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Creating positive outcomes through social work services

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The SOLACE Foundation Imprint (SFI) is local government's foremost thought leadership publication addressing the most pressing and challenging issues of public policy and public management. SFI commissions concise contributions on the major themes which are central to the concerns of senior executives, policy makers and politicians. We are resolutely non-political, though we recognise and actively address the importance of political leadership and debate in developing public services. We publish a range of voices that pose challenges to senior public executives and show how challenges might be met. We believe our strength is in the range and diversity of ideas we publish because the world is more complicated than any contrived consensus. Through SFI many flowers are encouraged to bloom.

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Contents

- 4 Foreword
by **Michael Bichard**
- 6 Introduction: Creating positive outcomes
by **Sue Bruce, David Hume, Alexis Jay**
- 8 A personal perspective
by **Bob Winter**
- 10 Defending against nature
by **Richard Holloway**
- 18 It's everyone's job
by **David Hume**
- 24 Crossing the boundaries
by **Andrew Lowe**
- 28 A smarter Scotland
by **David Kelly**
- 32 The greening of social work services
by **Annie Gunner Logan**
- 35 Changing lives
by **Colin D. Mackenzie**
- 38 Tackling cancer poverty
by **William W. Clark**
- 42 Promoting health at the sharp end
by **Graham Robertson**
- 45 Free personal care
by **Alexis Jay**
- 49 Brothers and Keepers
by **Edwin Morgan**

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Positive outcomes



by Michael Bichard

Social work has been a big issue in government and in the media in the wake of the Baby Peter case and a new report by Lord Laming. But social work is not just about child protection: this pamphlet shows that it can be central to achieving real social change. Scotland is a world leader in social welfare having passed a visionary piece of legislation, Lord Kilbrandon's Social Work (Scotland) Act, in 1968. Scotland has some important lessons for the rest of the UK and internationally, and with social work so much in the British media, and with the need for effective services now so great, it is more important than ever to pass on these experiences.

Social workers in Scotland are meant to cross boundaries. As Cllr Bob Winter, Lord Provost of the City of Glasgow explains, the 1968 Social Work (Scotland) Act 'recognised the need for a director who could advise local authorities about social needs, and recognised that human problems seldom come singly. It swept away the segregated welfare, children's and probation departments'. Social workers in Scotland, as Graham Robertson (NHS Health Scotland) tells us, play a pivotal

role in the country's health improvement agenda, particularly with vulnerable children, homeless people, individuals with substance abuse problems, people with physical and learning difficulties, older people, and people affected by the criminal justice system. As well as operating across government agencies, Scottish social workers work effectively in partnership with the voluntary sector and with the private sector - we have examples here of such partnerships tackling cancer poverty and delivering savings and improvements by using technology.

Scotland's edge

Scotland's edge in social welfare is not just limited to the 1968 Act. In 2002, the Scottish Government introduced free personal care for older people. Alexis Jay (Chief Social Work Inspector, Scotland) explains that, rather than viewing an ageing population as an economic burden, 'public authorities need to ensure that old age is as healthy and positive a life experience as possible'. And Annie Gunner Logan (Community Care Providers Scotland) connects Scotland's green initiatives to

social work services. She suggests that far from being unrelated, it is impossible to have one without the other.

This pamphlet points towards the distinctive Scottish approach to the governance of social work practice. In his contribution, Andrew Lowe (Scottish Borders Council), says about the sacking of the Director of Haringey's children's services over the Baby Peter case: 'I am in no position to comment on specifics, but it seemed to me that a well-regarded director of education had only two years previously been given the new title of director of children and with little more than a crash course in social work, had been expected to accept accountability for the delivery of all services to children in one of the most challenging locations in England, the scene of the tragic death of Victoria Climbié. Was that fair? Was that the best model of practice governance that could be devised?'

Looking north

He finishes his essay here suggesting the English 'look north' when thinking how to make one of Lord Laming's new recommendations a matter of practical governance.

We hope that this SFI pamphlet will help point the way as councils across the UK wrestle with issues of retention and recruitment in their social work departments, while the need for social services grows at an unprecedented rate.

This SFI pamphlet has been edited jointly by SOLACE (Scotland) and the Social Work Inspection Agency (SWIA); we thank those two organisations, as well as the Scottish Government, for their support in producing the

pamphlet. We are also grateful to the Association of Directors of Social Work (ADSW) for allowing us to publish two contributions from their recent Annual Lecture, as well as Edwin Morgan's wise and wondrous poem.

Particular thanks to Lesley Stevenson, Executive Officer, SOLACE (Scotland), for her hard work in making this pamphlet happen.

Sir Michael Bichard is editor-in-chief of SFI.

Creating positive outcomes

by Sue Bruce, David Hume, Alexis Jay



The focus of this SFI pamphlet is to recognise and celebrate the important role of social work services in supporting individuals and communities. The pamphlet considers the subject from a number of perspectives, including the impact of the Social Work (Scotland) Act 1968 – a landmark in the development of social work services; the wider responsibilities that underpin standards and service delivery; the social context in which services are delivered to individuals and communities with contemporary pressures and challenges; and consideration of the role of the chief social work officer – critical in strengthening the governance, accountability and professional leadership of social work services and the wider range of services with which they work in association.

Developing communities

Our pamphlet's theme of creating positive outcomes for people and communities through social work services links the role of social work to developing communities that are smarter, greener, safer and stronger, wealthier and fairer, and healthier – the

five key strategic objectives of the Scottish Government and the core of the outcomes-focused policy framework within which all in Scotland now work.

The articles illustrate diverse activity, demonstrating the value and criticality of social work services to significant numbers of people in our communities who live supported and positive lives with the contribution of social work services in their many guises.

Positive impact

In cases where service failures have resulted in tragic outcomes for people, the essential learning and critical analysis of what went wrong has not been helped by society's exclusive focus on the role of social work in isolation. All of us delivering social work services care passionately about making a positive impact, supporting vulnerable children and adults – and in those cases where unthinkable and irretrievable outcomes emerge, no-one rests easy.

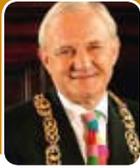
SOLACE (Scotland) and the Social Work Inspection Agency (SWIA) came together to produce this SFI pamphlet to draw attention to social work services and the positive outcomes that are

experienced by thousands of people on a daily basis as a result of social work interventions and support. These services are led by local authorities and are very often delivered in partnership with carers and the voluntary and community sectors. This SFI pamphlet celebrates all of those involved and reminds us of the worthwhile effort that goes into a predominantly successful area of work, which is seldom celebrated wholeheartedly.

The pamphlet ends with *Brothers and Keepers* by the celebrated Scottish poet Edwin Morgan, which was commissioned by the Association of Directors of Social Work (ADSW) for the social workers of Scotland.

Sue Bruce is Chief Executive, Aberdeen City Council; David Hume is Chief Executive, Scottish Borders Council; and Alexis Jay is Chief Social Work Inspector, Social Work Inspection Agency. They are the editors of this SFI pamphlet.

A personal perspective



by Cllr Bob Winter, City of Glasgow

Forty years ago, Social Work in Scotland was on the cusp of massive change. The Social Work (Scotland) Act 1968 had been passed and was in the process of being implemented. The Act proved to be a landmark for Scotland. It provided a comprehensive service, dealing with problems affecting individuals, families and communities. It recognised the need for a director who could advise local authorities about social needs, and recognised that human problems 'seldom come singly'. It swept away the segregated welfare, children's and probation departments.

The centrepiece of the Act is the duty 'to promote social welfare', implying not only a unified, but also a pro-active and preventative service. The Act also legislated for the Children's Hearing system, which became operational in 1971, and has served Scotland well ever since. It is still the envy of our English neighbours and other countries in Europe.

From the outset, the professional challenge at the heart of the legislation was how to balance the major advantages of unification in tackling multi-factorial individual and family

problems against the need to develop specialist expertise and joint working with other agencies, particularly health, which is organised around medical specialities. This balance, sometimes referred to as 'generalism versus specialism', needs to be constantly reviewed, and action needs to be taken if the vital, core holistic and preventative roles of social work are to be nurtured in an increasingly integrated inter-agency environment.

Mixed caseload

As a young director of social work in Greenock and Port Glasgow in 1969, I well remember 'D-day', when I launched the new department by issuing each worker from two welfare departments, two children's departments and one probation service with a mixed caseload: certainly not the balanced approach I have just been advocating!

In October 1969, as part of the preparations for the implementation of the Act, the newly-appointed directors of social work gathered in Peebles. At that meeting, the Association of Directors of Social Work (ADSW) was formed. Forty years later, ADSW is still

going strong: an important voice for people in need, developing professional practice, lobbying government, guiding COSLA and working with partner agencies.

Inter-agency working

Looking back, there is much to be proud of. The inter-agency working developed by social work departments in discharge of the duty to 'promote social welfare' was the pioneer of today's partnership working approach across the public sector. Social work initiated the development of community empowerment – now enshrined in community planning legislation. The practice of listening to service users and engaging them in designing services for their individual and collective needs is now accepted as best practice across the public sector. The establishment of benefits advice services and of group-work practice all evolved from the Social Work (Scotland) Act and have been taken up by government, local authorities and partner agencies.

The growth in services we have seen across all client groups would have happened much more slowly and less effectively had it not been for the Social Work (Scotland) Act. Much, however, remains to be done to meet today's challenges – an addiction epidemic, poor parenting, demographic change, economic turbulence and much more.

I greatly admire what the service is

achieving in today's world of intense statutory scrutiny and often ill-informed media reporting. Day in, day out, social workers in Scotland deliver a high-quality, caring service that is rarely applauded. They can justifiably celebrate with pride the work they do, implementing the Social Work (Scotland) Act, the foundation of their legislative framework and social mission.

Cllr Bob Winter was appointed The Lord Provost of Glasgow for four years on 17 May 2007. He is also the Lord Lieutenant of the City of Glasgow. Lord Provost Winter is a past President of the Association of Directors of Social Work and retired in 1996 from the post of Director of Social Work, Strathclyde Region.

A version of this article was originally presented at the ADSW Lecture 2009.

ADSW
ASSOCIATION OF DIRECTORS OF SOCIAL WORK

Defending against nature



by Richard Holloway

I became Rector of Old St Paul's Church in Edinburgh's Royal Mile in September 1968. It was a socially-inclusive congregation, and whenever I was asked to give a description of its demography I used the Royal Mile itself as a way of capturing its make-up. I would describe an afternoon of pastoral visiting, which would begin at a set of public lavatories at the bottom of the Canongate, located where the Scottish Parliament now stands, and where the attendant in the woman's facility was a member of Old St Paul's. If I wanted to pay a pastoral call on her I would come to her workplace and shout to her to come outside. She'd put the mop down and we'd catch up on things. Then I would wind my way up the Royal Mile calling on parishioners. The last visit, usually in the early evening, would be to a flat at the top of the Mile, close to the Castle, in one of the ancient tenements behind the Lawnmarket, where a parishioner called Jim Shaw, officially known as Lord Kilbrandon, lived with his wife. In spite of his great eminence, and constant activity for the public good, he was always warm and welcoming to the young priest doing his rounds, with the

added bonus that after an afternoon of constant tea-drinking I was guaranteed something with more of a kick in it. That is why the honour I felt at being invited to deliver a recent lecture on the Social Work (Scotland) Act 1968 was amplified by affectionate memories of the man who could justly be described as its principal architect.

Significant social legislation

It would be absurd for me, a layman, to imagine I could tell social work professionals anything they didn't already know about one of the most significant pieces of social legislation ever passed in Scotland. That's why I want to come at the topic of social work from a long way off, by thinking about what it is in the human condition that requires us to plan wisely for the care and welfare of the vulnerable in society, the essence of the Act implemented in 1969 to create a safety net through which not even the least regarded in our society could fall. And I want to begin with Sigmund Freud. Freud was a student of discontent, that unease we all feel some of the time, and some people feel most of the time, about our

place in the order of things. It is our status as the most intelligent animal on the planet that is the source of that discontent, because in us self-consciousness has emerged to complicate our lives, so we can no longer live at the purely instinctual level. According to Freud 'the principal task of civilization, its actual *raison d'être*, is to defend us against nature'.

That sentence bears repetition: 'the principal task of civilization, its actual *raison d'être*, is to defend us against nature'. That's all very well, but these so-called civilized communities into which we have gathered to protect ourselves against the indifference of nature are far from being benign and uncomplicated. Living in groups shapes the capacity to develop protective alliances, but it also develops the ability to scheme and deceive. In fact, scheming and deception are at the core of the type of intelligence that developed in apes and monkeys, and it reached its apotheosis in *homo sapiens*, the king of the apes. But because of this kind of intelligence that evolved in us, we can do things that other animals could never dream of. We can build cathedrals and compose symphonies and write poems and create complex social, economic and political institutions. This is our glory as a species; but we should never lose sight of the shadow cast by this brightness, our original sin: which is our depthless capacity for deception, conspiracy, complexity and cruelty, usually at the expense of the weak and vulnerable. One consequence of this is the way, down the ages, the clever and the powerful have organised society to suit

themselves, with little regard for the impact of their privileges on those at the bottom of the pyramid.

And here we should note another aspect of the cunning of the powerful and privileged in organised communities: not only do they fix things to suit themselves; they claim that theirs is the only way to run society. That is why the dominant ideas in any era always justify the position of the ruling élite, though they usually disguise their self-interest in the language of theory and necessity.

If ruling élites always consolidate their position by creating a doctrinal justification for it that is accepted by society as a whole, how does social evolution ever occur? Where does the impetus to challenge accepted values come from?

At some moment during the evolution of any human institution, a challenge is made against its ruling ideas by those who are its victims. In truly brutal societies that challenge is mercilessly suppressed, but in nations where the conscience of the community is not completely corrupted the challenge can lead to reform. I was shown a poignant reminder of this struggle for reform some years ago in a flat in the New Town of Edinburgh. When the owner was installing a new kitchen, he found a child's boot stuck up inside the chimney, a reminder that Victorian Edinburgh sent children up its chimneys to clean them. It was the legislation against child labour and the factory acts that put paid to that kind of exploitation, but the reforms were opposed every step of the way by those who profited from a system that enslaved children. And it is worth

remembering how opposed the Royal Colleges and the BMA were to the emergence of the National Health Service, so that, to quote his own words, Nye Bevan had to stuff the mouths of the doctors with gold in order to get the main elements of his reforms through.

One way of reading human history, then, is to see it as a struggle by the afflicted against their afflictors; a push by those at the bottom against those at the top. It is a struggle that never reaches a permanent equilibrium, because the clever and powerful are brilliant at protecting their privileges. That is why social justice is rarely achieved by the powerful divesting themselves of power, or agreeing to share it. Marx said that revolution was achieved not by the weakening of the strong, but by the strengthening of the weak. That is why our society evolved welfare institutions to defend and empower the weak in a culture that, left to itself, was guaranteed to further oppress them. This is why we need our thinkers to provide a relentless and intelligent interrogation of current social structures and the theory that supports them. I think it is the glory of the social work system in our society that, against all the odds and in the face of relentless public criticism, it continues to fulfil this responsibility in new and imaginative ways. And it was an act of penetrating imagination that lay behind the Kilbrandon revolution.

The Kilbrandon revolution

It is relatively easy to get a reform-minded society to agree to the amelioration of the condition of the *inoffensively* vulnerable; it is tougher to get them to respond to the offensively vulnerable. Improving the care of the elderly, the dying or the disabled - though there is a constant struggle for adequate resources - is rarely controversial. Kilbrandon's genius was to get us thinking about how to respond effectively to those whose lack of social education resulted in offending behaviour; and he got us to acknowledge that delinquents were themselves victims of a failed social system. His fundamental principle was that delinquency in children could not be treated or understood in isolation: it always had a context, and the generally recognised background was failure in parenting, usually linked to poverty. Causation is always complex, but there is an undoubted and continuing correlation between poverty, defined dynamically, and offending behaviour. Charged with finding solutions to the rise in the rate of juvenile delinquency in post-war Scotland, the Kilbrandon Committee found that 'the true distinguishing factor common to all children concerned is their need for special measures of education and training, the normal upbringing process having, for whatever reason, fallen short'. The Committee held that the arrangements for dealing with these

children were unsatisfactory, and it recommended the removal of those under 16 years from adult criminal procedures. The result was the setting up of the Children's Hearings system within an ethos that sought to change rather than punish offending children. The Kilbrandon mantra was 'needs as well as deeds'; pay attention to the context of need that led to the offending deed; do not isolate the act as if it had no pre-history. It has been argued that only part of the Kilbrandon revolution was implemented, the bit we might describe as diagnostic. The Hearings were meant to be rigorous yet compassionate preludes to planned and imaginative interventions in the lives of the children who had been failed, and that was the bit that was always going to be hard to deliver. Five years ago, when the NCH mounted an enquiry into how the Kilbrandon reforms were working today they made some interesting discoveries. Audit Scotland's Youth Crime Study showed that with a budget of £240 million a year, two-thirds went on process up to decision-making, one-third on services, and of this one-third two-thirds went on the 17% of young people who were in institutional care. These are startling figures. If the NHS spent two-thirds of its budget on diagnosis and one-third on all treatments, two-thirds of which went on cancer, people would wonder about the efficacy of the system. Audit Scotland also pointed out that between

one-third and one-sixth of children placed on supervision experienced gaps in service because of a shortage of social workers.

In considering this, I want to think more about the central insight of the Kilbrandon message, which recognised the complex causal nexus of all human behaviour, and invited us to think about it in responding to the problems it creates for us. His insight is still valid today, though the social context we now have to consider is more complex than it was in Kilbrandon's day.

Burdens on social workers

Before looking more closely at the context today, let me offer a brief digression on the burdens society imposes on social workers. To summarise my argument so far: at any time in our society there are children who have been inadequately educated into the necessary disciplines and constraints of living alongside others in civil society. Inevitably, they offend against society's norms and come to the attention of its authorities, presenting either as offenders or as being themselves at risk because of parental neglect, cruelty or both. These moral orphans are thrown onto the state to deal with, and it is social workers, and to some extent teachers, who are called upon to do remedial catch-up with inadequate resources, in the context of a society increasingly uncaring in its attitudes to troubled, often feral

children. That's tough enough; but social workers are sometimes called upon to fulfil another role in society, that of ritual scapegoat. Civilisation does not like to think it has created problems for itself it cannot fix, or for whom there is no one obviously to blame: so it searches for someone on whom to vent its frustration.

There is a noisy culture of blame at work in Britain today, stoked and orchestrated by the tabloid press, and it makes the work of the social services even more difficult than it already is.

Bearing in mind Kilbrandon's exhortation to pay attention to the social context, let me now look at the background against which social services have to pursue their important, but difficult, role today. To do this we have to understand the revolutionary changes in society since Kilbrandon and the Act of 1968. One of the most tragically enduring facts of the history of human industry is that changes in the methods of production always have a disproportionate impact upon the most vulnerable in society. Think of the way the industrial revolution chewed up and spat out generations of the rural poor, before we learned how to protect them from its worst depredations. In our time it is the *death* of heavy industry that has devastated the urban poor. Much of this is the consequence of global economic changes, coupled with the closure of pits and defence industries. Heavy industry has been

replaced by the knowledge economy, and we are only now trying to catch up with its consequential impact upon the poor and ill-educated. When the culture revolution of the 60s met and married the economic revolution of the 80s, there was created a potent instrument of social change that has transformed the social landscape of Britain, and its most devastating impact has been upon young, ill-educated, workless males. The institutions that once gave them a motive for responsible living, such as holding down a tough, demanding job with its own culture and honour, and presiding, however clumsily, within a marriage and family that was the primary context for the nurture and socialising of children, have largely disappeared, and with them the main ways the human community traditionally disciplined and integrated children into the social contract. This shattering of the structures that once gave the poor significance and purpose has created a breeding ground for despair that prompts the kind of destructive behaviour that continually reinforces their alienation.

Whenever I refer to these facts in certain circles someone inevitably points out that no one need starve in Britain today, because absolute poverty has been eradicated. That is true, but relative poverty in the midst of public affluence has an exclusionary cruelty that is all its own. When most people were poor there was a camaraderie and

cultural cohesion in belonging to the working class that gave them a strength and pride that fortified them in the face of the structures that excluded them. But in a society where many are prosperous, and the poor are a minority whose culture has disintegrated, the pain and anger they feel is heightened. The devastation these social and industrial revolutions have caused to traditional working-class communities has been heart-breaking.

Deprivation

Let me give you a snapshot of one community which is in the top 5% of areas of multiple deprivation. Twenty-two per cent of the community experience incidents of Scotland's three biggest health scourges: chronic heart disease, stroke, and cancer. Twenty per cent claim incapacity benefit. Only 22% of the population aged 17 to 65 have qualifications beyond standard grade. Only 4% enter higher education or training. It is estimated that one in every six children has a learning disability, and a Scottish Executive Survey in 2006 pointed out that adults with a learning disability are ten times more likely to be unemployed than the general population; while the Prison Reform Trust reported in 2007 that between 20% and 30% of the Scottish prison population has a significant learning disability. We also know from other surveys that over half of the

children in custody have been in the care of, or involved with, social services.

Looking for solutions

The tragedy of systemic social exclusion will only be ended after years of strategic change in employment, education, housing and social welfare, but there are some areas in which ameliorative change could be achieved fairly quickly, and drugs policy is a good example. Even within the current paradigm of prohibition imaginative adaptations can be made, such as the programme in Switzerland that prescribes heroin for registered addicts, thereby helping them to manage and reduce their dependence, while greatly cutting the crime that is one of the tragic consequences of dependence on illegal substances. One of the dangers to the health of our nation is the way powerful élites hijack our very thought processes, so that we deny ourselves the right to think creatively about the problems that confront us. Plato said the unexamined life was not worth living. We should have the courage as a society to examine every aspect of conventional thinking, especially where it concerns those who are excluded from the good things the rest of us enjoy. It is the mark of a humane and civilised society to acknowledge this pain and try to tackle the factors that produce it, though generations are always sacrificed while we learn to

adjust old prejudices to new realities.

And it is worth telling the nation that keeping a significant section of society in poverty is expensive. A National Audit Office report on youth offending in 2004 reported that it can cost up to £185,000 to keep a young person in secure accommodation. If we could find new and imaginative ways of spending money on keeping children out of custody we could save them a lot of misery and ourselves a lot of money. We know that more equal societies are happier and healthier for everyone. Surely, if we willed it, we could experiment in ways to turn those damaged and despairing communities round. Let me, in conclusion, say something about a scheme of slow, organic, generational change that is the kind of thing we should be putting money and effort into, if we want to change things permanently for the better.

El Sistema is a nationwide system of youth orchestras in Venezuela that has transformed the lives of half a million young people since its creation 30 years ago. By a method of immersive and intensive training in orchestral music every day they build an alternative reality for the children involved that gradually overcomes the culture of the barrio that surrounds them. Not only does it give them the joy and satisfaction of making music with others, it instils habits of discipline and co-operation in them, as well as releasing passionate enthusiasm. If we are to reverse the effects of generations of neglect and

social pathology in our troubled communities we must expect the remedies to be slow and deep like that, rather than the quick and superficial initiatives we often engage in. We have brought the system to Scotland, to Stirling, where we are already having success in our pilot project. Over 50% of the children who attended our summer school last year were or had been involved with social services. At the moment, 200 children are involved in the project, with the enthusiastic support of local social work, community and educational services. We reckon it will cost us just over £2000 a year for each child, a tiny fraction of what it costs us once they find themselves in the youth justice system.

If we are to maintain and develop the revolution in social work that Kilbrandon initiated 40 years ago, we need to persuade society that it cannot afford not to find ways of moving whole communities out of the kind of poverty of aspiration that damages them and blights society. 'Needs as well as deeds' still has to be our mantra. Recognising the difficult context in which our dedicated social services are having to operate, a context arguably worse than when the Kilbrandon committee was sitting, we must work hard to persuade society and its leaders that we need another revolution as profound as the Social Work (Scotland) Act 1968.

The banking crisis and a couple of colossal expensive wars have shown

that when we want to, or think we need to, we are capable of putting money and ideas to work to deliver the outcome we want. Why can't we get society to apply that same urgency to the social problems that confronts us and attack them with deep, imaginative, well-resourced, evidence-based responses that will achieve slow generational change, the only kind of change that will endure? The Social Work (Scotland) Act 1968 was revolutionary not only in its impact, but in its thinking. We need in our day to do more of that kind of thinking, thinking that challenges not only ruling élites, but ruling ideas. We cannot afford for much longer to allow the waste of human lives that is too marked a characteristic of the other Scotland, the Scotland that social workers and others encounter day in and day out.

Richard Holloway is a writer and broadcaster. He was Bishop of Edinburgh and Primus (Archbishop) of the Scottish Episcopal Church until 2000. He became Chairman of the Scottish Arts Council in 2005 and was appointed Chairman of the Joint Board of the Scottish Arts Council and Scottish Screen in December 2006.

This is an edited version of the ADSW Lecture 2009.

ADSW
ASSOCIATION OF DIRECTORS OF SOCIAL WORK

It's everyone's job



by David Hume, Scottish Borders Council

It is said that it takes a whole village to raise a child. If there is any truth in that sentiment, then it follows that the care and protection needed by children and other vulnerable people is a responsibility which extends far beyond social work services.

In recent times our systems have been found, again to have failed in the protection of children, with tragic outcomes. The public and official responses to these cases suggest that we need to rethink our views and expectations of social work, and consider the implications for other stakeholders and partners.

As Chief Executive of Scottish Borders Council, I manage a local authority where now there is no doubt about the significance of our social work services. Our elected members take a real pride in our social work staff and what they do. They also are active in scrutinising the delivery and management of social work services in the Borders, and in representing the people who use our services. Our social work managers are visible, accountable, and when it is appropriate, operate with flair and imagination.

I know that social work can transform peoples' lives. I know that social work can also help create healthy, resilient communities. And I also know that when social work services fail, people can get badly hurt.

In these circumstances, the primary focus is always on fixing what went wrong with the social work service. But in my position, I am also interested in the wider context. Social work does not stand alone. In the Scottish Borders, as elsewhere, it operates in the context of large complex organisations and partnerships. How these relationships work is in large part *my* responsibility.

I have drawn together here some extracts from two important reports on social work failures which shed light on these inter-relationships - the first is the report of the inquiry into the death of Victoria Climbié by Lord Laming in 2003, which stands as a landmark critique of organisational and professional failure. The second is the report of the inspection of services for people affected by learning disabilities in the Scottish Borders by the then Social Work Services Inspectorate and the Mental Welfare Commission in 2004. This

examined the abuse of an adult with learning disabilities which came to light in 2002, but which revealed service failings over very many years. A great deal of learning came out of this case, and since 2002 there have been profound changes in political administration, management and personnel in the Council, and the policies and procedures of all the agencies involved.

There is still much that we can learn from these reports.

Lessons

'Some used the defence "no one ever told me". The chief executive of Brent Council chose to describe his role as "strategic" and to distance himself from the day-to-day realities...I find this an unacceptable state of affairs' (Lord Laming).

Social Work needs the active engagement of the local authority chief executive and the corporate management team, and a similar engagement and understanding from senior managers in the health services, police and other partner agencies. As senior managers we need to create ways of staying in touch, and hearing about the experience of staff at the frontline, and hearing from the people and communities they are serving.

'Elected councillors and senior officers must ensure that they are kept informed about the delivery of services to the populations they serve, and they must not accept at face value what they are told' (Lord Laming).

Accountability needs to be wide and active at senior management and political levels. Scrutiny and accountability have to be pro-active functions which by-pass management layers to extend directly to staff on the frontline, and to the people and communities using our services.

'Having considered the response to Victoria from each of the agencies, I am forced to conclude that the principal failure to protect her was the result of widespread organisational malaise' (Lord Laming).

Social work cannot flourish in a poorly-performing organisation. It is essential that high standards of good, basic professional and business practice are expected and achieved throughout our organisations.

Lord Laming is not saying here that Victoria Climbié died because of any complex technicalities inherent in the system. The sad and shameful truth is that the system which failed Victoria Climbié, as such systems have failed many others before and since, failed for the most mundane and prosaic of reasons: carelessness in taking notes of meetings; notes not being filed properly; colleagues not communicating with each other; and supervision not being carried out properly. We surely cannot countenance any more tragedies where the people we are meant to be serving are let down by professionals who fail to use basic, simple office procedures and disciplines.

'It is clear...that the failure to support and protect the vulnerable individuals in

this case did not occur because of an absence of policy and procedure' (Social Work Services Inspectorate).

We need a clearer, more singular focus on effective implementation and delivery. We need to learn from colleagues who manage and deliver projects and programmes for a living about their disciplines, routines and processes. Our delivery systems need to be supported by effective performance assessment and scrutinised by informed, confident and challenging elected members and senior officers.

'The failures occurred due to a combination of non-compliance with the procedures and the substitution for these of flawed understanding and knowledge; a lack of professionalism; and a lack of effective management and leadership' (Social Work Services Inspectorate).

There can be no excuse for general bad management. It is the responsibility of chief executives and senior managers to inculcate into our organisations a culture of responsiveness, rigour, vigour and discipline. To seek to provide a social work service to people without prioritising these qualities is to treat them with careless disrespect.

'The future lies with those managers

who can demonstrate the capacity to work effectively across organisational boundaries' (Lord Laming).

The achievement of good social care outcomes for people must be a shared enterprise within councils and within partnerships. We need to encourage staff to move across and between organisations as they develop their careers, and through more secondment opportunities. If we are to have any hope of delivering the shared outcomes embodied in our Single Outcome Agreements in Scotland, it is essential that we raise a cadre of managers who are at ease, and can deliver, in a range of organisational settings, and who can work in broad and easy partnerships with colleagues, consumers and communities.

All these points and concerns are reflected and given emphasis in Lord Laming's *The Protection of Children in England: A Progress Report* (TSO, March 2009).

What do we want?

In the years that lie ahead of us, we face many complex challenges around the provision and financing of care, as well as steeply increasing demands from a changing society. In dealing with these challenges and at the same time seeking to improve our services, we need to take a wider view than one which simply locates both the problems

and the solutions within social work departments themselves.

We need organisations which allow their social work and care services to flex and change to meet the needs of our communities as our populations get older, and as damaging changes in the economy impact on local communities.

We need social work services which are quality assured. We need to be able to demonstrate to people and communities that our care services have achieved standards of quality all the way from the basic business of good office procedure, right through to the delivery of professional practice. Currently, we can't do this. We need a badge of quality – we owe it to our service users and communities.

We need to demonstrate real accountability. Too often we see politicians and senior officers cowering behind the old Scottish defence that 'we didnae ken' when they are caught in the glare of the media spotlight. 'Well, ye ken noo', as the saying goes. Ignorance is no defence. There is no hiding place.

Our councils, health and police authorities, and other care bodies do not exist for the people who work for them, or the politicians that govern them, or the profusion of central government agencies and inspectors who oversee them. Our organisations are about people, and we need to build the planning and delivery of our services around the people and

communities we serve. This means that we need an informed dialogue with communities and service users about their needs and priorities.

We need to be active in instilling sound management throughout our organisations and partnerships. We need to ensure that across the wide range of professional managerial roles and disciplines within our councils we achieve universal competencies in the key management tasks of leadership, financial management, people management, risk management, and project management. We need to incorporate these competencies into our appraisal systems.

We need to encourage and elicit a clear professional commitment from all our staff working in social work and care services. Not only will this enhance the morale and self-esteem of the staff themselves, but will also help reinforce trust and faith in our services by the people who use them.

What can I do?

The messages for public sector managers and leaders which come out of the reports I have referred to above and other similar reports, are clear. We *are* involved. We *are* accountable. The things that we do every day have a direct bearing on the health and welfare of vulnerable children and adults in our communities.

As a chief executive, the things that I

can do to help protect the interests of people in the communities I serve are to:

- Recognise and support the work of the chief social work officer, and in particular, respect the relative independence of this role in holding service providers to account on behalf of the people who use our services.
- Ensure the support of the whole organisation for the social work function, where everybody understands that they have a responsibility for upholding values relating to social resilience and cohesion in our region.
- Create a clear partnership of shared ownership and responsibility among other agencies and organisations.
- Provide the frameworks needed to ensure as far as possible financial stability and continuity for social work and related services.
- Create the right business context and ethos for social work to operate in.
- Create a culture of respect and regard for social work across my council.

In addition, we need to think very carefully about the organisational structures within which we are placing social work functions. Amongst Scotland's 32 local authorities, social work has been placed in a combined setting of a children's services department or another conjoined arrangement in 19 councils. At the same time, the Association of Directors of

Social Work in Scotland (ADSW) is telling us that 'social work has suffered from a lack of focus', and a review of the role of the social worker carried out for the then Scottish Executive by Edinburgh University (2005) talks about 'the loss of professional identity', and the urgent need for social work 'to clarify its professional identity'. All of this has a bearing on the morale and self esteem of our staff, and on our ability to recruit and retain staff. We need to respect and support the professional identity of our staff.

In the course of my local government career, I can recall only two occasions when I have received anything approaching what could be described as rapturous applause. The first time was when I told a conference of head teachers and senior education staff that I was intent on restoring 'education' to their departmental name of 'lifelong learning'. The second occasion was when I told another similar staff meeting that the department known as 'lifelong care' was to revert to its previous title of the 'social work department'. In both cases, the response from colleagues spoke of their relief in escaping from a name which nobody could identify with, and also of pride in a profession being restored.

A great deal lay behind the simple change of name: both changes were made in the context of broader recovery plans designed to restore the

reputation and confidence of the departments, and of the council as a whole, and to rebuild the self esteem of our staff. But both occasions served to remind me of the absolute importance of ownership and professional identity to staff commitment and engagement.

Conclusions

Despite the travails and difficulties experienced in some parts of the social work service over the years, nothing has diminished the power of social work to change peoples' lives for the better, and improve the communities and society we live in. But it is clear that social work needs to be driven by a strong, positive vision from all stakeholders. Social work needs to be at the centre of what we do as councils and in our partnerships, and be part of a strong organisation-wide ethos of business excellence. Social work needs to be underpinned by sound business standards and processes which provide the foundations for excellent professional practice. Social work needs a formal, visible quality assurance framework and a clear set of operational standards to give confidence and reassurance to the people who use our services, and also to our staff who provide them.

Recently, the Glasgow band Glasvegas captured public attention with a powerful and positive song

about a social worker called 'Geraldine'. In exactly the same way, it is up to the rest of us in the non-social work community to promote a positive, professional view of social work through all our networks and contacts. It is up to us to communicate this view to the people who use social work services, and significantly to the people who, like Geraldine, provide them. It really does take more than just social work to care for our communities. It takes all of us.

David Hume is the Chief Executive of Scottish Borders Council. He has particular interests in regeneration and economic development, and the role modern public services play in the creation of resilient, sustainable and healthy communities.

Crossing the boundaries



by Andrew Lowe, Scottish Borders Council

A chilly November evening in 1994 and the light continued to burn in the Palace of Westminster long after 10 o'clock. The Commons were debating the Local Government (Scotland) Bill. The Bill was to see the reorganisation of local government in Scotland from nine regional authorities (divided into 53 district councils) and three unitary island councils, to 32 unitary councils. At the same time, it was proposed to dispose of the statutory director of social work, a powerful role established by the Social Work (Scotland) Act 1968, leaving these new councils free to organise services as they saw fit. On the night in question, the Bill had just returned from the House of Lords with a proposed amendment to replace the statutory role of director of social work, with a new, thinly described role, the chief social work officer. The following snatches from Hansard give a flavour of the debate:

'We need Directors of Social Work who will have the authority to cross the boundaries in every sense of the word' (Hume Robertson).

'Why (do) the government treat

education and social work differently' (Davidson).

'Statutory duties are not specifically assigned to Directors of Education; however duties are directly imposed on social workers' (Douglas-Hamilton).

'Utter rubbish' (Taylor).

Tension was rising because the Queen was due to pass the Bill into law on the following day. Eventually the amendment was passed and the statutory director of social work was replaced by the chief social work officer in what became Section 49 Local Government (Scotland) Act 1994.

This last minute debating ensured that local authorities would be freed from the requirements to have a statutory director and thereby enabled to organise services in the most appropriate manner for their local need. At the same time, as a result of the Lords' amendment, they would continue to need a proper officer, a chief social work officer who would advise them and become the agency decision-maker.

Contemporary resonance

I was reminded of this little piece of history last November when the maelstrom of criticism broke over Haringey in the wake of the Baby P trial. Following the sacking of Sharon Shoosmith, Robert Gorrie, leader of the opposition on Haringey Council said 'Those in top jobs should be put on notice; there is no hiding place for incompetence and deceit for those charged with looking after the vulnerable children in our society'. I am in no position to comment on specifics, but it seemed to me that a well-regarded director of education had only two years previously been given the new title of director of children and with little more than a crash course in social work, had been expected to accept accountability for the delivery of all services to children in one of the most challenging locations in England, the scene of the tragic death of Victoria Climbié. Was that fair? Was that the best model of practice governance that could be devised?

A distinctive Scottish approach

Here in Scotland we have the same problems and risks but have taken a very different approach to the governance of social work practice:

- First, the founding statute, the Social Work (Scotland) Act 1968 still provides a clear strategic framework and has proved to be surprisingly resilient in the intervening years.
- Second, local authorities are not compelled to put all services to children and families into one strategic entity; and, if they do, they will still be required

to identify a chief social work officer (CSWO) under the Social Work (Scotland) Act 1968 who is charged with ensuring the provision of effective, professional advice to local authorities – elected members and officers – in the authorities' provision of social work services.

- Finally, as a result of the Scottish Government's review of social work in the 21st century, *Changing Lives*, there is now a framework of guidance for this role which can embrace different organisational arrangements while setting forward a clear set of accountabilities and expectations. (Table 1, overleaf, shows the current diversity of organisational arrangements – while just 14 councils conform to the traditional arrangement, at the lowest point there were no more than nine!)

The role of the CSWO

Changing Lives concluded that there was a need to strengthen the governance and professional leadership roles of the CSWO to oversee social work services and ensure the delivery of safe, effective and innovative practice. In considering how to go about this, a number of key issues were identified to be clarified and addressed. These come in three categories:

Role and function

The CSWO is required to ensure the provision of appropriate professional advice in the discharge of local authorities' statutory social work duties. Like the monitoring officer, the CSWO is a proper officer and needs to be afforded similar protection.

Competencies, scope and responsibilities

The CSWO must be qualified and registered with the Scottish Social Services Council. The scope of the role relates to all social work and social care services, whether provided directly by the local authority or in partnership with other agencies.

Under the heading 'responsibility for values and standards', there are some 15 specified responsibilities including: the CSWO must promote values and standards of professional practice, ensure that only registered social workers undertake those functions reserved to them in legislation, actively promote continuous improvement including the development of person-centred services and (of relevance to the comments about Haringey) ensure that significant case reviews are undertaken into all critical incidents either resulting in, or which may have resulted in, death or serious harm.

Accountability and reporting arrangements

The concordat reached between Scottish Government and the Convention of Scottish Local Authorities in 2007 has introduced a new public discourse here and so when considering accountability and reporting arrangements the language is thus: 'Local authorities will need to establish...'. The list includes arrangements for appointment and dismissal, access to chief executive and

council and a statement on how potential conflicts of interest will be resolved.

The guidance received Ministerial approval in March 2009. While it is far too early to know if it will prove to be a complete solution, it does build on nearly 40 years of practice under the Social Work (Scotland) Act 1968 and it has been subjected to extensive consultation and road-tested in a variety of different departmental configurations, so I am increasingly hopeful that - despite losing the amendment in November 1994 - we might now be considered to meet John Home Robertson MP's maxim giving CSWO's 'the authority to cross the boundaries in every sense of the word' while reassuring Lord Fraser of Carmyllie who in the Lords debate said: 'If one looks to the responsibilities that a chief social work officer has to discharge, it is clearly a distinctive position, not least because a number of the responsibilities and duties imposed upon him...It seems to me to be quite right that a separate set of duties should be imposed upon an individual'.

Returning to Haringey, I was pleased to see that Lord Laming in his latest report (*The Protection of Children in England*, TSO, March 2009) has included a recommendation that:

'All Directors of Children's Services who do not have direct experience or background in safeguarding and child protection must appoint a senior

manager within their team with the necessary skills and experience'.

It would be nice to think these directors might look north when thinking how to make that recommendation a matter of practical governance.

Andrew Lowe is Director of Social Work and Chief Social Work Officer, Scottish Borders Council. He has chaired the Scottish Government social work change programme on practice governance since 2006.

Table 1. Social work services in Scotland - organisational structures (May 2009)

'Stand alone' social work departments / services

Dundee, Angus, South Lanarkshire, Western Isles, North Ayrshire, West Dunbartonshire, Renfrewshire, Scottish Borders, Midlothian, Highland, Orkney, Fife, Glasgow City, Aberdeen City

Education and social work

East Ayrshire, Inverclyde, Dumfries and Galloway, Shetland

Social work and housing

Aberdeenshire, South Ayrshire, North Lanarkshire, Falkirk

Community care and housing/ CLD/community services

Perth and Kinross, East Lothian, Stirling, Moray

Children's services

Perth and Kinross, East Lothian, Stirling, Edinburgh

Community health and care partnership

Glasgow City, East Renfrewshire, West Lothian, Edinburgh (Adult Services)

Education, social work and housing

Argyll and Bute, East Dunbartonshire, Clackmannanshire

A smarter Scotland



by David Kelly, Tunstall Healthcare Scotland and Ireland

The challenge of Scotland's demographic time-bomb set against a background of one of the worst recessions the country has seen, is a difficult one for those tasked with delivering health and care. It is a difficult challenge because resources are limited – healthcare providers need to be able to use available resources more effectively, to support an increasingly ageing population. So is there a way to square the circle, effectively doing more with less?

Sticking with tradition

One option is to just continue doing more of the same, focusing on institutional-based care. It's easy. All we need to meet the projected demand over the next 20 years in Scotland is:

- A new 50-bed care home every two weeks.
- A new 250-bed district general hospital every two years.
- By 2020, virtually all school leavers will need to be recruited into the care sector.

And much of that will only meet the needs of older people, which is just one

of many client groups within social work competing for finite resources, and that have rising expectations of the level of care provided.

Will more people be living independently in their own home with an integrated package of health and social care? Will we have achieved the shift in the balance of care? Or will we still have ex-directors of social work like myself wondering why we spent such a large proportion of our budgets on providing something that none of us really want to end up in – namely institutional care?

Breaking the mould with telecare and telehealth

What we need are innovative models of care that add value and deliver the community care outcomes that the government has set out. In the 21st century these innovations are often enabled by technology.

Telecare enables people to live with greater independence by having a number of safety devices installed in their home to detect flooding, fire, turn off gas in the event of a leak, or call for assistance using a pendant. For the more vulnerable we can add fall detectors,

medication reminders, bed-occupancy monitors or even be able to establish someone's normal living pattern, so that any change to this signals the possibility of a change in their general well-being and is investigated.

From my own experience of incorporating technology within models of care, outcomes achieved included a significant reduction in the number of delayed discharge; a reduction in the average length of stay in a nursing home from three years to 12 months; and the average time of responding to someone on the floor as a result of a fall, with a fall detector was 22 minutes compared with a Scottish average of over four hours.

Telehealth is the use of monitoring devices that can gather and measure information about a patient's health remotely from their own home. It is particularly relevant in the management of long-term conditions such as chronic heart failure or chronic obstructive pulmonary disease. Patients managing these conditions can be reminded through a simple visual display to take measurements such as their blood pressure or body weight to identify any change which may, if untreated, lead to an acute exacerbation and hospital admission.

Telehealthcare

While I have concentrated on the benefits of telecare and telehealth to older people, the technology can be used across all client groups and the systems used can produce good performance management information. The combination of telecare and telehealth in the form of telehealthcare opens the door to an integrated health and social care support service for independent living

enabled by technology. Interoperable, compatible home platforms will deliver customer-focused, cost effective models of care provided by inter-organisational services.

Scotland leading the way in innovative health and social care

In Scotland, we have made significant advances on this front over the past few years through the work of the Scottish Government's Joint Improvement Team on telecare, and the Scottish Centre for Telehealth, and we are well placed to deliver integrated services through community health and care partnerships which in some areas bring together social care and primary care.

Technology facilitates a tripartite arrangement of care between the client, the carer and those who provide the services, which is rated very highly by service users and carers alike. Knowing that your parent has fallen by a simple message to your mobile phone or to the call centre; knowing that they have taken their medication via a signal from the pill dispenser; knowing that someone with dementia has not opened their front door in the middle of the night all provide an additional safety net and sense of security.

For those who say it takes away personal contact the reality is that it enables us to concentrate resources on the greatest need. The Joint Improvement Team tells us that an £8 million investment in telecare will result in minimum estimated savings of £43 million.

Mainstreaming

So why is there not greater mainstreaming of telehealthcare? Basically because,

to do it right, means re-engineering not only social care but the whole health and social care business. As a director of a community health and care partnership managing two aligned budgets I recognised the opportunities that would have been achieved by bringing these budgets into one pooled budget against targets set by the health board and the council, which would be a subset of the Community Planning Partnership Outcome Agreement. This need not involve structural change.

Managing performance: measuring outcomes

Key to achieving success is the sharing of data within and between organisations and measuring outcomes. Single shared assessments leading to joint care planning and joint commissioning is central to this. Assessments, reviews and self-evaluation need to be focussed on outcomes. Community planning outcomes need to be aligned between service providers and therefore need performance frameworks that talk to each other.

By doing things upstream we will reduce the number of hospital admissions and reliance on care home beds, thus achieving a shift in the balance of care which will hopefully accompanied by a shift in resource from acute care to social and primary care. So let's not just continue doing more of the same, let's get smarter and let's embrace technology.

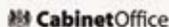
David Kelly OBE is Managing Director of Tunstall Healthcare Scotland and Ireland. He was, for the previous 13 years, Director of Social Work, Housing and Health for West Lothian Council. For the last three years of this period he was Director of West Lothian Community Health and Care Partnership which brought together primary care on behalf of Lothian NHS and social care on behalf of the council.



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The greening of social work services



by Annie Gunner Logan, Community Care Providers Scotland (CCPS)

The connection between social work services and the agenda for a greener Scotland may not, at first glance, be the most obvious one to make. It's relatively easy to see the links with a safer Scotland, a fairer or a healthier one: but isn't the green agenda all about wind farms, organic vegetables and recycling? What's that got to do with social work?

On further reflection, the relationship between social work, social care and environmental concerns emerges much more clearly, and the importance of our engagement with green issues becomes more pressing. There are two key reasons for this.

Two agendas: one outcome

First, our shared aspirations for the people and communities supported by social work services depend, in significant measure, on the environments in which they live their lives. The Scottish Government programme *Getting it Right for Every Child*, for example, looks forward to a future where all children are safe, healthy, achieving, nurtured, active, respected, responsible and included. The chances of attaining these outcomes

may recede rapidly in the face of rising exposure to pollution, ever-increasing volumes of road traffic, disappearing green space, less active lifestyles and a diet largely devoid of fresh produce.

Similarly, shifting the balance of care for older people from residential provision to care at home may have limited success in homes where fuel poverty is exacerbated by poorly insulated housing. The 'mutual care approach' now being discussed by Scottish Government ministers recognises the importance of creating physical and social environments in which people with care and support needs can live independently for longer: poorly-planned and badly-built communities that are largely deserted during working hours by all those under retirement age are unlikely to fit this description.

The impact of climate change

If the life chances and opportunities of those who depend on social work services depend in their turn on the achievement of a greener Scotland, the effect of our collective failure to engage with environmental issues provides a

second rationale for a major contribution from social work and social care. Our core business is to provide support to individuals and communities who are already marginalised: an important new research report on climate change in the UK (*Differential Social Impacts of Climate Change in the UK*, published by the Scotland and Northern Ireland Forum For Environmental Research in January 2009) makes it clear that global warming: 'will widen existing inequalities, globally and locally, unless social impacts are actively addressed... The people who are likely to be most vulnerable to the impacts of climate change...are those...who are already deprived by their health, level of income, the quality of their homes and mobility; as well as people who lack awareness of the risks of climate change, the capacity to adapt, and who are less well supported by family, friend and agencies...deprivation often increases vulnerability to climate change, and climate change increases deprivation'.

In global terms, this is clearly an emergency for the developing world, but is by no means confined to it. Look at the catastrophic effects of extreme weather events even in industrialised nations: those worst hit by Hurricane Katrina in the USA, and prolonged, severe heatwaves in continental Europe, have been the poorest, the oldest and the most disabled citizens and communities. The resulting strain placed on support services is immense.

Contributing to the green agenda

Given that environmental factors will have a major impact both on the successful intervention of social work

services and on the demand for them, it would seem axiomatic for related organisations and agencies to prioritise consideration of the contribution they can make to the achievement of a greener Scotland.

SAMH - one of Scotland's largest mental health campaigning and support organisations - is leading the social care voluntary sector on green issues, and in partnership with Friends of the Earth has devised and implemented a sustainability action plan to cover the whole organisation. Much of the plan relates to actions that are relevant to any organisation, social care-related or not: these include greater use of teleconferencing, cutting down on energy consumption, and the recycling of office supplies.

SAMH is also targeting service-specific areas of activity, including working with landlords to support energy-efficient homes for service users; composting food waste in group homes; smarter and greener transport arrangements between home support visits; and consideration of how the agency can support environmental and wildlife protection in the context of its specific mission to improve mental health.

Social work services and the environment: a 'double whammy'?

This last aspect is an area where a number of voluntary organisations are achieving the double-whammy of enhancing and enriching the support offered to individuals whilst addressing community environmental concerns and the wider green agenda.

Phoenix Futures, a major provider of

drug and alcohol support and rehabilitation services, has established a conservation therapy programme in which service users recovering from dependency engage in a wide range of countryside conservation activities, enabling them to make positive choices, achieve personal growth, develop social skills and improve their own health. One of the programme's Scottish projects recently received a Champions Award from the South Lanarkshire Council Community Safety Partnership Wellbeing Initiative.

In the west of Scotland, Kintyre Recycling, a social enterprise based in Campbeltown, provides eco-friendly employment for adults with a range of support needs. And, in the capital, the Thistle Foundation has developed a community wildlife garden in Craigmillar as a way of creating pleasant, shared surroundings in which the foundation's disabled tenants are able to mix with the wider local community.

Criminal justice services are also getting in on the act, with 'community payback' schemes focusing on environmental projects such as those in Fife, where offenders transformed scrubland beside a special needs school into a sensory garden, and cleared a coastal path that can now be re-opened and made accessible to the community.

Sustainable communities

There are scores of similar 'one-off' initiatives across Scotland, the

combined effects of which are considerable. There is also growing interest in more strategic environmentally-friendly community activity, including the establishment of eco-schools and even eco-towns: social work and social care expertise will need to be an integral part of these attempts to build sustainable communities for the future.

The report on climate change in the UK, too, is clear that work needs to be done to use 'the experience of community engagement techniques to improve community resilience, and...to support the climate change work of community and voluntary sector organisations who work directly with vulnerable groups'.

A greener Scotland and successful social work services? Far from being unrelated, it appears that you can't have one without the other.

Annie Gunner Logan is the Director of Community Care Providers Scotland (CCPS), the association of voluntary organisations providing care services in Scottish communities. She is a member of the board of the Office of the Scottish Charity Regulator (OSCR) and vice chair of the UK drug treatment charity, Phoenix Futures. She serves on a number of Scottish Government advisory and reference groups, including the National Social Work Services Forum.

Changing lives



by Colin D. Mackenzie, Aberdeenshire Council

Social work services have a major contribution to make to the Scottish government's vision of creating an increasingly successful country with opportunities for all. The Scottish government's focus on outcomes of: wealthier and fairer, smarter, healthier, safer and stronger and greener can be achieved with significant input from social work and social care services engaging particularly, but not exclusively, with the most disadvantaged people in communities. The contribution of social work in helping people to achieve change in their lives is intrinsic to this process. It requires a balancing of need, risk and rights.

Scotland, in relative terms, is a safe country to live in. From 2006/07 to 2007/08, the number of recorded crimes decreased by 8%, with 34,000 fewer crimes being reported in this period. Recorded crime is now at its lowest level for over 25 years. The reality of prevalence of crime in our society, however, does not always align with people's perceptions and their need to feel safe as well as to be safe.

There are a number of factors which

affect people's perceptions of insecurity and fear of crime. A study conducted in 2007 compared the perceptions of people in Scotland with those of people in Iceland. Levels of actual crime in both countries are very similar, however the research revealed that people in Scotland had a much greater fear of being victims of crime (84% of the sample in Scotland expressed fear of crime, as opposed to 64% in Iceland). The researchers attributed this, among other factors, to the fact that Iceland is a more homogeneous and equal society, with stronger social and community integration. Social work has a fundamental role in addressing this social inequality and in developing communities.

Setting out the agenda

Changing Lives, the Scottish government's 2006 policy document which sets out the agenda for the development of social work, states that social work has an essential contribution to make in achieving a society which is 'healthy, tolerant, safe, inclusive and fair', through supporting vulnerable and excluded members of society, through

protecting individuals and families at risk of harm from themselves or others and through working to facilitate positive change for individuals and families which will contribute to reducing social polarisation and inequality.

Fair, fast and flexible justice

Criminal justice social work services have a key role in contributing to the strategic aim of; 'a Scotland free of crime, disorder and danger'. *Protecting Scotland's Communities: Fair, Fast and Flexible Justice*, published by the Scottish government in 2008, sets out its vision of delivering a justice system which will achieve an outcome of a successful Scotland through 'building confidence' and 'maximising the potential of all our people'. The key elements of this strategy are:

- Early intervention to deflect children and young people from anti-social behaviour and crime;
- Robust risk assessment of offenders and potential offenders;
- Effective community sentences which change behaviour and command community confidence;
- Focus on throughcare and aftercare for those in prison with access to programmes which challenge offending behaviour and develop employment related skills and opportunities;
- Pathways out of offending with access to housing and employment.

None of these can be achieved by

social work alone, it will require targeted inventory by a wide range of statutory, private and third sector partners, working closely with community stakeholders.

Performance management systems are critical to evidencing whether new approaches are delivering on the desired outcomes and also to provide hard evidence to the public about the effectiveness of approaches. There is a new drive to gather and analyse quantitative and qualitative data in innovative and creative ways with a focus on outcomes rather than process, which will provide empirical evidence of progress. To have an impact on public perceptions of safety, effective outcomes and successes have to be communicated to the public and will require public services to develop a more positive relationship with the media and to be willing to be proactive about the achievements of the service.

Major challenges

There are major challenges for social work and its partners in delivering on this agenda. Budgets will have to be aligned to new priorities and this can be achieved through the Single Outcome Agreements entered into by local authority areas and the government. The current economic climate, however, will present increasing challenges to public sector funding and in difficult times, funding needs to be focussed on priorities. It is essential, then, that social work services are appropriately funded to undertake their part in delivering on this critical agenda.

A safer, stronger Scotland will be achieved through developing a more equal Scotland – a Scotland where everyone has opportunities and can fulfil their potential, where no talent is wasted. The contribution of social work to achieving this outcome is the commitment to work with others to change people's lives, to prevent offending and to provide a pathway out of crime. Social workers have the professional skills to assist people to take control of their own lives and make better choices. They have the training and skills to balance risk, needs and rights and work holistically with individuals and families. If resources to support earlier intervention and preventative work match the government's strategic intent, then we can look to realise the vision of a flourishing Scotland.

Colin D. Mackenzie is Chief Executive of Aberdeenshire Council. He held specialist posts in criminal justice and child care before taking up management posts in Angus, Aberdeen City and Aberdeenshire. He was President of ADSW in 2005-06.

Tackling cancer poverty



by William W. Clark, West Dunbartonshire Council

By 2025, over 3 million people in the UK will be living with cancer. One in three of us will be diagnosed with cancer over the course of our lives. In Scotland, over 120,000 people and their families are affected by cancer; and the annual incidence of people newly diagnosed is set to rise to 33,000. People with cancer tell us that money worries are second only to physical pain as a significant cause of stress in their lives. As cancer incidence grows and mortality rates fall, cancer survivors have to face numerous physical, psychological, social and financial issues for the remaining years of their lives.

Cancer survivors have greater levels of poor health and disability. Those under the age of 65 are six times more likely to be unable to work. Traditional routine, medical, follow-up often fails to meet the supportive care needs of patients. People with cancer can feel abandoned during the first year transition from the end of the primary treatment programme.

This essay describes a unique partnership that West Dunbartonshire Council has forged with Macmillan Cancer Support to tackle cancer poverty,

reshape health and social care services, and influence national government policy on cancer care.

Social justice

The late John Smith QC MP set up the Commission on Social Justice to emphasise the role of the modern welfare state in securing social justice – an ‘intelligent welfare state’ in 1994. This model of the welfare state recognised that social justice and eradicating poverty could not be achieved through the social security system alone. Services for health, social work, education, housing, and employment support are as important as the tax and benefit structure if we want people to be financially independent. The intelligent welfare state prevents poverty as well as relieving it; and through its public services and partnerships enables people to ‘learn, earn, and care’. The welfare state must be shaped by the changing nature of people’s lives, rather than people’s lives being shaped to fit in with services available.

John Smith described this kind of welfare state as ‘a hand up rather than a

hand out'. This definition of rights and responsibilities (reciprocity) has been a feature in much of the more recent policy work on modernisation and transformation of public services. The Scottish Government's recent review of social work services, *Changing Lives*, focused on the need for new ways of working, new partnerships across all sectors, and an absolute commitment to put service users and their carers at the centre of the design and delivery of care and support. Welfare services have to be flexible, personalised, and promote choices for people using them. These principles and values have driven West Dunbartonshire Council's work on cancer poverty.

Beginnings

Our concentration on cancer poverty started with asbestos. The Clydebank Asbestos Group was important in helping us appreciate that 'private troubles were public issues'. Like many parts of Scotland the people of West Dunbartonshire understand the links between historical heavy industries (like shipbuilding) and asbestos-related diseases. The injustice of inadequate legal redress and compensation for victims has fuelled the drive for legislative reform and justice in the courts. This has been the public face of the Clydebank Asbestos Group's campaigning. The private struggle has been the endless discovery of the disease in our communities. Our prevalence rates quickly moved the Council to form a partnership with the local group and the NHS to provide high-quality care and welfare rights support to families. In 2004, Macmillan

Cancer Support joined our partnership and their funding support allowed us to develop homecare and rights services for all cancer patients diagnosed in our area.

Lessons

Since 2005 we have generated over £1 million in benefits and grants for every 500 cancer cases referred each year in our area. We have reached 95% of cases identified. Early work by Macmillan across the UK suggested a potential underclaiming of benefits of £126.5 million. Our work and that of other projects across Scotland has indicated that cancer sufferers and their families are entitled to between £40 to £60 million in benefits: suggesting the real value of unclaimed benefits is four times original assessments.

The reality of cancer poverty is stark. Nine out of 10 people with cancer report a significant drop in income, for example a quarter of people with children report significant difficulties paying their rent/mortgage and 6% of people lose their homes. Macmillan pay out £10 million in grants for heating costs, transport and clothes. Thankfully treatment advances and early access to specialist NHS services mean many cancer patients have much longer survival rates. This, of course, means that cancer poverty has become a long-term issue.

The key learning points from our early work were that benefit advisors not only had to be competent about the benefits system, but they also had to be trained to understand the impact of cancer. They had to be accessible to cancer patients; specialist rights workers needed to be a core part of the NHS

team providing diagnosis and treatment. Apart from the roles of advocacy and negotiation, early contact means that the projects can take on a navigation role to help access social care and other services for cancer patients and their carers.

Robust inter-agency work is best done within a formal partnership context. Both statutory and voluntary advice providers have contributions to make to the work. The UK wide social security services for cancer patients are delivered largely through the DWP Disability and Carers service. Their determination to reduce complexity and speed up the claims process were significant to our success.

Experience within clinical teams suggests that NHS cancer teams spend considerable time trying to help patients make sense of benefits and other services. This deflects NHS resources away from treatment and can reduce waiting time performance.

Having established the value of our partnership approach to cancer support services, we wanted to raise awareness about cancer survivorship and promote the best standards of care and support across Scotland. So, in partnership with Macmillan Cancer Support, we seconded a senior welfare rights officer from the council to support the development of a network of advice and support services across Scotland. Also with support from Macmillan, we have helped in the establishment of a

new post-graduate course in welfare law at the University of Stirling to offer the dedicated qualification needed to ensure high levels of competence across advice networks.

By 2008, 26 local authorities, in partnership with Macmillan and a range of advice providers including the CAB, had structured partnerships providing advice and support services, and other areas are still actively pursuing partnerships. Ministers from the previous Scottish Executive had been supportive of the work; and the present Scottish Government has taken cancer support services to a different level.

Tackling poverty

The development of cancer rights and support services fits with the government's efforts to tackle inequalities in health and income. In particular the government's framework to tackle poverty has recognised the need to ensure the benefits system works in harmony to help people pull themselves out of poverty. The framework looks at the potential of benefits, tax credits and employment support systems to work effectively together. The administration of benefits has to be streamlined, 'customer focused' and swift. The cancer poverty agenda has provided good working models to deliver joined up services and solutions. The abolition of prescription costs and many NHS parking charges has been a good start.

Many cancer patients see these costs as a tax on illness.

The Scottish Government will also, as part of the National Conversation (its debate on Scotland's constitutional future), work with COSLA and DWP UK ministers to look at the co-ordination of systems. The poverty framework also picks out the important role of Community Planning Partnerships (CPPs).

The Scottish Government has also directed funding into Macmillan to match their investment in services and promote advice and support services of a high quality. I was heartened to see a separate chapter in the Scottish Government's Better Cancer Care Action Plan on 'living with cancer'. This includes a commitment to help fund and work with Macmillan Cancer Support to provide a network of advice services across Scotland. This work will be directed by the Cancer Task Force and West Dunbartonshire Council looks forward to working with it to deliver the planned outcomes. It is clear that many of the service re-design gains we've developed for cancer care apply to other long-term health conditions. All health inequalities and ill-health put people at risk of poverty and disadvantage. There are models of integrated services across health, the voluntary sector and local authorities that can help people manage these risks more effectively.

Bill Clark is Executive Director of Social Work and Health for West Dunbartonshire Council. He has worked in local government social work since 1971. His interest in welfare rights and disability stems from early research work and the establishment of local authority welfare rights services. He has been involved in partnership work with Macmillan Cancer Support since 2002.

Promoting health at the sharp end



by Graham Robertson, NHS Health Scotland

Social workers play a major role in promoting the health of their clients, and by definition therefore in helping to reduce health inequalities in society: end of essay! Well not quite. In this piece I articulate why social work services contribute so much to the public health agenda. I do so from the perspective of someone specialising in public health – not as a practitioner, manager, or academic in the social work field. But I would not want this essay to be seen as an attempt to subsume the role of social workers within the public health workforce and deny their own skills and unique attributes. What I present is an argument for recognising the complementary and synergistic nature of social work and public health. In Scotland, as we seek to develop outcome focused planning in the context of the national performance framework and Single Outcome Agreements, such a joined-up approach assumes even greater importance.

The links between social work and the promotion of health are not hard to divine. The World Health Organisation (WHO) in 1948 defined health as 'a state of complete physical, mental and social

well-being and not merely the absence of disease or infirmity'. It is frequently the case that the need for social work interventions is driven by personal factors and social situations which compromise an individual or family's ability to achieve physical, mental and social wellbeing.

Landmark document

In the landmark document published following the first International Conference on Health Promotion in 1986 – the Ottawa Charter – health promotion is described as 'the process of enabling people to increase control over, and to improve, their health'. It goes on further to affirm that to 'reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector,

but goes beyond healthy life-styles to wellbeing'. Without doubt, such definitions cement at a conceptual level the relationship between the practice of social work and the field of public health and health improvement.

The realities of inequalities

In more recent years our understanding of health inequalities, or inequity, has grown considerably. I suspect that many social workers will avow that they have for many years been only too aware of the realities of social and health inequalities. But we have come a long way to a position where at a global level, at European level, and in many countries there is now recognition of the existence of health inequalities and there are explicit policy commitments to do something about them. As evidence of this there is the WHO-published report of the Commission on the Social Determinants of Health 'Closing the gap in a generation' which will be considered at the 2009 World Health Assembly.

The European Commission is in the process of consulting on what it might do to combat health inequalities. And much closer to home the Scottish Government published in 2008 'Equally well: a report of the ministerial task force on health inequalities' and the 'Equally well implementation plan'. In this policy framework there is strong reference to the linkages between the factors that influence health and health inequality: early life experiences; poverty and deprivation; employment status; offending behaviour; alcohol and drug misuse; educational attainment.

These are matters that social workers address with their clients and

communities on a daily basis. A critical point is, of course, that in many cases these factors are combined in the day-to-day lives of the most vulnerable in our society. Even a cursory look through the Community Profiles produced by the Scottish Public Health Observatory (www.scotpho.org.uk) demonstrates the coexistence of health-damaging factors in the most deprived communities. What is called for is an integrated approach to improving health. The term used increasingly is a 'whole of government approach'. Indeed the Scottish Government's national framework with the five objectives - wealthier and fairer, smarter, greener, safer and stronger, healthier - represents a leading example of this type of integrated system.

The science and art of preventing disease

Public health has been described as the 'science and art of preventing disease, prolonging life and promoting health through the organized efforts of society' (Acheson, 1988 Public Health in England: The Report of the Committee of Inquiry into The Future Development of the Public Health Function) and the work of the social worker is a distinct element of such organised efforts. Some public health measures, such as screening and immunization, or policies on tobacco control, focus on the whole population. But others are more concerned with individual support and are specifically targeted at those with very particular needs. Interventions in the context of health inequalities and for people with the most complex problems represent very real challenges

and are at the very pointy end of this type of work. Furthermore, while social workers' clients may be referred on the basis of particular needs and challenges, the approach taken to support and help will involve a range of measures and must adopt an holistic approach. Thus supporting a teenage mother who is struggling with her life will include parenting skills, education on child health issues such as breastfeeding and immunization, her own mental well-being as well as social support in relation to housing and education. Social workers may well be the constant supporter who also provides links to other services.

Health improvement agenda

So far I have outlined the more general points regarding the significant role social work services play in health and wellbeing. Looking at the type and range of client groups social work services are aimed at serves to highlight the pivotal role social workers have in the health improvement agenda, since these are the groups for whom health inequalities are very real:

- Vulnerable children and young people.
- Looked-after children.
- Homeless people.
- Individuals with alcohol and drug problems.
- People with physical and learning difficulties.

- Older people.
- People affected by the criminal justice system.

All such groups have specific needs that social workers help to tackle. But the approaches used which help encourage self-efficacy and empowerment – focusing on assets rather than deficits – undoubtedly contribute the potential for improved health and wellbeing.

What matters most is the recognition that the combined efforts of the public sector workforce, playing to unique skill-sets and shared goals really can make a difference to the health and well-being of our population. And we should fully acknowledge the special contribution of social workers in this effort.

Graham Robertson is Chief Executive of NHS Health Scotland. He first became involved in health promotion in 1978 working at a local level in Lothian. Since 1992, he has worked at national level initially at HEBS. He is an Honorary Fellow of the Division of Community Health Sciences of Edinburgh University.

Free personal care



by Alexis Jay, Chief Social Work Inspector, Scotland

Most European countries are set to see a significant increase in their population of older people over the next 20 years. Where Scotland is more unusual is that, until very recently, this increased ageing population was combined with a declining population overall, but this trend has shown a slight shift in the opposite direction in the last two years. This combination of declining and ageing population remains most acute for remote and rural parts of Scotland, in particular the island communities.

Rather than viewing this trend as some form of economic burden, public authorities need to ensure that old age is as healthy and positive a life experience as possible. This is a challenge facing social services and health across Europe, with widely differing approaches being taken to funding, services, markets and regulation. In this brief account of the position for older people in Scotland, I reflect on seven years of Scotland's controversial policy of free personal care for older people.

Across Europe, publicly-provided social services are mostly, but not always, part of local authorities, with

the range of their statutory responsibilities being broadly similar; covering assessment of both individual and community needs, planning for those needs and directly providing or arranging services to meet those needs, within the private and voluntary care sectors. In some countries, such as Iceland, Romania, Scotland, England and Wales, the health service is managed by central government. In others, such as Finland, primary care is a local authority function while acute services are centrally run.

Background

In 1999 the Royal Commission into the funding of Long-Term Care recommended that the costs of care for all those who need it should be split between living costs, housing costs and personal care and that the third element - personal care - should be universally available free of charge to everyone assessed as needing it. The UK government accepted that free nursing care should be available to all, but rejected free personal care. The Scottish Government decided to go one step further and introduced the policy of free

personal care in Scotland from July 2002, following the report of an expert group set up by the Government to make proposals for the introduction of the policy.

Personal care was defined in the Community Care and Health (Scotland) Act 2002 under the headings of

- Personal hygiene – including shaving, nail care, and using the toilet.
- Eating – assistance with preparation of food and help with special dietary needs.
- Immobility
- Treatments – such as applying creams and lotions, eye-drops, simple dressings and oxygen care

What the policy does

Those aged over 65 who are assessed as needing residential or nursing care, and who are not fully publicly funded are entitled to a weekly flat rate payment of £149 for personal care and £67 for nursing care. For those over 65 and living in their own homes, and assessed as needing personal care, it must be provided free of charge arranged either by the council or via a direct payment. There is no upper limit on the level of funding for free personal care at home, nor is it means tested.

Critique

The key aim of the policy was to 'remove current discrimination against older people who have chronic or degenerative illnesses and need personal care' (Fair Care for Older

People, Care Development Group, 2001). This policy aim was right in principle because it removed the discrimination in line with medical and nursing care in the NHS, where the principle of free care was almost universally applied and accepted. This inequity was most keenly felt by those associated with the dementia lobby – users, carers, care providers and clinicians who saw the means-tested system for social care provision being applied to those who needed care as a direct consequence of a disease.

There was little argument about this broad intention, but the policy threw up a range of other, more political issues which continue to divide professionals, and policy-makers alike.

The most basic of these concerns is how to distribute public money to meet social need. This was captured in the central problem that some people had eventually to sell their homes to pay for residential care if their assets exceeded the upper capital level (of approximately £23,000 in 2009). Some believed it was right to make the system more equitable regardless of an individual's private means, while others believed this merely put money in the pockets of the already 'well-off' and would do little more than preserve inheritance. Their view was that additional funding on such a large scale as this policy required would be better directed towards those most in need.

A further political issue focussed on the unfolding enactment of devolution in Scotland, Wales and Northern Ireland,

in which the free personal care debate demonstrated the potential divergence in different directions of a very significant area of social policy. There were also alarmist prophecies of a 'grey tide' of older people sweeping across the border to take advantage of the more favourable financial support available. In reality, this did not happen.

The UK government decided to implement free nursing care only in England and Wales on the grounds of cost. Since then, the Welsh Assembly has introduced a more heavily subsidised personal care service for people of all ages. The Northern Ireland Assembly has also commissioned work on the cost of introducing the policy. A further challenge to the UK government came in the form of the withdrawal of attendance allowance, which is a benefit provided to support people with disabilities. The rules state that if individuals in care homes receive assistance such as free personal care from public authorities, then they are no longer entitled to attendance allowance. There were many objections in Scotland to this position, in particular in the Scottish Parliament and the media, who saw this money being returned to the Treasury as a direct result of government in Scotland choosing to fund the free personal care policy.

In his recent review of free personal care, Lord Sutherland stated that 'it was clearly contrary to equity that entitlement to attendance allowance has stopped for those in care homes in

Scotland, while it continues for those in care homes elsewhere in the UK'. He also recommended that it should be reinstated until the wider assessment of funding streams for long-term care at a UK level could be made.

So seven years on, what has this highly political and controversial policy achieved for the older people of Scotland?

Well, quite a lot. The policy aimed to ensure that older people had access to high quality and responsive care on a fair and equitable basis. The evidence and research to date has shown that in large part, the policy has been successful in meeting this aim. Indeed, it is probably the most popular measure put in place by devolved government in Scotland. Some 50,000 older people across Scotland are currently benefiting. The balance of care has shifted away from residential care towards care at home with an increase of over 60% in the number of people receiving care in their own homes.

The strongest arguments against the policy in recent times have come from those who believe it is unsustainable and ultimately unaffordable – and indeed that the initial cost projections were based on flawed data. The Auditor General for Scotland made it clear in his 2008 report on *A Review of Free Personal and Nursing Care* that initial cost estimates were difficult to make and were compounded by the original population projections having changed significantly in subsequent years. The 2008 Sutherland Report identified an

immediate funding shortfall of £40 million, which has subsequently been met by the Scottish Government. Perhaps most significantly, Lord Sutherland pointed to the need for a more radical vision for long-term care, reaching far beyond free personal care and drawing together the impact on health care, pensions, housing, transport, social security and benefits. This needs to be addressed not just in Scotland but in the whole of the UK, if we are to achieve the quality of life for all of our older people to which they rightly aspire.

Alexis Jay is Chief Inspector and Chief Executive of the Social Work Inspection Agency. She was President of the Association of Directors of Social Work in 2004-2005, and was previously a director of social work and housing. In 2001, she was a member of the ministerially-led Care Development Group which made proposals to the Scottish Government on the introduction of the policy of Free Personal Care, and later chaired the Implementation Group which put the policy in place.

Brothers and Keepers

By Edwin Morgan

It was heard all right; that was not the argument.

*Day or night it echoed from wall to wall,
A voice, never incomprehensible,
But a question many found intolerable:*

'Am I my brother's keeper?' Some with scorn,

Some with anger, some with quick dismissal,

*Some with the half-uneasy consciousness
Of being put on the spot, some blustering,*

Some brazen, some bound to macho boasts,

*Kicking the can of pity out of play,
'Each to his own, let them get on with it!'*

Conflicting shouts and voices did not stop us.

*Threats were grist to the mill. We wanted
The record of what was and is and may be*

*To be set down if not in letters of the fire
At least in good black print and clicks of mouse*

*To open up what's wrong, what's right,
texting,*

*Probing, shaming, dreaming, countering
The last indifference.*

Who could be indifferent

When we took psychotic Steve from his filthy bolthole

Into a modest hostel room and he murmured

In half-belief 'Is this all for me?'

The reward of gratitude is a star in dark skies.

You cannot always help but trying is the crux.

*I well remember that old alky Bill
Who shared his hovel of a house with others;*

*They held him prisoner among the litter
Of needles and syringes and empty bottles.*

*Waiting to be smashed on social workers.
Another place for Bill? - possible,
But he's a bloody mess from fights at the moment.*

*We don't give up, that nothing is easy
Makes it even better not to give up.*

*Everyone alive is subject to change.
Hope lies where you least expect it.*

Take exclusion from school, or rather don't take it!

*Sandra, a so-called impossible child,
Made sure each class was disrupted to breaking-point.*

*Yelling, hitting, throwing chairs about,
Was she getting what she wanted,
Did she know what she wanted?*

*Was it 'What is to be done with her?'
Or rather 'What has been done to her?'*

*She was a child abused, her mother on drugs,
She had become a 'case', found caring arms*

*In social services alone, and there
Not only care but cure: a worker assigned
To be with her throughout school,
helping, calming,*

*A bridge of sympathy between teacher
and pupil,*

*A dedication not all that far from love.
Homelessness is terrible, but a home
Without love is almost equally so.
We watch, we measure, we praise
whatever
Society can do, given the means and the
people
To unknot fearful twists of fate, each day
Brings more, and if we are powerless
We cry out in our powerlessness.
If we are to blame, then we are to blame;
Fair treatment is what we ask.*

My friends,

*There is always without doubt a worst
case,
And it is so bad because it is so rare,
Call it the dark night of the carer's soul.
Here you have Carl, supreme in cunning,
Known to have a personality disorder,
But showing the social team 'continued
improvement':*

*Ah what a mockery he made
Of schizophrenia! This man, however,
Took a claw hammer to his next victim's
head,
Fried his brains with butter and ate it -
'Very nice' he said. And unpredictable
One might add, although social workers
Would still have nightmares, thinking,
shivering?
What was needed other than what they
had,
Vigilance to the last degree, happy recall
Of those so many they had helped,
brought back
To life with faith and hope blessedly
renewed.*

*Oh if you ever thought we were not
required,
Workers on the very edge of despair,
Consider Joe, kicked out by his foster-
carers*

*At twelve, having stolen from the little
they had:
'Ah don't know why Ah done it, but it's
okay
If they didn't want me back, it's okay -
My ma didn't want me either.' To live
In such an unquestioned acceptance of
defeat
Is dreadful, yet we know Joe can be
helped.
The value of a soul can be drawn out
By those who are trained to do so, those
Who can blow the tiniest downtrodden
spark
Of self-esteem into flame. You drop a
tear
In instant sympathy or you are filled
With anger against systems and
perpetrators,
And this is good and fine and natural.
But change is all the practicalities
Of learning, funding, understanding,
change
Is everything we believe to be possible
Whatever the squalor and sickness and
stink.*

*There will never be a paradise with
people like angels.
Walking and singing through forests of
music,
But let us have the decency of a society
That helps those who cannot help
themselves.
It can be done; it must be done; so do it.*

**This poem was commissioned by ADSW
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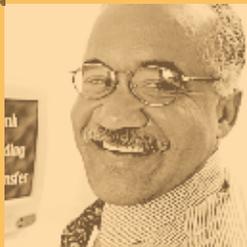
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