



**Response to
Health and Sport Committee
Scottish Parliament
Inquiry into
Integration of Health and Social Care**

29 February 2012

Introduction

The Scottish Association of Social Work represents social workers, many offering frontline services throughout Scotland. They work in both rural and urban communities and often are the gateway to local government and third sector services. SASW fully supports any reform that will help people find a simple path through the complexity of health and social care services.

What have been the challenges in better integrating health and social services in the past and are there exemplars of good practice?

Structural Change

Structural change rarely produces the anticipated improvement that policy makers and managers seek. It is often expensive and reduces morale at the front line. There are two observations from the Changing Lives Review (2006) that we should take note of in considering the way forward to meeting the challenges of more accessible health and social care services:

- More of the same won't do
 - Community capacity building is essential to meet the needs of our communities
- And one from the Christie Report
- We need to empower front line staff

These are cultural changes rather than structural and are more likely to achieve the desired outcome of better access to appropriate services that meet people's needs. We are suggesting that resourcing and supporting that cultural change will be as important as legislative change in achieving our joint objectives.

Elements of Joint working

In trying to work out how to achieve our joint objectives do we really understand what each of the many professions bring to this integration agenda?

Who takes the responsibility for coordinating complex health and social care services with individuals and their families? Whilst each of us has individual needs, we are also interdependent and interconnected in our families and our communities. How will changes lead towards people rather than professionals prescribing what works for them? This agenda needs to be considered within the context of self-directed support.

From our experience just within social work services many public enquiries have highlighted the difficulty reaching across specialisms and silo thinking in practice. For example protection of children or adults from harm will often require professionals from criminal justice, mental and universal health care services to work with social workers who may have the statutory powers to

instigate action through the court system. This network of keeping people safe goes on to extend to responsibility of our families and communities.

Safeguarding against unintended consequences

The unique vision in 1968 for Scottish Social Work Services, unlike anywhere else in the world was the recognition that social cohesion is as important to the infrastructure of society as the NHS (Scottish Office Circular, 1968). The vision was to be achieved through an holistic understanding of how individuals, their families and their communities interconnect. It has underpinned Scottish social work practice throughout the last 43 years. It has enabled us to build up in Scotland a relatively advanced and stable workforce in social work services compared with the rest of the UK and much of Europe. This should not make us complacent but we should be careful not to unravel essential elements of a system that we have developed over those years in what might be an unintended consequence of a very laudable change that we recognise has to take place.

Interconnectedness

Older people often have children, grandchildren and great grandchildren who love and care for each other. They are interconnected and interdependent. Health and social work services supplement that care. For a relatively small number of people that family care is not available. Services are discreet to each individual situation and we need to ensure that there is creativity and flexibility in service provision that meets peoples needs.

In our complex society we now have children being looked after by grandparents as their parents struggle with substance misuse. These same parents may be involved in the criminal justice system and sometimes may be in prison because they committed crimes to sustain their addiction.

Children and young people may be carers for their parents or grandparents who may be physically or mentally ill; these children may be struggling with getting to school in trying to meet their parents' needs.

Parents may be juggling bringing up their children, working and caring for an elderly relative with dementia. Understanding these complex family situations in their communities, respecting their individual and competing rights and meeting their needs is like understanding a complex matrix.

Just dealing with one issue may have unintended consequences elsewhere in the system. Social workers are key professionals in helping people analyse their current situation, help them understand how they arrived there and they go on to be the catalyst to helping people find their own solutions through the social relationships. This is what we bring to the personalisation agenda, community capacity building and the integration of health and social care agenda.

We often have to work with very angry, frustrated or distressed people whose behaviour can be challenging and at times harmful either to themselves or other people. Poor mental health, living with a long term dementia sufferer, struggling with a severe disability can affect how people respond to others around them. We understand how people react in to the trauma of distressing circumstances, whether in a crisis or as the result of long term stress. In anticipating how people might react we can often prevent some of that negative behaviour and help people focus on how they can affect outcomes positively.

Sometimes we have to deal with very challenging behaviour or give a professional opinion to a Court or Tribunal about whether a person should be detained or taken to a place of safety. Often

these circumstances happen because situations have been allowed to fester before appropriate help has been sought. Sometimes however there is such a rapid deterioration that the crisis of detention cannot be avoided. This goes right across the age spectrum.

This is an aspect of social work that needs to be considered in plans for integrated services. It raises the question, what are we integrating? Is it a simple pathway through a complex matrix of services or is it an expectation that we may be able to reduce expenditure by not 'duplicating' assessment and other procedures? How many layers of management do we need to ensure integrity in the spending of public money? Change will only be effective if we can identify the problem we are seeking to solve.

What would the detail of the Scottish Government's proposals need to address to overcome the barriers to integration?

Making best use of Expertise

To make best use of the skills that each person brings into the health and social care services there needs to be an understanding of their role and to recognise your responsibility to enable and support them in often very difficult and challenging work. It will raise issues of staff and practice/clinical governance.

Prevention of Institutional care

Caring for people in institutions is both expensive and often not where people themselves want to be, whether this is in hospitals, prisons (where we have an increasing number of older people) or care homes. We understand that only those who need these specific institutions should be there and that we need to build our community resources to meet the needs of people in our society. For example it should be possible to reduce acute admissions of the over 75s into hospital by offering earlier interventions in the community. In the experience of our members older people are reluctant to seek help at an early stage where supports could be put into their home or some preventative health intervention could prevent that acute admission. This is again can be seen as a cultural issue - 'I didn't want to bother anyone'. Public education will be key to improving accessibility to services and the development of good access 24/7 for care services have to be developed.

Social Work Services as a Universal Service

There was a time when people considered social work services to be for minorities in our communities but with our demographic changes they must now be considered as a universal service. Perhaps we have now got to the point where the vision of the Scottish Office in its 1968 circular introducing the Social Work Scotland Act has to be realised – "that social work services should be as available as the NHS".

We understand that from a political perspective that finding solutions for issues in the delivery of social work services is complex. We are a lateral service in systems that tend to be distinct services like criminal justice, health and education. However it is in that understanding of the complex matrix of individuals in their families and communities that we also have our strength and can help meet the needs of people, assess and work with risk and work with competing human rights. This includes recommendations to Courts and Tribunals about whether people should remain in the community, maybe subject to a statutory order or be detained elsewhere.

Other public services

It is not just health and social care services that will face the challenge of an ageing demographic profile. Housing, lifelong learning, leisure and community services will help keep people in the

community. Accessible housing and local shopping and medical services will be critical to building supportive communities. Keeping the body and brain active is vital for people experiencing a high quality of life as they get older. But we also need to enable families and friends to give support to their older people. Community planning has a key role to play in supporting people in our communities.

On the darker side we know that behaviour can be affected by brain injury, distress and trauma that may lead to police and social work services becoming involved.

Are the systems we plan able to respond creatively to some of these complex situations, are your staff able to be responsive, are they empowered to meet the needs of the people and their families and communities that are so interconnected?

Using recording effectively – not getting stuck in bureaucracy

A key issue for all professionals will be finding time for direct contact with people rather than getting bogged down in the great paper chase. Efforts at shared assessments and record keeping tend to get stuck in proformas that try to amalgamate five different professions styles of historical record keeping. This often leads to repetition, narrative, little analysis and an impossible document for someone else to read.

Recording accurate information is key – otherwise it gets repeated wrongly for eternity. We need to set standards based on clarity about the key elements that need to be shared. Write it in plain English. Put any description or narrative in a different section if it has to be recorded – life is too short to spend it at a computer – human interaction is much more important in providing services to people. A short well written analysis gets to the starting point quicker and leads to more joined up working!

Privacy

Social Workers are often at the interface between the individual, their families and communities and public services. Not many people would relish the task of seeking to safeguard a child through complex child protection procedures or argue at a mental health tribunal why a person should be detained because they pose a risk to other people. Nor would many people like to work with family members who feel that you have overridden their human rights, removed a loved one from their care or failed to protect someone near and dear to them. Yet social workers daily work in these murky waters.

Anger and distress are very powerful emotions and we are constantly assessing and managing risk in all sorts of different situations – and this is equally true across the age spectrum.

In the course of our work we will be privy to very personal information that helps us assess a situation. Not everyone needs to know that information and we have to respect confidentiality and privacy in family life. We are often required to respect confidentiality in our own profession's Code of Ethics, but we also have to be compliant with Article 8 of ECHR.

Who needs to know what? Are we clear in the staff and practice guidelines that we are developing that people understand what should be recorded, how it will be used, where it will be stored and that the individual has rights to see those records – and how easy is it for them to correct inaccurate information? How easy do we make it for people to check that what is written about them is accurate and fair?

Conclusion

In the last 40 years our knowledge and understanding of how complex people are in themselves, in their families and in their communities has advanced, but have we got any better at working together to provide those integrated services? How much do we know about what each of us do who are being asked to produce the seamless service from our specialist professions? Do we yet know enough about what each of us brings to the common pool of resources to help people find that simple pathway through our complex services?

SASW offers the following suggestions to consider:

- Ensure that the role of social work services is clear in the design of integrated services – to meet people's needs, assess and work with risk and balance competing human rights.
- Ensure that in solving one problem there are not unintended consequences for other members of our society
- Ensure that any structural change allows us to continue to work holistically. We have some of the most advanced social work services in Europe which we should build on not dismantle.
- Ensure that practitioners are properly supported with strong professional leadership and a clear practice governance framework to support staff in providing good quality ethical practice

These thoughts are designed to contribute to making sure integration works for the people who use our services. They are the people who should be in the driving seat, they are the experts on their lives and they have choices about how they want to live. They may for example not want all the services we have to offer but they may have more creative suggestions about how we might help them improve the quality of their lives. We have to learn to work together with dignity and respect.