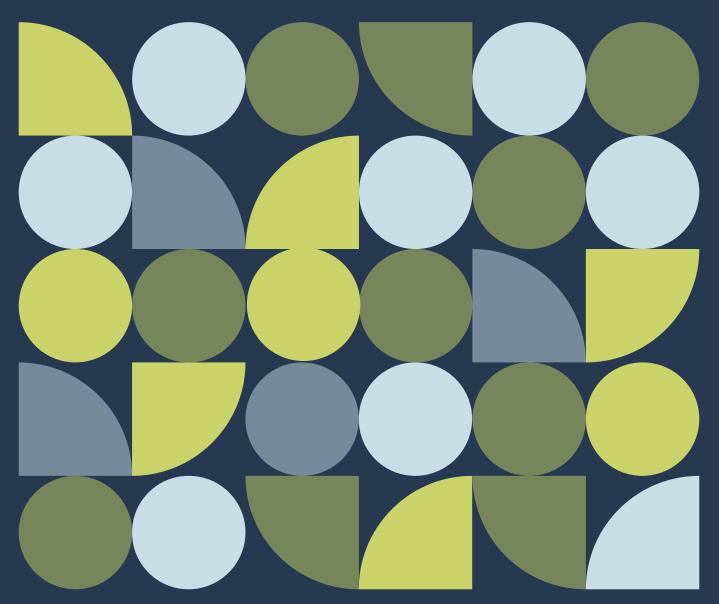


The progress we've seen a social work and social care retrospective

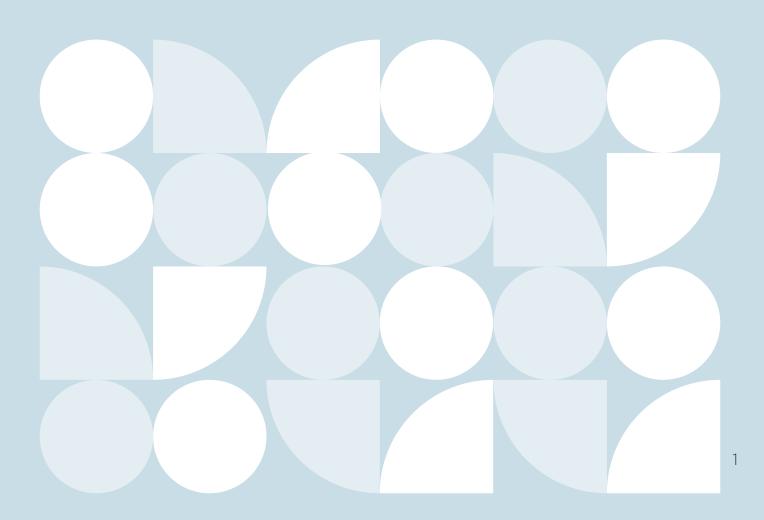
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The progress we've seen

It's easy to get bogged down in worries for the future, feel like everything is against us and forget to see the whole board. There can be no change or innovation without hope and ambition and sometimes it's good to be reminded of how far we have come.

Iriss has been around for a while (16 years), over this time there have been many changes, and attempts at change for the better in social work and social care.



Changes to the law

There have been a number of legislative changes in Scotland, and in the UK, which impacted the world of social work and social care as we know it today. This is a summary of the changes that have happened since Iriss has been around.

Strengthening people's voice

A range of legislation was introduced to make the people who are receiving care and support more involved in their own care by being involved in decision making about their care and in turn increasing the dignity of individuals. Those include the following:

- Secure Care Accommodation (Scotland) Regulations 2013: The changes were introduced to increase the welfare, safety and rights of young residents in care accommodation. The hope was that care quality would increase and lead to better outcomes for vulnerable children and young people.
- Social Care (Self Directed Support) (Scotland) Act 2013: This act helped legally shift the narrative that individuals should have more choice and control over their care and support.
- Children & Young People (Scotland) Act 2014: This act introduced the concept of a 'Named Person' for every child. This means having one professional who is the key person to support and safeguard that child or young person.
- **Continuing Care (Scotland) Act 2015:** This act is meant to smooth the transition for young people leaving care. Young people were also given more control over their care plans and what this transition will look like.

• **Mental Health (Scotland) Act 2015:** This act further increased the rights for people with mental health conditions to choose their care and treatment. The most significant change includes having a named person assigned if they choose to.

Strengthening people's human rights

- Equalities Act 2010: This act anchored anti-discrimination practices in the law across the UK. This includes any discrimination across nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.
- The Domestic Abuse (Scotland) Act 2018: This piece of legislation helped create a more comprehensive framework to ensure coercive control and psychological violence are covered, as well as recognising children as victims when they witness domestic abuse. It also tries to offer better support and protection to victims.
- The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill 2021: This bill enshrined the UNCRC directly into Scots Law requiring all public bodies, including those working in social work and social care, to make sure children's rights are upheld at all times.

Fostering collaboration

There are a number of legislative documents that focus on increasing collaboration between different actors to provide more seamless and holistic support for individuals. Collaboration means that social workers and carers will have to interact differently with other services. The acts relating to this include:

- **Children's Hearings (Scotland) Act 2011:** This act created a central approach to child protection and youth justice to provide a more uniform approach across Scotland to training and decision-making.
- **Public Bodies Joint Working (Scotland) Act 2014:** This act created the pathway for health and social care bodies to provide more joined up care for individuals. This act should allow for more collaboration across different actors and a more holistic support for individuals and families.
- **Community Justice (Scotland) Act 2016:** Creation of better links between local authorities, health boards and other partners for strategies to roll out community justice programmes. It also focused more on rehabilitation.

• **Child Poverty (Scotland) Act 2017:** This act tried to hold the governments and local authorities accountable to lower child poverty. This act also widened the scope for holistic support for individuals and families.

Community-based support

There are several acts which aimed to provide more community-based support which in turn focuses on people having lives that are more independent. These acts have an impact on social work and social care because people will need different support within the communities than they would need in other settings.

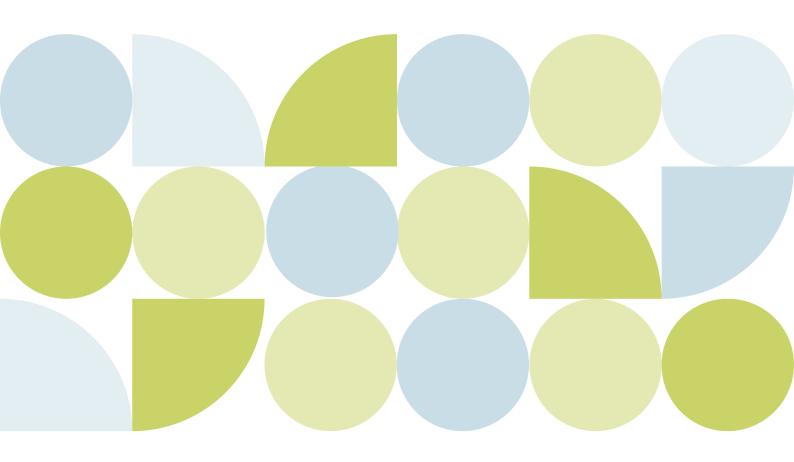
- **Community Justice & Licensing (Scotland) Act 2010:** This act was introduced to promote rehabilitation and reduce reoffending. It focused particularly on restructuring community based sentences and reducing custodial sentences.
- **Community Empowerment (Scotland) Act 2015:** This act aims to include communities more in the development, decision-making and delivery of public services and support.
- Management Of Offenders (Scotland) Act 2019: This act extended the use of electronic monitoring, which made it possible for a more flexible approach to custody.

Workforce and unpaid carers

- Looked After Children (Scotland) Regulations 2009: These regulations changed how the care planning is conducted for every looked after child. It aimed to create more person-centred support, as well as providing more training for foster and kinship carers. The regulation wanted to provide more stability for children and young people through collaboration with all stakeholders.
- **Carers (Scotland) Act 2016:** This act had the purpose of making sure unpaid carers have the support for their caring responsibilities to be carried out sustainably. This is to ensure carers have individual support plans that can intervene before they reach crisis point. It aims to highlight the critical role of unpaid carers and linking unpaid carers better with social care and social work.

Other policies, action plans and reviews

- **Christie Commission 2011:** This enquiry highlighted that to provide better support for people across Scotland there needs to be a stronger focus on prevention to reduce the need for emergency support. It also highlights the need for collaboration between the public, private and third sector to ensure equitable and easily accessible support for everyone.
- Fairer Scotland Action Plan 2016: This action plan focused on addressing poverty and inequality, including promoting fair working practices across Scotland and improving public services. This plan aimed to ensure progress can be measured.



The new normal

There have been many policy and law changes, and while they all aim to support people better we felt this wasn't what has had the largest impact.

The new normal that has come about from the use of these legislative changes, the way we work now, is the largest impact for us; and it has come from some small changes.

Think back 10 years, what was normal then? Would stakeholders be invited in to discuss or share views? Would learning be shared? How were supported people spoken about?

The Adult Support and Protection Act 2007: Code of Practice (2022) demonstrates a change in how we talk and think about people. The tone and language change can be seen across the sector; instead of someone being 'unwilling' to engage they are 'unable' to, 'hard to reach' people or groups are now seen as 'seldom heard' people or groups. The language and approaches used are far more trauma informed and person centred, showing a mindset change. This is also the foundation of our work on recording practice.

Working together may not be our new normal yet, but it is on the horizon. Collaboration, co-design, co-production, all words rarely used in the past are thought of as cornerstones for moving forwards now, and the involvement of people with lived experience is increasingly seen as central in driving service improvement or re-design in multi-agency responses. Supported self-management and peer support also highlight the important role that people have to play in their own recovery or their own and others' outcomes. This further recognises that more and more people are being cared for or looked after at home and in their community. This and people's interconnectedness has been reflected in a new focus on whole family wellbeing and more holistic support.

Good collaborators can make good leaders; leadership is an area that has and is receiving greater prominence. Leadership can come from unexpected places, when people seize opportunities to tackle challenges, and are supported to think and do things differently. This includes leadership at all levels and desire for increasing recognition of everyone's skills and assets irrespective of job title. But it is also inclusive of how social work and social care can influence and affect positive change by coordinating its efforts and raising its voice – both to champion and support its workers and those they support. Over the last 10 years this has also seen a recognition that social work needs to present its own clear identity distinct from social care as well as health. And while things can be learnt from improvement approaches in health, it is thought that social work and social care need to have and invest in their own approaches to understand people and their complexities, combining quantitative and qualitative data, statistics and people's stories.

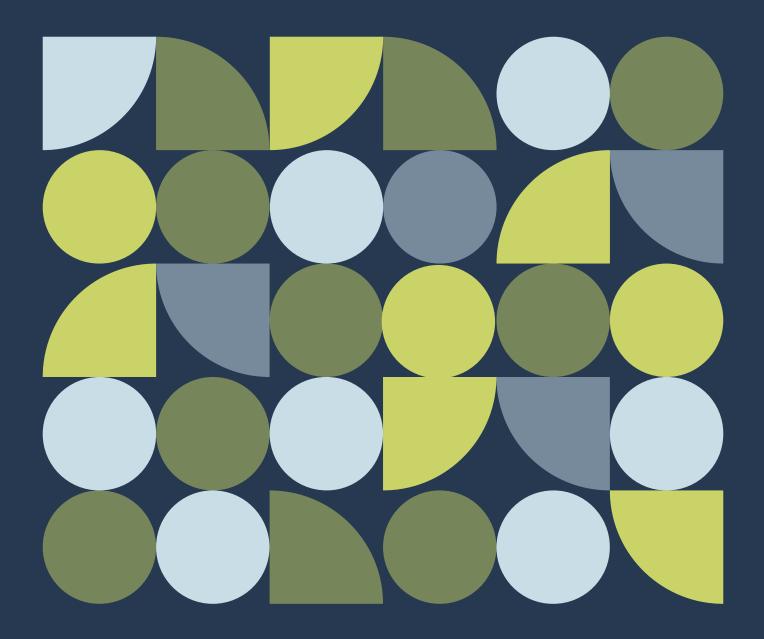
We are talking in more inclusive ways that recognise inequality and value diversity (neurodiversity, sexuality, gender, race etc) to take us closer to achieving dignity for all and delivering on the disability rights movement's motto of 'nothing about us without us' and 'doing with, not to' people. This has also led us to question 'our' relationship to risk and its application to others, in general, and as brought into sharp focus during the COVID-19 pandemic with visiting restrictions brought into care homes. We have also seen a commitment to incorporating human rights into Scots Law.

Greater awareness of the lasting impact of adverse childhood experiences, have also led us to consider how trauma informed approaches can support our work, and ongoing efforts are helping to tackle stigma around mental health. Self care and wellbeing are being talked about more often, inclusive of the workforce, and there is some recognition that this needs a collective response rather than an individual responsibility.

However, we also recognise that limited and tightening budgets and tensions between Scottish and UK legislation make this challenging work; with rising poverty a key socio-economic determinant in increasing demand for support and services. Through our work, we have seen that despite a desire to focus on more preventative action to reduce the need for crisis support, this is currently not possible due to the increasing demand. Crisis support makes it more challenging for practitioners to build relationships and to identify all needs of a service user or a family. Because of this the scale of unmet need is difficult for us to determine, suggesting people go without the support they need to live their lives, and need for support the unmet need is not something we are currently able to measure well.

Most of these changes and challenges were formally recognised in the Independent Review of Adult and Social Care (Feely Report) 2021. It stressed the importance of focusing on person-centred and human rights based approaches allowing individuals more choice and control in their own care. It also showed the importance of providing holistic support. In this case that means facilitating more collaboration between health and social care services, as well as the service users and their families, to provide better support, including preventative care. The report does recognise that to implement this the current services are underfunded and that better pay and working conditions for the workforce is needed to make this change possible and sustainable. The Review also calls for a national approach to care which is currently in developing stages.

The changes to policy and the law in Scotland have got us started, but they are not enough on their own to implement positive change. If where we are now is the new normal, what will the new normal be in 10 years?







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