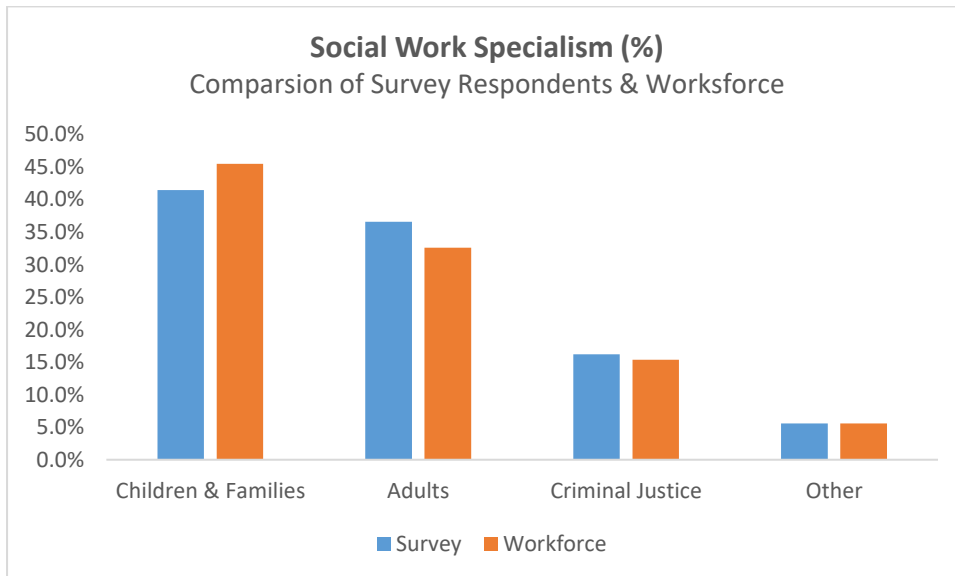
The age profile of respondents was also similar to that for the social work workforce as a whole. The survey employed slightly different age bands to those used in the SSSC workforce data collections and this may account for the small percentage differences between the two sets of figures.

Age Band	Survey	Age Band	Workforce
<25	2.2%	<26	2.4%
25-34	20.3%	26-35	23.0%
35-44	26.8%	36-45	25.5%
45-54	25.4%	46-55	29.0%
55+	24.4%	56+	20.1%
Prefer Not to Say	0.9%		

The gender profile of the survey respondents was broadly consistent with that of the workforce as a whole, with the female percentage response slightly higher (**83.5%** vs 80.5%) and male response correspondingly slightly lower (**15.35**% vs 19.45%).
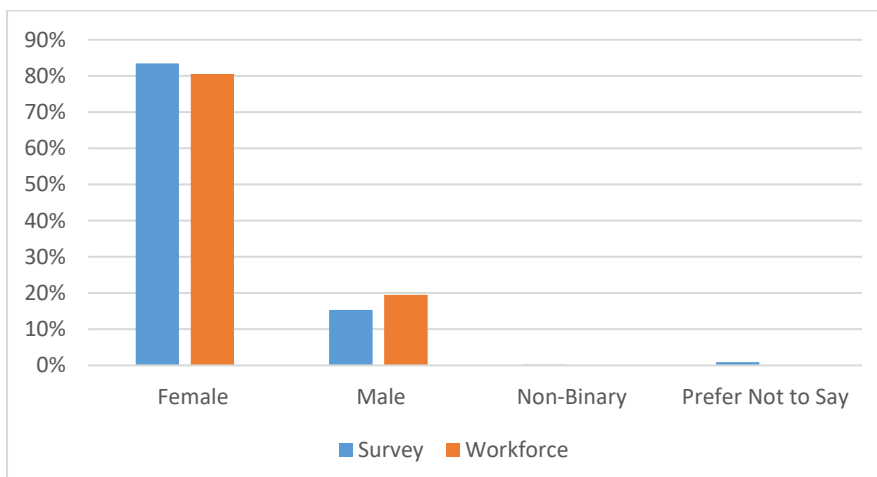
The vast majority of respondents (**97%**) identified as white, of which 92.3% selected the options White Scottish / British. This is fairly consistent with the limited information collected on social worker ethnicity through SSSC[3], and responses to the Scottish Association of Social Workers' anti-racism survey in 2021[4]. We are aware that the additional intersection of racism in social work is relevant here; and reflect that social work professionals fearful of identification or further repercussions may have been less likely to respond.

89.7% of respondents answered that they did not have a disability, **8.4%** that they did and **1.9%** preferred not to say. For those answering that they did have a disability, just over half **(53.9%)** responded that they got the support they needed to manage their caseloads at work, with a disappointingly large **40.4%** indicating that they did not. (5.7% preferred not to say).

The survey respondents also demonstrated a good mix of length of service in social work practice. **16.5%** had been working in the field for less than four years, **28.5%** between four and 10 years, around a third (**31.3%**) for 11 -20 years and just under a quarter (**23.7%)** for more than 20 years. Interestingly almost two-thirds of respondents **(>64%)** had been working in their current role for six years or less, with a quarter (**25%**) having worked in the same role for between seven to ten years and just over **10%** having been in the same role for more than ten years.

There was a slightly greater proportion of respondents working fulltime than for the workforce as a whole (**83.4%** vs 77.3%) and correspondingly fewer (**15.4%** vs 22.7%) part-time respondents. Of the **1.2%** responding 'Other', most specified working between 27-34 hours per week, with further responses including hours split between roles and flexible retirement.

Geographically the survey was wide-reaching, with responses received from all 32 localities. However, when expressed as a percentage of the total number of fieldwork social workers in each area[5], the response deviated considerably from the overall response rate of **25.6**%; from **60%** of the social work workforce in **Argyll and Bute**, closely followed by **58%** of the workforce in **South Lanarkshire** down to **10%** in **Glasgow City**, **9%** in **South Ayrshire** and just **7%** of the workforce in the Orkney Islands.

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[3] SSSC 2020 Social Service Sector Workforce Report
[4] https://www.basw.co.uk/system/files/resources/racism_in_scottish_social_work_-_a_2021_snapshot.pdf
[5] See table 1 for details

% of Workforce Responding to Survey by Locality
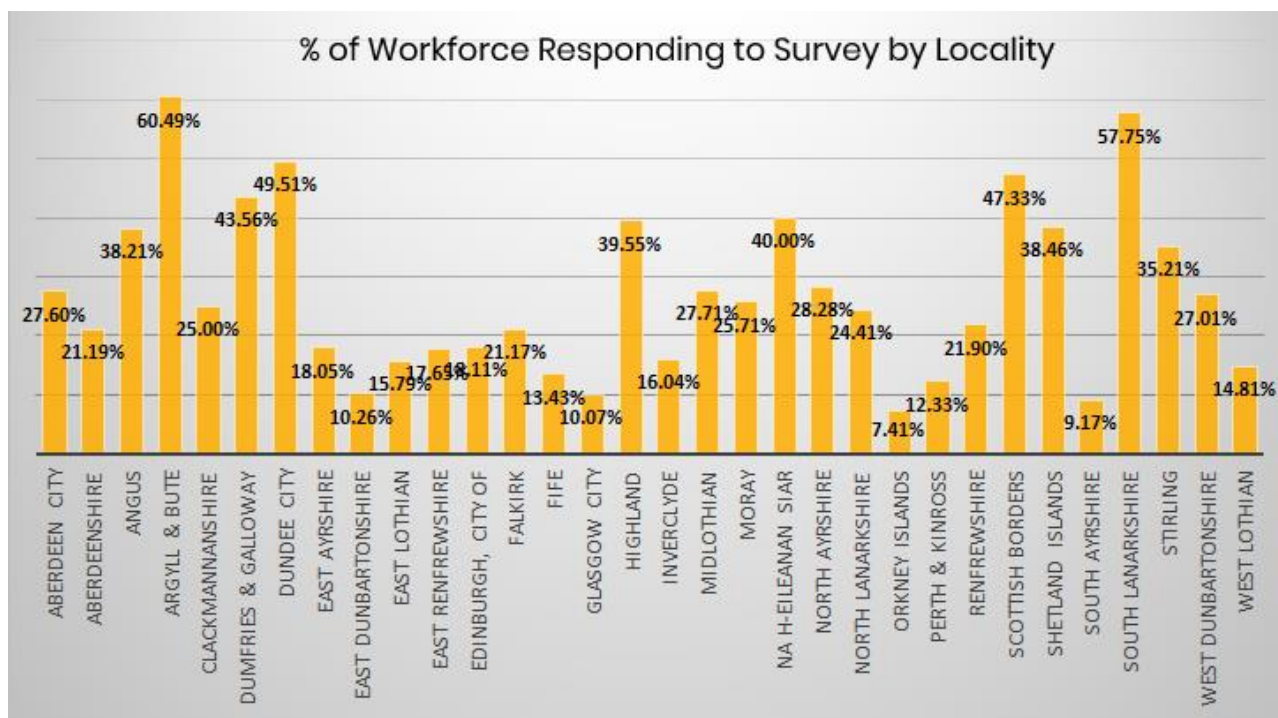
In Scotland there have been particular concerns about social work services and caseload manageability in the Highlands and Islands, and while the Orkney response is disappointing, strong response rates of 40% (Western Isles), 39.5% (Highland) and 38.5% (Shetland Islands) facilitate future differential analysis for these localities.

Table 1

Local Authority Area	Workforce Head Count	No. Survey Responses	% Response
Aberdeen City	308	85	27.60%
Aberdeenshire	236	50	21.19%
Angus	123	47	38.21%
Argyll & Bute	81	49	60.49%
Clackmannanshire	60	15	25.00%
Dumfries & Galloway	163	71	43.56%
Dundee City	206	102	49.51%
East Ayrshire	205	37	18.05%
East Dunbartonshire	78	8	10.26%
East Lothian	114	18	15.79%
East Renfrewshire	68	12	17.65%
Edinburgh, City of	657	119	18.11%
Falkirk	137	29	21.17%
Fife	417	56	13.43%
Glasgow City	755	76	10.07%
Highland	134	53	39.55%

Inverclyde	106	17	16.04%
Midlothian	83	23	27.71%
Moray	140	36	25.71%
Na h-Eileanan Siar	20	8	40.00%
North Ayrshire	198	56	28.28%
North Lanarkshire	340	83	24.41%
Orkney Islands	27	2	7.41%
Perth & Kinross	146	18	12.33%
Renfrewshire	242	53	21.90%
Scottish Borders	131	62	47.33%
Shetland Islands	39	15	38.46%
South Ayrshire	109	10	9.17%
South Lanarkshire	329	190	57.75%
Stirling	71	25	35.21%
West Dunbartonshire	137	37	27.01%
West Lothian	189	28	14.81%
South Lanarkshire	329	190	57.75%

	Highest % response rates
	Lowest % response rates

Appendix 3: Push and Pull Factors

We asked respondents about reasons for staying (pull factors) and reasons for leaving (push factors) their job

Reasons for leaving

We first asked respondents to tick up to three boxes as main reasons they might leave the profession. The percentage of responses to each available option are as follows:

Unmanageable workload	59%
Lack of work-life balance	51%
High administrative workload	49%
Poor physical/mental health	45%
Poor salary	25%
Fear of making mistakes	25%
Lack of managerial support	21%
Wanting to try something new	20%
Threats from families/feeling unsafe	9%
Travelling	5%

We also encouraged respondents to explain their answers in open text. While several respondents identified that three boxes were not enough to cover their reasons for wanting to leave, a minority stated that they had no plans to leave. 504 practitioners wrote explanations ranging from one or two words (retirement, health, emotional fatigue, blame culture) through to much longer responses. The longest narrative responses in the survey were to this question, of up to 1500 words. Here, we provide an overview of our analysis of explanations for reasons to leave. We first consider text relating to the pre-determined responses as above before moving to additional themes discerned from the data, as below.

Lack of resources
Lack of preventative work
Lack of autonomy
Lack of progression
Need for stronger representation of social work
Pandemic pressures
Suggestions / recommendations from staff
- Support workers
- Four-day week
- Change the culture

Unmanageable workload

Nearly 60% of respondents identified their workload as a potential reason for leaving their job. Although some people felt they had a manageable workload, working longer than contracted hours to try to keep on top of things is the norm. The first example is typical of many which linked caseload or workload to detrimental health impacts (another of the tick box options):

"My caseload has been increasingly unmanageable over the past few years. I constantly feel like I am fire-fighting and delivering a poor standard of practice. This has led to me feeling burnt out and taking time off sick"

The second example is also typical of many others which linked workload to fear of making mistakes (another of the options):

"The number of cases I manage and the workload involved in them is not achievable and my work standard is nowhere near what it used to be. For this reason, I feel like I am making more mistakes and missing things I would not have before"

In the next example, the practitioner, like many others, identifies that in their setting there does not appear to be any means of managing workloads other than continued allocation of cases. This leads to "internal waiting lists" for workers who have no choice but to leave people who are allocated to them to reach crisis point before they can be responded to:

"While I understand the pressures on seniors and managers to allocate cases, there seems to be a fundamental misunderstanding of the time a social worker requires to effect change and safely cease working with someone. This often results in social workers being allocated

cases which they have virtually no chance of "reaching". This leads to what could be termed an "internal waiting list" for the social worker as we must prioritise our work. Meanwhile clients' situations are often deteriorating and pushing towards crisis "

In another example, a child protection worker explained that her team's workload had changed since the pandemic. While they might still have ten or so moderate cases, they were also now working to 20 cases each which were already, or at risk of becoming, child protection cases. They were therefore prevented from "working with families to reach more positive outcomes." A few social workers, particularly those in integrated health and social care settings, identified that having managers from outwith social work was not helpful because they didn't understand the workload implications of their decisions.

Several team managers selected the workload option. They identified pressures faced when having to pick up a caseload whilst also supervising staff, with one noting that staff are "regularly crying" in supervision due to workload pressures. A few also identify the pressures of budgets being devolved to teams, with a requirement to reduce spend, leading to restricted responses to the needs of the people they support, with one commenting:

"Complaints from families, carers and individuals have gone up as a result and in most cases are justified "

An increase in time spent on duty was highlighted by several people, including both generic duty and Adult Support and Protection duty. This was partly attributed to staff shortages and partly due to increased level of public need as a result of the pandemic. Increased time spent on duty was detracting from casework.

"It is horrible to finish work day after day, and feel dread about the coming days and weeks, knowing you will likely never feel you are working at anything other than full speed"

Lack of work-life balance

Over half of respondents identified a lack of work-life balance as a reason for leaving. This relates very closely to the first option, of having an unmanageable workload. For some, work pressures were identified as disruptive to existing relationships, with a few noting that their partner or another family member wanted them to leave as a result. One children and families practitioner noted that because the job had adversely affected her own mental health, it had also impacted the wellbeing of her children. A single parent was struggling with the lack of flexibility in her working hours, despite having come into the profession with an understanding that she would be able to work around her child. A few others noted that they intended to start a family, and did not see this job as compatible:

"I have considered leaving several times, searching for better pay, better recognition, a more safe environment and a job that better supports my wellbeing and future lifestyle (looking to start a family)"

Another theme identified by several people was that the type of person drawn to social work was likely to be focused more on others than themselves:

"The type of person that is attracted to do social work does not always find it easy to put their own needs first"

Quite a few respondents noted that in addition, there was a tendency for the 'other' orientation of social workers to be taken advantage of in a role that often requires 'going the extra mile' without remuneration.

High administrative workload

Almost half of respondents picked the option of high administrative workload as a reason for leaving. This was the third most popular option, and was a major theme in the narrative responses, with several identifying this as the 'most frustrating part of my role'. A community care assistant explained:

"My "Community Care Assistant" role has turned into an admin role with the full day spent in front of my computer, completing lengthy and tedious processes and forms for "duty tasks" which is basically all admin and procedures around budgets, using software that is not fit for purpose"

There was a sense that administrative tasks constantly increase, 'spreading like cancer', as availability of administrative and social work staff diminishes. This results in practitioners who are essentially 'people-people' spending most of their time on tasks which do not directly involve people, and which they often do not have the skills for. While there was acceptance of the need for some administration as part of their role, concerns included that databases were 'not fit for purpose,' that there is inordinate duplication of effort through recording the same information in different places. An example was given of one department 'scrimping on outlook capacity' meaning that staff are constantly deleting emails to save space. Another noted that a new chronology system had increased the work involved, whilst also no longer being in chronological order. Another example was a change in processes surrounding Section 12 payments which now required a separate form to be filled for each item paid for rather than one form overall.

Further examples were raised by several practitioners in relation to SDS policy, with concerns about significant additional paperwork. In one case a social worker cited waiting lists of around a year for SDS assessment due to firefighting, and limited capacity to support people to spend their budget once assessment has been completed. This practitioner wrote the longest response to the survey, which was thoughtfully articulated. They added:

"During that time [months going through the process] we find ourselves undertaking the Personal Assistant role ourselves as we have a duty of care to ensure that person's rights and affairs are looked after, and ethically we would not see them going without… these kind of tasks are always expected to be handled by Social Work"

A team manager noted the specific impacts of lack of administrative support:

"I have no access to direct administrative support, which leads to me as a manager to have to spend time for example, preparing documents to fill / advertise vacancies, complete absence returns / leave documents and other similarly administrative tasks"

What is described here, in addition to clunky systems, is a false economy, where reductions in administrative staff result in their roles being absorbed by more highly paid staff, who in turn are prevented from fulfilling their trained for roles, with adverse outcomes for all.

Poor physical/mental health

Many dozens of respondents stated that they have mental and/or physical health conditions related to work pressure, or unmanageable workloads, with one noting that they feel stressed 'from the minute I start work until I finish for the day.'.

Ironically the following practitioner, who is a mental health officer, (MHO) noted the serious adverse impact of the job on their own mental health, leading to early retirement. In this case, lack of joint working was identified as the main culprit:

"I am retiring very shortly primarily due to my anxiety/depression condition (2 long episodes in the last 3 years). Despite loving MHO work I found it to be more stressful (mainly due to the increasing lack of joint working despite integration of services)"

For many who have not experienced mental ill health, this is an underlying concern as they observe colleagues experiencing work related stress, or because they personally are aware of the risks based on the level of pressure they are experiencing. Several respondents noted that they were struggling with other health conditions, without feeling supported:

"Additionally working through the Menopause is challenging and not often recognised the support you require"

A few respondents noted concerns about the health of colleagues. A newly qualified social worker shared their observations about colleagues "quite frankly looking run into the ground," noting dissatisfaction with the answer that "this is just how children's and families social work is."

Poor salary

As a pre-determined option, poor salary was only selected by 25% of respondents. However, this featured frequently in narrative responses. While a small number of people are satisfied with their pay grade, the majority of those commenting do not feel they are adequately paid for the work they do. Several support workers noted that they do almost the same job as social workers, carrying significant risk, for significantly less pay. Many social workers note that other better paid professions do not entail the same level of complexity, risk and long hours. In addition, many noted a tacit expectation that they work extra hours without pay. The following comments were typical of many which noted significant additional and unsocial hours, which are often unremunerated:

The ethos of being expected to work extra unpaid hours to catch up in Social Work HAS TO CHANGE - we should be paid for the extra hours we do and not with flexitime that you lose due to being unable to take it due to workload

Fear of making mistakes

The survey results confirm that fear of making mistakes is widespread. This is influenced by negative media coverage of social work, as well as by the perceived role of regulators:

"I feel in Social Work you are always worried about making mistakes and having seen the consequences for other colleagues, such as reporting to SSSC for minor mistakes, it can leave you feeling on edge"

Fear of making mistakes also relates to workload pressures, with the following comment showing how this can impact on newly qualified social workers, some of whom feel insufficiently supported. The first comment is from a NQSW:

"Being a newly qualified social worker, it has been an extremely difficult period of time to adjust and learn through the pandemic. With long term staff members either off sick or being completely snowed under with child protection related work, new workers operate in isolation out of fear of being a disturbance"

On the flipside, a longer-term member of staff shows awareness of the same problem:

"We have many new staff and the service is struggling to train and up skill them appropriately"

More broadly, workload pressures are cited as increasing risks in a profession in which mitigation and management of risk is integral:

"In 20 years, I have never felt so concerned about consequences for families (of missing something) and workers in terms of professional accountability"

Lack of managerial support

"After many years in a profession that is now administratively driven, with management that is upward looking, rather than downward and client based."

Managerial support is one of the options which did not score particularly highly statistically, but did elicit a lot of narrative responses. There were clear distinctions made between team managers/SSWs who were mostly seen as part of the team, as compared to senior management who were frequently seen as remote/driven by budgets and targets:

"My immediate manager is supportive but senior managers have the final say in decisions and they are not always in the best interests of the family but rather the council purse"

Some responses indicated an understanding that senior managers might themselves be under pressure, but lack of communication and remoteness were unhelpful to staff:

"Management are often unavailable/unapproachable. Likely to do with their own workload but this is unhelpful for workers on the frontline. (274) "

Several people identified that too much emphasis is placed on 'ticking boxes' and unhelpful key performance indicators and targets, which are seen as antithetical to human rights:

"It is becoming difficult to juggle competing priorities and constant focus on targets is unhelpful and unethical as a professional and I'm constantly trying to uphold people's human rights"

At worst, concerns about senior management were directly cited in decisions to leave. The following worker made a recommendation for a culture change in management:

"Promote a culture of Relational Management stop promoting process driven and business management styles"

One of the most striking features of this feedback is that they point to opportunities to improve relationships and communications between senior managers and practitioners. Given that managers are also coming through a pandemic, there may be opportunities here to pause, and consider how best to progress this.

Wanting to try something new

Although one in five respondents picked this option, very few expanded on what new role they might seek. Of those who are thinking of leaving, it may be the case that part of what is holding them is uncertainty about what else they would do. There were a few exceptions

"If I was struggling with my case load, I would re-train as a counsellor due to my strength of being a good listener"

Negative public perceptions about social work

Although rated second lowest amongst the pre-defined options for leaving social work, negative public perceptions were a source of concern. There was a view that social work is not well understood outside the profession. The tendency to focus only on what goes wrong in the media contributes to a blame culture resulting in risk avoidance and poor outcomes:

"Social work also has poor public understanding and there is a blame culture which can lead to more risk adverse practice and poorer outcomes for people"

Several respondents believe that social work needs a stronger voice than is currently the case, and there are certainly opportunities to invest in promoting positive perceptions of social work. We will return to the need for wider representation below.

Threats from families

Nearly one in ten respondents has concerns about threats from the people they support. A few identified specific examples of threats they had received, with a few others taking specific measures including self-defence classes and increased home security. One respondent linked potential threats to negative public representations of social work, also noting that resource limitations can mean shortcuts around safety measures:

"There is a lack of faith in Social Workers because of the negative press/media attention but also there are risks to our safety due to limited resources and having to attend home visits etc solo"

Another respondent felt uneasy about putting her colleagues at risk by asking them to do joint visits for safety:

"I also don't feel safe when meeting particular clients. But by asking my colleagues to support me I am putting them at risk too"

Travelling

Three key concerns were identified by those amongst the 5% who selected traveling as a concern. These were the time consumed by travel given other workload pressures, the costs incurred, and the implications for equity across a caseload.

"Travelling, you can have a client in St Johns hospital, Livingston. This takes 45 minutes each way for me to get there. I rarely have 1.5 hrs spare to dedicate to travel. This means that clients are not always receiving an equal service. The reason why they are in St Johns is due to no available beds at the Royal Edinburgh. The resources have been cut too short and this increases the demand on the ground"

Additional push factors identified by respondents are as follows:

Lack of resources

Lack of resources and services to support people is a source of significant stress for staff. One response highlighted a lack of services including respite, for people with disabilities. Some identify a gap between policy aspirations and reality because of this:

"Masses of legislation and nothing to support them, no home care, no support workers (2)*"*

This was also identified several times in relation to children's services:

"Nobody is implementing 'The Promise' properly because they are no resources and managers do not prioritise it"

The resource issues were also linked to a sense of powerlessness, with a plea from the following practitioner for most honesty about the lack of resources:

"We are powerless to challenge these decisions and advocate for the children. We are given a variety of reasons why decisions are made but we'd all have more respect for just being told we don't have the money"

Lack of preventative work

There were frequent references to an inability to do preventative work due to workloads, and fire-fighting. This was linked to the needs not being met and also to increased risks:

"The high demanding workloads are more than we can handle and often helping people, such as therapeutic intervention work for risk reduction, falls by the wayside"

Lack of autonomy

Several respondents noted changes in working practices which were impacting on their autonomy. This included concerns about a lack of trust and micro-management.

"I am deskilled by micro-management and processes and structures that have bred a climate of fear through endless audits and unfair scrutiny on what is not being done and not enough about what is being achieved, and done well. All practice feels defensive"

There were also several references to targets for paperwork and prescribed frequency of visits linked to auditing processes.

Lack of progression

Although we only asked about career progression in reasons for staying, it is telling that it was frequently referenced in reasons for leaving. The following comment is typical of many:

"I want to progress in my career but find options are limited in social work unless you want to manage people"

Some experienced workers identified that their knowledge and skills are drawn on by colleagues and managers, without this being formally recognised. The need for a new structure to address the gap was highlighted:

"I do not believe there is an adequate, national, post-qualifying training structure that allows for meaningful scope to specialise"

Need for stronger representation

There were several comments on the need for social work to be better represented publicly and to have a more assertive voice. One person noted that there is a need to balance the stories of 'tragic incidents' with a much clearer articulation of what social work does well. Another added to this theme:

"I think SW is in a precarious place right now and we need to assert ourselves (which we've never been too good at) and that what we do keeps people at home, safe and well. Without

us, hospitals would be utterly overwhelmed, families would need to provide care, vulnerable children and adults would be harmed repeatedly"

Another worker added reflections about the need for acknowledgement and recognition of the deeply demanding emotional labour involved:

"There is a lack of recognition of the emotional and physical toll that working in social work with people in crisis, making decisions that will affect the course of people's lives and containing huge emotionally charged situations has… Despite the government's Promise and The Plan, my concern is that burnout is still seen as either an issue with that particular worker, or an issue with that particular service, rather than the fact that as a profession we aren't well supported and cared for"

Pandemic pressures

The pandemic was identified as contributing to a desire to leave on several counts. We have already highlighted references to increases in public need and increased time on duty linked to the pandemic. Other concerns related to changed working patterns and the implications for team camaraderie and wellbeing. While a few people welcomed the flexibility and reduced travel of working from home, more often workers really missed the benefits of working closely with their team, and associated peer support:

"I don't want this long term, bringing my job into my home and not having the informal support of colleagues is not acceptable to me long term. So I'm now actively looking for another job which is sad because I love child protection practice team social work and I know that we are having a staffing crisis"

The use of virtual methods by other professions could result in additional support needs being met by social work:

"An example of this is the Elderly Community Mental Health Team still offering Near Me Video Calls to 65+ year olds with cognitive/ memory issues and not knowing about their informal support i.e. do they have a phone that can video call? Do they have family to help? I have had to support a few of my clients to undergo these assessments by using my own personal mobile phone or laptop, because they don't have a mobile phone far less a video calling facility, and they can quickly be discharged if they don't attend"

There was also a sense that the efforts invested by social work to support people through the pandemic had not been valued, compared to the support showed to NHS staff.

Suggestions / recommendations from staff

Other than directly addressing the gaps above, additional improvements were suggested:

Support workers

The following suggestion was made by the practitioner who described challenges with SDS assessments and long waits in adult services:

"In my view, to respond to the increasingly complex referrals we are getting, we would benefit from having "support workers" within the team to undertake tasks such as shopping, prescription collection, making calls on behalf of people and support them to make and attend appointments until we have the appropriate services/ powers in place to implement appropriate services"

Four-day week

Two people recommended a four-day week to enable staff to reflect and think and be better equipped to make good decisions, as well as to support wellbeing:

"In this economic climate together with the complexities of cases it would be beneficial for social workers to work a four-day week rather than five days due to the impact the role has on one's mental and physical wellbeing"

Change the culture

A few respondents made wider suggestions about changing the culture in social work. The process of file auditing was highlighted by one worker as particularly unhelpful, proposing instead group supervision within teams to develop consistent practice. These suggestions usually centred around more relational, collaborative and strengths-based approaches The following person recommended a range of ways in which the culture could improve:

"The culture of social needs to change...Actively promote an authentic culture of honour and respect for the generic skill set we have…Employ skilled, person-centred managers, who know how to pull the best out of the workforce. Promote confidence with positive feedback and constructive criticism"

<u>**Reasons for staying**</u>

We first asked respondents to tick up to three boxes as main reasons they might stay in the profession. The percentage of responses to each available option are as follows:

Making a difference to people's lives 69%
Commitment to the profession and its core values 67%
It's what I trained to do 41%
My colleagues 38%
Financial 34%
Enjoyment 23%
Positive work environment 17%
Career progression opportunities 12%

As with reasons for leaving, we encouraged respondents to explain their reasons for staying in open text. While a minority of clarified that they had no plans to leave, many more added

caveats to their intention to stay, with more still using this opportunity to give additional reasons for wanting to leave. 360 practitioners wrote answers ranging from two words (promoting independence, job security, no alternative) through to 330 words. Responses were on average shorter than explanations for reasons to leave. Here, we provide an overview of responses about reasons for staying. We first consider text relating to the pre-determined responses above before moving on to themes discerned from the data.

Making a difference to people's lives

"There are days when you have a brilliant session with a service user and you can see them light up and begin to thrive rather than just survive: that's what keeps you going"

Making a difference to people's lives is one of two key reasons identified for holding people in their jobs, along with commitment to the profession and its core values (next). Although workers often have to temper their own expectations for how much of a difference they can make, a sense that they are still making a difference is often what makes them stay:

"My work life is of a fairly poor quality however…I think in the middle of all the chaos I think I do make some difference to people's lives"

Quite a lot of respondents added significant caveats to this option. Some used words like 'challenging' or 'sometimes' when identifying where they were able to make a difference. One children and families support worker noted that while they were able to build relationships with children and young people, their immediate social work colleagues were not able to do that, noting 'that needs to change.'

Quite a few identified a sense of pride in being able to make a difference to people:

"I am proud to be associated with a profession whose main values and aspirations are to maximise outcomes and life experiences for individuals as well as challenging inequalities when we are able to use our skills and time to do such skilled therapeutic work"

"I do this because I'm good at it as it turns out - well the bit that involves getting alongside people in the messy and sometimes chaotic swamp that is human existence and helping them figure out what it is they want and how they might achieve it"

Quite a few respondents noted that the relationships they build with people they support are a key factor enabling them to make a difference. One focused on their role in counteracting adverse childhood experiences, through being a 'consistent stable adult figure' in the lives of the children and families they support.

Commitment to the profession and its core values

Commitment to the profession and its values is the second option, closely related to making a difference to people's lives. Quite a few respondents identified specific values including person-centred practice, trauma informed practice, tackling poverty, stigma and inequality and keeping communities safe. A belief in human capacity for change was cited:

"I think for longevity you need to have an intrinsic interest and curiosity and belief that change can happen"

There is a tipping point for the extent to which staff can cope with compromised values.

"I love my working environment and I am dedicated to the social work profession and core values. I trained hard to work with people, however the lack of time to do so is demoralising"

Making a difference to people is entwined with a commitment to the profession in many accounts, representing the two key reasons for social workers staying in their jobs.

It's what I trained to do

Having trained for the role was identified by 41% of respondents, considerably lower than the main two options, but still important to many. There are considerably fewer comments than for the first two option. There is a strong sense in relevant comments of practitioners having committed, financially, intellectually and over time, to their profession. Having made the investment, it would be a loss to leave, or is simply not feasible.

"I have studied at university for 4 year and a year at college before this, this is a long time to no longer work in the studied area. I believe I can make a difference to people's live and am committed to social work and the core values"

My colleagues

While this option does not feature statistically as strongly as the two key reasons, at 38%, it is much more strongly highlighted in the narrative, with many stating that they could not stay if not for colleagues, with emphasis on the importance of mutual support.

"I would feel guilty leaving my job and taking with me the knowledge I have and the support I provide to my team-mates. We all struggle but we help each other, and it is a big loss when even one person leaves"

While some comments noted the importance of good relationships with peers in the absence of good relationships with management, a few identified both were present:

"Feeling supported as a worker, feeling grounded and valued - relationship based interactions between management and colleagues just as we practice relationship-based interactions on a day-to-day basis - this should be mirrored through the systems"

Quite a few respondents identified that colleagues leaving due to stress, which was negatively influencing their own commitment to the job.

Financial

A third of respondents identified finance as a reason for staying in social work. Finance is most often a practical necessity, relating to paying bills and mortgages:

"If I could afford to retrain I would do it in a heartbeat. However, due to childcare, financial issues etc, it wouldn't be possible. I often wish I trained in something else as I feel trapped"

Financial concerns are also about fairness and recognition given the demands of the work:

"For the level of responsibility, the pay is terrible"

Finance alone was not necessarily a reason for staying:

"More resources and a supportive culture would make me stay more than money"

Some roles are more poorly paid than others:

"I do feel that I make a difference to people's lives, and it is rewarding. However, as a Social Work Assistant I feel that the pay is very poor along with the poor grade"

While a few social work staff are satisfied with their pay, they are in the minority. Bearing in mind that 25% had picked the option of poor salary as a reason for leaving, it is the necessity of paying the bills rather than satisfaction with salary that is a reason for staying.

Enjoyment

Less than a quarter of respondents identified enjoyment of their job as a reason for staying.

"I very much enjoy that I am able to help children find safe foster placements and adoptive placements and hopefully move on to have happy, safe and fulfilling lives. I also enjoy supporting adults to achieve their dreams of becoming foster carers and adopters"

The relatively low response rate to the tick box option was mirrored/amplified by limited references to enjoyment of the job in the narratives.

Positive work environment

It is concerning that fewer than one in five respondents identify a positive working environment as a reason to stay in their job. There are some workers who do enjoy a positive work environment:

"The team I'm in at present is supportive with a timescale that gives me time to think and supports me to learn"

Even when individuals thought of their working environment positively, the pressures could still counteract this reason for staying:

"Having spoken with friends who work in different councils, it appears I have found a council that is mindful of worker mental health. Across the board, I'm enjoying the experience, but I do worry about my own personal health: mental, psychological and physical. I can see myself departing from the role should things continue to get worse"

The limited responses to positive work environment are consistent with some of the reasons for leaving, including lack of managerial support, unmanageable workload and administrative burden.

Career progression opportunities

It would seem from the narratives, that this option has a low response rate because few people identify that they have progression opportunities. There are exceptions, such as one worker who enjoys their role as a lead for the Promise, and another who relishes the prospect of training as an MHO. Overall, however, this is a clear gap in the current structure of the profession. Even at a more limited level, being able to take part in steering groups or similar opportunities to gain further experiences is not possible because of workload pressures. One respondent would like to gain a professional qualification to progress:

"Incentives, sponsorship, support and encouragement to gain SW/ OT Qualification would encourage me to stay in my role and offer a pathway for career progression"

Additional factors identified by respondents

Autonomy

Just as lack of autonomy was spontaneously identified by several people as a reason to leave social work (see above), conversely, having autonomy was identified by a few as a reason to stay. Relevant comments also referred to other positive aspects of the work:

"The team I work in and the colleagues I have, alongside supportive management who implicitly trust my judgement and how I manage my caseload, is what keeps me"

Relationships with other professions

There were mixed views on relationships with other professionals throughout the survey. Some social work staff reported positive relationships with other services:

"I have an excellent team around me and other professionals on the whole work well with us"

There were contrasting views, often strongly worded, which indicated a range of frustrations and perceived lack of respect and genuine collaboration:

"Better joint working with other services (NHS and Police Scotland) must be improved. A recent experience with a community detention took 3 days despite… a warrant already in situ to take the client to hospital"

"The elephant that needs addressing is that Social Work is not valued or respected by NHS colleagues"

This could have particular implications where there were risks involved, with a sense that the risks were not being shared:

"Still at meetings other professionals are not attending and there is a lack of collaborative working/sharing of risk - this very much sits with us"

Reasons for leaving, including fear of making mistakes and general manageability of workloads can be mitigated through collaboration, when it happens and works well.

Other factors

We noted other additional themes in responses about reasons to stay, which were more reasons to leave, relating directly to themes already covered above. These included some of the pre-determined options such as poor work/life balance, lack of managerial support, lack of resources and impact of the pandemic. We therefore made amendments to the earlier sections to reflect the weight of opinion, rather than repeating them here.

Conclusion

In the Setting the Bar survey, the reasons for wanting to stay were muted compared to reasons to leave, in terms of both numbers writing narrative, and length of narrative. In addition, there were far more examples of respondents using the reasons to stay to express why the wanted to leave, or to qualify an intention to stay than there were people writing something positive in reasons to leave. This section of the survey highlights a wide range of complex and interrelated push and pull factors that are shaping social work perspectives about the profession, as well as specific positive and negative experiences of doing the job. Clearly, the ability to make a difference to people's lives sits alongside the core values of the profession as two key factors holding people in their jobs. However, for too many practitioners, a range of pull factors are seriously getting in the way, and a tipping point can be reached, where the job is no longer tenable.

Responses to this section outline that the challenges facing social work are complex, but not insurmountable. The narratives help to identify links between the challenges, suggesting that intervention in response to one challenge could have knock on effects on others. For example, making workloads more manageable would likely impact on work-life balance and also improve mental health and wellbeing. While there are significant causes for concern, respondents are already identifying solutions which could tackle and resolve the challenges.

Appendix 4: What's already happening: action to support social work

The Setting the Bar report confirms the commitment of the profession to making a difference and to core social work values, whilst also highlighting multiple pressures and demands on the social work workforce. We have heard about these pressures from our members at Social Work Scotland, and those at the frontline of social work delivery over the past several years. Increasingly we have heard that the workforce is less able to deliver social work as intended, through strong relationship based practice, rooted in the ethics of the profession. The Setting the Bar report confirms this is the case and articulates the impact of diverse legislation and policy on the capacity of the workforce to take forward their work in the way they were trained to do so.

We'd also like to acknowledge that even before the pandemic, wider circumstances have been challenging for more than a decade. Austerity has led to direct cuts to services, administrative support and social work budgets. The cuts have had an indelible effect on the profession and how social workers are able to balance their workload and approach. There have also been associated training and recruitment issues all the way from placements from Universities to specialist training and support to manage the job day-to-day, including training in response to diverse policy agendas. It's fair to say that many social work staff may never have worked in any way other than what they're doing now.

We published the survey, and this resulting report, because we want to set a bar for what the profession can realistically do, and what it needs to do it; one set by professional leaders in social work, and augmented by legislation and policy set by the Scottish Government to achieve best outcomes. We're at a critical point; we can't afford to lose more social workers, and we must support the ones we have, from students and newly qualified practitioners to those experienced social work managers and leaders providing much of the support to the rest of the workforce. What is needed now is the enabling context which can allow that to happen. For this we need capacity, resources and professional leadership.

Stronger leadership and voice for the profession

The need for a stronger voice for social work is a clear, unified message from the data gathered through Setting the Bar and the CSWO survey, and much more widely throughout our engagement with members and the profession.

Social Work Scotland– and our colleagues at the Scottish Government - see leadership as a continuum. Good leadership qualities are part of the necessary skills and development of the workforce, from the start of a worker's career, throughout their moves into senior positions. Leadership is seen, and felt, across the structures in which social work operates, and we're invested in ensuring that the profession is fully equipped to lead now and into the future. The multi-agency context and the

systems in which social work is practiced require not only knowledge and experience in practical application of legislation, but also a skill set that allows them to articulate their approach to ensure that human rights and person centred approaches are at the heart of decisions made.

We are committed to initiating the development of leadership programmes that reflect an understanding of the needs of social workers leading in different contexts from the point they enter the career. This would entail both opportunities for career progression whilst also contributing to strength of voice.

We were reassured to see that many of the key issues raised in your responses were things we were already working on, and the evidence and picture that's emerged from this project sharpens the focus and need for this work to continue at pace:

- The development of an **Advanced Practice Framework** will set out the structures which support social workers to progress through different career phases and describe a cohesive and supportive series of academic, learning, developmental and work based opportunities to support the workforce. Whilst focusing on social work practice, the development and implementation of the framework will be cognisant of the diversity of social work practice alongside the multiagency and interdisciplinary landscape which exists in all practice areas. It will promote training and the attainment of knowledge and skills as an expectation and align the relationship between continuous professional development, expanding knowledge and skills base, and the quality of associated outcomes.

- **The Social Work Education Partnership (SWEP)** are undertaking vital work to future proof Social Work Education and ensure that the profession has a workforce of skilled, knowledgeable Social Workers. There have been longstanding challenges facing Social Work Education, putting qualification routes into the profession at risk, which have only been exacerbated by the pandemic. SWEP are moving forward infrastructure proposals which seek to bridge the gap between Social Work Education and frontline Social Work delivery. These proposals are built around an ethos of partnership between Universities and Local Authorities, sharing responsibility for the development of the future workforce. Vitally, this work sets out the importance of workforce planning, influenced and shaped by proposed maximum caseload numbers, determining the numbers of students entering courses.

- **The development of the Centre of Excellence (CoE)** is one of a range of interconnected projects with the ambition of addressing some of the inconsistencies across Scotland in approaches to innovation, improving quality and service delivery in social work. It is clear that effective implementation of the wide policy agenda requires a more co-ordinated and consistent approach to quality improvement, research and evaluation. An ambition for the CoE is to widen participation of social work use of research to support and improve practice and the development of practitioner skills as co-researchers and producers of knowledge. Crucially this work will align to

existing national learning programmes and collaborate with other CoE while maintaining a clear emphasis on the social work profession.

- **Leadership development** as a priority area for focus: growing leadership from the NQSW year throughout the career, we've engaged with key partners to make sure that social work leadership is progressed. The future strength of the workforce is dependent upon skilled and experienced leaders, and Social Work Scotland are involved in National Leadership developments to ensure that developments invested in around growing the capacity for leadership include the social work profession.

- **Anti-racism and anti-discriminatory practice** is a key focus for Social Work Scotland, SASW, the Scottish Government and other partners; highlighted by the release of SASW's report last summer on the experiences of BAME social workers. We're working closely with our Board, our network of Standing Committees, subgroups and members to find ways to embed anti-racist values and actions into all the work we do. This includes reviewing our own organisation's processes.

- **Raising the profile of social work** through dedicated and targeted work with partners and the wider public, including SASWs Cross-Parliamentary Group. Social Work Scotland also directly support and fund evidence-based reframing work focussed on changing perception of care experience, and a developing project looking at how we can better articulate the social justice impact of social work. A key part of Social Work Scotland's role is also to provide a bridge between members and decision makers – including supporting social work leaders to raise issues directly with Ministers.

- **Support for newly qualified social workers**: Scottish Government are scaling up work across Scotland to ensure a mandatory supported year for NQSW's first year in practice. Through our partners, SSSC, funding support is in place for a number of early implementers across the country who are adopting different approaches to supporting NQSWs. We will use their findings to seek further resources and practical support to support national implementation from next year.

- **The Scottish Government, in collaboration with key stakeholders, has developed of a programme of trauma training and implementation support for Social Work Services.** The programme covers key actions under the following headings: Suitable training and learning resources; Building capacity for trainers; Social work qualifications, Newly Qualified Social Workers and Advanced Practice; and a programme of implementation support for social work. As part of the work plan, an implementation support team will be recruited to provide infrastructure for a co-ordinated national approach to implementation support. This will help address the roll out and sustainability gaps by delivering a range of national trainings including train the trainer programmes, which will build capacity in social work services. The Implementation Support Team will provide service specific follow up implementation support, in collaboration with partners to support the local

system, policy, environmental and practice changes necessary to embed training knowledge and skills into practice over time.

- **Career Progression pathways -** In recognition of the urgent need to increase the social work workforce, increase the variety of routes for entry into the profession and in response to sector feedback, the Scottish Government is seeking to expedite the development and delivery of a Graduate Apprenticeship route into the profession in Scotland, and expand the current work-based learning courses that are currently on offer. The Office of the Chief Social Work Adviser are seeking to provide the necessary resource for the rapid development and delivery of a pilot cohort for a GA in Social Work.

- We want to use the information provided in this data to unequivocally improve conditions and support for social workers, and to **inform developing a National Care Service and National Social Work Agency**. We have promoted the importance and necessity for a National Social Work Agency (NSWA) from our initial engagement with the independent review, and believe that the social work profession is stronger together and are committed to actively working alongside key partners to ensure that the NSWA will support the social work workforce in developing the key skills and conditions in which the profession will thrive. We are active partners in the discussions around the design and development of the NCS, through national engagement opportunities and through the ongoing work being taken forward by the SDS Team, hosted in our organisation, and informing SG on the vital components required to support those accessing services to achieve their outcomes.

Workforce and Resources – how do we develop, support and retain the social workers we need?

We know there are many different approaches to workforce issues; it is a complex topic informed by a wide range of factors. To inform and shape these factors, with the aim of achieving a common platform of understanding, we want to be explicit about the number of social workers we need.

The evidence in this report highlights issues we are aware of in relation to recruitment and retention challenges. It is anticipated that the report detail will provide a basis from which effective workforce planning can develop, inclusive of the full complement of the social work workforce. We're working with the Scottish Government to develop national indicators to evidence system demand and workforce supply requirements.

This includes being clear that **social work isn't at odds with social care.** Social work and social care are distinct and necessary parts of the successful delivery of social work services. The investment in both of these areas of the workforce to allow them to carry forward their roles to the highest standard will improve the outcomes of those accessing social work services.

We want to support the social work workforce, including para-professionals, to undertake preventative and community-based work. There needs to be a consistent approach with equity of support, but also recognising need for tailoring,

acknowledging different situations geographically and demographically across Scotland. What works in Glasgow may not work in Angus or the Western Isles, but the principles should be the same.

Clear pathways for career progression, support and recognition in the sector. The reach of the workforce into community-based and preventative practice is crucial. The SSSC are planning to review of the register in consideration of Social Work Assistants workforce; registration, qualifications, standards and career pathways into Social Work. This will require a costed business case, and further work to progress this along with consultation with the sector will progress this year.

We want the social work workforce to have the capacity and capability it needs to deliver rights and relationship based practice, and to make a success of flagship policies such as The Promise, Self-Directed Support, and GIRFEC (Getting it Right for Every Child). We want to maximise the profession's strengths and skills in these areas. In publishing this report, we hope to start the conversations which will help to establish what it will take to enable the workforce and leadership to fully operate in this way, and to build towards a shared vision of the future, where human rights, equality and social justice are at the heart of support.