

Safe and Effective Staffing in Health and Social Care

Response to Scottish Government Consultation 4th July 2017

Social Work Scotland is the leadership body for the social work and social care professions. We were pleased to offer comment on this consultation and have the following point to make:

1. Although the initial legislative roll out is focussed on nursing and midwifery services, we recognise that many nurses work in the care home and care at home service and also the health visiting services that in many areas are managed by and work closely with social work. In multi-agency teams and in non-hospital based settings, nurses are required to work flexibly to complement their colleagues and to suit local need. Any legislation enshrining safe staffing in law, would need to take account of the different settings and teams in which nurses work.
2. The case for enshrining safe staffing in law is not made for the social care workforce. If there is evidence for this, we would be keen to see this research as it is not something we are aware of, nor is it referenced. Social work is a very complex profession, based around an individual's needs. It takes account of family and community supports and it is difficult to define for the purposes of a workload tool. National workload planning tools are not in use at present and there would need to be significant discussion about the best way to do this, were it decided to proceed at all. In essence it should not be assumed that what might work for nurses and midwives in hospital teams would work in community teams; it should not be assumed that what works in nursing would work in social work; and it should not be assumed that what might work in social work, would work in social care.
3. The consultation states that although there is an initial focus on nurses and midwives, this legislation could be rolled out to social care staff. What is the definition of 'social care' that is being used? Does that include social work? Does it cover all the people registered by the Scottish Social Services Council? This is an important definition as it could see this legislation apply to social workers, nursery workers, childminders, care at home workers, occupational therapists etc. and this is a diverse group of staff.
4. The focus of the consultation is on staff and there is not a clear link to the outcomes of the people that are being supported or cared for. This needs to be the driver for any change. Supporting and caring for people and the evidence that shows that legislation is the way forward should be much more prominent in the detail of this consultation. Without this as the central focus, any further work may risk being too concerned with structures.
5. The consultation references the 2002 Audit Scotland report "Planning Ward Nursing: Legacy or Design" and the response of the sector to this report. There is no such progress reported on for social work and social care. The Audit Scotland report published in 2016 "Social Work in Scotland" makes specific reference to fluctuating workloads and yet this is not referenced. If there are plans to roll this legislation forward to include social care (and if social work is part of that), it is important that the findings of this report are considered.
6. Developing workload and workforce planning for social work would be complex and the Chief Social Work Officers Committee, hosted by Social Work Scotland, would welcome a discussion on these plans at the beginning of any process, should it proceed.

