



21ST CENTURY
SOCIAL WORK REVIEW

INTERIM REPORT

APRIL 2005

The paper summarises the issues which the review has highlighted from evidence gathered to date from a variety of sources. It is not in any way a definitive position, as the review process continues and further evidence is being gathered continually, which will help to shape our understanding of the many issues facing social work in Scotland today. However, most of the themes highlighted have been reflected in evidence from a number of different sources. The review group are therefore keen to share these issues with a wider audience at an early stage in the process to stimulate further debate and provide a sound basis for discussion about how they can be addressed.

EXECUTIVE SUMMARY

INTRODUCTION

1. The 21st Century Social Work Review is being undertaken at a time of significant investment in the social services workforce. There is an increasing demand for social services and the changing shape of the Scottish population will continue to place pressure on services. Social services workers operate in a complex and fluid legislative and policy environment, with ongoing legislative and policy developments across the spectrum of social services.
2. Work continues on gathering and analysing evidence which will further inform the thinking of the Review Group. However, it is apparent that some very consistent themes are emerging from a variety of sources. The themes identified relate to four of the review's six objectives:
 - Role of the social worker
 - Service organisation and delivery
 - Confidence and competence
 - Leadership and management

ROLE OF THE SOCIAL WORKER

Policy direction

3. Early analysis of current and emerging policy has highlighted the growing diversity of roles that social workers currently fulfil and may be expected to develop in the future. Despite this, it is apparent that there are a number of common themes emerging across policy areas. These include service integration, the development of user centred services, specialisation of social worker roles, earlier and more effective intervention and making more effective use of skill mix. Not surprisingly, these themes are also apparent across other strands of evidence gathered to inform the review and are explored further in the next section.

Values, roles and scope of professional practice

4. The Review has identified no single role for the social worker but rather that they carry out a variety of roles in different settings. This diversity of roles led to the question, posed to the review group in its original brief, of whether social work remains a coherent profession. Further work is required, but it is evident to the review group that the varied roles of social workers are underpinned by a common core of knowledge, skills and values. Furthermore these appear to be recognised and valued by partners and users. Social workers' roles include counsellor (working with individuals to help them address personal issues), advocate, partner (working together with disadvantaged or disempowered individuals and groups), assessor and manager of risk and/or need, care manager and agent of social control. Few social work posts offer the opportunity to carry out the full range of roles and those in mainstream local authority fieldwork teams appear, in particular, to be more limited to the roles of assessor, care manager and agent of social control, with specialist and joint projects increasingly taking on counselling, advocacy and partnership.
5. The role of the social worker is clearest in those fields of practice where the social worker has statutory duties and powers, acting as an agent of the state i.e. child protection, mental health and criminal justice. Even here, the balance of time spent on developing effective therapeutic relationships with clients in order to enable their progression and development appears to have significantly reduced. Yet these are the very areas that are most valued by the profession, other professions and users and which research suggests are necessary for

effective interventions. There appears to be a growing mismatch between what social workers feel they are trained to do and what they are required to do. That disparity may prove to be particularly acute with the new highly skilled honours graduates who are being trained to be independent professionals.

6. Another central issue is the differentiation between what a social worker can, or should, do and what can be done by others. This is an issue both in relation to clarification of the overlaps with other professional roles and to which responsibilities can and should be delegated to support staff. It does appear that we need to take a fresh look at skill mix within the social work workforce if we are to make the best use of the limited social worker resource and in particular to explore the role of support staff including the potential contribution of skilled para professionals.

Specialisation

7. Having acknowledged that there appears to be a common core of social work knowledge, skills and values that provide the basis for practice, there is a recognition of the need to develop specialist knowledge and skills to meet the needs of diverse user groups. This suggests that there is still a need for a single social worker education programme, but with the potential to develop specialist knowledge either in the later stages of training or post qualifying. A particular issue that the group will debate further is how far this specialisation should go, acknowledging concerns expressed by both professionals and users about the need to balance specialisation and the distinctive holistic approach which is a core element of social work practice. Any new approach would also need to acknowledge the need for workers to retain and develop at least some generalist skills. This appears to be particularly important in remote and rural areas and in the provision of out of hours services.

Accountability & risk management

8. A distinctive feature of the role of the social worker is in both the assessment and management of risk. Social workers work with some of society's most vulnerable and most dangerous members, including those who other services can't or won't work with. They need to make complex and challenging decisions about the level of risk to individuals and communities. In particular, decisions about when and if to impose statutory powers requires a high level of skill and personal autonomy and accountability. Yet many of the main grade social workers we consulted painted a picture of professional accountability being undermined by risk-averse corporate accountability in the form of increasingly burdensome management control and defensive practice. Proper professional trust and accountability was called for and some clarity of their position within the organisation and what the organisation and the user expect of them. This area is at the heart of the issues that this review will need to resolve. As one respondent put it, organisations are managing liability not risk. There appears to be a need for a new model of practice in social work, based on evidence of effectiveness, that promotes proper professional autonomy and accountability and uses supervision as a proactive support to practitioners rather than a means of management control. This would need to be matched by much greater openness within the profession to learn from near misses (an approach successfully developed in other sectors such as the airline industry and more recently the NHS) and a more measured response by society to inevitable untoward incidents.

SERVICE ORGANISATION AND DELIVERY

Integration, joint working & role boundaries

9. Social workers working in integrated services have varied experiences of their effectiveness. This raises some interesting challenges for the ongoing implementation of

existing policies such as Joint Future and for the development and implementation of new policies around criminal justice and integrated children's services. We need to clearly define what we mean by integration and that definition should be based around the needs of users rather than professions or agencies. Integrated services need to be clear about their goals. They need to be properly supported and developed and, in particular, social workers and other team members need clarity about their distinctive contribution to the team, a shared understanding of the legitimate and helpful overlapping of roles and the scope to actually practice their profession. In teams where a clear and valued place for social work has been negotiated, a greater sense of partnership is discernible than in joint teams that have been set up with little explicit discussion of social work's particular contribution and those of other members.

Access to services

10. Better access to services which are flexible and suitable to individual needs is at the heart of issues raised by the users and carers panel. They sought services that had an easy point of access, responded in a timely way and met their needs. They were also keen to see greater continuity of both staff and service delivery and spoke of wanting social workers to get alongside them and support them through the system rather than being a gatekeeper to services. Instead they perceived a crisis driven service with high thresholds for intervention, indeed some reported having to engineer a crisis in order to obtain a satisfactory response. This dissatisfaction is clearly matched within the profession and amongst partners. Users also reported having to fit into services rather than services being flexible to their needs. Whilst these issues are inevitably linked to resources, the review will raise some very real questions about whether current approaches are cost effective to public services as a whole or even to social work departments. We will also take account of flexibility of the hours of service delivery. The Scottish Consumers Council's report "In the Shadows: Emergency Out of Hours Social Work Services in Scotland" provides a useful starting point.
11. There is a strong consensus that social work services should play a more preventive role in the future. Community Health Partnerships, with their statutory duty to promote health and well being and engage in community planning, may be one means to support social workers' contribution to preventive work. Equally, there is a need to explore earlier and more effective interventions. Proposed changes to the children's hearing system with their emphasis on integrated assessment and early interventions will create significant new opportunities for children and families social workers. The review group will continue to consider the implications of this as policy develops.

Systems and processes

12. This was perhaps the area where the greatest dissatisfaction was expressed by social workers. Paperwork and form filling were reported to have increased by accretion with new forms produced intermittently as a defensive reaction to a problem or as a response to national information requirements, without any consideration of overall systems. Despite the volume of paperwork, successive SWSI inspection reports have pointed to poor quality report writing, with a heavy focus on narrative and little structured analysis. Lack of innovation and problem solving in practice was reported, with organisations locked in to a particular way of working, even though this was known to produce poor outcomes. The review group will be considering the potential of technology in social work as part of its work on future directions. As part of this we will need to take account of the very real challenges of making effective information systems a reality in a complex integrated environment.

CONFIDENCE AND COMPETENCE

13. Respondents have been very positive about the introduction of the new social work degree and the renewed attention given to practice learning. However, many concerns have been expressed about the availability, quality and relevance of continuous professional development. There is a need for a learning culture to be more strongly embedded in social work, ensuring that workers have both the necessary skills and knowledge to fulfil their roles safely and effectively and the opportunity to acquire new skills to develop them professionally and further their careers. This will be an essential part of revitalising proper professional accountability. The Scottish Social Services Council are already leading work in this area which is further explored in the Draft National Strategy for the Development of the Social Services Workforce. The review will continue to help shape and be informed by this important work as it evolves.
14. Working in flat organisations, the reality for most social workers is that promotion means entering management. A pay and career structure which is consistent and rewards people for advancing skills and developing services whilst staying in practice was called for by many contributors. Structures that make it easier to move between the voluntary and statutory sector would also promote skill development and support more satisfying career paths.

LEADERSHIP & MANAGEMENT

15. Social work has tended to operate a hierarchical line management structure which is probably influenced by the local authority context in which services are delivered. This can have a disempowering effect on social workers, who often reported having to operate within complex procedures even to access small amounts of resource. While care packages can be very complex (and expensive) there does not appear to be a proportional response to resource management. To be effective in integrated services, social workers need to be equal partners and to be empowered to make decisions, within a framework of sound leadership and effective operational management. New leadership approaches will be needed that are not wholly tied to the line management relationship, but which provide professional support and supervision and support development and creativity within a framework of sound governance. In addition, it is important to develop good management skills within social work. If the future is greater integration, then not only may social workers be managed by others, but they may in turn manage others. Indeed changes in skill mix may mean that main grade social workers are increasingly called upon to manage unqualified staff and resources.

NEXT STEPS

16. The review is now nearing the end of its first phase, which has very much focused on gathering and analysing evidence from a diverse range of sources. The next phase of work, which takes us up to the end of June comprises three broad strands:
 - Further analysis and interpretation of the evidence gathered to date.
 - Validating our interpretation of the emerging themes and starting to explore potential solutions.
 - Identifying new areas for exploration, focusing particularly on service organisation and delivery and leadership and management.
17. The review group are keen to hear the views of anyone with an interest in social work in order to help them develop meaningful recommendations. Working papers and discussions are available on the review's web site www.21csocialwork.org.uk. Comments and contributions are welcome at 21csocialworkreview@scotland.gsi.gov.uk

INTRODUCTION

1. **The paper summarises the issues which the review has highlighted from evidence gathered to date from a variety of sources. It is not in any way a definitive position, as the review process continues and further evidence is being gathered continually, which will help to shape further our understanding of the many issues facing social work in Scotland today. However, most of the themes highlighted have been reflected in evidence from a number of different sources. The review group are therefore keen to share these issues with a wider audience at an early stage in the process to stimulate further debate and provide a sound basis for discussion about how they can be addressed.**
2. The 21st Century Social Work Review was established in August 2004 with six broad objectives:
 - To clearly define the role and purpose of social workers and the social work profession
 - To identify improvements in the organisation and delivery of social work services
 - To develop a strong quality improvement framework and culture, supported by robust inspection
 - To strengthen leadership and management giving clear direction to the service
 - To ensure a competent and confident workforce
 - To review and if necessary to modernise legislation.
3. The review group has started its work by looking at the role of the social worker and is now progressing to look at the role of social work, in particular society's likely future need for social work, then issues of leadership and management. A separate stream of work has been established to address performance improvement, under the chairmanship of Sandy Cameron, Executive Director of Social Work with South Lanarkshire Council and is starting by developing standards for work with children and families to underpin wider developments around integrated assessment of children's services.
4. This paper largely focuses on what we have learnt about the role of the social worker, although it does summarise the work of the performance improvement group and highlights important issues around the leadership and management of the service, which will provide a starting point for a sub group to be chaired by Stephen Moore, Head of Social Work with Fife Council.
5. The evidence gathered on the role of the social worker has been debated by an expert group chaired by Bernadette Docherty, Corporate Director of Social Services with North Ayrshire Council. That group will be continuing its deliberations with a view to defining the role of the social worker and informing the review group's recommendations.
6. It is clear from all of the evidence gathered so far that there is much good work going on across all fields of social work practice in Scotland. Our analysis of the policy highlights the vital roles that social workers are already playing and will need to continue to develop in order to meet the needs of some of the most vulnerable members of our communities. Social work is about changing people's lives for the better and the review has identified many examples of workers doing just that, often

in very difficult circumstances. Our challenge is to build upon the best of what is already happening and create the right environment and frameworks to help excellent practice flourish across Scotland. In addressing that challenge we have inevitably highlighted many issues that the review will need to address if we are to deliver social work services fit for the 21st Century.

7. The issues highlighted in this paper have been drawn together from evidence gathered from a variety of sources. Some of this evidence remains incomplete at the time of writing. Nevertheless, there is a remarkable consistency in the themes highlighted from the sources so far explored. Sources of evidence used to inform this paper are summarised below:
 - Users and carers panel – This was established in November and will meet throughout the course of the review. Its early focus has been on the role of the social worker. In addition to the work of the panel, the views of service users and carers have been gathered through a variety of local discussions in the six local authority areas and two voluntary organisations, covering all seven user groups.
 - A literature review on the role of the social worker. (Clark et al) available on the review website
 - A literature review on key practice skills for reducing re-offending (McNeill et al) available on the review website.
 - A discussion paper on the need for social work, validated by discussions between the researchers and key informants (Statham et al), to be published on the review website.
 - Continuing work led by Care 21 on the current and future needs of informal carers.
 - Workshop discussions with 119 main grade social workers on their perceptions.
 - Review of current policy that relates to social work and discussions with relevant policy officials on likely future directions. This work is ongoing, reflecting the changing policy environment.
 - Outputs from discussions at the role of the social worker group, stakeholder group and the main review group.
 - Early respondents to a call for contributions sent out widely to interested parties. There have been over 130 contributions to date, which are now being analysed in detail and will continue to inform thinking.
 - Early work with six local authorities and two national voluntary organisations, which will provide a vehicle for gathering evidence about practice issues and testing out emerging themes in a variety of organisational contexts. This work will continue to inform developments throughout the review.

CONTEXT OF SOCIAL WORK

8. The Review is taking forward its work at a time of rapid change in society. There are ongoing debates about the future shape of services. There are important social, political and demographic shifts, such as growing polarisation between working and non-working households, higher levels of education, a decline in deference, changing family structures, increasing emphasis on individual choice, a rise in consumerism and more assertive customers. Social services workers are operating in a complex and fluid legislative and policy environment with an apparently ever- increasing demand for social services.

9. There are ongoing legislative and policy developments across the spectrum of social services. Modernising Social Work Services in Scotland (1999) set the stage for the modernising care agenda to develop:
 - a competent, confident workforce that delivers services effectively
 - an appropriately skilled, trained, qualified and managed workforce
 - strong and positive leadership within the sector
 - service standards that reflect best practice and are independently regulated
 - multi-agency partnership working
 - the regulation of services and the workforce as defined by the Regulation of Care (Scotland) Act 2001
10. The Action Plan for Social Services (2002) and the establishment of the National Workforce Group in 2003 has resulted in significant investment to address workforce challenges within the sector.

Policy Drivers.

11. The key principles that underpin current policy are:
 - person-centred services
 - promotion of social justice, tackling poverty and discrimination
 - protection of the public
 - maximising choice
 - greater involvement and participation of service users in shaping service provision
 - individually-tailored provision within a mixed economy
 - services that are integrated at the point of delivery
 - quality assurance and enhancement
 - accessible, flexible services.

The Shape of Future Services

12. Future social work services will be shaped by a range of factors including:
 - demographic changes
 - current and new policy and Best Value requirements
 - higher demands for social services alongside labour market and skills shortages
 - technological advancements
 - societal changes such as the increase in drug and alcohol-misuse and their impact on family life
 - changing family structures and composition.

Demographic and societal factors will need to determine future service needs, level and priorities.

13. The birth rate in Scotland is falling. The number of people under 16 is projected to decline by 14% by 2021. Over the period to 2021, the population of Scotland is forecast to fall by 1% but the decline in those of working age is forecast to fall by 4% (based on the current age of retirement). There is therefore, a predicted labour market

shortfall across all industries and sectors and a corresponding predicted skills shortage.

14. We are an ageing population with an ageing workforce which presents particular workforce planning challenges. The labour market shortage will have a particular impact on social services as there will be more older people, living longer, more people with disabilities and more people living alone. There will be fewer people of working age to meet the increasing demand for care and support services. Achieving the right skills mix will be challenging. The growing numbers of healthy and able people in their 60s and 70s will have much to contribute in skills and life experience, but more flexible working arrangements and different approaches to supporting them will be needed.
15. There will be fewer children and young people which might offer some opportunity to reconfigure services and realign resources. There will be an increase in the number of children with complex and enduring disabilities with improved life expectancy.
16. There will be greater cultural diversity in the future and the workforce will have to be more representative to better reflect the needs of communities. The agenda for integrated service delivery is well established. With an increasing prevalence of consumerism, people have greater expectations of public services and are likely to be more demanding customers in the future. Services will be based on optimising user choice, within a mixed economy of provision and will be individually tailored to meet user needs. There will be an expansion of care services delivered to people in their own homes and growing demand for user choice will shape models of individual care provision.
17. Services will be quality assured with the emphasis on improving outcomes for service users rather than the structure of the agencies that provide services and will need to meet new statutory equality requirements. Partnership and participation of service users and their carers will be integral to service developments and changes. Delivering integrated services effectively will require strengthening partnerships across the sectors. There will be scope to develop new models of training and development and working together with other agencies, including health, education and housing. Integrated services will depend on workers having the ability to work flexibly across professional boundaries and adapt from one sector to another. The emphasis on evidence based practice will require reflective, critical practitioners. The capacity to cope with uncertainty and change positively will be essential to the development of professionalism.
18. Ongoing technological advancements will shape models of service delivery for example offering more direct access through the internet.

The Workforce

19. The most recent Labour Force Survey of social services (2003) estimated that there are 118,000 people working in social services. The sector has grown by 23% over the 10 years from 1994 – 2004 and it is estimated that some 70% of growth is in the independent sector. It is estimated that qualified social workers comprise around 7,000 of the total workforce with over half of these being employed by local

authorities. Detailed data and information about the composition of the workforce is available from the National Workforce Group's 2004 publication, [Scotland's Social Care Labour Market](#).

20. Pay levels and remuneration are likely to be ongoing concerns for employers in social services. The report of the COSLA Personnel Executive Group on Recruitment and Retention of Social Care Staff in 2003 recognised that salaries may not reflect the demands of the job and may be falling behind other professions. The report recommended that financial resources be reviewed drawing on relevant work such as the Joint Human Resources Strategy and making comparisons with other relevant professions.
21. In response to recruitment and retention challenges, many local authorities have embarked on packages of incentives and enhancements resulting in open competition between social work and social care employers for a finite pool of workers.

Legislation

22. The most significant development in contemporary social work in Scotland was the Kilbrandon Report (1968) which led to the implementation of the Social Work (Scotland) Act 1968. This saw the establishment of local government departments covering all aspects of social work and care which came to employ generically trained social workers. The '68 Act shaped services and training for decades to come.
23. Local Authorities are bound by certain statutory responsibilities which they must discharge within the context of complex budgetary, planning and purchasing considerations. The responsibilities of Social Work as a function of local authorities are laid out in the Social Work (Scotland) Act 1968. The Local Government (Scotland) Act 1994 (S.45) amended this legislation to introduce the role of Chief Social Work Officer who had to have prescribed qualifications.
24. The Griffiths Report and the subsequent NHS and Community Care Act 1990, changed the landscape and led to mixed economies of provision and purchaser provider splits in social care services. What Harris (2003) calls the shift to 'marketisation and managerialism,' saw care management becoming the predominant activity of social workers in adult social care services.
25. The Children (Scotland) Act 1995 and the National Standards for Criminal Justice have also been key legislative developments in social work services and have shaped the role of social workers particularly in the statutory sector.
26. The Regulation of Care (Scotland) Act 2001 and the establishment of the Scottish Social Services Council and the Scottish Commission for the Regulation of Care had a significant impact on the social services sector.

Policy and Social Work – Seven User Groups

27. Because of the breadth of social work's contribution to society, and the wide range of clients that are supported, the review group has broken down users into seven broad groupings to facilitate more detailed analysis of the direction of policy and the nature

of practice. This approach will help us to fully understand the range and diversity of social work practice and identify appropriate recommendations. The seven user groups we are focusing on are:

- Children and families
- Substance misuse
- Criminal justice
- Older people
- Sensory and physical impairment
- Mental health
- Learning disability

28. One thing that is evident from early work with the Users and Carers Panel and with local authorities, is that in reality people don't fit neatly into a box, but can either have multiple needs within a single family or else have distinctive needs that don't quite fit into any group. However, it is equally clear that social workers play many different roles and there appear to be some quite significant differences between the way that they discharge their responsibilities with different user groups. Breaking down our analysis in this way will enable the review group to consider the many and varied roles of social workers in the context of rapidly developing policy and ensure that we develop a workforce fit for future requirements. This section sets out a summary of the aspirations of policy in relation to the seven groups of users and the implications for social work practice. Further work will help to more clearly refine the gaps between current practice and the aspirations of policy as a means to identify necessary future developments.

Children and Families

29. The core function of social workers is to safeguard and promote the welfare of children in need. On behalf of local authorities, social workers carry out statutory duties under the Children (Scotland) Act 1995 in the following areas:

- identification, assessment and support to children in need;
- the provision of support to families;
- the provision of assessments and information to the Children's Reporter and the Children's Hearing;
- the provision of services to children with or affected by disability;
- the protection of children who may be at risk of abuse and neglect;
- services to looked after and accommodated children, including fostering, residential and after care services and
- adoption services.

30. Policy developments are currently taking place that impact on all the above. This has created a complex and rapidly changing landscape in which significant changes are taking place which are shaping the future role of the social worker. Key policy themes are:

- Strengthening parental responsibilities, for example through family group conferencing or in the use of parenting orders where parents have refused to co-operate with voluntary support in relation to their parenting skills.

- Promoting parental choice and different routes to accessing services, for example through the innovative use of Direct Payments for parents of children with a disability.
 - Building a network of support around the child, with an increasing focus on early intervention and prevention. This is likely increasingly to involve a wide range of agencies.
31. All policies are to contribute to the Executive's vision of improving outcomes for children: safe, nurtured, healthy, achieving, active, included, respected and responsible. They should also support efforts to tackle all aspects of child poverty and the Executive's Closing the Opportunity Gap approach. Key policy areas currently under development include:

Child Protection

32. The Child Protection Audit and Review (2002) found that where social workers performed well, children were protected and their circumstances improved. The Child Protection Reform Programme has introduced a Framework for Standards and Integrated Inspection of Child Protection Services is currently being piloted. Social workers are expected to have risk assessment skills and to perform to higher standards for example in relation to case recording.

Review of the Children's Hearing System

33. Phase 1 of the Review confirmed that the fundamental principles of the Hearing System should remain including a single system to deal with care and protection and offending. Phase 2 of the Review is due to report shortly and is expected to clarify the relationship between the children's hearing system and other services for children in need. The child protection audit and review recommended that referrals should only be made to the Reporter when agencies could evidence what action they had taken to achieve change through consent. Only 13% of children referred to the Reporter go to a Hearing. It could be anticipated that the Review will take steps to reinforce the No Order Principle of the Children (Scotland) Act 1995, which requires that no statutory power over a child should be sought unless there is evidence that this will safeguard their interests better than not taking an order. There may be scope for reducing the amount of initial assessment reports that social workers currently produce for the Reporter.

The Looked After Children Review

34. The Looked After Children Review led by SWSI, which will report later this year, is looking at all aspects of the care of children in public care, with a view to making their experience of care better. A particular focus of that work is on kinship care services in response to the needs of extended family members acting as carers to children of parents who misuse substances. This would have implications for social work practice.

Youth Justice

35. Social workers are now expected to be able to undertake assessments of criminogenic need (assessment of circumstances that may lead to criminal behaviour). Youth Courts are being piloted for 16 and 17 year old persistent young offenders and their evaluation could lead to further roll out which would then routinely involve children and families social workers in the Court system. The implementation of the Anti

Social Behaviour legislation is impacting on the role of the social worker. This includes the introduction of Anti Social Behaviour Orders (ASBO's), Community Reparation Orders and Restriction of Liberty Orders (Electronic Tagging) for children over 12 years of age. Social workers are expected to deliver elements of programmes designed to improve education and training outcomes, tackle offending and anti social behaviour, implement approaches to restorative justice, build interpersonal skills and offer family support.

Child Care Provision

36. With the introduction of the National Care Standards, fostering is becoming more professionalised. The role of the social worker is moving away from that of a link worker providing support towards becoming a supervising officer with the additional remit to develop the skills of foster carers and quality assure their work. Evidence is being sought as to whether employing more qualified social workers in children's homes would improve outcomes. There is a rapidly expanding private sector in child care provision in Scotland, in both residential child care and fostering services. Increasing numbers of social workers are likely to be employed in the private sector, this is creating a potential crisis due to the drain on local authorities in terms of staffing and expertise.

Adoption

37. The outcome of the Adoption Policy Review and the new legislation will place additional responsibilities on social workers in relation to achieving permanent substitute family placements for children. The objective is to achieve an increase in adoptions of older, hard to place children as research evidences that this improves outcomes.

Integration

38. The integration agenda for children's services set in motion by For Scotland's Children(2001) is also gathering pace with the first integrated children's services plans due by 31.3.05 and major developments in the development of Community Health Partnerships. Social workers are becoming members of multi agency teams to deliver services to specific client groups for example, throughcare/aftercare services for care leavers. Some social workers are delivering targeted services within universal provision in integrated early years, schools and learning communities. The valuable role social workers can play in working with families to maintain children in mainstream school is being increasingly recognised.

39. The introduction of an integrated assessment framework will have significant implications for current working practices including those of social workers. A consultation paper is due to be issued shortly by the Scottish Executive. The aim is to achieve a one file child including one assessment, one action plan and one multi agency meeting which resources and evaluates the implementation of the plan. Children and families should come to experience a seamless and efficient process leading to the delivery of the help and support they need when they need it. Social work will not always be the lead agency and social workers will be contributing to some assessments rather than being the co-ordinator for example, assessments for children with additional learning needs under the Education (Additional Support for Learning) (Scotland) Act 2004.

40. In summary, these ambitious policy aspirations have implications for the role of children and families social workers in that it will be necessary for them to:
- Develop more specialist knowledge and skills
 - Become outcome focused using more evidence based practice
 - Deliver a wider range of services within different models of integration
 - Perform to higher and more consistent standards
41. The context in which this policy development is taking place must be recognised. Although the child population as a whole is decreasing in Scotland, the proportion of children in need is increasing. The following examples illustrate this trend:
- The growing number of children being brought up by drug using parents
 - The prevalence of mental health problems amongst children and young people.
 - A 14% increase in child protection referrals and 24% increase in children on the child protection register over 5 years.
 - A 13% increase in children accommodated away from home in foster care since 2000
 - A 12% increase in referrals for care and protection to the Reporter and a 12% increase in referrals to the Reporter on offence grounds from 2002/3 to 2003/4.
 - The number of children with complex and enduring disabilities and improved life expectancy is increasing

This situation is impacting significantly on the role of the social worker in local authority area teams delivering core statutory services. They are spending more time on:

- complex work with children and families around the implementation of statutory powers, rather than spending time on more proactive or preventative measures.
 - managing much higher levels of risk
 - care management, report writing and administrative tasks rather than direct work with children and families;
 - crisis intervention and meeting short term priorities such as reports for the Children's Hearing rather than long term planned pieces of work such as permanency planning.
42. A significant gap between policy aspiration and practice is apparent for children and families social workers as both the demand for services and policy development escalate. Despite successful recruitment campaigns at national and local authority level, many areas report that children and families social worker posts to undertake core statutory work are still the hardest to fill and continue to run with vacancies.

Substance Misuse

43. Along with an increased older population and greater ethnic diversity, the impact of increased substance misuse is one of the most significant demographic trends impacting on public services in the foreseeable future. It is significant in all three main areas of Social Work – a critical issue is the statutory responsibility of local authority social workers in relation to risks posed to the children of substance misusers. It is also a criminogenic factor in youth and adult offending and a source of risk and need in vulnerable adults. The role of the social worker in respect of

substance misuse is necessarily defined by the statutory nature of their agency's contact with the substance misuser or their family.

44. Underlying all three fields are common areas of knowledge skills and values; knowledge of the effects of substance misuse on individuals and families; skills in motivating and promoting change, and a non-judgemental approach balanced against a commitment to protection of the vulnerable. These sit within the package of knowledge, skills and values identified with Social Work though they are not unique to social work.
45. Most work directly with drug and alcohol misusers is now multi disciplinary. The role of social workers in such teams is highly varied across the country. Some teams do not have any Social Workers, others are social work led. In teams with such staff the benefits of the social work contribution are reported as including the application of a holistic framework to assessment, a commitment to personalisation and empowerment of the service users own problem solving skills and awareness of social learning and the impact of poor attachment.
46. The distribution of skills and knowledge in work with substance misusers is patchy but improving as it is acknowledged that it is an underlying issue to much of the social work task rather than a peripheral or specialist role. The social work contribution to work directly with misusers is likely to continue to be within a multi-disciplinary framework but all social workers, as indeed all those working in public services will require to have basic skills and knowledge in the subject.

Criminal Justice

47. The recent publication of the Management of Offenders Bill provides clear strategic and policy direction for Criminal Justice Service (CJS) social workers over the foreseeable future. Integration and joint working with the police in respect of sexual and high risk offenders and with the Scottish Prison Service (SPS) in respect of repeat offenders will be promoted and managed by regional Community Justice Authorities. This is in many respects a continuation of the trend of separate funding and policy development that has guided CJS social work since the introduction of 100% funding and National Standards and which has seen funding and resourcing of CJS social work increased considerably. The review's engagement with CJS social workers has suggested that they are, as a group of workers, clearer about their role and responsibilities than in other areas of statutory Social Work, possibly as a result of the separate structure and funding.
48. McNeill et al suggest that with the right support, social work can continue to contribute significantly to the management of potentially dangerous offenders and the reduction in repeat offending envisaged in current reforms following on the Reducing Re-offending Consultation Exercise undertaken in 2004. Individualised assessment and intervention programmes based on effective relationships, and mutual understanding about the nature and purpose of treatment, together with tenacity in overcoming obstacles are all identified as components of successful practice. All of these sit well with the mix of knowledge skills and values espoused by CJS social workers and reflect aspects of the personalisation agenda being explored in adult care. Whilst there are clear limits to the application of this model in CJS, particularly with sexual and violent offenders, there are also improvements in the interface with courts

and offenders at point of sentence and beyond which could usefully build on the principles of personalisation.

49. In engaging with the demands of the new legislation Community Justice Authorities will have to improve practice in respect of enforcing compliance with statutory orders whilst engaging offenders in change, in the use of evidence based group and individual methods to address criminogenic need and in work in partnership between social work, police, SPS, drugs agencies and voluntary organisations.
50. Leadership in integrating performance measures and quality improvement into the daily working culture is also imperative. National Standards for CJS work continue to provide a clear structure within which CJS Social Work operates. This clarity of purpose amongst CJS Social workers was evident in the review's consultations with main grade workers. However, it is recognised that these standards now need to be updated to reflect both changes in the legislation and developments in practice
51. In meeting national standards, increases in the volume of offenders on statutory orders or requiring assessment by courts is suggested by some CJS staff as an obstacle to individualised and personalised services, limiting effectiveness. CJS social workers report spending much of their time seeing offenders too briefly, unable to take the time to engage with and build purposeful relationships. The court report (SER) remains the main gateway to CJS services and offers the opportunity for personalised assessment of risk and need. Demand for such reports has risen considerably across Scotland in recent years.
52. National Standards remain the cornerstone of the service provided to the courts by CJS social workers. Consultations across Scotland do however suggest that some social workers identify a tension between rigorous application of the letter of standards and the fostering of the sort of effective relationships identified as crucial in the research cited in para 48. In particular this applies to work with young offenders whose cognitive abilities to accept and manage personal responsibility are not yet formed. In pursuing tenacity and a commitment to preventive action, there is some evidence of variable application of discretion by workers. This apparent discrepancy merits further exploration.
53. The use of non qualified staff (Criminal Justice Assistants or equivalent) in some roles to free up Social Work staff to undertake more skilled work, is variably applied across the country. In processing numbers of lower risk offenders, particularly at non acute stages of their order, the extended use of such para-professionals merits exploration.
54. Prison social work remains something of a Cinderella service in CJS without a clear statutory basis or clear contractual arrangement between SPS and local authorities. It is evident that the joining up of SPS and LA processes envisaged in the reforms will require a clearer delineation of prison social work's role and resourcing.

Older people

55. Like other groups of service users, older people are not a homogenous group and categorisation as a distinct service user group is, arguably, contentious. People do not receive social services by virtue of being 'older'. Rather, they are in need of services

for example, because of ill health, physical impairment, mental health difficulties (significantly dementia), addiction or offending. The policy agenda for older people is therefore, crosscutting with all adult services and community care developments. Services to older people should be person-centred and tailored to individual need.

56. The key policy drivers are community care policy and in particular, the Joint Future agenda. There is a strong commitment, both nationally and locally, towards home based care and more intensive patterns of care. Currently the emphasis is on reducing delayed discharge which is arguably systems driven rather than person-centred.
57. Despite increases in central funding, community care as a whole has been under financial pressure, sometimes as a direct consequence of shifts in the balance of care but also due to the increasing demand for services. Home care services have had to become more flexible and respond to the challenge. There is also the eternal 'bridging' question: how to place people appropriately in care homes, and at the same time develop better and more flexible home care services, with due regard to Best Value. In addition, the introduction of free personal care has resulted in significant budgetary pressures.
58. Initial work is underway in the Scottish Executive Health Department to develop a strategy for services to older people, while the National Framework for Service Change for the NHS will set a wider strategic context for work with older people. The impact of this work on the role of the social worker is not yet clear. However, it is clear that there will be a strong drive towards better managed care and the contribution of social care in delivering this is well recognised. Some of the key themes of the NHS review: personalised services, expert patients (with patients taking joint responsibility for their care alongside doctors, nurses etc) and enabling IT systems apply equally to all professionals and are explored further in the emerging themes section. The principles of working 'with' rather than providing services 'to' a client, identifying the best way to support an individual, and enabling the client to develop new opportunities are very much in line with social work values and skills. However, changes will be required in the way social work is resourced to deliver this approach.
59. The development of Community Health Partnerships (CHPs) creates a new organisational structure within the NHS which is intended to act as the focus of substantive partnerships with local authorities around the planning and delivery of services. Whilst CHPs potentially have an impact on the work of all social workers, the care of older people through the Joint Future agenda is perhaps best developed. The development of CHPs is likely to further promote integration and joined up approaches to service delivery and prevention.
60. The specific role of the qualified social worker in services to older people tends to focus mainly on care management, a role that is also taken on in part by other professions. The care manager's role includes detailed assessment of all support needs, coordination of services and links with other agencies and networks, organising and ensuring implementation of packages of care, reviewing and evaluating those care arrangements and revising accordingly. The care manager has a role in undertaking financial assessments and will coordinate the purchasing of services. Financial assessments and the paper work involved has become a significant

part of the job in some parts of the country. Linked to this is the important area of income maximisation for older people, often triggered by the social work assessment.. The care manager also has a role in considering protection issues taking account of the rights and responsibilities of the individual. This includes any legal measures required such as a use of mental health legislation.

61. Some argue that only a social worker has a sufficiently holistic approach to provide the full range of support required by a care manager and is best equipped to deal with complex situations. A countervailing view is that the care management function does not necessarily require a qualified social worker. Critical to this debate is consideration of the extent to which the care management role incorporates elements of therapeutic interventions, helping older people to cope with life changing events. Clearly it is an expectation of policy and matches the aspirations of both users and social workers. However the reported experience of care management by contributors to the review suggests a gap between aspiration and reality. The Role of the Social Worker sub group will consider further the role of care management in social work practice, based on the outcome of work with local authorities and formal contributions to the review. There is a further argument that social workers are insufficiently equipped and trained to carry out the commissioning role.
62. The development of Single Shared Assessment and the implementation of Joint Future in relation to joint funding and management of services has resulted in increasing moves towards integration of care management services for older people. However the bulk of services to older people are delivered by those in social care roles such as domiciliary care.

Sensory and physical impairment

63. This group of users encompasses adults with a physical disability as well as adults with a visual or hearing impairment. The key policy driver in this, as with other adult services, is the Joint Future agenda. The social model of disability, which acknowledges that society creates barriers to everyday living for people with disabilities, has gained wide acceptance among service users and is reflected in policy surrounding social inclusion and access to services.
64. Social workers play a significant role in relating to families and raising their expectations of the quality of life achievable for physically or sensory impaired family member; an important social work task is to help users and carers who are reacting to trauma, to manage change in the services user's and their family's adjustment to their disability. Occupational Therapists and rehabilitation workers have a vital role to play in maintaining and improving the quality of life for people with a physical and sensory impairment. The review will be looking more closely at their contribution to service delivery in the next phase of work.
65. As with other user groups, there is pressure for increasing specialisation of the social work role to address the specific needs of users, such as those with a visual or hearing impairment or head injuries for example. There is also a need to continue the drive towards integrated service delivery with other professionals and agencies; to promote the use of early intervention as an approach to service delivery and to make greater use of assistive technology.

66. A significant number of people with a sensory impairment are older people (approx 70 % of older people experience age related sensory impairment). Services for people with sensory impairments may be delivered by social workers with specialist knowledge working in specialist teams through to social workers with generic skill in community care teams. Provision may be through either statutory or voluntary sector provider. In terms of specialist services for visual disability, voluntary organisations are major employers of social workers with a third of local authorities contracting out such services .
67. In relation to people with sensory impairment, the two most recent policy drivers relevant to social work provision are *Sensing Progress (1998) SWSI* – a national inspection of services for people with a sensory impairment, which laid the foundation for local authorities to assume a lead responsibility on a multi-agency basis for determining levels of need and how this was to be met, and *Community Care Services for people with a sensory impairment: An Action Plan (2003)*. The patchy nature of specialist knowledge and skills, including fluency in British Sign Language and other communication skills in social work services will be addressed through implementation of the two key recommendations set out in the Action Plan which are directed at social work:
- Every social work or social care facility should have staff who are able to meet the basic communication needs of a person with a sensory impairment by April 2006.
 - A national training strategy which strikes a balance between generic and specialist needs should be devised that places the needs of users and carers at its heart and is based on existing good practice standards.

Mental health

68. As one in four of the adult population is affected by mental disorder, the potential for social workers to be involved with families where one or more members have a mental health problem is high. Mental disorder may be a contributory factor, for instance in children becoming looked after or taking on a caring role for other family members, or the primary reason for social work involvement, for instance where an adult lacks capacity or requires compulsory treatment for a mental illness. For this reason, it is extremely important that the expertise of the Mental Health Officer (MHO) is available throughout all aspects of social work practice.
69. The role and function of mental health officers is part of a spectrum of mental health services provided or commissioned by local authorities. The role does require specialist training and carries particular responsibilities. Mental health officers are accountable for their practice to their local authority employers. This is essential given the mental health officer's role in safeguarding the rights of people who may be subject to compulsory treatment in hospital or the community. Although mental health officers work closely with health colleagues, it is important that they remain objective, particularly as they are required to question and at times challenge the opinion of the Responsible Medical Officer (RMO).
70. The role and functions of the mental health officer (MHO), who must be a qualified social worker, are set out in the Mental Health (Scotland) Act 1984. Uniquely, compared with other social workers, MHOs have duties laid down by statute which only MHOs can do. Moreover, again unlike most parts of the profession, social workers can only become MHOs after a requisite amount of training. These factors

contribute to the clarity of the MHO role. The 1984 Act covers situations in which the person with a mental disorder may lose their liberty as a result of compulsory detention for treatment. MHOs have a duty to provide social circumstances reports for the RMO and the Mental Welfare Commission (MWC). MHOs also have a duty to inform people about legal processes and their rights of representation and appeal and to facilitate access to representation. They must also take steps to safeguard the person's property where appropriate.

71. The Mental Health (Care & Treatment) (Scotland) Act 2003, which will be implemented in 2005, represents a significant challenge to local authorities in planning new services and improving delivery. It also has significant implications for the MHO role. The three main factors driving this significant new piece of legislation were:

- The changing nature of mental health services provision – the move away from institutional care to community based provision
- Concerns for public safety – arising from high profile cases in England and Scotland
- The increasing acceptance of user involvement in the design and delivery of services

There are ten principles underpinning the 2003 Act which sit well with social work values and ethics. They cover the need to take account of the mentally disordered person's wishes, feelings and circumstances and those of his/her carer and the importance of involving the person in any plans made for him/her and providing appropriate services for him/her. The way in which functions are performed must involve minimum restriction on the freedom of the individual that appears necessary in the circumstances, encourages equal opportunities and secures the interest of the child (if the individual is a child).

72. The new act creates a greatly enhanced role for MHOs and poses challenges in terms of resources to support the training and increased responsibilities. The requirement for Social Circumstances Reports (SCRs), and reports to Tribunals will result in an increase in workload as will the potential involvement of MHOs as Tribunal members. The principle of reciprocity built into the Act will impact on the MHOs role in relation to care management.

73. Other policy areas impacting on social workers in the mental health field include the Adults with Incapacity Act, implemented in stages from 2001, which is designed to make provision as to the property, financial affairs and personal welfare of adults who are incapable by reason of mental disorder or inability to communicate. In effect it has increased the role of social work staff and MHOs in particular as they are involved in investigating the individual's circumstances to determine whether the adult lacks capacity and action is required to safeguard their welfare, investigating complaints, supervising welfare guardians and providing court reports on the appropriateness of the order and the suitability of the nominated welfare guardian in private applications and making the case for guardianship where this will fall to the local authority.

Learning disability

74. The key policy driver is 'The Same as You?' (1998) This set the clear direction that people are citizens with a right to an ordinary life in the community. It promoted inclusion rather than mere integration i.e. that people should not merely be present in

the community but that people should be active participants and have the same benefits that other people derive such as something meaningful to do with their time.

75. This agenda has major implications for the social work role. In the first place, it requires that social workers take an enabling approach and can have high expectations and aspirations for the people they work with. Secondly, it implies skills in commissioning and in developing community resources. Thirdly, it raises the questions about the necessary skill mix and particularly the point of intervention appropriate for a qualified social worker. The implementation of 'The Same as You,' has involved people from a wide variety of professional backgrounds.
76. This leads to an important debate about the scope of the social work role. Should this become more limited, enabling a wider range of agencies and supports to be part of the lives of people with learning disabilities? Or, should the role itself be transformed, with social workers developing capacity in the community and working alongside the person in partnership with them? This debate is reflected in discussions over local area coordination, a key element of the 'Same as You's' recommendations. Will LACs be most effective if they are outside social work departments? Or, are they a model for a social work role that would correspond more closely with what individuals need?
77. The experience of local area coordination in Scotland shows that attitudes and values are fundamental and that the policy goals can only be met if there are workers who believe that individuals and families have capacity and strengths that should be built upon. Although, as stated above, it is also clear that it is not only social workers have the skills to fulfil the role.
78. The field of learning disability in Scotland has taken the lead in participation of service users and family carers in policy very often led by social work and social care staff. The culture is now that this is expected in all aspects of services and the care process. Any vision of the future role of the social worker must include the picture of a partnership with the individual and any family and active involvement of the individual in decision-making. This is already the case in many parts of the country, but needs to be made more system-wide. This reinforces the picture of the social worker as an enabler. There remains a big community inclusion agenda for people with learning disabilities and a need to support people to build networks. This suggests that social workers or other social care workers may need to act as advocates for others to feel confident and to see the benefits of taking an active part in including people with learning disabilities.
79. Balancing inclusion and protection is a key theme. As awareness of the risks of abuse to vulnerable adults increases it is important that the goals of enabling people to be active participants – which includes the opportunity – to take risks – are not lost. The Vulnerable Adults Bill, currently being developed, which will apply across all areas of adult service delivery will consider ways of enshrining protection into legislation. The needs of professionals and agencies to show that they are protecting people adequately must not overshadow the requirement to listen to individuals about what their fears are, to help build their confidence and to enable their inclusion. Nevertheless, community safety must remain paramount in any assessment of risk. Given their value base, social workers could play a key part in this balancing.

However, there is some concern within the social work sector that the recent Scottish Borders enquiry into the abuse of a woman with a learning disability may have shifted the balance towards protection, viewing service users as vulnerable rather than encouraging active and equal citizenship.

80. Both policy and the needs of users are increasingly leading to joined up practice, policies and information-sharing. Social workers are likely increasingly to work in integrated multi-disciplinary teams. This will lead to increasing pressure towards specialisation within the sector.

EMERGING THEMES AND ISSUES

81. There has been a remarkable consistency in the theme identified to date from all sources of evidence. This section summarises the main points drawn from the evidence so far. This has been summarised under five of the review's six objectives:

- Role of the Social Worker
- Service Organisation and Delivery
- Confidence and Competence
- Leadership and Management
- Performance Improvement

ROLE OF THE SOCIAL WORKER

Values, roles and scope of professional practice

82. One of the central objectives of the review is to clarify the role of the social worker. Evidence from a variety of sources suggests that social work has lost some sense of professional identity and needs to be re-focused. Many social workers in main grade staff workshops felt that current ways of working did not allow them to make full use of their knowledge and skills. Others reported that increasing integration with other disciplines, particularly in the care management field, was leading to assumptions that different disciplines were interchangeable. If a nurse or an occupational therapist can be a care manager, what's special about being a social worker? Some perceived that they weren't valued for their distinctive contribution by others, although many felt that it had been eroded to some extent.

Social Work Values

83. Social work values featured heavily in evidence from both strands of formal research (Clark et al and Statham et al) as well as in discussion with social workers attending workshops. All identified the value base of the profession as being at the heart of what social workers are. Clark et al identified the following, drawn from the International Federation of Social Work's code of ethics:
84. "Social work is based on respect for the inherent worth and dignity of all people, and the rights that follow from this. Social workers should uphold and defend each person's physical, psychological, emotional and spiritual integrity and well-being. This means:
- Respecting the right to self-determination - Social workers should respect and promote people's rights to make their own choices and decisions, irrespective of

their values and life choices, provided this does not threaten the rights and legitimate interests of others.

- Promoting the right to participation - Social workers should promote the full involvement and participation of people using their services in ways that enable them to be empowered in all aspects of decisions and actions affecting their lives.
- Treating each person as a whole - Social workers should be concerned with the whole person, within the family, community and societal and natural environments, and should seek to recognise all aspects of a person's life.
- Identifying and developing strengths – Social workers should focus on the strengths of all individuals, groups and communities and thus promote their empowerment.”

85. This was further reflected in Statham et al's study on the need for social work which concluded that “Good social work is done with people and their families, not to or for them. It requires partnership between people and professionals based on

- mutual respect and trust
- keeping the person at the centre of the work
- seeing their situation in the round
- enabling them to define desired outcomes and
- supporting them to develop and own their own solutions.”

86. This set of values has also been reflected consistently in discussions with social workers participating in workshops and by respondents from a range of professions and agencies to the call for contributions. Clearly the value base of social workers is an important aspect of how the profession and others view it. Respondents have frequently stated that they believe that the value base is something that should be strengthened and used as a foundation for any future developments. Increasingly these values are being taken on by other professions adopting social models of practice. This recognition of the individuality of each person and the need for services to take a holistic view of their needs is both desirable and a positive reflection on social work. However it has perhaps caused some of the loss of professional identity reported by some social workers.

Social Work Roles

87. The Review has identified no single role for the social worker but rather that they carry out a variety of roles in different settings. This diversity of roles has led to the question of whether social work remains a coherent profession. Further work is required, but it does appear that while social work is becoming increasingly specialised into distinct services, the varied roles of qualified social workers are underpinned by a common core of knowledge, skills and values. Furthermore these appear to be recognised and valued by partners and users.

88. Clark et al identified six core roles that social workers fulfil:

- **Counsellor** (or caseworker) who works with individuals to help them address personal issues.
- **Advocate** on behalf of the poor and socially excluded.
- **Partner** working together with disadvantaged or disempowered individuals and groups.

- **Assessor of risk or need** for a number of client groups; also associated with surveillance. This role may conflict with counselling.
- **Care manager** who arranges services for users in a mixed economy of care, but may have little direct client contact.
- **Agent of social control** who helps to maintain the social system against the demands of individuals whose behaviour is problematic.

Care and Control

89. The balance of these roles appears to vary across different services, with few social work posts offering the opportunity to carry out the full range of roles. The role of the social worker seems clearest in those fields of practice where the social worker has statutory duties and powers, acting as an agent of the state i.e. child protection, mental health and criminal justice. Service users as part of the panel differentiated between the two main roles of care and control. It is perhaps the combination of these two functions that make the social worker's role distinctive from other disciplines. Users reported that the potential for the relationship to shift quite quickly from one of care and support to control often coloured their view of social workers and the extent to which they felt able to form a relationship with them. It could go some way to explaining a perceived more positive relationship with voluntary sector social workers, who tend not to have the statutory powers of control delegated to them by the commissioning local authority. The panel raised some questions about how easily the dual roles of care and control sit together within an individual professional. These issues were also raised in discussion with social workers. Although no-one advocated separating care and control functions there is clearly a tension, which requires highly skilled professionals to balance. This area will be explored further in redefining the role of the social worker.

Social Worker as Enabler or Gatekeeper

90. The Users and Carers Panel thought that social workers should primarily take an enabling role – “someone on your side” rather than being advocates, who they felt should be independent from the system. They particularly supported the model of Local Area Co-ordinator within the learning disability field as it fulfils the role of enabling as well as accessing more practical creative solutions to difficulties. The emphasis is on person-centred planning was seen as particularly important. There was little disagreement from any of the evidence that this should be at the heart of social work practice. However the Users and Carers Panel thought that policy had largely defined the role of social workers as assessors and gatekeepers to services. They believed that this restricts the extent to which social workers can use their wider skills or fulfil other roles and were keen for social workers to develop their role as a gateway to services rather than a gatekeeper.

Role Limitations

91. This limitation in social worker roles has been reflected by both social workers themselves and respondents to the call for contributions. One respondent to the call for contributions described the position like this:

“I believe that qualified social workers are potentially an untapped resource that could be more flexible and responsive in improving the experience of service users; in practice they are often the ‘observers’ of other people’s life struggles and much of their professional expertise and bureaucratised effort is invariably spent writing reports, attending meetings, managing budgets and other office-based efforts rather

than interacting with and alleviating the causes of social distress and misery. The real business of engaging with users and communities is often unrealised. Casework and building 'mutually supportive relationships' is considered old hat in favour of more progressive, cost effective systems of assessment and care management. When I speak to Social Workers now, they invariably confirm my suspicions that a full root and branch reform of the system is overdue."

92. Social workers in mainstream local authority fieldwork teams appear, in particular, to be limited to the roles of assessor, care manager and agent of social control, with specialist and joint projects increasingly taking on counselling, advocacy and partnership roles. The balance of time spent on developing effective therapeutic relationships with clients in order to enable their progression and development appears to have significantly reduced, with commissioned services increasingly taking on those roles. Social workers at the performance improvement outcome group have emphasised the centrality of the assessment, plan and review process to effective social work practice. However, limiting the role to assessment and care management, may not make the most effective use of the social work skills that are most valued by the profession, other professions and users and which research suggests are necessary for effective interventions. The model of practice is explored further in the next section and may account for an apparent mismatch between what social workers feel they are trained to do and what they are required to do.

Social Work Interventions

93. The nature of social work interventions are such that they normally involve working with other organisations, professionals, family members and others in their social network. Social work intervention alone cannot provide the basic foundations for the well being of children, young people and adults, families, groups and communities. Effective social work clearly needs to engage partner agencies and professionals. Partners have given some very clear and positive perspectives on the distinctiveness of the social work contribution. Comments, from a range of NHS and Police contributors included the following:
- *The special skills of social workers are their ability to work with children and families under stress especially where there has to be legal powers in place. This causes a very challenging relationship with families and great skill to overcome the difficulties and facilitate an improvement in the children life.*
 - *Social workers are good listeners who could draw boundaries with difficult clients without being officious or overly-defensive.*
 - *Some social workers had negotiation and interpersonal skills which were as good as professional counselors I have experienced*
 - *A good understanding of social policy, non-judgemental, holistic and standing outside the powerful health system, so able to act as an advocate.*
 - *They bring in the social model and encourage clients to be seen as people rather than patients. They can help to bridge divides between health professionals, where they exist.*
 - *I think confidence in ability and knowledge might limit ability.*
94. Given this inter-dependence with other services, professions and agencies, it is important to have a clear understanding of when and how social workers should intervene. Statham et al identified three different models of social worker intervention.

- **Mediating between citizen & state** – in this model the social workers role is primarily assessment and rationing and where necessary acting as an agent of social control. As discussed above, respondents suggest that currently this is the primary focus for social worker interventions.
 - **Social Work as a distinct service to maximise capacities of service users** – This model very much matches that described by Leadbeater in his Demos paper on personalisation. The focus is very much on using professional skills to develop service users capacity and strengths and thus promote independence. It clearly matches the aspirations of users and carers and those of social workers and other contributors. However, there remain some questions of how well it would work with the most disadvantaged, who may feel less able to play an active role and with those individuals where it is necessary to use statutory powers of control. These will be tested out in research currently being commissioned by Care 21.
 - **Intervening between organisations** – This model is very much focused on social wellbeing, with the social worker's role being to make connections between other services and agencies, form partnerships and promote well being. It will need to be explored further in considering the social workers role in prevention.
95. There appears to be significant overlap between what social workers do and know and aspects of what other professions do and know. In an environment of joint working and integration, this does perhaps add to reported feelings of loss of professional identity. The fact that other professions have increasingly adopted social approaches underlines the importance of such approaches to modern professional practice, but does add to feelings of uncertainty within the social work profession.
96. Statham et al suggest that the social worker is the professional of choice in the following situations:
- **Where no-one knows what the right answer is** – Social workers are better than other professions at handling uncertainty & complexity. This was reflected repeatedly in discussions with social workers who stressed their problem solving skills and the ability to work between different professions to find solutions. It is one reason why social workers have not been able to define their boundaries of practice as clearly as some other professions and perhaps a good argument as to why they should not do so.
 - **Where relationships are complex** – For example where there are tensions, disagreements or conflicts of interest within a family. The holistic approach to assessment which is much prized as a core attribute of the social worker's role plays a vital role in being able to understand the whole of a situation rather than simply parts of it.
 - **Where there's a high degree of risk** – The social worker's approach to managing risk is at the core of their distinctiveness. Most other professions focus on removing or minimising risk. Social workers must work at all times with situations where there is a degree of risk, but where intervening could actually make situations worse. The whole issue of risk and how it is assessed and managed is central to the review's work and is returned to later.
97. Many social workers and respondents have emphasised the need to develop a more positive approach to social work, seeking to intervene earlier before situations reach crisis point. This was echoed very powerfully by the Users and Carers Panel who

spoke of the need to engineer a crisis in order to get an appropriate response. This will be a focus of further work by the review.

Skill Mix

98. A central issue returned to by many respondents is the differentiation between what a social worker can or should do and what can be done by others. Social workers attending the main grade workshops identified two main issues – social workers taking on responsibilities that should rightly fall to others and other workers taking on responsibilities that could more effectively be undertaken by social workers.
99. In some respects, social workers recognise that they are their own worst enemies. Some reported continuing to take on work knowing that they don't have time to do it, so they act, for example, as taxi drivers or deliverers of food to clients. This flexibility to be able to respond to any given situation was highly valued by social workers, yet they recognised that it creates an expectation that they will continue to fill inappropriate roles.
100. Many reported having limited, and often diminishing, access to administrative support, requiring them to spend more time doing inappropriate tasks, such as booking taxis, doing filing or undertaking financial assessments. Yet at the same time they reported that the majority of service delivery was undertaken by a workforce with lesser levels of skills and qualifications. The review will need to take a fresh look at skill mix within the social work workforce if we are to make the best use of the limited social worker resource. In particular, in the next phase of the review, we will explore the role of support staff including the potential contribution of skilled para professionals.

Specialisation

101. It is clear that the policy and legislative demands within the different fields of social workers' practice require, and are likely to continue to require, an increasingly divergent knowledge and skill base. This has raised the question about whether in fact social work is a single coherent profession or already developing into a number of different professions.
102. Main grade social workers attending workshops believed that there was a need for specialisation at least into the three main fields of community care, criminal justice and children and families, as it was increasingly difficult to be an expert across the whole range of policy and practice required to work in any area. Indeed, even the briefest overview of current policy suggests that sub-specialisation beyond that point may become increasingly necessary. For example, the MHO role, with its specialist training is creating a whole separate and distinctive branch of practice, similarly, sub-specialisation within work with children and families, given the breadth and scope of practice seems increasingly necessary.
103. Social workers clearly fulfil different roles with different user groups and it is increasingly difficult for any practitioner to retain expertise across all fields of practice. However, there does appear to be a common core of social work knowledge, skills and values that provide the basis for practice and are transferable between areas and settings. These issues were debated as part of the work undertaken on the

development and introduction of the new honours degree. At that time those involved agreed on the need for a generic qualifying education programme for social workers. This is reflected in the Standards for Social Work Education published in January 2003.

104. A common core education programme is particularly important in supporting the holistic model of assessment that is core to social work practice and recognises that there are some skills and knowledge that all social workers require, such as protection of children and vulnerable adults. A logical conclusion from the work so far seems to be that there is still a need for a single social worker education programme, but with the potential to specialise in the later stages of training and post qualifying. This would require a new and structured approach to post qualifying education, supporting specialisation in distinctive fields of practice, but allowing sufficient flexibility to support people wishing to move between fields of practice. Further work will need to test the implications of this assumption and inform the ongoing development of a National Strategy for the Development of the Social Services Workforce. Any new approach would also need to acknowledge the need for workers to retain and develop generalist skills in certain areas. This is particularly the case in remote and rural areas, where there may be a case for developing a rural generalist model of social work with support from specialists.

105. A central question for the review is how far should specialisation go? Children and families social workers attending the main grade workshops were clear that their field of practice was too large for them to be an expert in every aspect. Similarly in community care, people are likely to work primarily as part of a team working with a particular care group, such as mental health or older people. Users and Carers Panel members had mixed views about the need for specialist workers. The panel thought that a strength of social workers was in seeing the whole person and they did not believe that it was helpful for people to be passed on through services until they found the 'right' specialist. They also thought this could restrict access to services i.e. being passed from pillar to post. Their main concern was to know that the person they were dealing with was competent to meet their needs. They did acknowledge that there was a need for specialist workers in certain circumstances, but felt that this shouldn't be allowed to undermine relationships between the user and his/her social worker. There are obviously pros and cons to specialisation.

On the positive side:

- it is a means of ensuring that people are dealt with by workers with the skills most appropriate to meet their needs
- specialisation provides a logical career progression for workers that allows them to be rewarded for gaining advanced skills in particular areas.
- Specialist workers also likely to have better links with specialists from other professions as they are more likely to have regular contact.

On the negative side:

- specialisation can result in the fragmentation of services, which is clearly a concern for users
- it can be more difficult for workers to shift from one specialism to another

- service users who have needs that don't fit neatly into a specialist box or that span more than one area of specialism may either not have their needs met or may end up with a number of workers supporting them
- a specialist model does not lend itself well to working in remote and rural areas or in emergency services.

A challenge for the review is to strike the right balance between generalist and specialist approaches to social work practice.

Accountability & risk management

106. A distinctive feature of the role of the social worker is in both the assessment and management of risk. Social workers work with some of society's most vulnerable and most dangerous members, including those who other services can't or won't work with. They need to make complex and challenging decisions about the level of risk to individuals and communities. In particular, decisions about when and if to impose statutory powers requires a high level of skill and personal autonomy and accountability.

107. Like many professionals, social workers have complex accountabilities:

- To their client for delivering a service. This is made particularly complex as in situations of high risk, such as child protection, that service may not be welcomed by the client.
- To their employer for discharging the employers statutory responsibilities
- To society for ensuring their safety and protection. This might be particularly relevant in the criminal justice field, but also is important in terms of an understanding of what type and level of risk society is prepared to tolerate.
- To their regulatory body for upholding the standards of the profession. This is very much a new dimension for social work and will undoubtedly have a positive effect in promoting proper professional accountability.

108. Many of the main grade social workers we consulted painted a picture of professional accountability being undermined by risk-averse corporate accountability in the form of increasingly burdensome management control and defensive practice. Given the obvious failure of management highlighted in a number of major case reviews, this raises questions about the effectiveness of management practice. Supervision, which should be a professional tool to promote effective practice was perceived by some to be purely a focus for workload management. Some social workers reported using it to tell managers of their decisions in order to pass on accountability for them to the organisation. This suggested a system based on managing liability rather than risk. This in turn leads professionals to practice defensively and stifles any innovation and creativity. Front line and middle managers have a vital role in enabling effective social work practice, yet are equally constrained by management systems. Further work will explore their role and feed into the work of the leadership and management sub group.

109. It seems that the balance of accountabilities in social work practice has become somewhat skewed, with too much emphasis on accountability to the employer and not enough on individual professional accountability. This is perhaps inevitable,

given society and the media's response when things do go wrong. One respondent summed up the situation as follows:

“The attention of so many Inquiries is about the system of protection, that invariably conclude with what went wrong. Doesn't this focus then direct Social Work Managers to pinpoint breakages or blockages within a system comprising a network of professionals, and doesn't it then result in individual Social Workers trying to cover their own backs? When a child dies this is a source of deep regret for everyone in society. Instead of blaming Social Workers specifically, or blaming services in general, we need to consider how our communities provide safe environments for children to prosper whether in the home or on the street.”

110. There appears to be a need for a new model of practice in social work, based on evidence of effectiveness, that promotes proper professional autonomy and accountability and uses supervision as a proactive support to practitioners rather than a means of management control. This would need to be matched by much greater openness within the profession about near misses (an approach successfully developed in other sectors such as the airline industry and increasingly the NHS) and a more responsible response by society, led by ministers to inevitable untoward incidents.
111. The draft National Strategy for the Development of the Social Service Workforce will provide a vehicle for strengthening and re-focusing the contribution of professional supervision. The emerging issues in this area will be further tested in continuing work with local authorities as well as providing a starting point for the sub group on management and leadership and informing the final version of the workforce strategy and its implementation.

SERVICE ORGANISATION AND DELIVERY

Integration, joint working & role boundaries

112. Service integration and the promotion of joint working are a significant driver in current policy across all user groups. This poses new challenges for all the professionals involved in integrated teams. Increasingly, there is a degree of overlap between roles and growing convergence of values. For example health professionals are increasingly adopting social models of health and developing more holistic approaches to their practice. However, the holistic approach as adopted by, for instance, a nurse or occupational therapist is rooted in a specific role remit (promoting health or promoting independence) which eventually prescribes boundaries for that professional (the person's health improves, the right adaptation promotes independence etc). At the same time their specific specialist and task related knowledge and skill (administering medication, assessing for equipment to aid mobility) gives them an occupational boundary which the social worker cannot cross and as a consequence a clearer sense of identity and with it, a stronger identity among the general public.
113. The scope for social work involvement is limited only by the boundaries of legislation, so it can be difficult for social worker, service user and other workers to share a mutual understanding of the reasonable requests that can be made of social workers. Social workers and users and carers have described this flexibility as one of

the great strengths of the profession. However, it can make it harder for social workers to define their particular contribution and an inability to say no and therefore proactively manage both expectations and caseloads is a challenge for social workers in integrated teams.

114. Participants in main grade workshops expressed widely varied experiences of working in integrated teams. The integrated model of service delivery provides an obvious vehicle for developing services joined up around the needs of the service user. This was clearly endorsed by the Users and Carers Panel, which discussed the need for all professionals to understand what each other does and to be able to work together in the interest of the person. The panel felt joint approaches to service delivery were important in order to effectively support users on their journey through the system as well as providing better co-ordination of both assessment and service delivery. However integrated team work requires social work professionals who are confident in their own roles, able to develop non standard solutions to problems and who are well placed to span the interface with other professions and agencies.
115. There were many examples of good integrated team working relationships at local level. In most cases these have taken time to develop and have been successful because of the goodwill and determination of staff involved. The most effective teams involved the bringing together of professional equals and had seen investment in joint education and team development. However, the experience of others was less of services being integrated around the needs of users, which was universally regarded as a worthwhile goal, and much more of the physical integration of professionals into joint teams, which did not always seem to help achieve this goal.
116. It is apparent that social workers working in integrated services have varied experiences of their effectiveness. This raises some interesting challenges for the ongoing implementation of existing policies such as Joint Future and for the development and implementation of new policies around criminal justice and integrated children's services. We need to clearly define what we mean by integration and that definition should be based around the needs of users rather than professions or agencies. Integrated services need to be clear about their goals. They need to be properly supported and developed and in particular, social workers and other team members need clarity about their distinctive contribution to the team, a shared understanding of the legitimate and helpful overlapping of roles and the scope to actually practice their profession. In teams where a clear and valued place for social work has been negotiated, a greater sense of partnership is discernible than in joint teams that have been set up with little explicit discussion of the social worker's particular contribution and those of other team members.

Access to services

117. Better access to services that are flexible and appropriate to individual needs is at the heart of issues raised by users and carers. They wanted an easy point of access, services that responded in a timely way and met their needs and greater continuity of both staff and service delivery. They spoke of wanting social workers to get alongside them and support them through the system rather than being a gatekeeper to services. The panel had strong views about the impact of the way the service is experienced. Waiting for someone to get back to you, not knowing what to expect is frustrating and

leads to a perception of ineffectiveness. On the other hand it is appreciated if someone takes the time and trouble to listen to what is needed and is honest about any limitations to what can be achieved. This is very important for understanding how confidence in social workers can be increased. Good work will be less effective in the context of a total system that is not person focused and changes of worker, difficulty in getting through to the social work department or long periods when the person does not know what is happening all undermine confidence and trust that something useful will be achieved.

118. The Users and Carers Panel's first priority was prompt access. They reported experiences of waiting for too long to get the appropriate support. The panel has very clearly articulated their views on how inefficient and ineffective this is. They felt that social workers should be working alongside a person to prevent a crisis and not only be able to intervene when there was one.

119. The Panel's second priority was access to support that can make a difference. In effect, being given a greater degree of choice and control over what support is available and how it is delivered. In practice, this might mean a simpler way of directly accessing home care support or more effective routing to a specialist worker or the support of services appropriate to the person's need. Instead, panel members reported having to fit into services rather than services being flexible to their needs. Whilst these issues are inevitably linked to resources, the review will raise some very real questions about whether current approaches are cost effective to public services as a whole or even to social work departments.

Personalisation

120. The drive for personalised services in which users and carers have greater control over how services are delivered is in keeping with recent policy directives in England and Wales specifically in Education and Disability services and with emerging Executive policy. It is a key feature in the Department of Health's Green Paper on Adult Social Care, Independence, Wellbeing and Choice (2005) which proposes further expansion of direct payments as a means of ensuring that services are shaped by both the needs and choice of users. Personalisation implies that from the first assessment the main driver should be how to improve the person's life and not which service they should get next. The Users and Carers Panel felt that this focus might lead to better use of resources, an incentive to prevention and a more enabling process that contributes to the person's confidence and empowerment rather than undermining it. In order to achieve this, they felt that it was important for social workers to listen to users and carers and that users needed a trusted person who takes time to get to know them and their circumstances and is able to get people together to find ways to meet your needs. This very much places the user as the expert on his/her needs and mirrors work on the notion of the expert patient in the NHS and poses challenges for the review in terms of supporting people to take more control of their own circumstances and make informed choices about their care. This approach was supported very clearly in discussions with main grade social workers, who articulated similar views in discussing why they came into social work in the first place. However it did not fit well with their experience of practice in many cases

121. The Personalisation Through Participation approach put forward by Leadbeater explores the notion of person centred services in the wider arena of public

services. The emphasis is placed on the service user as an active partner. If it were adopted, Statham et al believe that the need for social work intervention would then be with those people who:

- cannot for a range of reasons learn how to successfully self manage their problem solving
- need help to cope with innovation and challenges to their personal, family and community functioning without additional support
- have experienced severe trauma for which they or their family could not be expected to have the knowledge or expertise to cope with
- experience new areas of need where creative responses are necessary.

122. Research will be commissioned by Care 21 in the next phase of the review's work to explore the extent to which systems currently achieve personalisation and identify the future potential and challenges of this approach. In particular it will be important to consider the application of this philosophy to areas such as criminal justice and child protection where social workers must exercise statutory powers of control.

Thresholds of Intervention and Crisis Management

123. The goals of personalisation were a long way from the reality experienced by users and carers. They perceived a crisis driven service with high thresholds for intervention, indeed some reported having to engineer a crisis in order to obtain a satisfactory response. Their dissatisfaction is clearly matched within the profession and amongst partners. Indeed the increased pressure on the children's hearing system is attributed in part to the system being used as a filter, with only those people identified by children's panels as being in need receiving a service. Thresholds for accepting referrals are often set very high, referrals are accepted but not allocated to a worker and the availability of services at times that met the needs of users is highly variable, with little available outside normal office hours. The effect of this is that social workers are mainly working with the most complex, intractable cases, working with people at extremely stressful times in their lives, when there is limited opportunity to make a difference. One respondent, speaking about children and family services said:

“Work is crisis driven with scant attention to assessment and work with families in many teams. The knock-on effect includes interventionist approaches where risk is overt, failure to protect where risk is hidden (chronic neglect/drug and alcohol), inappropriate placements, lack of info for carers, poor communication and placement breakdown.”

124. A critical point in improving access will be ensuring that we actually use the limited resource of qualified social workers more effectively. As previously discussed, a social worker is not necessarily the best or most appropriate person to be the first point of contact. The development of integrated children's services discussed above may lead to others fulfilling that role. Similarly, a logical conclusion of developing personalisation could be the user accessing some services directly. The need for a prompt and effective response is echoed in research in the children and families field (Dartington Research Unit 2004) and in a clear consensus from social workers in favour of earlier intervention with individuals in order to be able to avert crises.

125. There is clearly some significant dissatisfaction with the crisis focused approach of modern social work practice from social workers, users and the other professionals with whom social workers work. There are some very real questions over whether this approach is cost effective to public services as a whole or even to social work departments. Indeed work on the NHS National Framework for Service Change has consistently highlighted the need for better planned long term care, a significant part of which will be social care, rather than the crisis driven reactive approaches currently practiced. The review will start to consider these issues in more detail as part of its work on service organization and delivery. This will include exploration of allocation processes, thresholds for intervention and emergency and out of hours care.

Prevention and Early Intervention

126. The social worker's role in prevention featured strongly in both discussions with main grade staff and in responses to the call for contributions. A central principle in the Kilbrandon report was the importance of prevention and in particular preventive work to address those factors which put children and families at risk. Clark et al conclude that "despite regular expression of concern about the failure to support and develop preventive work, the identity crisis of social work is also seen to be inextricably linked to the fact that social workers in a local authority setting are no longer able to effectively carry out preventive work."

One respondent to the review stated "***For me social work is not simply about interventions when life becomes unbearable but about putting together interventions that help people make the best of their circumstances. Prevention and support are I believe essential to providing good social work practice and developing strong individuals and communities.***"

Another stated "***There is a necessity to engage with families and do 'real preventative' work with families unless that happens there will be little movement in people's attitudes for change.***"

127. There is a strong consensus that social work services should play a significant preventive role in the future. Community Health Partnerships, with their statutory duty to promote health and well being and engage in community planning, may be one means to support social workers' contribution to preventive work. Equally, there is a need to explore earlier and more effective interventions. Proposed changes to the children's hearing system with their emphasis on integrated assessment and early interventions will create significant new opportunities for children and families social workers. The review group will continue to consider the implications of this as policy develops.

Systems and processes

128. Concerns about unhelpful bureaucracy featured strongly in discussions with main grade social workers. These were also reflected in many of the contributions to the review, from both social workers and partners, and in the views of users and carers. But what does it actually mean? There appear to be a number of dimensions to the issue.

129. The first is around paperwork. Paperwork and form filling appear to have increased considerably, often in response to particular problems that have arisen or in response to national information requirements. Assessment forms have become longer and more complex, often with multiple forms needing to be completed with the same information. One social worker told of having to complete five forms to get a child into emergency respite care, most of which required the same information. There appears also to be some concern that as quantity increases, so quality decreases. Successive SWSI inspection reports have pointed to poor quality report writing, with a heavy focus on narrative and little structured analysis. This was reflected in discussion with the stakeholder group, several of whom were in positions where they had a need to read such reports.
130. The second issue is around the lack of flexibility and trust. As explored in the section on accountability and risk, practice can often be defensive, with organisations locked into particular ways of working that stifle innovation, even when this was known to produce poor outcomes. This lack of trust was reported by many social workers to manifest itself in having to escalate even simple decisions up a management line. Whilst it is important to recognise that some care packages can be complex and expensive, there does not always seem to be a proportional response to decisions that need to be escalated up the management chain. It is perhaps significant that people have spoken about management control rather than enabling and empowering leadership. This does beg the question of how can social workers empower their clients if they do not themselves feel empowered.
131. The development of information technology was acknowledged to be a positive move in promoting communication and information sharing and may help to reduce some of the burden of paperwork. However, it was apparent from discussions with social workers that access even to simple technology such as mobile phones is highly variable and there were very mixed experiences of how helpful IT systems were. The review group will be considering the potential of technology in social work as part of its work on future directions. As part of this we will need to take account of the very real challenges of making effective information systems a reality in a complex integrated environment.

CONFIDENCE AND COMPETENCE

132. The Users and Carers Panel have emphasised the importance of sound professional training. They were particularly keen that social workers should have experience of what people's lives are like and to see this balanced alongside academic knowledge. They want social workers to be prepared for the reality of the work that they will do and the variety of settings in which it may take place, including the voluntary sector. Social workers were very positive about the new degree programme, with its emphasis on practice learning as a fundamental component. However, some questioned the level of commitment to practice learning, reporting time not being allocated to allow workers to support students' learning. The challenge is to ensure that practice learning prepares social workers for the future. The apparent lack of a learning culture in social work is not a new concern. It is clear from the confidence in practice learning paper that major changes are required, embedding a learning culture across social work services. This is central to the objectives of the Scottish Practice Learning Project.

133. Attitudes and values, communication skills and person centredness were seen by the Users and Carers Panel as critical attributes for a good social worker. These should contribute to developing a social worker being someone who stands alongside you, rather than someone who can only tell you that a resource is not available or someone who can only act in a crisis. As one respondent to the call for contributions put it:

“Quality work in any profession requires a lot of common sense, humanity and thoughtfulness. Maybe the term “people skills” or emotional intelligence is the right one to use. The specialist skills of the helping professions that work with social and psychological matters are all developments of these common or garden people skills, of human curiosity, thinking and talking, and careful, realistic, creative, skilful reflection, advice and planning with others - with clients, workers, colleagues or managers... it must work because big business is one of the main users of it.”

In many ways these attributes are central to all of the helping professions. The review will be considering whether there are common core skills that could and should be developed across the whole public sector.

Continuing Professional Development

134. The lack of a learning culture in social work is apparent across many streams of evidence considered by the review. The need for better CPD was identified by respondents as the most important issue for the review to address. Social workers reported that whilst myriad training opportunities were often offered, there was no system to link individual and organisational needs with the available learning opportunities. The draft National Strategy for the Development of the Social Services Workforce, currently out for consultation, includes the need for regular appraisal and personal learning plans linked with organisational plans as well as work to develop career structures for social workers. Training was reported as being of variable quality and many people reported that it was very difficult to get time out to attend training.

135. There is a need to be clear about how professional development needs can be met and to emphasise that this can be through a range of methods not just attendance at formal or accredited educational programmes. The Scottish Social Services Council are already leading work in this area in partnership with the Institute. The Council’s requirement for social workers to undertake continuing professional development in order to maintain their registration will be a powerful driver in encouraging social workers to keep up to date. This is further strengthened by Codes of Practice for employers and employees which underline the importance of both employers supporting employees to do this and the expectation that employees should do this as part of their individual responsibility.

136. As different areas of social work practice become increasingly diverse, tailored education within different specialisms seems likely to become particularly important. Both users and social workers have emphasised the importance of education to support people moving from one area of practice to another. The CPD strategy published by the Scottish Social Services Council in August 2004 includes

the development of standards for social work education beyond the new honours degree, which will provide a structure to support the development of specialist skills

137. More and better joint education and training with other disciplines and agencies was seen as vital to underpinning the development of integrated services by many contributors to the review. This is already reflected in part within local programmes and post qualifying courses such as the certificate in child protection at Dundee University. However, the increasing emphasis on integrated working will need to be underpinned by more joint training.

Career Pathways

138. Career structures, or rather the lack of them, within social work has generated much debate. Main grade social workers reported very limited career development opportunities in flat organisational structures. Often the only promotion is into management. Some social workers reported that local authorities actively blocked people moving into different posts within the organisation, particularly if they work in shortage fields of practice, with the result that they leave. A common response was that once experienced in children and families, it was near impossible to leave without moving to a different employer. This perhaps contributes to the perception of high levels of turnover experienced by members of the Users and Carers Panel.

139. An exception to the rule is the Mental Health Officer role. The requirement for additional training and specific responsibilities of the post have created a practice focused career development which doesn't exist in other fields of practice. However, Mental Health Officers reported varied experiences in terms of reward for the additional skills and responsibilities. Some received little or no reward for the extra responsibilities while others were promoted, causing some resentment and dissatisfaction.

140. In general, despite continued high vacancies social workers reported that there was too much focus on recruitment and not enough on retention. They sought more flexible career pathways that enable people to move around within authorities. In particular they wanted to see a practice based career structure that rewarded them for gaining new skills and enabled them to continue working with clients. Some suggested rotational posts for newly qualified staff to give them a broad experience before deciding on a field of practice. These views were reflected in responses to the call for contributions. One contributor noted:

“At present the social work career structure offers rather little encouragement for the most skilled and experienced practitioners to remain practitioners. The orientation is towards promotion into management posts. Given the high level of skill and knowledge required in, for example, social work with children and families, opportunities for some of the best social workers to have careers in practice would seem to have significant advantages.”

141. Whilst the senior practitioner grade does offer some of this, there were concerns that senior practitioners are already being sucked into deputising for managers, rather than being seen as practice experts. The review will need to look at other professions, such as nursing or indeed in the private sector models like banking, which was seen to have a clearer clinical career structure, and to consider specialist or

consultant roles that allow people to develop practice based careers and be rewarded for the development of expertise

Pay and Reward

142. There appears to be a consensus among contributors on the need for a more consistent approach to pay and reward, with less variability between employers and a more direct connection between salary, responsibility and expertise. This point was picked up by social workers, contributors from other agencies, National Workforce Group and by the Users and Carers Panel, who were concerned at the high turnover of staff moving between authorities to get the best pay deal. The review will consider this issue further in the next phase of its work.

LEADERSHIP & MANAGEMENT

143. The need for effective leadership in the public sector as a whole has arguably never been greater, with increasing complexity of need and a continuing shift towards service integration and user centred delivery. Increasingly, that requires that professionals are led rather than managed, enabled and empowered rather than controlled. Delivering this within public sector structures and cultures is a significant challenge. This was reflected by Clark et al, who acknowledged that the need to provide effective leadership and management for social work services in the context of inter-service and inter-professional collaboration has exercised professional leaders and policy makers.

144. Like many public sector workers, social workers reported struggling to work in an environment of constant change, with management decisions apparently taken on the basis of short term expediency rather than a strategic approach to service delivery. Change management in particular was heavily criticised, with a clear need to engage workers in managing the change process. Participants called for a better connection between managers, particularly senior managers and frontline staff. They called for more effective leadership at senior level, including managers that really represent the profession in organisations, support workers and ensure an environment that supports social work practice.

145. Significantly, all social workers we spoke to associated line management with leadership. This was particularly apparent in relation to anxieties about integrated working, where some social workers could not conceive of being managed by a non social worker. It was also apparent in comments from some social workers that there was a need for less management and more leadership. Work completed by the Scottish Leadership Foundation in 2003 on leadership and management development in social work services identified the following challenges around providing leadership in the context of increasingly integrated services:

- providing leadership for social work within mixed teams and across ‘separate governance arrangements’
- maintaining a high profile for social work within a multidisciplinary team setting
- retaining social work values
- ensuring quality of professional service provision
- ensuring a focus on the social work agenda so it is not a subset of either health or education and resisting professional boundary erosion

- managing resources within the competing demands of differential team requirements
- building and developing a care management culture that reflects the core values of social work and centres on the needs of the users and carers.

146. It is clear that if they are to thrive in what will be an increasingly integrated environment, social workers at all levels require leadership skills. To be effective they will need to be equal partners and to be empowered to make decisions, within a framework of sound leadership and effective operational management. New leadership approaches will be needed that are not wholly tied to the line management relationship, but which provide professional support and supervision and support development and creativity within a framework of sound governance. The review group has been struck by the way that the police regard all their officers from constable upwards to be leaders and develop their skills to be effective in that role. Similarly, the NHS has invested heavily in supporting clinical leadership. The potential for such approaches in social work will be explored in the next phase of the review's work.

147. The Leading to Deliver programme, developed following the SLF's 2003 report has been very successful in developing the skills of a growing cohort of leaders within the profession. Participants have clearly gained a great deal from their involvement and learning. However, there is a real challenge involved in making effective use of those skills when participants return to their workplace. In essence there is a need to examine the leadership culture within the profession as a whole and employing organisations in order to really develop empowered and confident professionals.

148. In addition to some important messages about leadership of the profession, participants at the main grade workshops also spoke about the need for effective management. They commented that progression to management needs to be more carefully handled. Many reported that management skills training is only made available to staff who have already been appointed to senior social worker or equivalent posts and such appointments are usually made on the invalid assumption that good practice skills fit one as a manager. It is essential to develop good management skills within social work. If the future is greater integration, then not only may social workers be managed by others, but they may be in a position where they in turn manage others. Indeed changes in skill mix may mean that main grade social workers are increasingly called upon to manage unqualified staff and resources.

149. In areas where senior practitioner grades have been introduced this was seen as a very positive bridge between the practice and management fields, although in some cases it was noted that all that had happened was a transfer of responsibilities with team managers moving into the policy/strategy role and senior practitioners merely filling the gap in supervision of staff.

PERFORMANCE IMPROVEMENT

150. Work on performance improvement has been taken forward on a slightly different track. The need for a performance improvement framework and renewed inspection process were already recognised and accepted at the start of the review

process, so while the rest of the review process has been focused on gathering evidence on what needs to happen, this work has largely focused on developing and testing a new framework and approach to performance improvement. The initial focus of this work, led by Sandy Cameron, Executive Director of Social Work with South Lanarkshire Council, is on the development of a framework of standards for children and families social work. It will eventually cover all aspects of social work services.

151. The aim of the framework will be to improve service delivery to children and young people who need support from social services. The work is focusing on producing outcomes that will make a real difference to service users. That in effect means making sure that performance improvement is an integral part of the daily work of frontline staff who deliver services rather than an inconvenient add on. It has to have the full backing of managers and systems in place to monitor and evaluate quality of service delivery. To do this, we will need:

- clear statements about what very good service delivery actually is, looked at from a number of angles - views of child, parents, carers, frontline staff, their managers as well as government guidance
- to identify quantitative and quality indicators that will let authorities assess how they are performing
- to be able to compare our performance with that of others to help decide where there is most scope for improvement
- a clear focus on collecting evidence, which should tie in with inspection and make it less of a burden

The group has explored a number of ways to make delivering improvement easier. These include:

- Discussions with the Institute (and through them HEIs) to work on embedding performance improvement techniques and thinking in the new degree course. Having new entrants to the profession fully committed to performance improvement, able easily to analyse information to assess progress and to collect evidence will be an important lever for change.
- Expanding the Care Scotland website to include the most up-to-date statistics and more examples of interesting practice to allow authorities to compare their performance more easily with others and get ideas on how others have secured improvement.
- Working with service managers to define the quantitative and qualitative indicators that could be used to assess service delivery (meetings started in December)
- Setting up liaison group meetings to which frontline staff will be invited (first set scheduled end March) to raise awareness and get their views
- Targeting specific areas of service delivery using collaborative approaches successfully employed in primary care in both Scotland and England and by the DfES. This approach uses a Plan, Do, Study, Act (PDSA) technique to tackling big problems by making small, sequential changes.
- Keeping the developing framework in line with the various complementary initiatives going on across the Executive and tying in explicitly with the integrated Children's Service Planning and reporting structure.

- Collecting and analysing the returns on quality assurance mechanisms in place in local authorities. This is now being extended to the voluntary sector.
- Linking up more closely with the work of the Inspectorates, in particular the joint inspection team on child protection and using their quality statements where appropriate. SWIA now are represented on both the subgroup and the outcomes group.

152. While the working group recognise that there is still much work to do, they believe that as they work up from a very disaggregated level to the seven vision statements, they will be able to identify a key set of quantitative indicators and quality statements that all staff can use to improve outcomes for children.

NEXT STEPS

153. The review is now nearing the end of its first phase, which has very much focused on gathering and analysing evidence from a diverse range of sources. The emerging themes from that evidence are outlined above.

154. The next phase of work, which takes us up to the end of June comprises three broad strands:

- Further analysis and interpretation of the evidence gathered to date. The role of the social worker group will take a leading role in drawing conclusions about the current role as well as moving on to consider the future direction that the profession will need to take. This will include further detailed consideration of the role in relation to the needs of different user groups. Their work will also inform the Scottish Executive's work on protection of title for social workers. The performance improvement group will continue to develop and test their thinking.
- Validating our interpretation of the emerging themes and starting to explore potential solutions. This will be done through the existing working groups, particularly the stakeholder group, focused discussions with particular interests including managers, nurses and community care providers and a series of open meetings. This publication of interim findings will also provide a vehicle for further engagement with interested parties on the issues it raises. It will be supplemented by an active media plan, which seeks to target interested groups.
- Identifying new areas for exploration. The emerging themes on service organisation and delivery and leadership and management provide a starting point for more detailed work in these areas. A separate sub group will be established under the chairmanship of Stephen Moore, Head of Social Work with Fife Council. It will take current and future evidence on the management and leadership of the profession as its starting point and make recommendations on necessary actions. Key strands of this work on service organisation and delivery will include:
 - Personalisation, researching and testing out approaches to personalisation, - exploration of how services can be developed to suit individual need.
 - Access to services including issues of rurality and out of hours services as well as exploring thresholds for intervention.

- Skill mix, exploring the potential contributions of other disciplines and the balance between qualified and unqualified social work staff
- Systems and processes, exploring concerns about unhelpful bureaucracy
- Organisational issues including the implications of developing Community Health Partnerships
- Exploration of different models of delivery including international dimensions.

155. The review group are keen to hear the views of anyone with an interest in social work in order to help them develop meaningful recommendations. Working papers and discussions are available on the review's web site www.21csocialwork.org.uk. Comments and contributions are welcome at 21csocialworkreview@scotland.gsi.gov.uk

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