



**21<sup>st</sup> Century Social Work Review**  
**Report of event for First Line and Middle Social Work**  
**Local Authority Managers 18<sup>th</sup> May 2005**

## **Introduction**

This purpose of this report is to outline the views gathered at an event for frontline social work and middle managers held in Glasgow on the 18<sup>th</sup> May 2005.

### **The aim of the event was:**

- To actively engage social work managers in the Review.
- To explore local authority managers' perceptions of social work.
- To share themes emerging from the early part of the Review.
- To seek new ideas on where social work should be in the future.

### **Structure**

Participants considered the three key themes of change, leadership and service delivery

During the event participants were also invited to record their thoughts on the subjects of: confident & competent workforce, quality improvement & inspection, legislation, leadership & management, service organisation & delivery and the role of the social worker.

Participants were also asked to 'vote' on seven issues. These results are given in Annex 1

The full notes from the workshops included at the end of the report.

## **Report of Findings**

### **1. What Needs To Change?**

#### **1.2 Role of the Social Worker**

Social workers need the time to use their skills and be social workers and to 're-create this role has been lost'.

#### **1.3 Status of Profession**

Social Work identity as a profession needed strengthening it should be seen as a distinctive public service and not an 'add on Social work needs higher status in the profession itself, amongst local councillors, the Scottish Executive (SE), service users, the wider public sector and professions. Social work needs champions to promote it so it has equal respect as health and education professions. Existing bodies did not fulfil this role I. There needs to be clarity about what social work can and cannot do.

#### **1.4 Specialist vs. Generic Social Work Profession**

There was widespread agreement that a single social work profession should be maintained. It was felt that this was being undermined by organisational structures and by training that produced staff who viewed themselves as a children and families, community care or criminal justice specialists. Social workers should gain experience in all aspects of social work e.g. by serving a two year probationary period. A core generic experience would also help to give the social work profession a more coherent identity.

#### **1.5 Scottish Executive (SE)**

Managers perceived social work as low on the SE political agenda. There is a lack of coherence e.g. in consistency in messages, short term funding, unrealistic timescales too much 'ring fencing' and 'pet projects'. Initiative overload was also a problem resulting in managers feeling 'bombarded with change' and unable to say 'NO

The SE was criticised for treating LAs as though they had the same management structures and resources available. The SE should trust LAs to identify and target local need and not be over reliant on specific funding streams and ring fenced money.

#### **1.6 Education, training and quality of staff**

There was broad agreement that more training was needed across management tiers especially. Leading to deliver' should be further rolled out. There was a proposal that some management training at levels should be mandatory Entry level should comprise generic training practice prior to specialisation. Managers are disappointed with the quality of newly qualified staff in the past ten years. Training and development pathways to enable people to move around are needed alongside use of secondments.

## **1.7 Roles, Job Titles & Skill Mix**

The wide range of job titles made it difficult to make comparisons in posts. It was often unclear as to who was responsible for what.

Managers felt there needed to be adequate support including administration to enable people to perform their job. Management should be connected with those at the front line to be able to make informed strategic decisions. Support would also enable managers to work strategically rather than getting 'bogged down' in operational issues.

## **1.8 Legislation**

There was an overall concern that legislation from the SE tended to be simplistic and sometimes acted to erode social work values e.g. ASBOs. There is unease in SW dealing with ASBOs; 'this is not what we signed up for as professionals, let alone as citizens'. There was a feeling that the social work profession was constantly being given with new legislation that they had not been consulted on.

## **1.9 Measurement, evaluation & evidence based practice**

Managers felt that there should be better evidence based practice outcome measurement and evaluation of social work. It was suggested that to support evidence based practice there should be better connections between universities and local authorities.

Managers felt that policy making was not evidence based e.g. ASBOs – lack of evidence they will have desired effect. Policy should be based on evidence of what does work rather than what doesn't.

It was noted that senior managers required more training to understand the importance of evidence based practice.

## **1.10 Partnership & Integration**

Managers broadly agreed that 'everyone's talking partnership, but nobody's sure what it means and so they lack direction. There was agreement that partnership working needed years rather than months to develop.

Integration was commonly seen as an additional task Staff are taken from mainstream services and deployed to 'integration' i.e. a school or health centre. Sometimes staffs are lost to mainstream services. Managers became sceptical about integration as it seems social work services operate at a different (lower) threshold for accessing services than the universal services.

Managing integrated working was felt to be hard work For example team members do not always share the same values but do not always realise this. In addition managers felt that integrated working was a factor in the increasing management task e.g. double the amount of meetings and amount of people managers had to talk to.

## **1.11 Service User Involvement**

Service users need to contribute more, be involved in decision making and know why things happen.

### **1.12 Prevention/Early intervention Focus**

It was felt that LAs needed to get beyond short term funding to more core joined up funding e.g. pooling education and social work funds to work to priorities. A longer term approach was needed since quick results were not realistic. Early intervention needed to be the overall driver of SE policy.

### **1.13 Delegated Budgeting**

There was generally support for the principle of delegated budget management e.g. Aberdeenshire's model of care management where frontline staff have budget responsibilities.

### **1.14 Management Roles**

Managers reported concern that few senior managers were qualified social workers. It was considered crucial to have someone on the senior management team who understood social work. There was a perceived split between senior management and operational management. Senior managers were not seen to be connected to front line staff.

Middle Management – should be aware of broader planning and resourcing matters whilst being protective of front line staff so they can do the job. Middle and front line managers have to share ethos and be explicit about this. Some participants felt that middle managers should remain involved in practice.

First Line Management – should be free to enable staff to be creative, listen, foster team ethos and ensure collective responsibility.

## **2. Professional Leadership**

### **2.1 The nature of leadership needed to deliver the vision of 21<sup>st</sup> century social work**

All of the groups felt that leadership should be inbuilt at all levels.

The leadership needed to deliver the vision requires the following skills and abilities:

- Leadership skills and not work skills for promotion.
- User needs must be central to all work.
- 'Walk the talk' and champion vision in and out with the team or organisation.
- Charismatic and good communication skills.
- Trust staff to manage budgets effectively.
- Able to delegate and empower.
- Be an effective representative of social work in integrated and strategic planning and development.
- Able to name people whilst identifying individual strengths and weaknesses.

- Able to look holistically at the bigger picture.
- Honest that social work is not risk free and never will be.
- Good at integrated working ability – crucial to joined up services.
- Strong political leadership needed e.g. a Minister for Social Work with a social work background.

## **2.2 Models of professional accountability, support, and development that are needed to make this happen:**

### **Supervisors covering range of roles**

Supervision was deemed to have a range of elements including: workload management, professional development, training, personnel management, strategic management, operational decision making and performance measurement. These roles should not be separated but be invested in one manager. A number of participants felt that supervision could be more informal e.g. peer supervision.

### **Operational Plans**

Every unit/team should have an operational plan based and this should be developed and owned by the staff who would deliver it. This would ensure connection between strategy and practice.

### **Personal Development**

Managers felt that the focus on personal development was being lost the further social workers climbed up the career ladder.

Career progression for a social worker often meant loss of personal development.

### **Improved Appraisal Systems**

Approvals should be consistent, coherent and have protected learning plans.

### **Shared Autonomous Accountability**

Accountability to be shared between those in leadership roles. Leaders should be there to support and encourage the autonomous decisions of front line social workers. There was however some concern about a possible dilution in formal supervisory arrangements in the move towards more autonomous professional staff.

### **Trust**

Staff need to feel supported and trusted so that they can go for help and speak out without fear of reprisals.

### **Training**

Training should be organised according to need. Managers felt that they received too little training too late i.e. when they were already managers. There was widespread agreement that management training needed to be given before and ongoing in a managerial role.

### **Role of the Chief Social Worker Officer (CSWO)**

There seemed to be little support for the CSWO role. Often they were excluded from budgetary matters. There was no agreement about a particular model for replacing the CSWO post. There was consensus that it was important to have a social work expert in third tier management. However it was agreed that this might vary according to the scale of the organisation.

## **2.3 How confident & competent leadership developed at all level.**

### **Individual competency/role understanding**

Managers felt that social workers need to recognise their own strengths and weaknesses and locate this within a broader understanding of what social work could offer and could/could not do.

### **Compulsory Training & Competency Frameworks**

All tasks in social work should have training and competency frameworks to ensure that staff carrying out tasks were capable of doing so. There should be CPD for managers and CPD practice based career structures for managers that go beyond team manager post. This would give more career opportunities. There are training opportunities available but not enough managers are accessing them. More managers need to go on Leading to Deliver but there are issues of time and location.

### **Role of senior management**

Senior management need to have a better overview and be more visible. They need to be providing the overarching perspective and clearly defining service priorities.

### **Administrative support & effective IT systems**

Social workers need to get away from the financial and administration requirements which are not a core part of the job. This would raise confidence levels and ensure effective use of staff time.

### **Devolved Budgets**

Devolving budgets would empower individual workers.

### **Pay and rewards**

Practice based career structures to need to go beyond team manager level. A thorough examination of the social work career structure, pay and rewards are needed to address wide valuation.

## **3. Managing Service Delivery**

### **3.1 Delivering flexible, responsive and accessible services, refocus as services on early intervention, and developing improved risk management:**

#### **Community based services**

There was general support for decentralising services and keeping them in touch with communities whilst avoiding isolation. A model of localised integrated services was supported. Community based services might be more user friendly and less affected by stigma.

#### **Integration**

Managers reported a general feeling that integrated team working was a move in the right direction. Social work did however need to retain its identity whilst being part of integrated service delivery. New methods of integrated working could be investigated – at Chief Exec, elected member and board member levels.

### **Early intervention**

Integration should have recognition of value and abilities and of each professional group. Increased and effective targeting of resources are required for early intervention not crisis management. Early identification by universal services needed.

### **Accessible service delivery**

Identifying the current blocks in the system e.g. might be simple things like janitors locking up times that need to be changed. Creative approach to staffing e.g. flexible working arrangements, use of retired people doing part time social work in the evenings 6pm-9pm. Need to have management available at flexible hours as well.

### **Entrepreneurship**

Managers felt that a more entrepreneurial approach to service delivery problem solving was needed. A lot could be learnt from the voluntary sector.

### **SE policy agenda**

Needs to offer more direction on integrated working so to complete one piece of work before starting on the next. SE needs to ensure that funding is based on solid information through consultation with front line staff as well as Directors to gain in-depth knowledge of issues such as domestic violence, youth justice etc.

### **Service Users**

User's involvement in service delivery should increase e.g. feedback on what they thought of the service. Increase ways in which users could access services needed e.g. more direct access through self assessment.

### **Structures**

There was some agreement around flatter structures working better than larger bureaucratic structures e.g. being quicker to respond and managing change more effectively. Need to examine whether 32 LAs are the best way to deliver all SW services e.g. criminal justice moving towards delivering services at a partnership level. Community Justice Authorities will take this further.

### **Strategic Planning**

Managers felt that improvements are needed to joint selling and joint priorities at an integrated level e.g. social work and education resources being pooled then prioritised. Services needed to be configured to meet population needs. Should be able to predict future demand e.g. know the impact of drug abusing parents having children who become drug abusing parents themselves.

### **Risk**

Managers noted that there were different attitudes to risk which affected integrated working e.g. health often had a lower threshold of protection than

social work. There was also a feeling that organisations set risk management at levels to protect councillors and chief executives.

Post-qualifying training on risk management – part of the CPD, a single risk management tool used consistently and political 'support' for risk taking. National co-ordination of all the risk management material would improve the situation was needed, with a national framework.

### **Care Market Management**

There was support for the mixed care economy managers had concerns over LAs having to purchase/commission services rather than using in house services this did not always result in good quality/value services. Monopolies needed to be managed e.g. by LAs exerting increased influence in managing the care market.

## **3.2 How managers can promote a culture of continuous performance improvement and evaluate outcomes:**

### **Performance improvement**

Social workers are not para educationalists or para health professionals – they have a distinct role to play. Measures of performance should be based on individual, team, and shared organisation recognition of what constitutes quality in their work.

### **Reward structures**

Better recognition of success needed.

### **Tailored training**

Sufficient time for learning given.

### **Ring fenced time**

Managers need a longer time to evaluate outcomes.

### **Senior Management role**

Needs to provide better feedback and information to allow front line managers to better judge what is required.

## Talk to the Wall Statements

### Confident & Competent Workforce

- Devolved budgets for all! Devolved decision making
- McCrone for social work, review pay and grading, training pathway
- Value of consistent, ring-fenced supervision – that clearly delineates between accountability for work done on behalf of agency, for continuing personal and professional development
- Specialise/core skills. A reinvigoration of the role of social work is needed. Will this make others see social workers positively?
- Time for research, thinking, ongoing training, need for brilliant supervision.
- Access to PQ training that means something to workers and their clients
- We need an enriched competency framework. The task based competency framework in use in social work education disaggregates activities artificially, to the detriment of joined up, fluid approaches.
- Time and funding and tougher CPD requirements

### Quality Improvement & Inspection

- Service standards for assessment and care management
- Measuring outputs and inspecting processes does not necessarily have a positive effect on outcomes. What is the vision and is it being achieved?
- Some local authorities are developing QI policy & procedures in social work – potential for benchmarking/sharing ideas?
- Can one size fit all – rigours of satisfying information demands of Care Commission, MWC, SSSC, Audit Scotland, Scottish Executive, hope MGF bid for IT sharing is successful.
- Necessary but additional places additional pressure on teams/workers to focus on recording, paperwork etc as opposed to direct work with service users – need more admin support
- Inspection needs to make closer reference to individual needs and support plans.
- Evidence Based Practice – more support from universities in local communities. We want to research but we cannot be statisticians as well as social workers.
- Closer links between inspection and contract compliance
- Generate service user/citizen led inspection and quality review
- Attempt to enable qualitative rather than solely quantitative measures

### Legislation

- Shift from needs and welfare to rights and citizenship. Current legislation framework promotes dependency.
- Legislation founded in reality needs risk etc not political spin
- Enabling legislation protecting adults
- Single status criminal justice. Legislation regarding new groupings. Insufficient time to bed in. Little coherence in additional structures
- Recognition of the need for a new style of resource for those who have no record of offending but pose a risk to the community.

- Additional resources need to be allocated for implementation of new legislation.
- Protect role of social worker? Why is the emergency workers act so limited in terms of social work?
- No knee jerk legislation
- Ongoing financial support to back legislation duties

## **Leadership & Management**

- Development/challenges and opportunities offered within CHP's formations will be interesting
- Not all managers may be leaders, but leaders need to be able to manage – at whatever level that are operating in their agencies
- Need for agencies to consciously own and promote leadership throughout the organisation.
- This debate has focussed on leadership and management of the frontline. We need additionally to focus on the management of managers. This will include auditing/measuring leadership and management competence and capacity (i.e. available management staff hours).
- Consider making 'Leading to Deliver' integrated course with Education and Health.
- Bottom up as well as top down
- Continue to expand leading to deliver course
- Leader/managers need specific training for jobs – generic social work training insufficient
- More emphasis on social work management and leadership training – local authorities should be required to report on this annually – may be a more important performance indicator than some of current statutory performance indicators.
- 2 separate issues – needs a lot more attention in particular to leadership
- coherent national training
- Leadership is about vision managers implement it through motivated staff
- Definite need for set, agreed, approved training for all managers, front line, middle and senior staff.

## **Service Organisation & Delivery**

- More consistency of terminology and structure in order to enable better understanding of our core tasks
- Transitional funding needed urgently for Direct Payments and for Independent Living Services
- Move administrative duties to enable fieldwork staff to undertake face to face & preventative work
- Proposed criminal justice authorities raise more questions than answers for integrated delivery with dissimilar health board boundaries affecting forensic and drugs services
- Integration is a reality for the social work profession. In a good partnership model (e.g. community mental health teams) the role of social worker is both specialist and generic
- How can we do integrated working if the Scottish Executive/Local Authorities can't do integrated thinking?

- Need for joint training and experiential learning if wishing to achieve real integration of service delivery
- Integrated thinking centrally integrated, planning locally. Joint training for activity requiring a joint approach, consistent, coherent structures across Scotland.
- 'Supporting People' funding stream was an opportunity for social work and services that has been undermined by politicians at the Scottish Executive.
- I hope the 21C review will recognise some inherent conflict between 'directions of travel' highlighted in the interim report – e.g. the collation of data for evidence based practice can/may conflict with 'bounded autonomy' and freeing social workers from data input IT tasks.
- Need for social workers to learn new skills as facilitators since so much decision making now happens within integrated working groups.

### **The role of the Social Worker**

- Should have the ability to carry out whole range of skills particularly preventative work
- Specific criteria of tasks for qualified social workers? How does this sit alongside Joint Future Agenda e.g. single shared assessment
- Others need to have understanding of what our role is, expectations etc. Plus clarity of role for ourselves.
- Be bold. Recommend set caseload limits. Teachers have set class sizes (maximums) so why shouldn't social care?
- Someone able to articulate the needs of individuals/groups that are still poorly empowered to state their own needs.
- In a supportive team (with line management & peer support from health colleagues) the social worker can develop generic skills and specialist skills, for example in mental health.
- Doing SW – not taxi driving or admin duties. Concentrating on people not paperwork
- Needs to be accorded greater status. Recognition as a valued profession. Overall role becoming fragmented – due to specialisation
- Role of SW at risk of changing from skilled practitioner to manager/supervisor of non-professional front-line staff
- Enabler/broker of social justice and social inclusion
- We need to define the remit of social worker – what we do as well as what we do not do. This will involve 'older' professions being prepared to change historical practice of passing to social work some tasks that they should do themselves
- Clearly defined in integrated teams
- I think focussing on the 'para professional' is definitely right. Keep going!

## Notes taken from workshops

These are the notes that were taken during the workshops.

### 1. What needs to change?

#### Group 1 notes

- Job titles don't tell anyone what you do, or whether you are even a social worker. Hard to keep abreast of agenda if generic manager. Advantages can use home care services for children and families as well as adult care.
- Training – generic vs. specialisms – quality of staff coming in to social work? Fast track candidates – quality rather poor. Depends on the route that they have come through. Problem if go straight into specialism. Need 2 years in generic social work. How can workers get a good grounding when different departments and social work split up? Traineeship is the best introduction to the job. Degree students very young with little life experience.
- Don't want to adapt the health model of clinical care management. Not being managed or working to service objectives.
- If individual social workers make resource decisions they don't have the context to prioritise the budget.
- Social workers should be more empowered.
- Don't evaluate services well enough, emphasis on service user feedback. Planning separate process then operational services. More rigorous process. Health better at evidence based practice.
- Equity of resources for service users with care needs.
- Negative image of social work not from the public but hard to understand for other professionals.
- Boundary between universal services and social work as a specialist service. Is social work a universal service for some? Big disservice concerning social workers – care managers. Care Management is a task.
- Need to be much clearer about we do and don't do. A lot of people in population are known to social work.
- Educational psychologists no longer work with children. Some with psychiatry.
- If other agencies can't or won't deliver a service – social work steps in. Other professions are defining their services very well.
- View of partnership in Children's Service Plans. Education & Health not equal with social work.
- Change in a significant way – must be planned so don't have change burn out. No stability.
- Universally available but not for everyone. Parent's responsibilities need emphasizing.
- Better evaluation of existing services.
- Stand up for ourselves and clients - social work gets bad standard accommodation – Cinderella service – service users of social work don't count. Needs a political appetite. Social work low down the political agenda.

- Coherent integrated competency framework - look at behavioural/psychological competencies for social workers. Need to be able to analyse.
- Generic v specialisms – if lose generic experience then do not have coherent identity. Generic training and experience.
- Lack of continuity of services and some LAs too small to be visible.
- Children and families – core training for all workers in children’s services common skills. Route to working with children. Tension with social work training. Can’t pigeon hole families? Integrated training post qualification.
- Teachers don’t have same values or understanding of what social workers do.
- Other professions need some of the social work training and values.
- Delicate work with families needs a social worker – need to be skilled. Places social work alongside other services.
- Duty officer for generic service - social workers deal with that – should they – doesn’t need qualified social worker.
- Ring fenced funding – community care money on C&F. No increase in core funding. Ring fenced funding at periphery drained social workers from teams doing core statutory work. The underfunding of core C&F service needs to be addressed – only kept afloat by Community Care Funding.

## **Group 2 notes**

- The group endorsed the discussion about the need for stronger identity raised in the plenary discussion. They also felt that there was less sharing of ideas and more isolation since local government reorganisation with smaller authorities.
- There was agreement that people needed to be clear about what social work can and can’t do.
- There was a heated discussion about the need for much more training in management and leadership. Some felt that management training should be available at various levels and should be made mandatory. There was also a feeling that general management training did not necessarily meet social work needs and reflect their values.
- There seemed to be anxiety about possible duplication between professional leadership and line management and the clash between professional and organisational aims. There was a concern that in the example of nurses that professional leadership could get in the way of managers getting their staff to do what was required. There was a suggestion that there should be national standards for training. An example of a South Lanarkshire induction programme for new line managers was felt to be very positive. It was also agreed that there would need to be a refreshing programme so that managers kept on top of their training.
- There was considered to be a tension between operational and strategic management although this was not really followed up.
- There was a discussion about responsibility and accountability in integrated working. It was felt that there was much more effective working on the ground with difficulty at management level. There was a plea to identify what should never be integrated, i.e. setting boundaries. Managing integrated working was felt to be hard work particularly as people don’t share the same values although they do not always realise it.

Integrated working had also led to double the amount of meetings and the amount of people they had to talk to. When asked how they helped their staff to cope with the situation they said that they focused on the individual service user. Generally the size of the management task was continually increasing.

- Not necessarily related to management but one of the contributors spoke very positively about the Aberdeenshire model of care management which he saw as about pure care management. In this model there is delegation of budgeting right down to frontline staff. He felt that there was good informal pooling of resources between staff to meet people's needs. There was generally support for the ideal of more delegated budgeting.
- There was a brief discussion about intake services and concerns by some that non-qualified social workers would miss problems that were not presenting but which could cause a risk to vulnerable children or adults.
- Finally it was agreed there was a need for more training for senior managers who needed to understand policy, the importance of more evidence based practice, and adopt more strategic approaches. The sense was that when frontline staff and their managers advocated a practice based on evidence based practice, senior managers did not take any notice of that evidence.

### **Group 3 notes**

#### **Image**

- The image of social work needs to change. Emphasis on crisis intervention so that it becomes the main perception. Need to change to prevention. People wouldn't come to SW early because of image. Know we are seeing new generations of clients from same families, need to be able to break the cycle.
- Want to be able to say with pride what you do and have public recognition of this.
- Public perceptions of SW – people, who don't use services, don't care. Those who do aren't empowered to make a comment.

#### **Prevention**

- System gives us funding for high tariff offenders but not for prevention.
- Joined up funding would help. Need to be able to pool education and social work funds for example in order to jointly identify priorities. Would need joined up service re-design and local teams with devolved joint budgets.
- Need to get beyond short term funding to more core funding. Needs trust from centre that people will deliver plus strong robust performance framework. Also need to take a long term approach – don't expect quick results.

#### **Evidence based practice and policy**

- Need to recognise the amount of time it takes to manage real change. Need to have stability. E.g. Glasgow – impact of bringing in lots of new staff. Just as change is about to deliver results, tend to get the rug pulled.

- Want politicians to consult before making a knee jerk reaction to policy making. Needs to be a better connection between policy makers and people on the ground.
- Politicians often pander to public misconceptions e.g. crisis intervention. Social work is often cannon fodder – trying to be all things to all people.
- Where the evidence is based policy making? E.g. ASBOs – no evidence at all that they will have desired effect. Based on evidence of what doesn't work rather than what does.
- Need a proper structure to support evidence based practice. Better connection between universities and local authorities. E.g. extremely difficult for Social workers doing research to get any support from universities.
- Policy makers need to really understand who the clients are – not just numbers.

### **Social work role**

- Being all things to all people. Every enquiry produces new demands, never take anything away.
- Lack of clarity about what Social workers should do. Need to be able to define what we do/don't do. People need time and protection to do the job properly rather than being expected to be an expert in everything.
- Social workers want to be able to build therapeutic relationships, but constantly get squeezed out.
- Social workers look enviously at voluntary sector, where people have time to do the job.
- Does the current practice de-skill Social workers? Become case managers with all of the real work done by specialists.
- Need a proper balance between generalists/specialists. Social workers are increasingly saying they can't do things e.g. court reports. Need people to have a breadth of understanding across the whole field before specialising.
- Instead people get into silos within SW. Service isn't integrated, so have debates about whose job it is to do what.
- System doesn't support generic working and couldn't go back to it, but we do need people who have skills across whole.
- People shouldn't be coming out of training as specialists. Everyone needs generic skills, e.g. report writing. Should be possible to develop generic skills even when working in a specialist area.

### **Education & training**

- Some concerns about students on new degree programme not seeing whole field of practice. Particularly a problem with younger people without life experience.
- Need training and development pathways that allow people to move around. Need to develop the expectation that people will continue to practice, keeping the best people in practice rather than promoting them away from service users.

## Senior management

- Concern that few people at the top are qualified Social workers. How do people view the profession if no-one at the top is a SW?
- Not so much about who the director is, but need someone who understands SW on the senior management team.
- Big split between senior management and operational management.
- Good argument for separating strategic and operational management. But strategic management needs to have a good understanding of what SW is like.
- Strategic managers need to be intimately connected to the front line. Need to have their decisions informed by intelligence from field staff.
- Proper communication is a big issue. Lack of effective communication is why people only trust their front line manager.
- If split professional and operational management, risk conflict about professional issues. Perception that this might be a problem in the NHS
- Services doing more strategic management rather than managing teams. But strategic planning is being driven by political agenda, e.g. anti-social behaviour – emphasis on minority not core services. Need to be able to spend more on preventive stuff.
- Too much political focus in the system is on the problem rather than the cause – e.g. ASBOs etc; need to focus on parental support instead.
- Understanding whole population needs working with partners e.g. culture & leisure, education etc. Would lead us to address earlier rather than later – e.g. parenting support.
- Have to spend more on prevention, but also need to do something in the interim.

## Operational management

- Need serious workforce planning to enable change. Need some consistency around staffing – e.g. establishments based on history, no connection to need.
- Need proper facility for R&D, need to build the evidence base rather than just stats
- Exploit the experience and expertise in the workforce, developing a stronger voice for SW and building confidence in the profession.
- Need to be clear what are the tasks we want Social workers to do
- Para professional role valuable, but need to be clear what the role is about – not just filling gaps.

## Big things we'd like to change

- Give Social workers time to use their skills and be Social workers. Re-create a role that's been lost.
- Robust career development
- Clarity of role and function across different settings.
- More preventive and proactive not always fire fighting.
- Direct resource and budget into SW rather than paying voluntary organisations to do it. De-skilling Social workers by splitting roles. Social workers becoming co-ordinators rather than professionals.

- Need good representation of Social workers in public – need champions to represent the profession accurately in the media – promote positive image.
- Value SW role and allow people to do it/ not just about new staff, need to be able to develop existing staff – recognise skills gaps.

#### **Group 4 notes**

#### **Vision of Social Work for 21st Century, what needs to change**

- Generic v specialism – if there is a coherent single SW profession newly qualified Social workers need a more thorough grounding in basic SW responsibilities (e.g. child protection) before they move into specialist roles e.g. through a probationary 2 years. Needs better workforce planning. Specialist projects take staff and funding away from mainstream activities – staff complements overall may have risen but mainstream teams e.g. in child protection are struggling with fixed or reduced staffs and increasing responsibilities and workload
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- Core v ring fenced moneys – Scottish Exec needs to trust Local Authorities to identify and target local need and not have over reliance on specific funding streams and ring fenced money – but acknowledge problem with local authorities in that councillors have little knowledge or interest in marginalised and excluded groups – no votes in it. Needs better engagement with councillors.
- Pay and rewards – market forces are applied to Social Worker posts and pay when it suits and not when it doesn't. It may be that a premium may have to apply to hard to fill/retain posts and this may be lost as the job market changes.
- SSSC registration and protection of title important but also needs strong voices on behalf of SW – will SSSC take this on? Early indications are not good.
- Mismatch between rhetoric of SE/Local Authorities/Parliament and their behaviour – always seeking quick fixes and instant gratification which does not address social problems in longer term. Community planning that actually engages communities (rather than just agencies and professional) has to be basis of local financial and political accountability through Local Authorities that are aware not just of the cost of doing things but of the cost of not doing them.
- First Line manager's job is to free and empower the creativity of staff (listen to voices from below) – foster team ethos and ensure collective responsibility.
- Middle manager to be more strategic – aware of broader planning and resourcing – but protective of front line staff to get on with job. Middle and front line managers have to share ethos and be explicit about this. This ethos has to be seen in practice by managers.

## **Group 5 notes**

### **What is your vision of social work for the 21<sup>st</sup> century? What needs to change to improve outcomes for service users?**

- A central recognition of what a social worker is - clarification of roles.
- There has to be a shared identity for social workers: am I a social worker?
- The expectations of society for personal services. Providing services for the individual not the other way round
- Is social work a profession? Yes but roles have changed and lines are fudged
- It doesn't seem to be perceived as a profession by the public
- One delegate, who works in Children & Families, has a very clear view of social work being a profession. Each branch appears to be a profession on its own

### **What are the opportunities and challenges facing first line and middle managers – what needs to change for the future?**

- The chance to be part of change as a front line manager, to be part of a challenge
- Retaining the professional part of being a social worker whilst bringing in the other professions in joint working
- Challenge: a vision of more integrated working, a shared culture and language. There is a fear amongst profession about loss of identity.
- Clear up confusion for the client
- Perhaps a step back is needed to clarify different professional roles
- Managers need to utilise the SE skills as part of being a manager
- Conflict between financial, resource and administration and being a social work manager
- Is the model of a consultant qualified social worker within a team of social workers plausible?
- The perception of the social worker as a professional is lesser than other professions despite the hard work and qualifications. There is also a different status for social workers
- Change feels like a monthly occurrence. As a manager you have to bring it on and decide how to do it locally.
- Now much larger HR role for social work managers. It's now being counter-productive
- There is a need for partnership working to be given time to develop over years rather than months
- There is so much gatekeeping that social workers are no longer a gateway.

## **Group 6 notes**

- Terminology issues – Early intervention is the language, not “crisis intervention”, not “prevention”. Reframe terms.
- Early intervention – needs resources ring fenced for projects and initiatives. Needs to be the overall driver of SE policy. Currently fragmented at the policy level.

- Concern around the issue of ASBOs “we did not sign up as professionals”. Core values e.g. protecting people’s rights; respect for individuals. Gone too far for SW in anti social behaviour. No checks & balances. Mixed messages – conflicts. Simplistic legislation from SE.
- 1968 Act – held social work together but has fragmented since then.
- Vision – legislation – not clear what the overall vision is. SW brings about change. SW society’s safety net – scapegoats. SW frustrated being pulled in all directions.
- ADSW “supporting front line staff”
- Need professional direction & leadership. ADSW does not offer this.
- Career structure & pathways needed
- Image/identity – needs improvement in number of ways. Media – SW representation – poor. Raising public awareness. Public opinion should be highlighted. Vehicle for debate with public? Need to promote self – celebrate successes within Social Work - driven by strong leadership, positive feedback – challenge negativity.
- Middle managers – involvement in practice. Different professionals (OT) professional development.
- Connection with team & reality?
- Voice from below-need to protect
- Leadership development & training
- ‘Macho’ management culture to be challenged
- Middle manager conflict in the middle, changing hats all the time, ‘squeezed’
- Different type of structure of management
- Not prepared or developed into role
- First Line Managers - very task focused – burdened by bureaucracy – SE driven targets etc
- No problem with accountability – it is about staffing levels to achieve level of recording etc.
- Workers in specialist roles ‘ring fenced’ When – leaving fewer on frontline to do care work? Initiatives in ‘working together’ etc and other projects more attractive – better pay etc losing staff from the front line to these jobs.

## Group 7 notes

### What is your vision for the 21<sup>st</sup> Century? What needs to change to improve outcomes for service users?

- Need to have confidence in ourselves
- Being bombarded with change. Need to embrace change, but need to be part of change
- Working with damaged deprived people affects moral – stressful
- Social Workers have responsibility to tell people what they do
- Increased wages help recruitment and retention
- Too many different roles
- Occupational Therapists described as social workers – de-professionalisation of social work. Social Workers have clear code of practice – but because of bringing in Occupational Therapists and Care Managers etc devalues this.

- Still only have small amount of staff who aren't Social Workers - don't have any problem employing dual qualified staff – has strengthened Social Work
- Current registration is best thing that can happen
- Social Workers should be empowered/manage budgets
- Want to be accountable – trusted to manage budgets – give them powers from the word go
- Need the support/training to do this
- Need skill mix
- Be IT illiterate
- Need to be professional – provide service
- What we do well - need to tell people this
- In integrated team feel more strongly a Social Work – clear about role
- Bring generic skills to health etc

**What are the opportunities and challenges facing first line managers – what needs to change for the future?**

- In multi-discipline setting become leader for Social Work
- Important that your peers are from other professions - gives identity and role
- Role for peer supervision – support – plan together – be hands on
- Being practitioner and leader complement each other
- Not all staff would be happy with manager taking on cases
- Managers need to react to staff crisis more than case crisis
- Human resources should take on issues of sickness etc not Social Work managers
- Managers of casework have become managers of staff
- Have a senior practitioner to prioritise/manage casework
- There's a shortage of staff
- Care managers take cases directly
- Take own responsibility
- Staff need to know who to go to
- Don't think one size fits all
- Have ability to shape own work
- Professional supervision does not improve people
- Supervision is also about professional development
- Social Work gets so bombarded that it makes positive change hard to implement
- System can become rugged
- Social Work is a system that can't say 'no' - need to find the power to do this
- Have a lot thrown from above – knee-jerk reactions from politicians are unhealthy
- Large rural councils can be problematic
- Voluntary organisations are freer to make changes & can also focus on the things that they choose to
- Need to have time to get used to things/policy – always jumping around
- Short term funding leads to uncertainty
- Resources in Local Authorities are poor – but demand rising
- Admin staff are undervalued
- Need to raise professional threshold

- Cut down on the admin work done by Social Workers

### **What are the opportunities and challenges facing middle managers – what needs to change for the future?**

- Need better integration
- Need to be involved in planning stage
- Senior managers aren't aware of grass roots
- Flatter management structures
- All staff should have email – be able to email outside organisation not just internally
- Clarity of roles and responsibilities
- Problem of people having narrower views/knowledge
- Need to have generic knowledge – keep this
- Responsibly when promoted to retain links/dialogue with other specialisms

### **Group 8 notes**

- Problems surrounding the fact that there are 32 Local Authorities, all with different management structures, however the SE (Scottish Executive) treats these all the same.
- Service Specialists – Operational Managers have the knowledge – the right people need to be at the right level. No good having unstrategic people doing the planning. I.e. Specialist planners need to be integrated with operational strategists.
- SE (Scottish Executive) Money – small pots of money – LA managers do not have enough time to put together proposals to get the money – lack of time impacts upon their ability to plan well. 'Knee-jerk reactions' Not the time/opportunity to consult with partner organisations or own staff. This works against strategic planning – 'planning exit strategies from day one'
- Premature SE press releases – pre-empt service delivery. The public expect to gain access to pots of money before they have been made available. Causes unrealistic expectations.
- SE Information – produce too much information. Ideas not given chance to develop before the next 'shiny jigsaw' comes along. SE needs to slow down and be clear about what funding they put out and how it all links together into 'one jigsaw'. Regional Government might be a way of linking up funding streams. Difficult for LAs to stand up to the SE and say we're not doing it.
- Social Work Values – being eroded. Constantly being hit with new legislation that they haven't been consulted on. E.g. People with no care background working as street wardens. SE giving into public pressure.
- Criminal Justice social work – doesn't have the infrastructure to stand up to the SE. 'Tough Options' – LAs as having to deliver CJ.
- LAs use COSLA & ADSW in order to get their voices heard – for the first time LAs are beginning to use the power of lobbying. The flipside of this is more accountability – no backgrounds on measurement, practice based learning. If this was done there would be no need to react as would already be done.

- Andrew Coyle – example of what a culture of research can do in the CJ environment. Made people think more in terms of questioning and evaluating.
- Inspection – SSSC, Care Commission, SWIA, Mental Welfare Commission & others! Huge structures, whilst there is ADSW & COSLA Social workers need a parallel TO THE BMA RCN ETC (like education). Unison not a voice for Social workers – gap for Social workers -BASW NOT INFLUENTIAL POLITICALLY, MORE INWARD FOCUSED TO THE PROFESSION.
- Status – needs the SE to raise status so that profession gains respect in the same way as health AND EDUCATION professions. SW as always seen as part of Education or Health, needs identity in own right.
- Need to address the question of how LAs can help the public to understand what Social workers do SO IT IS MORE FOCUSED.
- Children & Families SW Accountability – professional & slick – clear standards & accountable. Children’s Hearing etc targets to be met. More accountability than education & health agencies. Good evidence base. SW has to set out aims, performance indicators. However interventions from C&F SW viewed as undermining communities - means becoming defensive.
- Data Collection – not as developed in some LAs as the money that goes into it. Issue is: how can we prove benefit to those families that we intervene with?
- Lack of understanding of what SW is across professions – e.g. Schools not understanding.
- Lack of independent identity for SW.
- Data & the SE – All quantitative information – not qualitative – not enough measurement of quality of services taking place. Focused on meeting SE needs not LA needs.

### **Relationship to the vision – what should be there?**

- Clear definition of what SW does
- SW valued in its own right, not viewed as an add-on, having a stand alone identity
- Users need to be able to feedback into the system
- Users need to know why things happen
- Integrated Working – ‘Shiny Jigsaw’ – the SE need to do the joining up of these rather than expecting LAs to do it.
- Chief Social Worker role – role needs to be strengthened.
- Partnerships need a clear sense of direction – rather than this coming from the SE.
- Status of SW in SE – SW seen as a ‘soft touch’ by the SE. Being used as ‘rescuers’ – SW says yes because they can do it, harder for Social workers to say no as runs against the culture of SW. LAs worried about further dilution of SW within the SE.

### **Differences in views between Front Line & Middle Managers?**

- Middle Managers want the time to consult. Front Line Managers currently do not feel consulted. Agreement between front line and middle managers that consulting time would be valuable.

- Problems with Front Line Managers adopting managerialism – lack of agreement on this. Shift of Front Line Managers dealing with practice issues rather than personal development issues – however practitioners want front line managers to do this.
- Operational/Strategic – all good but need to get someone to do it. Not enough qualified SWs.

## 2. Professional leadership

### Group 1 notes

- Interim Report – talks in soundbites in management and leadership. 2 sides of a coin management and leadership.
- In high risk cases need management advice.
- Leadership and management both needed.
- Leading to deliver training: (1 member of group) Delivered to social work managers across Scotland – speaking the same language. Can see effect of this coming through in peoples work. Given good methods of evaluating services. Not about managing services down the way, about influence across the way. Professionally delivered. Low drop out rate.
- Fall down badly – don't get your management training until you are a manager – criteria were a good social worker but different skills involved in being a good manager.
- Using practice teaching as a stepping stone not appropriate. Need practice teachers to take students.
- Residential care homes side a good progression but not there for fieldwork. Career path for social work assistants and family support workers.
- First Line Managers – Team Leaders – the hardest job in the whole organisation. Senior practitioner no differential with Senior Social Worker – far more attractive job.
- Leadership of senior practitioners – leaders of innovative practice.
- Struggle to find people to do management if had a career path in practice – far more attractive.
- Pay and reward essential – status regarding teachers on McCrone. Also Health Visitors & district nurses even more than social work – barrier to integrating services.
- Variation in pay & incentives across local authorities - unhelpful in pay and incentives.
- Human Resource practice across local authorities not helpful – want to give social workers more leave but won't agree to this as corporate policy. Burning people out. Social workers have to give service user's hard messages.
- Family Friendly policies – need to introduce compressed hours.
- Conditions of service not helpful
- Corporate closure Christmas & New Year but social work needs to be open.
- Leadership to relate Family Friendly Policies and Flexible Working. Not above and beyond on good will. Doing a lot of work out of office hours which is unacknowledged. Is society prepared to pay?
- Analysis is needed into what service user groups want and need.

- Internet Services – West Lothian can order equipment on internet. Cut down on waiting lists.
- Vision of leaders to move with the times
- Social Workers with no mobile phones – health & safety issue. Phones that track where you go.
- Leadership regarding IT development. Investment needed in hardware
- Supervision – mentoring/workload management/career development
- Mentoring/Senior Practitioner status?
- Senior social workers like to do more but supervision reduced to minimum. How many people should a senior social worker manage – needs to be specified to be viable.
- Practice Team Leaders – 4/5 maximum, 2 para-professional, 2 qualified social workers, 70% caseload, and 30% management.

## Group 2 notes

- There was a discussion as to whether line managers and particularly Directors of Social Work services needed to be social workers. One individual felt that the director should be a social worker or at least understand the value base of social workers otherwise how could they bid for resources effectively or be an ambassador. However some people put forward examples whereby they had two recent social work directors, one was a social worker and was a very poor Director the other one was not a social worker and was a very good Director and there seemed to be a majority view that the quality of the leadership was most important rather than the Director being a social worker.
- There was a discussion about how you ensure there is a strong professional voice for social work even in integrated settings. However there seemed to be little support for Chief Social Work Officers which they saw as often excluded from the horse trading in budgets and therefore of little impact. There was no real agreement about a particular model for replacing the Chief Social Work Officer post but when pushed they did agree that it would be important for the Review to make a statement about the importance of having a social work expert in the third tier management at least (that assumes the Chief Executive first tier, Director second tier and the Head of Service third tier). However it was agreed that this might vary according to the scale of the organisation.
- There seemed to be a lot of support for the supervision model of coaching, professional development and challenge although when pushed they did agree that the workload management issues tended to dominate. There was a feeling that there was a cycle in the way supervisions operated. So for example in the past they used to be “very touchy feely” and then have swung to being very managerialistic and was swinging back again to being a bit less managerialistic.
- The issue of being risk adverse came up and there seemed to be a universal view that their organisations were risk adverse and fear driven. However, one person commented that it had always been fear driven and it had not necessarily changed.
- One of the groups was a Quality Improvement Manager and commented that there was a resistance between senior management to a common standard quality assurance across the service which was not expressed by lower level managers.

### **Group 3 notes**

- Need to be proactive, not always reacting to crises, new legislation etc.
- Infrastructure for effective leadership
- Need an adequate infrastructure if we want people to lead effectively
- Need a good IT system to ensure information is at hand when you need it.
- Also need people to use it effectively and need proper admin support.
- 

### **Good leadership**

- Need good communication up and down
- Clarity of what you expect of people
- Trust – not enough trust between politicians and senior managers and between senior managers and their staff. E.g. when there's a budget problem immediately move budget responsibility up the line.
- Effective networks – knowing who can help
- Challenging and being challenged
- Confidence in finding solutions
- Ability to represent SW in integrated planning and strategy development
- Ability to delegate and empower people

### **Leadership development**

- Big training issue
- Need CPD for senior managers
- Develop confidence & competence of leaders
- Leading to deliver – big time commitment, then go back to work and get swamped by the old ways.
- Leading to deliver gives you the tools to lead– especially in a multi-agency setting.
- Difficulty finding time to lead when bogged down in reactive management
- Need to offer staff time to learn from each other, but communication between teams is very poor

### **Managing risk**

- Very strong statement that SW is risk averse and has been for a long time.
- Media expects SW to sort out all of society's problems.
- Need to be clear about what we do well and acknowledge that some things will happen regardless of what we do.
- Risk management isn't scientific – too much witchcraft – we have no clear definition of risk.
- Corporate responsibility – it's the LA's responsibility to look after children, not social work's – potential for SW to become the whipping boy of society.
- Expectation from politicians that we spend huge sums of money on some things like supervising sex offenders, regardless of whether they are a risk - More does not mean better.
- Need much more confidence to say how we do things.

- Huge amount of work goes into the child protection register – what about the risks to children not on the register – very similar situations yet they have no effort paid to them.
- Lot of systems around child protection are knee jerk reactions.
- We need a whole picture of what we're doing? Who has the broad picture of what SW is doing?
- Need to be specific about what we do, to describe more and less intensive pieces of work.
- Gap filling nature of SW results in lack of clarity of focus.
- Some people very well at working with risk and managing it, others aren't. Managers know who's assessment to trust – how do we manage the people who's competence is suspect?
- People need to be able to make confident decisions, but also need better evidence based models and guidance on risk assessment to support them
- Front line workers more conscious of lack of risk taking – needing to have decisions rubber stamped.

### **Senior leadership**

- Senior managers need to have an understanding of what people do. Instead they only see part of it.
- Senior managers need to be visible at the front line – tend to only see part of it – the numbers game.
- Senior leadership is fragmented – lack of joined up approaches, especially when SW is managed within different parts of organisation.
- No-one has the whole picture to be able to make realistic demands at operational level.
- Need an over-arching perspective – leadership at the top of the organisation with clarity of service priorities.

### **Supervision and professional support**

- Need to be able to organise supervision and training dependent on need
- CPD's not really there in a consistent way – need a good training function
- SWs need to have confidence to make an assessment and be well supported. People can't get there quickly
- Team based supervision; learning from one another has a place but needs to be well supported.
- Need practice based career structures that go beyond team manager, giving career opportunities.

### **Group 4 notes**

- Leadership has to be based on recognising service user needs and keeping these central to all work.
- It has to be upfront that SW is not risk free and never will be.
- It has to have and promote a shared vision of the job in hand
- It has to walk the talk and champion this vision in and out with the team or organisation.

Supervision has to happen within that ethos. If a SW has delegated autonomy, supervision is about delegating and holding staff accountable for that.

Supervision has many elements:

- Workload management
- Professional development and training
- Personnel management
- Strategic management
- Operational decision making
- Performance measurement

The group felt very strongly that it was not a good idea to separate these out; that they should all be invested in one manner with time to devote to it.

However they also felt that workload management dominates when they are under pressure and that that is what the organisation values – that there is little support and training in the other elements of supervision.

Every unit/team should have an operational plan based on the organisations own broader plan – it is crucial that this is developed and owned by staff who will deliver it not just dumped from above. This ensures connection between strategy and practice.

Leadership of this will involve

- Joint ownership of the plan
- Soft and hard measures of performance
- Feedback to individuals and teams on progress

Needs a 'professionally assertive voice on behalf of SW – clear articulation of what it offers and can/can't do – this has been lost in integrated committees and council departments and in the SE – no single voice – shouldn't the SSSC be doing this – they say no they just register people.

Match between demands and capacity – be clear about what can be done within available resources and be able to say no when the impossible is asked for – compare to nurses who are able to assert this.

Every task within SW should have clear linked training and competency framework and staff who have not been given the chance to establish competence should not do that task ( link to idea of probationary 2 years).

## **Group 5 notes**

### **What sort of leadership is needed to deliver your vision of 21<sup>st</sup> century social work?**

- Leadership comes from personal and professional care values but management comes from being part of the structure
- Charismatic leaders are required as there is a lack of them in social work
- The image of the hero leader doesn't fit well within social work and social workers find it difficult to accept and see themselves in that role
- Good managers tend to be the ones with inspiration and leadership
- Social workers find it hard to define what their own leadership skills are
- The social worker as a leader needs to pull all the skills of the team together to make best use of them

## **What models of professional accountability, support and development are needed to make this happen?**

- Leaders should be there to support & encourage the autonomous decisions of front line social workers
- A balance between supervision and accountability
- Accountability – support and supervision comes from peers rather than line managers. Managers need to be accountable to anyone they have contact with.
- Personal development is being lost more and more the further social workers climb up the ladder and they need to get this back. Peer support helps but a lot more including personal responsibility needs to be done.
- Accountability is a two way process that line management needs to be involved in
- There needs to be a better appraisal system
- Too much emphasis on control but profession needs supervision due to the grey nature of the job

## **How do you develop confident and competent leadership at all levels?**

- Training and how you foster supervision and management
- Social workers need to recognise their own strengths and weaknesses
- There needs to be a clear vision of your organisation and what they are trying to do. Then a clear vision of the individual's role is required. At present things are fragmented and change too often.
- Social workers need to get away from the financial and admin side because they shouldn't be doing it and to raise confidence.
- Devolved budgets would empower individual Social workers
- Further up the tree managers need to have a vision and be able to pull things together.

## **Group 6 notes**

- Different types of leadership needed at all levels
- Practitioners – should separate out roles
- Professional support
- SE & Leadership – outdated model
- Task, team, rather than individual
- Question – have we been led in SW?
- Leadership from top down and other levels
- How would you like to be led? Practice orientated, value orientated – evidence-based practice
- Coherence of values.
- Management – macho culture needs to change
- Advocacy on behalf of workers – protect voices from below
- Practice based – leaders need to be 'connected' and visible
- Good-will and commitment – exploitation of workers
- Hierarchical structure prevents listening of voices from below
- Dialogue with directors needed. Being small structurally can help this but large authorities can have visible leaders
- Sea change in one authority – CEC – change in leadership – now has enabling supportive environment where leader is visible and listening

- Social work changing constantly.
- Different structures needed for future
- CHPs – watch how these develop. Structural issues important in leadership.
- Being visible – leaders voice visible at very level in organisation.
- Professional leadership – welcomed. Advice and support for QSW
- Expert & leadership? What is the difference?
- SSSC registration – people selling programmes. Emphasis on CPD
- Professional consultants growing in numbers
- Importance of 'person' and qualities
- Leadership qualities are what make a difference. Not professional ingredients – of leadership \ background
- Common values – reassuring that review found this
- Need to nurture leadership capacity within the workforce
- Senior practitioner role did not work in CEC. Taken up – management role – need different approach.
- Training managers in same organisation connected to HR rather than SW practice
- Ed Psychology model – freedom within structures – but still within local authority structure – could this be model for SW?
- Risk/accountability – important concerns if this was taken out of local authority
- Mentors – experienced practitioners needed
- Employing people – we need to identify who will be the leaders of the future?
- Concerns about calibre of workers over the last few years
- Do not need more social workers – just change in the role. Most of the time this works really well
- People have a sense of hope in SW – still optimistic about future – should use this
- Retaining staff – important
- Career structures need improved pay and rewards, must be looked at.
- Unqualified staff in SW posts
- "grow your own" harness the existing talent in the workforce
- Social work department single structures? Or integrated approach? Different branches of services need to be pulled together
- SW task – relationship with individuals & families & communities
- Coherent profession – agreement that it is
- Tension between integrated structures and maintaining strong professional leadership for social work

## **Group 7 notes**

### **What sort of leadership is needed to deliver your vision of 21<sup>st</sup> century social work?**

- Leadership has to start at the frontline
- Leadership hasn't been valued
- In Social Work we promote people based on their ability to do Social Work - not good managers
- Have to have a belief system where you believe what you are doing is right

- Promote what they do
- Leader and champion rolled into one
- Good leadership is about good Social Work – listening etc
- Empathy
- Be able to see bigger picture around them
- Managers have to look at things holistically
- Be able to make hard decisions and quantify them
- Need the power and resources to live with hard decisions
- Recognise different skills/strengths

### **What models of professional accountability, support and development are needed to make this happen?**

- Accountability should be shared by all
- If people are trusted and empowered that filters through organisation
- Encourage accountability from the start
- In integrated teams have ability to say – “this is what Social Work does and doesn’t do” and know you will be supported by senior management
- Have support as potential ‘whistle blower’ of bad practice
- Responsibility of manager to make sure that Social Workers don’t undertake too much cases/work
- There will always be a number of unallocated cases – need to get better at saying no and have confident you will get management support
- We don’t all buy into professional org - BASW (British Association of Social Workers)
- BASW don’t picture on scene
- In Local Authorities most people look to their union in the Local Authority than BASW
- SSSC (Scottish Social Services Council) took the BASW code of practice
- BASW will represent you in court up to £1M, if its an example of good practice – won’t support you if you’ve broken code of practice
- BASW is underfunded because it doesn’t have enough members
- BASW has window of opportunity through registration
- BASW could provide a ‘good practice’ advice – it does but this isn’t widely known
- Link in with peers in Scottish Executive and other professional appraisal systems – should be consistent & coherent – have protected learning plan – should be structure to this
- Need appraisal system/structure tailored for Social Work
- Important that people evidence outcome from training
- Should have staff replacement costs
- Need to keep up with changes in society practice

### **How do you develop confident and competent leadership at all levels?**

- Appraisal, personal development
- Some areas are hard to evaluate outcomes
- Need to measure your output alongside your outcomes
- Need to clarify what supervision is
- Do we have supervision or consultation? – more accountability
- You can’t say we need to be more accountable but need more supervision
- How do we dispose of bad Social Workers?

- A unique part of being a Social Work is that they are faced with terrible situations – need someone to go for – help to get them through
- What do we expect from workers
- Can supervision be informal – peer? You can have both
- The higher you move up the less training you get
- Need to be more responsible to individual workers
- Need to be clear about what is acceptable baseline

### **Group 8 notes**

- Leadership needs to be inbuilt at all levels – main grade workers also have a contribution to make.
- Culture of democratic decision making in SW means that traditionally there has been a backing off from leadership/authority roles.
- Consultant Role? In theory good idea that should be strived for. However there are some difficulties; health board staff want to be managed by their own profession.
- Chief SW Officer or Director Role – SW experience must be there.
- Responsibility/Risk/Fear – key to what SWs do.
- No entrepreneurial spirit - staff not involved – used to be better at it

### **Sort of leadership needed:**

- Strong professional leadership combined with strong political leadership – e.g. a Minister for SW with a SW background. Political leadership could clearly define the route – giving LAs a concrete route.
- Need people who can stand up for SW at all levels from Minister to admin staff.
- Strong direct leadership but whilst taking staff with them.
- Good integrated working ability – crucial to joined up services.
- Clarity on overall vision – aids good leadership – clear performance standards.
- If we are all going to lead, we all need to be clear on our own role – being clear what you are and aren't going to do.
- Clear steer on the political message needed.
- No clear leaders currently. Previously there were clear voices such as Sandy Cameron. Currently just people who are known to ADSW members but not outside of this.
- Need leaders who can effectively use the media.
- Need Social Work 'champions' not 'faceless wonders'.
- Political skills needed.
- There used to be a straightforward vision of SW – 'doing good & helping people'. However the political shift away from paternalistic ideas has been difficult.
- Need to give people leadership roles at all levels.
- Access to training – the opportunities as there but only a handful of people are getting access to them E.G. LEADING TO DELIVER
- Political leaders need to have been SWs.
- Admin support for managers is needed.
- Management training needs to be given before DURING AND ONGOING WHILE being a manager.
- Succession planning needs to be in place.

- Dual routes – manager route, practitioner route

### 3. Managing Service Delivery

#### Group 1 notes

- Refocus on early intervention – nothing new – been working on this
- Early identification by universal services
- Early intervention teams need to be dedicated to that not caught up in child protection issues.
- Universal services need to extend their services.
- Reliable, intensive, practical help – stay with them – how to identify the children systematically – strategic approach.
- Redirect resources from external placements – need bridging funding. Too many children & families social workers doing child protection investigations and post abuse therapeutic work.
- What does society want from us in working with children? Find families where social workers almost living with the family.
- Drug and addiction issues – illegal aspect – increase in number of children being accommodated. Use of children made to collect drugs and money.
- Who is having children? Testable to need more family support.
- HR resources. Occupational Therapists on different scales depending on whether health or social work employed.
- Need Scottish Executive leadership, currently not being specific enough about partnership. 5 CHP's in Glasgow – no direction from the centre. Huge variation across Scotland.
- Child Protection still seen as social workers responsibility – no real shared ownership.
- Ambiguity about position on integration – weeks and weeks arguing about small issues.
- Scottish executive need to finish off one piece of work before starting on another load of policy.
- Try new members to bring about integrated working at Chief Exec level, elected members and board members.
- Joint Future measure whole range of indicators – collect data through SSA. Social workers tired of filling in the boxes. Figures don't feed back into staff. Pointless outputs. Need key outcomes.
- Ask service users what they thought of the service.
- Education and health need to change more than social work to target unreachable people and offer them services.

#### Group 2

- When asked their views on service redesign there seemed to be a general support for decentralising services and keeping them in touch with communities although it was agreed it was important to avoid isolation. Generally, however a model of localised integrated services was supported. It was also felt that if there were community based services there might be more user friendly and less affected by the stigma of social work.

- There was a brief discussion about personalised services which everybody aspired to but some felt that cultural restrictions would get in the way and another person had tried to introduce family support counselling but had found it to be too expensive. One of the groups talked about the local area coordinator model in Aberdeenshire but said it did not seem to be very person centred and seemed to be a long way from the Australian model. Conversely an excellent example of the potential impact of the LAC approach was given from somebody from Stirling where a individual had had a fifty hours care package a week and now having worked with the LAC they had six hours of care a week and a full time job. This saved a very considerable amount of money.
- There was an interesting discussion about different attitudes to risk from different sectors which affected integrated working. So for example they said health often had a lower threshold regarding protection then social workers did. There was also a feeling that organisations set risk management at levels which seemed to protect councillors and chief executives.
- An interesting example of service redesign was given in South Lanarkshire where they have redesigned day services and linked them to the local sports facilities and young men now go to the pool and the gym rather than wanting to come to the day centre.

### **Group 3 notes**

#### **Resources**

- Not able to deliver the type of service you want to
- Managers need to take decisions based on the inadequacy of resources
- Aspects of accommodating children – inadequate resources at high end of need, so have to leave people in places where they shouldn't be.
- Some of this needs to be sorted at national level – introduce some consistency of service standards
- Should be able to accommodate children when it's needed not wait for crisis point – results in much more expensive packages
- Need resources to be able to be more flexible, responsive and accessible. What we can offer is often not great

#### **Organisation**

- Are 32 local authorities really the right way to deliver all SW services
- CJ already moving towards delivering services at a partnership level. Community Justice Authorities will take it further.

#### **Strategic planning**

- Need to be better at prioritising – contracts/SLAs are totally inefficient.
- Prioritising can't be about SW alone, need to be able to do it at an integrated level. Pool resources of SW and education, then prioritise.
- Need to be able to use integrated approaches to be able to change services. Instead, other agencies come to SW because no-one else will do the job.
- Need to be able to configure services to meet population of need.

- Managers need to be able to be involved in decisions about establishment
- Should be able to predict future demand, know the impact of drug abusing parents having kids who become drug abusing parents themselves. In future can't even depend on grand parents.
- Need to be developing whole systems approaches.

### **Practice**

- Lot of good examples of people doing things well, but need to be able to free people to do more of it.
- Supervised contact is a big issue – why are we using SWs to do it – need right people, right skills to provide effective services.
- CJ social workers know what works with drug abusers, but have no capacity to do it – very frustrating for workers – know they have the skills to help people but can't use them.

### **Risk management**

- SWs know where the risks are, but organisational culture doesn't allow them to act upon them by acting proportionately to risk – too risk averse.
- Need the risk management authority to be setting a clear direction.
- Need a single risk management tool that is used consistently across the board. Needs to be a dynamic process that supports professional judgement. (look at home office work on accreditation also DH/DfES stuff)
- People are constrained by both LA and by SE, lacking clear guidance

### **National influence**

- Too much ill informed spending from SE e.g. domestic violence and youth justice – why don't SE talk to people who know about these things – suggestion that the usual suspects are too far removed from reality – very little faith in ability of senior managers/directors to be able to really understand and represent their views.
- Need proper leadership that's able to influence ministers' thinking
- Need resources that match need
- No more time limited funds

### **Staff development**

- Need to be able to resource CPD properly
- Need to value and develop staff if we want to retain them
- Also need to manage better, be more strategic and more proactive
- Use secondments to reinvigorate people.

### **Group 4 notes**

- Integration has to be worked at with clear recognition of value and abilities of each professional group – experience is of this not happening – emphasis on structures and systems rather than 'hearts and minds'
- Locality models – small local integrated teams with their own resources and budgets accountable to local plan. Valued assertive SWs operating within this who have line management accountability for tasks to local

manager (who may be from another profession) but professional accountability to a fellow SW who is a strong voice within organisation e.g. CSWO.

- SWs are not para-educationists or para health professionals they have a distinct role – measures of performance should be based on individual team and organisational shared recognition of what is quality in their work – linked to local plan.

## **Group 5 notes**

### **How can social work managers deliver more flexible, responsive and accessible services, refocus services on early intervention and develop improved risk management?**

- Making sure they have enough accurate information to determine who the best worker is
- Flatter structures work much better than larger bureaucratic ones as they are more flexible and quicker to respond. Includes devolving financial responsibility
- The structures in smaller LAs are better to work in due to flatter structure and more autonomy. Social workers feel more empowered and confident in this set up.
- Flatter structures in small LAs deliver and manage change a lot more effectively
- Is crisis intervention too late to help people?
- New policies are identifying cases earlier and leading to prevention e.g. youth justice, education
- Better early intervention helps catch cases earlier and reduces risk
- Every assessment should assess risk to the service user
- Better identification of what is an acceptable risk
- Assessment of risk can lead to conflict with carers
- Increased post qualifying training on risk management is needed. It should be integral to training and part of CPD
- Co-ordination of all the risk assessment material out there: possibly a national framework
- Use risk assessment as a starting point in overall assessment
- Are social workers being asked to manage risk that is appropriate? Sometimes Social workers are the only ones able to do this.

### **How can managers promote a culture of continuous performance improvement and evaluate outcomes?**

- Set out what needs to improve, establish a set of clear aims and do those that are pragmatically achievable
- Give managers a longer time to evaluate outcomes e.g. 5-10 years
- Communicate clearly to the people who need to improve what is expected of them
- Performance improvements need to be set locally and controlled locally
- There needs to be a better recognition of successes
- Better feedback and information from senior management to allow front line managers to better judge what is required

- A performance indicator is staff happy at their work as morale is low at present.

### Group 6 notes

- We need to ask access to what – what is it that service users expect/need?
- “Service” what do we define as the social work service?
- How flexible should we be in social work?
- Call centres – SW or social care services?
- Social services not SW services – argument for increased access to wider support services
- More use of non-SW within social care – people with different roles and qualifications needed but should retain the overview from social work – social work has role in developing and directing services.
- Realistic expectations of SW service for service users. Otherwise we are creating demand – dependency – social workers do not want this
- Gateways into services are important – need to increase ways in which people can access services – more direct access – self assessment. Tools would be helpful.
- Autism – not providing services well, resources need to catch up with need in services for children with autism.
- Integrated service provision
- Relationship with voluntary/private sector – commissioning of services – value for money important. “Cherry picking” in voluntary organisations whereas local authorities have no choice over who they work with. End up with what others do not deal with – the most difficult situations fall to social services.
- Clearly defined roles – needed to manage expectations & demand for services
- We “own” failures – “owning” failures does not help public perception
- Surprise that front line staff think there is a culture of risk aversion. Surprised at this in middle management. Risk aversion is politically driven not practice.
- C&F – chronology – “covering our backs” is result of audit requirements etc.
- Cannot eliminate risk – important message to members of the public
- There is a line beyond which social work cannot take risks and this is difficult at times.
- Ministers message – regarding acceptable risk management
- “Supporting” risk taking is role of managers but also political leaders. SW will continue to be pulverised of this is misjudged.
- Comments on O’Brien Enquiry – was not an ‘appalling failure’ but fairly average every day case that any social worker could have dealt with

### Group 7 notes

**How can social work managers deliver more flexible, responsive and accessible services, refocus services on early intervention and develop improved risk management?**

- Be creative in your employment of staff

- There are many qualified Social Workers out there who can only work on small amount of hours – find a way of utilising them
- Take and manage sessional staff – cheaper than agency staff – can do hours anytime in the week
- Sometimes all that's required from Social Work is advice service – not time consuming
- Sessional staff are committed because they have a good work/life balance
- 8am-8pm system doesn't work
- cut down bureaucracy on recruitment
- be more accessible
- need to be involved in getting feedback from service users
- what is it that only Social Work can do and what can others do – make sure no duplication
- have Para-professionals
- single shared assessments
- need tools for jobs – need assessment tool that is same across board, service users should have the same services across different Local Authorities
- forms are less important than outcomes
- doesn't have to be Social Workers that do early intervention
- earlier intervention is more about preventative work – do it through integrated services – it's everybody's responsibility
- Social Work has responsibility to raise awareness where there's gaps – nobody else will do this – mediate the gaps
- Listen to service users
- Integrated teams based together, informal communication
- Win hearts and minds
- Social Workers want to do early intervention
- Re-introduce community work
- Social Work review needs to look at community work
- Freeing to know that you can leave your job at the end of the day knowing that someone else can pick up work – like to know that things are not just their problem – work out solutions jointly
- National guidance would be good
- Always looking at risk
- A lot of new recruits can't do assessments – can provide information but can't tie it together - don't want to make decisions worried about the risk
- Need to support workers to make assessments and improve their confidence
- There has to be more support
- Reasonable risk taking is empowering
- Because of high profile cases Social Workers risk averse
- Need support of Scottish Executive
- Need systems where workers can't leave themselves hung out to dry
- Too much staff management movement, different thresholds
- Trust needs to be built up
- Look at preventative practice rather than fire fighting
- Use/develop research – look at Social Work university research
- Have more opportunity to do research – need thinking time
- Have Social Work training teams
- Need day to day development

- Important to have post qualification system – many good opportunities – tap into courses available to health, education etc

### **How can managers promote a culture of continuous performance improvement and evaluate outcomes?**

- Structures that reward people
- Training tailored to job
- Time for learning
- Supported elsewhere
- Registration is good
- See it go further – something like the McCrone report
- How do you know you're confident/competent?
- Need feedback
- Peer reviews
- How the role and task works into job description. Should reflect day to day stuff – outcome and competency based.

### **Group 8 notes**

- Integrated Joint Action Teams – helps with early intervention, risk/needs assessment better informed. General sense that these are working in the right direction.
- Earlier intervention – long term cheaper than crisis management.
- Time - don't have enough resources to cover the crisis stuff let alone the prevention role – SWs would love to get BACK into PREVENTATIVE WORK (this).
- Resources – either need more resources or need clearer definition of what social work is there to do – again the issue of clear vision & prioritising.
- Retaining identity whilst having integrated service delivery.
- Blockages to access – e.g. opening hours in schools – janitor – might just be a simple case of breaking down these blockages.
- Flexible working arrangements – e.g. looking into flexible working for retired people. Flexi-time systems. Management also needed for out of hours services. Service based not staff culture based – implications for the type of people who can work in jobs – redeployment issues.
- Concern surrounding the role of the voluntary sector: LAs have to purchase/commission because of political reasons, however this does not always result in good quality services. Can result in LAs being in a position where they have to commission work and not do in house, even when the work could be done cheaper and to a higher standard. However support for the case that there needs to be a mixed economy, but it's the fact that market forces causes monopoly. LAs NEED TO EXERT INFLUENCE IN MANAGING THE CARE MARKET MORE.
- Voluntary organisations as being able to cherry pick. A balance is needed.
- Good management of the mixed economy needed.

Nicky Cleghorn  
 Research Assistant  
 21C Social Work Review  
 20 July 2005

## Annex 1

### Opinion polling statements

#### **1. For most social workers peer supervision is more valuable than management supervision:**

There was overwhelming disagreement with this statement; 18 out of 21 voters either disagreed or strongly disagreed.

#### **2. There is a true learning culture in social work:**

There was a spread of opinion on this matter however just over half (13) of the 21 voters agreed with this statement, 3 neither agreed nor disagreed and 5 either disagreed or strongly disagreed.

#### **3. Quality assurance should be about promoting and sharing good practice rather than top down inspection:**

There was overwhelming agreement with this statement; 19 out of the 21 either strongly agreeing or agreeing.

#### **4. The way we deliver social work services promotes independence:**

A wider spread of opinion on this statement with a most people (13) either disagreeing or strongly disagreeing, 4 neither agreeing nor disagreeing and 4 agreeing.

#### **5. We need a completely new approach to handling access to services:**

Very strong agreement with this statement 20 out of 22 votes either being strongly agree or agree, the remaining 2 went to disagree.

#### **6. Local authorities provide an ideal environment in which professional practice can thrive:**

Spread of opinion with majority of people (11) agreeing with the statement, 8 neither agreeing nor disagreeing and 3 disagreeing.

#### **7. We need a new kind of partnership between local authorities and voluntary organisations:**

The majority of people (12) voted neither agree nor disagree, followed by 10 people agreeing and 1 person disagreeing.

During the event there were a series of three workshops which asked the following questions of participants:

### **What needs to change?**

- What is your vision of social work for the 21<sup>st</sup> Century? What needs to change to improve outcomes for service users?
- What are the opportunities and challenges facing first line managers – what needs to change for the future?
- What are the opportunities and challenges facing middle managers – what needs to change for the future?

### **Professional leadership**

- What sort of leadership is needed to deliver your vision of 21<sup>st</sup> Century Social Work?
- What models of professional accountability, support and development are needed to make this happen?
- How do you develop confident and competent leadership at all levels?

### **Managing Service Delivery**

- How can social work managers deliver more flexible, responsive and accessible services refocus services on early intervention and develop improved risk management?
- How can managers promote a culture of continuous performance improvement and evaluate outcomes?

## Annex 2

### Attendees

1. Janice Gorman	Aberdeen City Council
2. Lesley Simpson	Aberdeen City Council
3. Belinda Cook	Aberdeen City Council
4. John Ledger	Aberdeenshire Council
5. Corinne Begg	Aberdeenshire Council
6. Jerry Forteach	Angus Council
7. John Duncan	Argyll and Bute Council
8. Maggie Maclean	Clackmannanshire Council
9. Sean McGleenan	Dumfries and Galloway Council
10. Sheila Murray	Dundee City Council
11. Alison Findlay	East Ayrshire Council
12. Celia Gray	East Ayrshire Council
13. Ian Kinsley	Falkirk Council
14. Anne-Marie Parnell	Falkirk Council
15. Larry Wilmot	Highland Council
16. Andrew Stevenson	Highland Council
17. Sharon McAlees	Inverclyde Council
18. Joyce Allan	Inverclyde Council
19. Graeme Rizza	Moray Council
20. David MacRitchie	North Ayrshire Council
21. Colin Hamilton	North Ayrshire Council
22. Joe McElholm	North Lanarkshire Council
23. Margaret McInnes	North Lanarkshire Council
24. Gill Smee	Orkney Islands Council
25. Derek Aiken	Orkney Islands Council
26. Lesley Sykes	Perth & Kinross Council
27. Susan McIntosh	Perth & Kinross Council
28. John Gilruth	Perth & Kinross Council
29. Nicola Rodgerson	Perth & Kinross Council
30. Jacqueline Torrens	Renfrewshire Council
31. Michelle McCargo	Renfrewshire Council
32. Michelle McConnachie	South Lanarkshire Council
33. Sharron Archibald	South Lanarkshire Council
34. Lorraine Connacher	South Lanarkshire Council
35. Mark Smith	Stirling Council
36. Sheena Allen	Stirling Council
37. Carol McMillan	Stirling Council
38. Tim Parkinson	Stirling Council
39. Jane Kellock	West Lothian Council
40. Susan McKenzie	West Lothian Council
41. Mike Moran	East Dunbartonshire Council
42. Pam Jackson	East Dunbartonshire Council
43. Roy Macgregor	Kirkcaldy
44. Sandy Kerr	Glasgow
45. Chris Clarke	East Lothian
46. Deone French	East Lothian
47. Sean Bell	Edinburgh

48.Doris Aitken	East Renfrewshire
49.Jonathan Hinds	East Renfrewshire
50.Drew Concon	Glasgow
51.David Aitken	West Dunbartonshire
52.Dale Meller	West Dunbartonshire
53.Karen Dyball	Glasgow
54.Linda Connely	Glasgow
55.Kevin Miller	Glasgow
56.Anne Martin	Midlothian
57.Graham Abrines	Dumfries & Galloway
58.Andy McWhirter	Edinburgh

Janet Fabb	Facilitator
Jim Dean	Facilitator
Robin Burgess	Facilitator

Kate Vincent	21C Social Work Review, SE
Michael Proctor	21C Social Work Review, SE
Craig Gilbert	21C Social Work Review, SE
Paul Connell	21C Social Work Review, SE
Edith Wellwood	21C Social Work Review, SE
Emma McWilliam	21C Social Work Review, SE
Luke Manley	21C Social Work Review, SE
Nicky Cleghorn	21C Social Work Review, SE

## Annex 3

### Job titles and roles

**S. McIntosh - Team Leader**

Managing a community care team, accessing the needs of vulnerable adults

**Gill Smee - Service Manager**

Managing social work and nurse care manager, Care Management & Assessment Services for adults; home care & rapid response & housing support. All community based & specialist services

**G. Abruies - Team Manager**

Managing QSW's/non QSW's assessment & referral team - children and families SW

**D. Aiken - Team Manager**

Adult disability resources

**M. McConnachie - Performance Manager**

Planning/management info/P.P.R/best value children's rights & corporate activities

**J. Torrens - Area SW Manager**

Manage children & families, CJ and community care area services

**Pam Jackson - Team Manager**

Manage young people, youth justice

**Lesley Sykes – Partnership Manager for Older People Services - Perth & Kinross Council**

Older people services - a partnership service – I manage social work services for older people within Perth city locality and operationally manage medicine for the elderly unit within Perth Royal Infirmary.

**Joyce Allan – Inverclyde Council – Social Work Services Project Officer Older Peoples Services**

Manage home care services and respite services, co-ordination role with early intervention teams.

**David Aitken – West Dunbartonshire - Team Leader (Children & Families)**

Manage fieldwork services C& FR, responsible for area team & group work services; supervise SSW's, Chair Child Protection Conference.

**Sandi Kerr – Glasgow City Council – Operations Manager Children & Families 12+ / Criminal Justice**

12 + Youth Justice

Criminal Justice – manage Practice Team Leaders – both C&F & CJ (previously SSW's)

**Lesley Simpson – Aberdeen City Council – Senior Social Worker**

Probation team reviews and quality assurance, criminal justice services, health & social care, neighbourhood services North Aberdeen.

**Karen Dyball – Glasgow – Operations Manager over 12's & Criminal Justice**

With responsibility to manage, youth justice, leaving care services, LA, & LAAC population, criminal justice also with strategic responsibility, youth health services, case progressive multi -agency group & youth justice.

**Anne Martin – Resource Manager, Children & Families, Midlothian Council**

Responsibility for: fostering & adoption, C& F Day centre, 2 residential young people units, learning with care & residential schools, Agency assessment processes.

**Belinda Cook – SSW – Joint Police & SW Child Protection Team**

Team Delivers in city wide service for all new/suspected cases of child protection. Service is provided when child is taken to sick children's hospital with injuries pertaining to CP.

**Susan Mackenzie – Senior Practitioner C&F Practice Team**

Undertake complex assessment and case work. Monitoring role with newly qualified staff. Deputise for Team Manager. Contribute to Team Development. Contribute to multi-agency working and training.

**Anne Marie Parnell: Senior Worker, Falkirk Council, Criminal Justice Service**

Responsibility for Court, diversion and bail services. Supervision of staff and development of effective practice.

**Pam Jackson: Team Manager, East Dunbartonshire Council**

Community/Joint Ventures department. Manage young people/youth justice team.

**Nicola Rogerson, Acting Senior Social Worker, HMP Perth and HMP Castle Huntly, Education & Children's Services in Perth and Kinross Council**

Responsibility for management of Perth prison social work unit (4 SW's), semi open prison SW unit (2 SW's) and Castle Huntly (open prison) (2 SW's). Includes supervision and management of all direct work with prisoners. Standards and thoroughfare guidelines for criminal justice social work. Also fostering relationships with CJSW's from all across Scotland as well as liaison and negotiation with prison service (includes working in partnership).

**Jonathan Hinds, criminal Justice Team Manager, East Renfrewshire Council**

Operational responsibility for practice team including unqualified post. Managerial responsibility for peripatetic service across grouping (3 authorities – SER writing). Strategic role in promoting joint working with Child protection &

Community Safety services. Personal & professional development of team members linking with prison through care service; quality assurance; monitoring and evaluation function; budgetary accountability & promoting adherence to wider department & authority policies and procedures. Risk management – focussed liaison with police colleagues for sexual/high risk offenders. Key performance indicators. Directly accountable to service manager for criminal justice services & strategic planning contribution to criminal justice grouping plan.

**Doris Aitken, East Renfrewshire Council, Criminal Justice Service Manager**

ERC part of a CJ partnership with 2 other authorities: Renfrewshire & Inverclyde.

1. Have direct operational & strategic management for the delivery of CJ fieldwork services & CS with ER. Also have responsibility for development & implementation of Domestic Abuse Services within ER.

2. Responsible for operational & strategic management of following services delivered across the partnership:

Drug treatment & Testing (SW & Health)

Forensic Mental Health Team (SW & Health)

Arrest Referral Scheme

3. Participate in Senior Management Team

**Chris Clarke, Child Protection Manager**

Chair all CPCC's & provide advice/guidance re CP. Also has policy & development responsibility, including preparation for inspection of CP services.

**Sharon McAlees, Inverclyde Service Manager – Service Provision (Children & Families)**

Managing: residential child care unity, fostering services, through care services, permanency, residential childcare placement, strategy, policy and procedures

**Sheila Murray, Senior Social Worker**

Managing a team of SW's. Providing supervision. Chairing CP meetings such as Care Group Meetings. Promoting & facilitating staff development. Involvement in development groups looking at various issues such as procedures etc. Attend Management Team meetings.

**Tim Parkinson, Stirling, criminal Justice Service Practice Manager**

Line manages 2 community based team leaders and 1 prison based team leader. Policy and procedures, high risk offenders, partnership and corporate service manager's groups.

**Andrew Stevenson – Highland, Manager: Area wide respite care residential unit for children affected by disabilities.**

To lead and manage staff group comprising learning disabilities nurses and social care workers – to provide short stays for children/young people aged 3-19.

Also range of outreach services: support workers for domiciliary support, Day Care for children with complex needs: after school clubs for young people with severe learning disability.

**Team Leader, Community Alternatives, NLC**

SSW equivalent, HQ Managed Service -service covered whole authority, intensive service to prevent accommodation of 12-16 year olds, multi-disciplinary team including social workers, teachers. 7 day service.

**Jane Kellock, Service Development officer, West Lothian Council**

Development of learning disability services including transition. Lead Officer for Partnership in Practice agreement. Lead officer for direct payments across all client groups.

Middle manager of in-house residential LD services – including care homes, housing support service, residential respite and adult placement services. Monitor independent sector LD provision.

**Service Manager (1 of 4 in authority), Argyll & Bute Council, Community Services**

Manage 2 area teams: children & families, community care, homecare. Post has generic aspects despite teams being more specialist at the level below me. I report to Head of Service as line manager.

**Joe McElholm, North Lanarkshire, Area Service Manager**

Middle manager – responsible for management of service delivery assessment and care management within a township, population 50,000. Line management role to 6 senior social workers with care sector specific remits and line management of the areas home support service.

**Roy MacGregor, service Manager, C & F (Operations), Fife Council**

Direct management for 8 fieldwork team leaders providing assessment, child protection investigations, short term interventions, long term LAC permanency work (teams split on short/long term basis)

Strategic link to development of integrated children's services, Variety of development/strategic roles.

Structure: head of Social Work-Senior Manager (C&F/CJS)-me

**Area Community Care Manager, Geographic Based**

4 care homes, 3 day care centres, 1 LD day care, 1 LD respite unit, fieldwork & OT services for older people.

**Colin Hamilton, Manager Community Care (fieldwork)**

Assessment & care management in community care, MHO services, community care forums, care home admissions & purchasing.

**John Coilruth, Service Manager (CJS/Youth Justice)**

Quality Assurance, budget responsibility, strategic development, ultimate operational responsibility.

**Sean McGleenan, Operational Manager fieldwork care**

Responsible for team manages both in resources and service delivery i.e. family placement, children with disability, youth justice care teams.

**David Macritchie, Manager Children & families' fieldwork**

Manage children and families fieldwork services including child protection, looked after children, youth justice, and accommodated children

**Senior Social Worker – Mental Health, work for LA department of social work services**

Manage social work team of 5 and 1 health care worker. Line management of MHO's (5). Small social work/MHO caseload (15) Operational & strategic development role within multi-disciplinary mental health team.

**Team Manager Joint Future, Neighbourhood Services Central (health & care, Quality of Life)**

Joint manager of 23 integrated health & care teams delivering services to older people & younger people with chronic health problems. Sole manager of the 3 hospital based social work teams & 1 review team. Plus the joint funded rapid response and delayed discharge teams. Lead responsibility for palliative care, carers, delayed discharge and care management.

**Team Leader, Adult Services, local authority**

Manage social work team of 7 social workers and 3 community support staff. Supervise senior social worker in another area team. Responsibility for budgets, human resource issues, chairing AWI case conferences across adult services. Service development/ standards responsibility. Joint Futures.

**Senior Social Worker, Children & families, LA**

Manage 5 social workers, 2 SW assistants and line manage a respite care & befriending projects for young 0-16 years (2 members of staff). Remit for CP training in homecare and newly qualified SWs.

**Team Leader Integration Team. Education and children services, East Lothian**

Manage 2 SWs, 2 integration managers, 2 education welfare officers, 5 child & family support workers and 1.5 admin workers. Responsibility for budgets.

**Team Leader Integration team**

Chairing children in need and LAAC reviews. Responsibility for interface between SW and education etc.

**Operational Manager 12+ CJ**

Developmental strategic remit across an area of 68,000 population. Supervision of 8 front time managers. Local area service.

**Team leader, youth justice**

Manage team of 3 youth justice social workers and 1 restorative justice social worker, authority youth justice co-coordinator.

**Andy McWhirter, Senior Social Worker, Children & Families Team, Edinburgh Children & Families Department**

Supervise social workers – statutory fieldwork.

**Sean Bell Practice Team Manager, Children & Families Team, Edinburgh Children & Families Department**

Management of staff and practice

**Alison Findlay, Service Manager-Community Care, East Ayrshire Educational & Social Services**

Operational & strategic management of adult services

**Celia Gray, Service Manager – Children & families, East Ayrshire Educational & Social Services**

Operational & strategic management of children's services

**Maggie Maclean – Training Service Manager – Clackmannanshire Council**

Services to people, workforce development, promoting a learning culture, identifying training and development along with the workforce – (strategic role)

**Fiona Campbell, team Leader, C&F Team, North Ayrshire Council**

Supervise front line social work staff, CP & stat fieldwork

**Derek Aiken, team Leader Adult Disability Resources, Orkney Islands Council**

Operational management of 3 day centres/employment/catering /transport