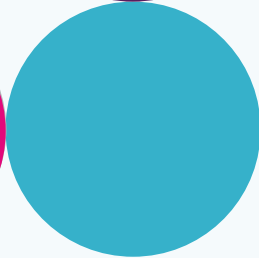
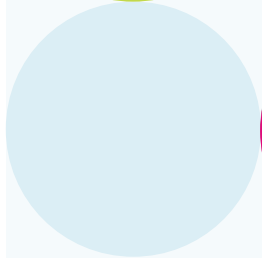


# Review of **social work** **governance and assurance** across Scotland



## Acknowledgements

We would like to express our appreciation to all of the leaders, managers and front-line staff for the helpful contributions they made to this review. We note the passion and positive contribution they make to improve the lives of people across adults, children's and justice social work services.

We would like to thank:

- ▶ local co-ordinators for facilitating our focus groups, conversations with leaders and our review of documents

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- ▶ the eight local authority chief executives who gave their time to have a conversation with us

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- ▶ strategic and social work leaders for their participation and support

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- ▶ social work staff and managers who completed our staff survey

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- ▶ organisations who formed part of our stakeholder group, including the Office of the Chief Social Work Advisor, Social Work Scotland, Scottish Social Services Council, Mental Welfare Commission and the Institute for Research and Innovation in Social Services (IRISS).

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## Introduction

Social work and social care services play a crucial role in protecting and supporting some of the most vulnerable people and communities in Scotland. Effective leadership and robust governance of these services are essential to ensuring that social workers and other staff can carry out their duties safely, ethically, and with the necessary support. We wanted to understand what governance and assurance arrangements are in place to ensure statutory social work duties are being effectively discharged.

Good social work governance is the process by which organisations ensure effective service delivery and promote positive outcomes for people who use services. This rests upon all practitioners, managers, and leaders. Furthermore, it should be integral to all practice and provision with shared ownership and accountability at every level regarding practice and service quality.

Our review asked the following question.

How well do social work governance and assurance arrangements support leaders to:

- ▶ ensure statutory duties are carried out safely and effectively?

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- ▶ enable social work staff to be supported, accountable and effective in their practice?

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- ▶ assist social work staff to uphold core social work values?

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This report presents the key messages from our national review, and includes reflections and actions for social work services.

Our approach was built upon background information already in the public domain through examination of contemporary policy, guidance and research. A list of the documents we read is contained at Appendix 1.

The review was carried out under Section 53 of the [Public Services Reform \(Scotland\) Act 2010](#) and took place between June and November 2024. It was focussed on social work service delivery across adults, children's and justice social work services, and necessarily, considered social work in the context of working with other key statutory partners.

## Summary of key messages

Our key messages from the review are presented below. These are supplemented by supporting points summarised from the evidence we discuss in the main body of the report. In addition, we highlight three broader messages that may benefit from national consideration.

### Clarity, understanding and effectiveness of governance arrangements

#### 1. Overall, social work leaders and managers worked effectively within often complicated governance arrangements. In most cases these arrangements were well understood by staff.

- Governance structures for social work were effective in most instances.
- Capacity of leaders and managers to oversee social work functions was a challenge in some areas.
- The role and functions of social work was not always well understood in HSCPs.
- Front line managers and staff had strong levels of understanding of governance arrangements.
- Structures were clearer when all social work services were delegated or within one HSCP structure.
- Lines of reporting for social work leaders and managers were not always clear, sometimes resulting in duplication of reporting to the HSCP and the local authority.
- Professional relationships were important to all levels of social work staff.
- Local authority chief executives were confident they had a strong oversight of key areas of social work.
- Some CSWOs found it challenging to maintain oversight across multiple governance structures.
- CSWO annual reports were an important mechanism for illustrating the transparency of governance.
- Governance arrangements for public protection through Chief Officers Groups were effective.
- There were no consistent approaches as to who chief officers' groups reported to.

#### 2. Levels of oversight and assurance were enhanced by dedicated 'social work governance boards' or their equivalent.

- Where in place, dedicated social work committees supported a clear understanding of social work and its challenges.
- Arrangements for the oversight of social work by elected members within Councils was inconsistent.
- Social Work Governance Boards supported social work leaders to have appropriate levels of oversight and assurance.

## Role and influence of social work

### **3. Social work influence was at times more limited within health and social care partnerships where it had a less equal level of representation.**

- Oversight of all aspects of social work within clinical and care governance arrangements was inconsistent. This was influenced by the extent to which social work services were delegated to health and social care partnerships.
- Some social work leaders found it challenging to have their voice heard equitably within HSCPs.
- Some traditional social work duties and roles that were not defined in legislation were being delivered by other staff or professions.
- Service delivery priorities were perceived by social work leaders and operational managers to be dominated by health and to a lesser extent education in just over half of local areas.
- At an operational level, social work's role and influence was stronger. Most staff and first-line managers felt valued when working as part of a multi-disciplinary team and able to influence multi-agency working.

### **4. The role of the chief social work officer was important in promoting and amplifying the voice of social work.**

- Social work leaders used a broad range of opportunities to influence social work staff at all levels.
- Chief social work officers had positive and frequent levels of contact with local authority chief executives, providing good opportunities for influence.
- Chief social work officers played a critical role in promoting the role of social work.
- Just under half of local areas had a principal social worker or deputy CSWO post or equivalent. Where such posts were in place, they helped provide a stronger level of coverage for social work issues across multiple structures, and particularly in HSCPs where social work qualified leaders were less prevalent.

## Social work values

### **5. Staff, managers and leaders felt confident to promote and uphold values within social work services. There was a strong belief in the importance of social work values to support ethical practice.**

- Overall, professional values and a focus on ethical practice underpinned the decisions and actions of social work staff at all levels, from frontline practitioners to strategic leaders.
- Managers were working effectively to create conditions where staff were supported to promote social work values.

- Senior social work representation at key strategic governance forums helped to promote a shared understanding of the role of social work and the underpinning values.
- The SSSC Codes of Practice were key to the promotion of social work values. A number of other strategic drivers also supported the embedding of values into practice.

## Assurance, oversight and the management of risk

### 6. Overall social work assurance was mostly effective.

- Social work assurance was generally effective in most local areas with chief executives of local authorities experiencing positive levels of oversight.
- Chief social work officers were well sighted on the full range of social work priorities and duties.
- Most areas were experiencing challenges in procuring and implementing replacement or upgraded electronic recording systems. These were important in ensuring appropriate and accurate performance information.
- Frontline staff did not always feel engaged with performance reporting.
- Of the performance reports we reviewed, less than half fully captured the breadth of social work activity.
- Social work staff, especially from adult social work, expressed concerns regarding delays for people waiting to access social work and social care services.

### 7. Social work services were managing significant levels of risk relating to financial and staffing resources. The impact of both of these risks was amplified in island and rural settings.

- Social work is operating in an increasingly complex legislative and policy environment. This combined with budgetary and staffing challenges increased the level and breadth of risk which social work staff were operating within.
- Risk registers were used effectively in almost all local areas.
- While HSCP risk registers were detailed, they did not consistently or explicitly consider the full range of social work related risk unless they were aligned to existing HSCP priorities.
- A number of risk registers were high level and did not fully consider social work issues such as mental health officer capacity, support required for unaccompanied asylum-seeking children (UASC) and the shortage of foster carers.
- Social work services experienced persistent and prolonged recruitment and retention challenges. Almost all local areas were utilising staff from other professions or paraprofessionals to fill social work roles and vacancies.

- Strategic and social work leaders suggested that a national approach was needed to address social work staffing challenges, in addition to the range of creative local recruitment and retention solutions being utilised.
- Only some social work staff who completed our survey reported that they always had the capacity to respond to people’s needs, this was due to a lack of resources and case load levels. Staff told us that at times service delivery was resource-led rather than being driven by what people needed.
- In some areas financial savings had been made through the deletion of business support posts. As a consequence, this placed more demand on frontline workers to perform administrative tasks, which contributed to staff burnout.
- Strategic and social work leaders of island and rural areas faced significant and disproportionate challenges in relation to both staff recruitment and availability of local resources.

## Arrangements to enable staff to be supported, accountable and effective

### 8. Overall, staff were supported to deliver effective services.

- Increasing demand, complexity of need and risk had an impact on the emotional wellbeing of staff within social work services.
- Despite challenges around resources and staffing, staff across all services areas were confident they were having ‘good conversations’ with people they were supporting.
- Staff were less confident about how well people waiting for assessments were kept up-to-date with progress, and whether the systems in place to keep them informed were effective.
- Where staff felt that they didn’t have the capacity to be responsive, the most common reason was the size or complexity of their caseload.

### 9. Most social work staff benefitted from appropriate professional supervision arrangements and received learning and development opportunities which supported them to deliver their role.

- Most staff felt confident through the supervision, support and direction they received to undertake their statutory duties, although this varied between services.
- Managers and leaders understood the importance of supervision, support and direction in relation to staff wellbeing and effectiveness.
- Learning and development was important in supporting the quality of social work practice and contributing to service improvement.
- There was variance in local areas approaches to identifying training needs and delivering social work learning and development.



## High level messages for national consideration

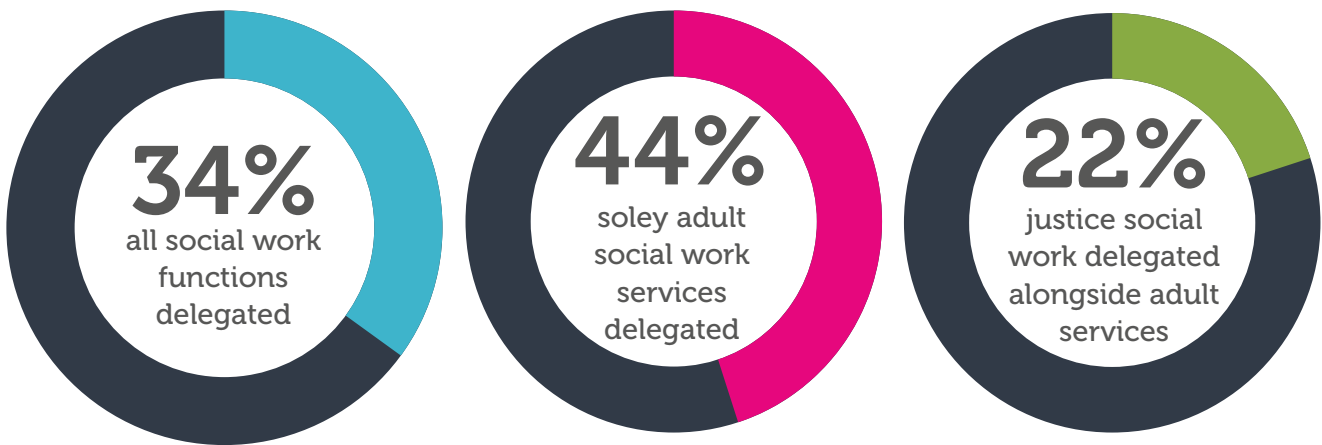
- ▶ Scotland's social work services were finding the ability to match supply with demand exacerbated by increased levels of complexity. This meant that social work was at risk of being unable to fulfil its statutory duties in some service areas.
- ▶ Staff were concerned that traditional relationship-based practice was being replaced by 'transactional' or 'episodic' engagement with people and children who use services. This was particularly the case within adult social work.
- ▶ A national approach is required to tackle the recruitment and retention crisis. Social work sustainability is particularly impacted by the enduring financial position. Change is needed to support the vital role of social work services.

## Background

Social work operates within a highly complex and challenging environment. Social work services are required to comply with 43 pieces of legislation, two thirds of which has been introduced since the year 2000 (see appendix 2). This legislative framework is overlaid further by additional regulations, policy, guidance and directions.

The [Social Work \(Scotland\) Act 1968](#) is the core piece of legislation that determines the role and function of social work in Scotland. The [Public Bodies \(Scotland\) Act 2014](#) is also a key driver around the delivery of health and social care services.

This legislation established the integration of health and social care services, delivered through health and social care partnerships (HSCPs). Local areas have taken different approaches as to which social work services were delegated to HSCPs.



Over the past 10 years, our inspections and thematic reviews have highlighted the range of challenges faced by social work and social care services. These include finance and workforce, changes in demographics, increased demand and complexity of need. The sector is still, importantly, on a journey of recovery following Covid-19.

## Definition of terms

By **governance and assurance**, we mean a robust system for assuring high standards in the delivery of safe, personalised and effective social work services.

By **statutory duties**, we mean those outlined in the [‘Role of the registered social worker in statutory interventions: guidance for local authorities’](#) (Scottish Government, 2010). These cover the extensive range of statutory duties undertaken across children’s, adults and justice social work services.

By **social work staff**, we mean qualified social workers and other staff employed to fulfil or support the delivery of statutory social work duties such as occupational therapists, and paraprofessionals (including social work assistants and justice assistants). It includes staff who may be employed contractually by the NHS and delivering social work duties. Although occupational therapists have an important role in supporting the delivery of some statutory social work functions, this did not have prominence during this review.

By **leader or manager**, we mean strategic leaders are those who work above operational practice, these include chief executives and chief officers of health and social partnerships. Social work leaders include chief social work officers (CSWOs) and heads of service. Operational managers includes those who manage at an operational level such as locality or service managers. First line managers include posts such as senior social workers or team leaders.

By **core social work values**, we mean those inferred in the Scottish Social Service Council’s (SSSC) [Code of Practice](#) (May 2024) or underpinned by the ethical principles of human rights and dignity, social justice and professional integrity as outlined in the British Association of Social Workers (BASW) [Code of Ethics](#).

## Aim and approach to the review

The review aimed to:

- highlight the areas of influence for chief social worker officers, principal social workers and other key social work leaders as they provide governance and assurance.
- explore the support and assistance provided by strategic leaders and operational managers to enable staff to uphold social work values in practice.
- identify and disseminate information about what is working well.
- recognise the challenges faced by local leaders and staff across the country and identify areas where improvement is required.
- understand social work staff experience of social work governance and practice.

We wanted to understand these matters in the context of services being delivered within partnership arrangements. The review was undertaken with a view to having as minimal an impact on the delivery of social work services as possible. It was therefore undertaken remotely, combining quantitative and qualitative approaches. These were as follows.

### Document review

We reviewed a range of publicly available documents and guidance and also some provided by local areas. These included:

- chief social work officer annual reports
- service structure charts
- social work governance terms of reference
- agendas and minutes
- performance reports
- risk registers
- improvement plans.

### National staff survey

We undertook a national survey of staff and their first line managers engaged in frontline social work activity across adult, children's and justice social work services. It included:

- social workers
- paraprofessionals
- occupational therapists.

The staff survey excluded those who work in registered services.

### Structured interviews and focus groups

We undertook:

- structured interviews with social work leaders, including all 32 chief social work officers
- regional focus groups focussed on the main themes of governance, assurance and workforce.

These incorporated discussion around social work values.

### Conversations with chief executives of local authorities

We undertook conversations with eight local authority chief executives from different parts of Scotland.

## Who we spoke to and heard from

During the review, we heard from:

32

chief social work officers (or those acting in that role temporarily)

8

local authority chief executives

8

chief officers of health and social care partnerships

64

senior leaders at head of service or equivalent level

159

senior or middle managers

3,935

front-line staff and their first line managers responded to the staff survey

Of those responding to the staff survey, the breakdown by service area was:

33%

adults

36%

children and families

10%

justice social work

6%

adult mental health services

7%

disability services

2%

alcohol and drug services

1%

out of hours social work

6%

other

Of those responding to the staff survey, the breakdown by job role was:

24%

first line manager

7%

senior practitioner

35%

social worker

22%

paraprofessional

4%

occupational therapist

8%

other

We also read **1,032** documents provided by local areas or available publicly.

## Use of practice examples

Throughout this report we use practice examples to illustrate how some areas have responded to the need for good governance. The purpose of these is to highlight and provide examples of key strengths and to share practice examples with other parts of Scotland. We identified these during the course of our activities.

Practice examples may relate to a particular service, a policy or an approach. They represent positive practice that could be helpful to other areas.

# Review findings

## Clarity, understanding and effectiveness of governance arrangements

### Key messages

- ▶ 1. Overall, social work leaders and managers worked effectively within often complicated governance arrangements. In most cases these arrangements were well understood by staff.
- ▶ 2. Levels of oversight and assurance were enhanced by dedicated 'social work governance boards' or their equivalent.

### Governance structures

Governance arrangements for social work were effective in most instances. The strongest examples had clear lines of accountability from frontline practice through to senior management teams and connections with chief executives and elected members. Structure charts were helpful when in place to ensure both job titles and levels of responsibility were understandable and visible. They assisted people to understand the governance structures that were in place for social work in local authority areas.

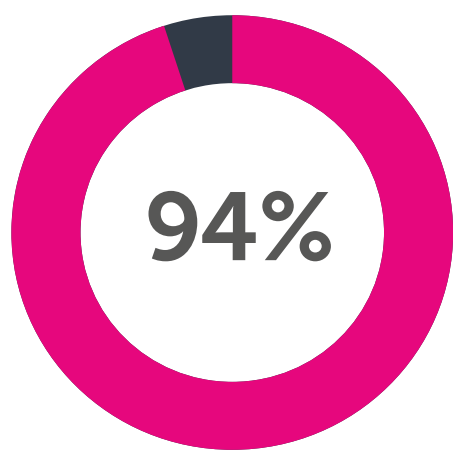
Over recent years, many areas had experienced reductions in senior and operational manager capacity, influenced strongly by a need for efficiencies within the challenging financial climate. This affected the capacity of leaders and operational managers to easily oversee social work functions. Within health and social care partnerships (HSCP), some social work leaders and operational managers told us that there had been a conflation of the terms 'social work and social care'. This was impacting on the understanding of social work role and function in those areas. For example, there were several examples of social care being a dominant focus because of priorities around expediting discharge from hospital. Social work and social care were therefore increasingly seen by some outside the profession as being one and the same.

Organisational structures varied across Scotland. This was influenced strongly by the degree to which social work functional areas, (children's, adult's and justice social work), were delegated to HSCPs. Structures were most straightforward when all social work services were delegated or operating within one HSCP structure.

Social work leaders and operational managers often described governance in terms of their experiences of navigating the system. This included the challenges they faced, the clarity of reporting lines, and their ability to articulate their roles within these structures. Social work governance was undoubtedly complex and often required reporting through more than one structure. In areas where governance arrangements were more complicated it resulted in some duplication of reporting to both HSCPs and the local authority.

This was particularly the case in areas where adult and children’s services had differing reporting structures. A few social work leaders described the arrangements as ‘fragmented’. Operational managers consistently emphasised the difficulty of navigating complex governance structures while balancing operational responsibilities. This was particularly the case in adult services.

Social work leaders needed to work hard to ensure elected members in council committees were fully sighted on adult matters. There was broad recognition that a simpler and more unified governance framework had potential to reduce administrative burdens and allow for more meaningful engagement. Positively, almost all frontline staff and managers had a good understanding of governance arrangements in place in their local area.



Staff that agreed or strongly agreed that they understood line management and reporting responsibilities to managers and leaders in their organisation.

Source: National review of social work governance: staff survey, Care Inspectorate 2024

Chief social work officer (CSWO) annual reports provided a description of local governance arrangements and in particular the arenas within which CSWOs represented social work interests. They helpfully highlighted the legislative basis for the role as well as the statutory basis for social work. This made the responsibilities of social work more transparent and identified where social work services needed to have influence.

### Reporting to social work committees and governance boards

Dedicated council committees focussing on social work matters provided a clear forum through which social work leaders could ensure broad oversight by elected members. This was not consistent across the country. For a few local areas, social work information was reported alongside other services and therefore did not always receive the attention required. This was especially true of committees where children and families social work services reported to children’s services committees or their equivalent, or in a small number of instances, education committees. This caused some frustration for social work managers who found it difficult to ensure sufficiently robust oversight of social work issues. The oversight of social work by elected members within councils was therefore inconsistent.

Justice social work was not consistently given an ‘equal voice’ compared to adult and children’s social work. This was influenced by the ringfenced funding arrangements and the perception that justice social work was smaller and less complex.



Almost all local areas had developed social work governance boards. They were established for a number of reasons. These included:

- to serve as sub-committees to HSCP clinical care governance committees
- as arrangements put in place to counteract limited space and time in clinical care governance arrangements and agendas dominated by health issues and risks
- to ensure arrangements were in place for all of social work to be considered as one profession, particularly where parallel arrangements were not in place for children and justice social work
- ensure sufficient focus on some specific areas of social work practice.

They supported social work leaders to have sufficient levels of oversight and assurance. They helped ensure cohesive oversight of all statutory duties and requirements laid out in [‘The Role of the Chief Social Work Officer: Guidance issued by Scottish Ministers \(revised 2016\)’](#).

### Practice example

North Ayrshire Council developed a key document ‘professional governance for social work practice framework’. This went further than being a terms of reference for a social work governance board, although this is contained within it. The paper provided a useful context for the provision and oversight for social work including defining the importance of governance and highlighting accountability for the delivery of statutory social work functions. The framework also defined the role of the chief social work officer and placed this within the context of national Scottish Government guidance for the role.

The framework expanded upon the role of professional leads across all areas of social work practice. It also highlighted representation from different levels of staff, including first line managers. The framework successfully provided transparency around the work and focus of the board. The explicit focus on practice and voice at all levels enabled a rounded conversation on social work matters.

### Practice example

Glasgow City Council had a clearly defined social work governance board (SWG board) structure. This fed into the integrated clinical and professional governance group within their HSCP. This was well balanced between health, social care and social work governance. Glasgow's SWG board included several locality-based and thematic working groups which met regularly, such as on mental health and adults with incapacity. These groups reported into the overarching multi-agency SWG board. This included senior managers and leaders, team managers, frontline staff, lived experience representatives, academics and regulators. Guidance or feedback from the SWG board was useful for improving practice for social work, health and the third sector.

The group, for example, audited pathways for drug and alcohol abstinence services which led to support for people in recovery waiting to access these services and for aftercare. The audit helped gain funding for this new service pre and post support service. A SWG board audit of emergency detention incidents helped identify a gap in access to mental health officers (MHOs) out-of-hours. This led to a restructuring of the MHO team and new guidance for medical staff.

### Oversight of social work and the importance of relationships

Good professional relationships were important to social work leaders, operational managers and staff. At a strategic and operational level, positive working relationships and physical proximity through co-location were valued and helpful. This was noted both within social work services and between social work and other partners, especially health and education. Co-location helped promote professional relationships. In turn, these made governance arrangements work more effectively as relationships were formed and leaders and staff worked more efficiently.

All local authority chief executives we spoke with were confident they had a strong oversight of key areas of social work. They recognised social work as one of the most important areas of activity taking place in local areas and their 'ownership' of those services was clear. Chief executives played a significant role in accountability. This was particularly true of services operating within HSCPs. One chief executive told us that *'we need to be clear that staff work within, not for the HSCP...If the CSWO is too far away from the Chief Executive and the leader of the council there will be risks. If the Chief Executive has been a CSWO it is helpful. If not and the director is not a social worker, the CSWO role becomes more prominent'*.

Almost all partnership areas had the CSWO as a head of service, usually children and justice services. A few areas had a 'standalone' CSWO that did not hold responsibility for operational service delivery. Both models enabled staff to be confident about support arrangements or raising concerns and managing risks.

For some CSWOs it was challenging to maintain oversight across multiple governance structures. This was made more complex when they had significant additional operational responsibilities as a head of service, or were of the same grade as those responsible for services they were overseeing.

Governance was strongest for public protection arrangements overseen by chief officer groups (COGs) or equivalent. Social work leaders and all chief executives we spoke with were confident the governance arrangements in place for public protection were effective. These arrangements enabled the consistent oversight of practice, (including social work, which often played a lead role), in relation to child protection, adult support and protection, multi-agency public protection arrangements (MAPPA) and gender-based violence. Many local areas also included in their COG arrangements a focus on additional areas of practice or interest, including the work of alcohol and drugs partnerships, counter-terrorism and suicide prevention.

There was some ambiguity in a significant number of local areas where COGs did not have clear lines of accountability beyond itself. Whilst all areas had COGs in place, how they in turn were accountable to the public varied. Where the COG produced an annual report, these provided good public transparency. Other positive examples of making public protection arrangements more accountable included some local areas having links to community planning partnerships. One area had developed a specific protection committee that enabled oversight by elected members.

## The role and influence of social work

### Key messages

- ▶ 3. Social work influence was at times more limited within health and social care partnerships where it had a less equal level of representation.
- ▶ 4. The role of the chief social work officer was important in promoting and amplifying the voice of social work.

### Representation and influence of social work leadership

Oversight of all areas of social work within health and social care partnerships (HSCP) clinical and care governance arrangements was inconsistent. The agendas were often too broad or dominated by health priorities to ensure a sufficient focus on all areas of social work practice.

In documents we read, social work representation was evidenced in strategic meetings and structures in half of local areas. Just under a quarter of local areas had only one social work professional in their HSCP leadership team. Representation therefore lacked equity and was not proportionate to the either the size of the leadership team, the scale of the services provided or the level of risk being managed. Representation of social work qualified staff in the senior management teams of children and justice social work services was stronger than that in adult services.

Some leaders stated that social work was visible and had an equal voice. There were mixed views as to whether this was sufficient or effective. One leader said *'I am equally heard, but this is among the dozen or so other equal voices'*, where social work was the minority or lone voice. Others felt that the *'voice of social work needed to be amplified and heard more clearly and better understood, including the difference between social work and social care'*.

A few leaders expressed that social work's reducing resources significantly limited its effectiveness in delivering its role and duties, and its ability to be an equal partner in the integrated environment.

Social work leaders used opportunities to influence social work staff through activities such as inputs to staff induction, training sessions and learning events. This included staff development events in response to learning reviews where they were able to model social work values and provide direction and leadership. We heard examples of this taking place within strategic meetings with fellow leaders. However, the opportunity to influence effectively was affected by reducing numbers of social work managers at a senior level.

Almost all chief social work officers (CSWOs) had direct and effective communication with chief executives of their local authority. Most had direct communication links with chief officers of HSCPs and elected members

of councils. This enabled social work leaders to form strong relationships with other chief officers and helped create the environment to influence decision making on, for example, budgetary decisions, allocation of other resources and risk management. CSWOs had a critical role in ensuring social work as a profession was promoted and its statutory duties understood. Direct links between CSWOs and senior decision-makers, including elected members and chief officers of HSCPs, contributed to effective governance.

Just under half of local areas had a principal social worker or deputy CSWO post or equivalent. Where such posts were in place, they helped provide a stronger level of coverage for social work issues across multiple structures, and particularly in HSCPs where social work qualified leaders were less prevalent.

In just under half of local areas, the terms of reference for partnership clinical and care governance boards did not provide a clear role and remit for social work in such meetings. Often these referred to only the CSWO attending. Where a deputy represented the CSWO in governance and assurance meetings, post-holders were often less senior than other group members. This created a challenge for equal representation among partners. In a few local areas, governance boards did not have any clearly identified deputy specified for social work leaders in their terms of reference. Potentially this meant no social work representation or voice heard at a strategic level if the CSWO was absent. There was a risk of social work concerns not being prioritised sufficiently on agendas.

## Role and function of social work

Given the range and complexity of governance arrangements, it was not surprising there were differing views on what worked best in ensuring statutory duties were carried out safely and effectively. Almost all CSWOs, in addition to their statutory role, also had significant operational management responsibilities. Whilst this was demanding it often enabled the CSWO to have greater influence and oversight. Conversely, those 'stand-alone' CSWOs we spoke to identified objectivity and not having any conflict of interest as an advantage. There were therefore strengths and weaknesses to both models.

Some social work leaders had a stronger voice in relation to children and justice than in adults' social work, where health was often viewed as the dominant partner. Strategic leaders linked this to a lack of understanding of the social work role and dilution of social work tasks from relationship-based practice to a more transactional and 'episodic' role. In this, social work staff were expected to assess need, provide support and then close involvement.

Some social work duties and roles that were not defined in legislation were being delivered by other staff or professions. This devalued its contribution and professional status.

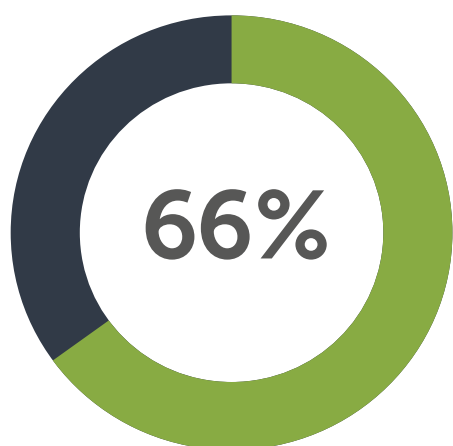
One social work leader told us, *"If we suggested replacing a teaching post in a school with non-teaching staff, there would be outrage from Scottish Government, parents, elected members ...but not so with social work"*.

## Service priorities

Service delivery priorities were perceived by strategic leaders and operational managers to be dominated by partner agencies in just over half of local areas. This was particularly the case with adult social work. For example, some areas described delayed discharge work dominated partnership priorities. There was concern that there was a closer system focus on the needs of people who required support to leave hospital over the needs of people in the community who also required support.

The majority of social work leaders had the ability to influence decision-making to some extent. However, a few were not involved when difficult strategic or partnership decisions were made. More than half of social work leaders stated that they were less of an equal partner than their peers and that they did not always have an *'equal place at the decision-making table'*. This was particularly in the context of health but also to a lesser extent, education. One leader told us that *'When you are there, you need to have sharp elbows to be heard'*.

Operationally social work's role and influence was stronger. Most staff and first-line managers felt valued when working as part of a multi-disciplinary team and able to influence multi-agency working.



Staff who agreed or strongly agreed that they felt valued when working as part of a multi-disciplinary team.

Source: National review of social work governance: staff survey, Care Inspectorate 2024

## Social work values

### Key message

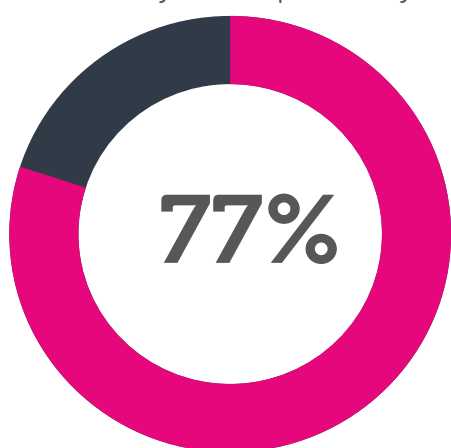
- ▶ 5. Staff, managers and leaders felt confident to promote and uphold values within social work services. There was a strong belief in the importance of social work values to support ethical practice.

Overall, professional values and a focus on ethical practice underpinned the decisions and actions of social work staff at all levels, from frontline practitioners to strategic leaders. Local areas were actively using the [Scottish Social Services Council \(SSSC\) Codes of Practice](#) to promote positive practice with staff. The codes are broadly intended to serve two purposes. Firstly, they make clear the standards of service expected from workers. This, coupled with the [Health and Social Care Standards](#) provides a framework for regulation of individual workers and organisations. Secondly, the codes are a tool to support continuous improvement. The SSSC suggest that services can use them to aid reflection on practice, during induction and ongoing learning and development for staff.

As the codes were the most commonly cited framework by which social work values were promoted with staff, it was clear that their purpose of supporting continuous improvement was understood. Social work leaders and operational managers were using the codes to embed a culture which was attentive to values, including using them as a lens to focus on values during management and staff meetings.

Social work leaders, operational managers and staff demonstrated strong integrity and commitment to ethical principles, guiding how services interact with people using social work services. There was a consistent desire to deliver services that met people's assessed needs and outcomes.

Managers were working effectively to create conditions where staff were supported to promote social work values. This included embedding values in recruitment processes, effective supervision, access to learning and development opportunities and manageable caseloads. It was clear that the importance of values was recognised. Staff were supported to uphold values in their role. The values modelled by leaders created a culture likely to be replicated by managers and staff.



Staff who agreed or strongly agreed that they felt supported to uphold social work values in their role.

Source: National review of social work governance: staff survey, Care Inspectorate 2024

### Practice example – Renfrewshire Council world social work day event

Each year on World Social Work Day, the chief social work officer (CSWO) undertakes an activity to highlight the contribution of social work. In 2024, the CSWO adopted a different approach and organised a breakfast with him and the deputy chief social work officer which was open to all staff across adult, children and justice social work. Around 75 members of staff attended the breakfast. The CSWO led a discussion on the promotion of ethical practice, shared his journey into social work and the difference he believes social work staff make each day for those children, families, people and communities they work with.

The CSWO then discussed the links between all areas of social work, irrespective of the organisational structure, acknowledged the contribution of all social work staff and encouraged all present to remain true to their core social work values and be proud of their profession.

The benefits of such an event included increasing the visibility and accessibility of leaders in the council, allowing them to model values, enabling staff from all areas of social work to be together for a common purpose and, importantly, it allowed social work leaders to gain a sense of the shared value base demonstrated by staff.

Senior social work representation at key strategic governance forums helped to promote a shared understanding of the role of social work and the underpinning values. There was variation across the country and between services, regarding the impact role of the CSWO, deputy chief social work officer or principal social worker. At a strategic level within health and social care partnerships, children's or justice partnerships, the roles were significant in giving voice to social work values. They contributed to improved understanding by partners in some instances. In some local areas there was active participation from frontline practitioners within forums such as child and adult protection committees. This provided opportunities to share their professional values with partners.

SSSC Codes of Practice were key to the promotion of social work values. A number of other strategic drivers also supported the embedding of values into practice. These included Getting it right for every child (GIRFEC), Getting it right for everyone (GIRFE) and The Promise.



## Assurance, oversight and the management of risk

### Key messages

- ▶ 6. Overall, social work assurance was mostly effective.
- ▶ 7. Social work services were managing significant levels of risk relating to financial and staffing resources. The impact of both of these risks was amplified in island and rural settings.

Quality assurance and risk management are important mechanisms by which social work services ensure they are fulfilling statutory duties, meeting strategic and operational targets and priorities and meeting the needs of people who use services. The methods by which they do this include assurance provided by mechanisms such as reviewing performance information and data and oversight of key risks through the use of risk registers.

### Performance management

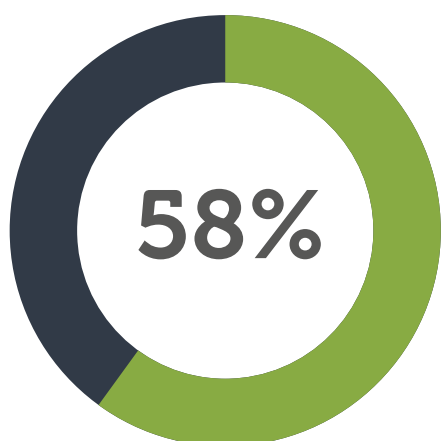
Social work assurance was generally effective in most local areas. Chief executives of local authorities had good oversight. Some social work leaders highlighted good information sharing relating to performance with health and social care partnerships and local governance and assurance groups. In a third of local areas, it was less effective for adult's social work and performance outcomes was often unreported for some areas of service. Outcomes for people were less well reported across all services.

Chief social work officers were well sighted on the full range of social work priorities and duties. We saw useful examples of how more detailed service level information helped with planning, delivery and improvement of services.

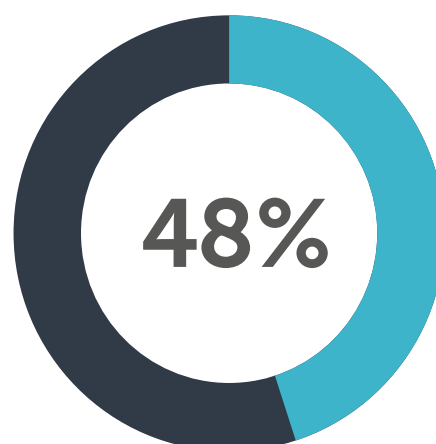
Electronic recording systems are essential tools for case recording and capturing key social work performance information. Almost all areas had either recently introduced new electronic recording systems, were in the process of procuring a new system or actively planning to do so. A few areas recognised the need for a replacement system but were unable to proceed because of the financial implications of doing so.

When recording systems were effective and staff were confident in their use, they contributed to effective practice and robust use of reliable data. Without the benefit of such systems staff were unable to record activities effectively and efficiently. This made it difficult to demonstrate the impact of work and outcomes.

Frontline staff did not always feel engaged with performance reporting.



Staff who agreed or strongly agreed that they receive performance and quality improvement information which helps carry out duties safely



staff who agreed or strongly agreed that they get feedback on how information about my service is used for monitoring, planning and development

Source: National review of social work governance: staff survey, Care Inspectorate 2024

One issue came from the challenge of ensuring staff inputted information into reporting systems effectively. Staff often felt like they were feeding in a large amount of information with a lack of clarity on the purpose or benefit to their service. There was acknowledgement by leaders of the need to communicate better with staff to enable better buy-in, trust and quality of reporting.

Less than half of performance reports we reviewed fully captured the breadth of social work activity. Almost two-thirds were well monitored by leaders to provide them with effective oversight and assurance about risk. Waiting times for social work services were seldom mentioned in performance reporting. There were strong messages from staff, especially from adult social work, about their concerns regarding delays for people waiting to access social work and social care services.

### Practice example – South-West Scotland MAPPA dashboard

From 2022, social work and other responsible agencies in South-West Scotland have collated relevant data used to populate the MAPPA Dashboard.

The MAPPA dashboard in Microsoft Excel allows the user to see trend information by displaying quarterly data over the previous two years to make it clear and easy to identify changes in performance over time. The dashboard has filters which enables the user to drill down on the data by specific areas. Allowing comparisons across authority areas allows the team to quickly ascertain whether something is working better or worse in one area and look into it further.

The tool was shared with members quarterly and can be viewed and used independently or discussed in detail during Strategic Oversight Group meetings, where a planning and performance officer talks through the recent activity.

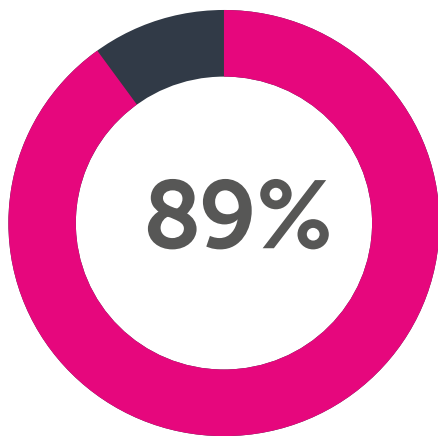
There were positive indications that the resources deployed by social work and other agencies to manage risk were producing positive outcomes with reductions in both risk levels and management levels, while the increase in risk levels in a small number of cases illustrated that agencies remained alive to the dynamic nature of risk.

## Oversight and management of key risks

The identification, oversight and mitigation of risk is a critical feature for the leadership and delivery of effective social work services. Social work is operating in an increasingly complex legislative and policy environment. This combined with budgetary and staffing challenges increased the level and breadth of risk which social work staff were operating within.

Overall, local areas had appropriate arrangements in place to oversee these risks. Risk registers were the main mechanism for ensuring that risks relating to social work were understood and managed. These were widely used, particularly at strategic and corporate levels. They were an important and effective approach to understanding and mitigating against risk. There was a clear understanding at a corporate level that the management of service level risks was critical to protect the most vulnerable people. There was consistent representation of social work risks on council corporate risk registers, although by necessity these were high level.

Risk registers were used effectively in almost all local areas. These included approaches to mitigating risk. The registers were mostly fully completed, detailing who owned the risk, what actions were required, how often the risk or mitigation was to be reviewed and with a completion date as appropriate. Almost all frontline staff felt that there were appropriate systems and processes within their organisation for them to escalate concerns and risks.



Staff who agreed or strongly agreed that they were confident about raising concerns and risks with their line manager.

Source: National review of social work governance: staff survey, Care Inspectorate 2024

Social work specific risks were strongly represented in the public protection context. Adult protection, child protection and MAPPA Committees used risk registers consistently and these groups reported to chief officer groups as a matter of course. While health and social care partnership (HSCP) risk registers were detailed, they did not consistently or explicitly consider the full range of social work related risk unless they were aligned to existing HSCP priorities.

High or very high risks were appropriately highlighted in almost all local areas. Risk registers were largely in place across adults', children's and justice social work services. A number of risk registers were high level and did not fully consider social work issues. Examples of risks not commonly included on risk registers included mental health officer capacity, support required for unaccompanied asylum-seeking children (UASC) and the shortage of foster carers.

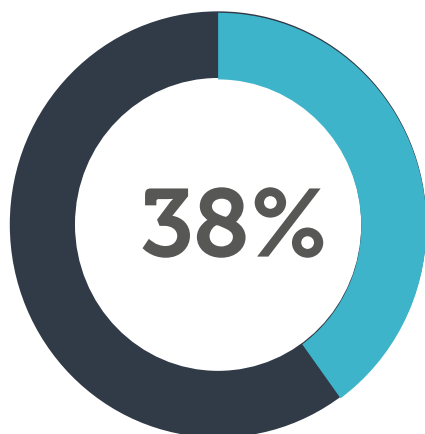
While risk registers were the primary vehicle for risk management, supervision and the organisational structures were sometimes used to identify and escalate new or changing risks. Social work leaders utilised a range of quality assurance approaches to identify and respond to risk. These included learning reviews, audits, feedback from people using services, self-evaluation, record reading and complaints information, often alongside risk registers.

Some local areas indicated concerns regarding the oversight of risk, particularly in HSCPs. The complex reporting structures in place across local areas and within HSCP's meant that there was some duplication. Risks were reported in various settings and formats. There was potential confusion over who 'owned' social work risks and mitigations being altered depending on where a risk was considered.

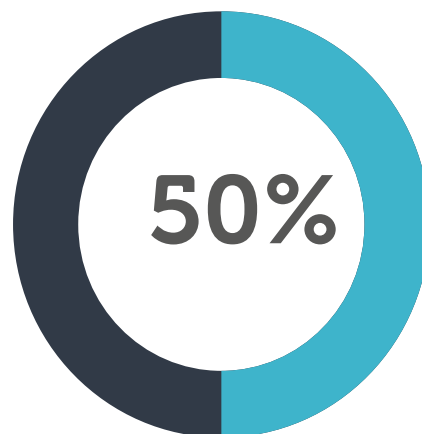
Some areas reported challenges in ensuring that those outwith social work fully appreciated some risks and their impact. This included members of the public, some professionals and elected members. Complex issues included matching supply and demand for care and support services and unaccompanied asylum-seeking children. These were challenges that were difficult to make fully understood.

## Staffing pressures and oversight of financial resources

Recruitment and retention of social workers was a key issue for almost every area across Scotland. In most areas, this had been identified as a corporate risk by strategic leaders across councils and health boards. Half of staff who responded to our survey told us that they worked in teams which were not fully staffed.



Staff who agreed or strongly agreed that their team has a full staffing establishment



Staff who disagreed or strongly disagreed that their team has a full staffing establishment

Source: National review of social work governance: staff survey, Care Inspectorate 2024

Social work services experienced persistent and prolonged recruitment and retention challenges. These were reflected in local vacancy rates, sickness absence levels and a high volume of staff exiting the profession. Children and families social work teams and mental health officers were often identified by local areas as those facing the greatest staffing challenges. Leaders and managers also identified other areas of significant pressure including social care posts such as care at home, residential care and recruitment of foster carers.

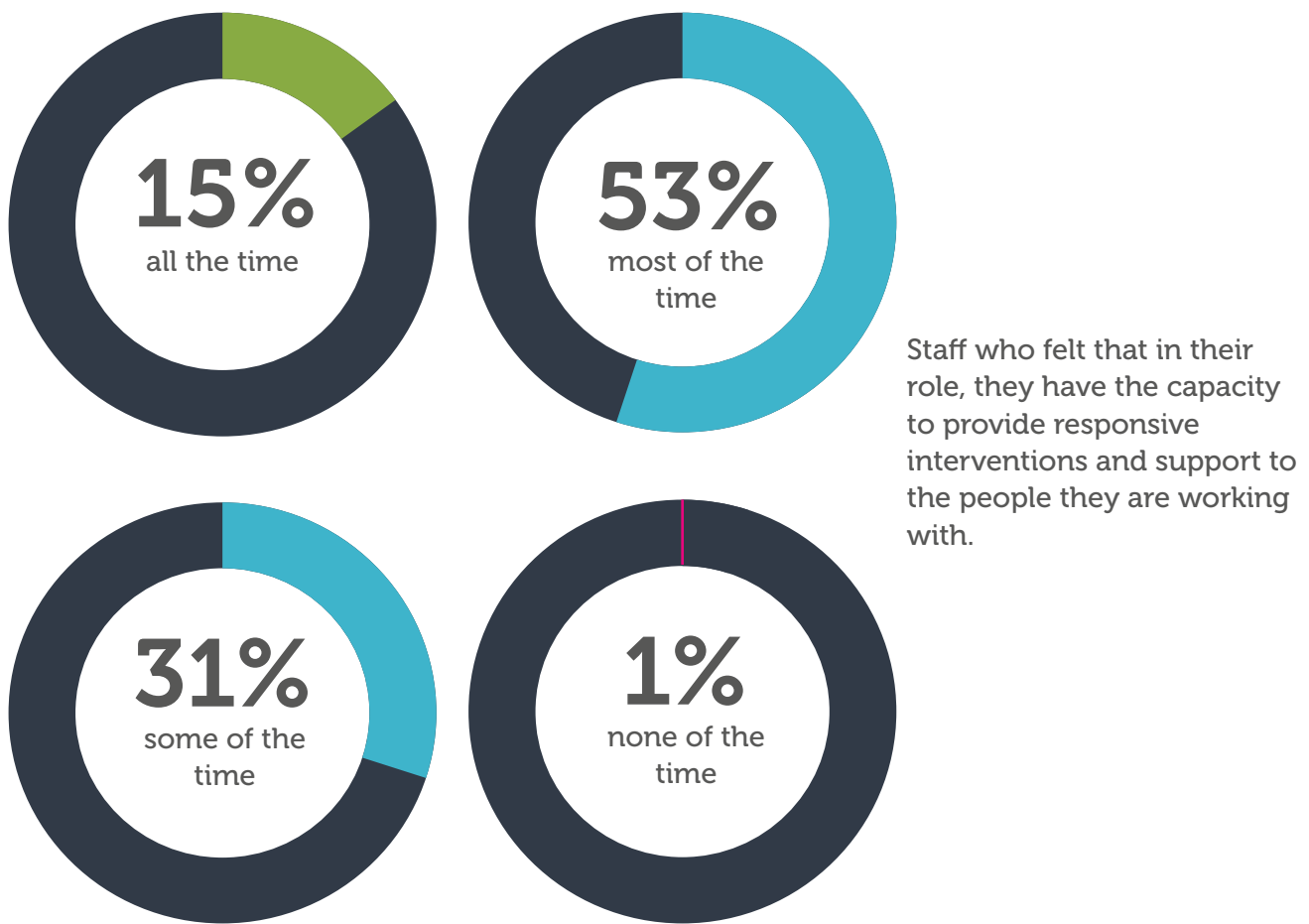
Line managers identified the most common reason for being unable to recruit was due to a lack of suitable applicants applying for posts. In some areas, particularly remote, rural and island communities, an ageing population had contributed to an insufficient working-age population, with a few areas noting there were more jobs than people to fill them. In these areas there were further barriers to employment for prospective staff such as excessive housing costs and travel challenges. For mainland local areas, particularly urban areas in close proximity, there was strong competition for the same, increasingly limited pool of staff, exacerbated by pay disparity.

Leaders and managers from almost all areas across Scotland reported struggles to retain social workers. Driven in part by Covid-19, experienced staff were choosing to leave the profession, resulting in an 'experience gap'. This meant almost all areas were increasingly reliant on newly qualified social workers. This risked a cycle of burn-out of new staff who did not have the vital support and mentoring of experienced staff. Emotional burnout of staff was a significant concern, and was linked with increasing role complexities, crisis-driven work and very pressured roles with high caseloads. One staff member said: *'Having worked in this role for over 20 years, this is the most difficult time I can recall'*.

Many areas had developed 'grow your own' approaches to recruiting staff. This was well embedded in areas where recruitment had been a longstanding challenge.

Agency social work staff had increasingly been relied upon to cover vacancies and staff absence and this was becoming unsustainable. Almost all local areas were utilising staff from other professions or paraprofessionals to fill social work roles and vacancies. Strategic and social work leaders felt that without a national approach to address social work staffing challenges, the range of creative local recruitment and retention solutions being utilised were merely a 'sticking plaster'.

Social work was working in a highly challenging financial climate. Only some social work staff who completed our survey reported that they always had the capacity to respond to people's needs, this was due to a lack of resources and case load levels. Staff told us that at times service delivery was resource-led rather than being driven by what people needed.



Source: National review of social work governance: staff survey, Care Inspectorate 2024

Where they indicated that they only had capacity some or none of the time this was due to:

Reasons for selecting: Some of the time / none of the time	No of responses to question
Case load numbers	688
Responding to emergency or crisis situations	680
Vacancy levels	559
Require further training for my role	153
Budgetary availability	571
Lack of suitable care and support provision and/or placements	811
Lack of suitable accommodation to meet people's identified needs	705
Other duties	262

Source: National review of social work governance: staff survey, Care Inspectorate 2024

One staff member said there was a *'focus on budgets not people's outcomes, everything boils down to money'*.

Social work leaders demonstrated a strong understanding and oversight of the available resources within their responsibility. The difficult financial position meant that social work leaders were having to make difficult decisions about the delivery of local services. At times, this challenged their social work values and principles.

The drive to make efficiency savings had resulted in areas making structural changes to services. These included streamlining leadership arrangements and integrating services. In some areas financial savings had been made through the deletion of business support posts. As a consequence, this placed more demand on frontline workers to perform administrative tasks, which contributed to staff burnout. While some areas had managed to protect frontline services from financial cuts to an extent, there was a clear view that it would be difficult to continue to protect frontline services, with current and projected demand outstripping resources.

Strategic and social work leaders of island and rural areas faced significant and disproportionate challenges in relation to both staff recruitment and availability of local resources. The impact of staff vacancies was high, given the small volume of staff and the long or complex travel journeys required. The impact of accessing bespoke services for people with particular needs was often more expensive than in less remote areas. For example, the cost of specialist support, such as a secure placement for a young person had a greater impact on areas with comparatively smaller budgets.

While remote, rural and island communities did share commonalities, leaders stressed that *'there is often a misconception that we are similar and we are often grouped together in national arenas. Although we have commonalities, we are distinct and different geographically, culturally, traditionally and financially.'*

## Arrangements to enable staff to be supported, accountable and effective

### Key messages

- ▶ 8. Overall staff felt supported to deliver effective services.
- ▶ 9. Most social work staff benefitted from appropriate professional supervision arrangements and received learning and development opportunities which supported them to deliver their role.

### Workforce capacity, wellbeing and effectiveness

Increasing demand, complexity of need and risk had an impact on the emotional wellbeing of staff within social work services. This, in turn, contributed to challenges in retention and recruitment. Social work leaders and operational managers were using a variety of ways to support their workforce.

Local areas were aware of and working hard to address caseload levels. Alongside resource availability, caseload levels were seen as one of the main factors affecting the ability to provide responsive interventions and support to the people they worked with. Social work services were appropriately protecting caseloads of newly qualified staff until they gained relevant training and experience. This often meant that experienced staff were managing caseloads with high ratios of complex risk and needs. Having fewer experienced staff limited opportunities to provide support and guidance to newly qualified staff as they developed into their role. Hybrid working was impacting on the availability of experienced staff to provide mentoring.

Despite challenges around resources and staffing, staff across all services areas were confident they were having 'good conversations' with people they were supporting. The majority said that systems and processes within their organisation supported them to deliver interventions to improve outcomes for people. Over half of staff felt valued as a result of a range of measures used by their organisation.

Staff were less confident about how well people waiting for assessments were kept up-to-date with progress, and whether the systems in place to keep them informed were effective. Most social work staff felt that they still had the capacity to provide responsive interventions and support for those already receiving services. Where staff felt that they didn't have the capacity to be responsive, the most common reason was the size or complexity of their caseload.



## Practice example - Beyond raising the bar

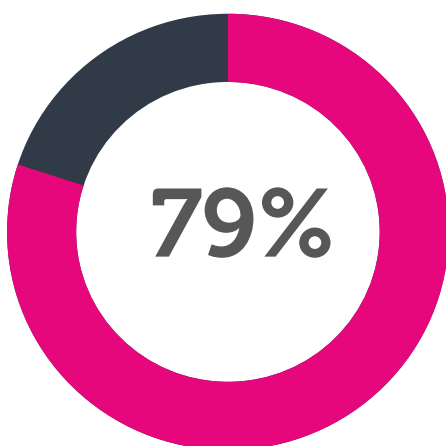
Aberdeen City Council had adopted a proactive strategy to manage and 'level up' staff caseloads. There was a recognition of the significant 'emotional labour' involved in children and families' social work teams and an acknowledgement of the complexity and intensity of this work. Efforts were made to address the challenges of retaining staff in such demanding roles. This approach aimed to mitigate 'staff trauma,' balance workloads more evenly across teams, improve risk assessment practice. It aligned with the principles of the national trauma informed training framework.

A city-wide review of children's social work was conducted to ensure equity in workload distribution, taking into account the diverse demographic profiles across different areas of the city. While locality caseloads were shared across the city, core relationships in localities, such as those with schools, were preserved.

The approach introduced individual dashboards for locality teams to profile staff and distribute work equitably. Team managers had bespoke dashboards tailored to their priorities, enabling better assurance and data-informed workload management. It developed a citywide overview of workload distribution to ensure all social workers had a balance of lighter and more challenging cases. The approach enhanced workforce sustainability and improved the overall working environment for social workers.

## Supervision arrangements

Social work services worked hard to ensure that social work staff were continuing to benefit from appropriate professional supervision arrangements. Most staff felt confident through the supervision, support and direction they received to undertake their statutory duties. They also had access to specialist advice when needed. However, staff confidence varied between services. In particular, those who provided support out of hours expressed less confidence in the supervision, support and direction they received.



Staff who agreed or strongly agreed that supervision gave them confidence to carry out all duties required by their role.

Source: National review of social work governance: staff survey, Care Inspectorate 2024

Line management and professional supervision models had adapted for social work staff in some integrated teams. This happened most frequently in adult services, when their immediate line manager was from a different profession. Staff felt well supported and guided by their professional supervisors.

Managers and leaders understood the importance of supervision, support and direction in relation to staff wellbeing and effectiveness. They were employing a range of measures to address wellbeing. There were positive examples of audits being undertaken to ensure supervision was taking place and that it was effective.

There was a strong improvement agenda across the sector to enhance supervision and support wellbeing. There was particular recognition of the skill and knowledge required of managers and an emphasis on investing in managers to provide good quality supervision. Improvement examples included:

- formal and informal forums to facilitate peer support which improved reflection for staff and managers
- hubs and academies for students and newly qualified social workers
- staff surveys and audit activity to support revisions to their supervision policy
- regular review of supervision policy
- development of quality assurance approaches linked to supervision
- training and support for managers delivering professional supervision
- development of supervision policies across the social work portfolio to improve consistency where social work functions were delivered across council and HSCP
- development of service communications and events to support workforce connectedness and wellbeing.

## Training and development arrangements

Learning and development was important in supporting the quality of social work practice and contributing to service improvement. Opportunity to undertake a range of learning and development activities also contributed to local areas' ability to recruit and retain staff.

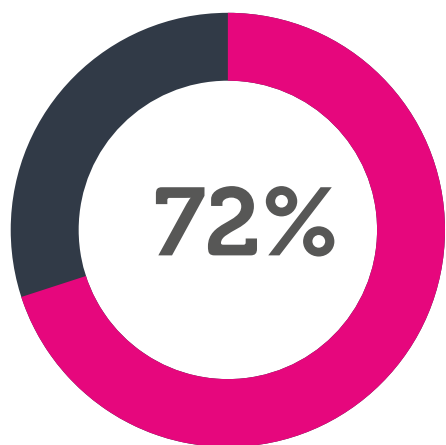
There was variance in local areas approaches to identifying training needs and delivering social work learning and development. Some local areas had undertaken training needs analysis and developed learning and development strategies to support planning for workforce development. Identified needs included mandatory training and other courses to support staff development and fulfil workforce needs, such as mental health officer and practice educator courses.

Local areas' resources for delivering learning and development opportunities varied with some local areas able to continue investing significantly in dedicated social work learning and development teams whilst others had no dedicated resources for social work training. In some local areas, training resources were based in corporate services or split between councils or HSCP services.

Dedicated social work learning and development resources were highly valued by staff and contributed to staff feeling valued and appreciated. This in turn supported staff retention and a desire to progress within local areas.

Where local areas did not have dedicated social work learning and development teams, training fell to managers or social work staff with a specific interest in an area of work. This impacted on the range of available learning and development opportunities and placed additional pressure on managers and staff capacity. There was limited evidence that local areas systematically evaluated training to determine its impact. This restricted social work practitioner's ability to identify further learning needs to develop their practice.

Despite variance in social work staff's access to, and experience of, learning and development opportunities, most social work staff received the training they required to deliver their role. This included any professional specific training.



Staff who agreed or strongly agreed that they have access to specialist advice relevant to their work when they need it

**Source: National review of social work governance: staff survey, Care Inspectorate 2024**

Completion of public protection training was a priority for social work staff. Almost all staff had completed up-to-date training in relevant areas. Most respondents had experienced training, development and supervision in relation to trauma-informed relational practice, assessments, planning and reviews, risk assessment, risk enablement and risk management.

While local areas focused on ensuring they delivered mandatory training for staff across specific areas, a range of other learning opportunities were available for frontline practitioners and managers. The review highlighted a number of areas where provision and uptake of training could be developed further. This included training in relation to adults with incapacity legislation, community care, unpaid carers, self-directed support/person-centred approach, decision-making thresholds and personal outcomes based relational practice.

Local areas recognised that staff capacity and resource issues meant that participation in non-mandatory training was not always possible for staff. For example, despite resources being available, it was challenging for staff to be released to undertake lengthy training, such as mental health officer training, due to the impact on working capacity.

Travelling to attend training was challenging for some staff based in remote, rural and island areas. This was particularly the case when training was delivered in person in a mainland, central location. For example, a one-day training course delivered on the mainland often required staff to be away from home and work for several days. This was a barrier for staff attending training both from personal and work capacity reasons.

## Conclusion

Although social work governance arrangements were complex, they were mostly effective and social work leaders were making these work. Social work was not always seen as an equal partner within partnership arrangements in a number of areas. It was not consistently and robustly represented in some partnerships. Through this review we sought to answer the question:

How well do social work governance and assurance arrangements support leaders to:

- ▶ ensure statutory duties are carried out safely and effectively?

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- ▶ enable social work staff to be supported, accountable and effective in their practice?

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- ▶ assist social work staff to uphold core social work values?

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Strategic and social work leaders had strong assurance arrangements in place that **enabled them to ensure that statutory duties were being carried out safely and effectively**. Overall, leaders had assurance arrangements in place that ensured that performance and risk was well understood. Expectations in terms of service delivery were considerable. There were a number of well understood and significant challenges; there is no sign of the financial situation improving. Recruitment and retention difficulties were affecting all local areas, despite some very positive initiatives taking place. Scotland's social work services were finding the ability to match supply with demand exacerbated by increased levels of complexity. This meant that social work was at risk of being unable to fulfil its statutory duties in some service areas. The financial and staffing challenges were amplified in rural, remote and island settings.

Arrangements to **support staff to be supported, effective and accountable in their practice** were largely in place. Positive supervision arrangements were in place to support staff to deliver effective services and look after their wellbeing. Learning and development opportunities were being provided for key areas of practice and staff valued these. Staff were concerned that traditional relationship-based practice was being replaced by 'transactional' or 'episodic' engagement with people and children who use services. This was particularly the case within adult social work.

Staff were **supported to uphold core social work values**. Through the review we were impressed by a workforce at all levels that was highly committed to providing the right support to the most vulnerable people in Scotland. There were consistently strong levels of integrity and a commitment to ethical principles

The context that social work is operating in is extremely challenging. The statutory framework for social work services is contained in many different pieces of legislation, policy and guidance. The demands facing social work nationally are highly complex and have developed over a long period of time. A national approach is required to tackle the recruitment and retention crisis. Social work sustainability is particularly impacted by the enduring financial position. Change is needed to support the vital role of social work services. Scottish Government ministers have reaffirmed their commitment to the National Social Work Agency to bring sustainable reforms that futureproof social work services in Scotland for generations to come. This allows for a renewed opportunity to find a different way to meaningfully address these challenges and make services resilient and sustainable.

## Reflections for social work leaders and managers

In this part of the report, we outline reflective questions for social work leaders and managers in local areas. We hope these will helpfully support services' own self-evaluation of its governance and assurance arrangements.

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### Theme: Clarity, understanding and effectiveness of governance arrangements

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Are there organisational charts in place that clearly show governance structures for social work in order to support transparent lines of accountability?

Are there guides in place explaining the purpose and function of key governance groups (for instance, IJBs, clinical care governance committees, and council committees)?

How confident are you that council committees consider all aspects of social work service delivery including adults, children's and justice social work?

Are partnerships able to review management and care governance arrangements to ensure social work is appropriately represented?

How confident are you that the chief social work officer can focus on the range of responsibilities named in Scottish Government guidance?

Are there opportunities for a document to be created that clarifies the role of social work in your local authority including the range of statutory duties?

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### Theme: Role and influence of social work

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How can your health and social care partnership ensure appropriate focus on social work issues?

How can you ensure social work is given equitable status in your local area?

Where the chief social work officer is not able to be in attendance in key meetings, are appropriate deputising arrangements in place?

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**Theme: Social work values**

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What activities can you undertake locally to promote social work values?

Are there opportunities for social work values to be more strongly represented in strategic documents?

How confident are you that discussion around values is a sufficiently central feature in recruitment?

How can social work values be made more explicit within services and in the context of partnership working?

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**Theme: Assurance, oversight and the management of risk**

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What more can be done to improve staff's awareness of the importance of performance data?

What can you do to better reflect performance information in relation to adult social work?

How can social work performance data be considered within clinical and care governance meetings?

Do you have strong approaches to risk registers in place that encompass all areas of social work at various levels and in all settings, including your health and social care partnership?

Are risks robustly reported to appropriate committees?

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**Theme: Arrangements to enable staff to be supported, accountable and effective**

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How do you continue to prioritise staff wellbeing in light of the increasingly complex work that they do?

What else can you do to ensure relationship-based work is emphasised in key social work practice areas?

Are efforts being made to ensure that roles and functions specifically reserved for social workers are being undertaken by them?

How effective are your arrangements for ensuring all social work staff receive professional supervision?

How can approaches to learning and development ensure that training undertaken by social work staff is evaluated to ascertain the difference it is making to social work practice?

Are there opportunities to learn from areas that have had positive results from initiatives to improve recruitment and retention?

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## Appendix 2: Summary of all social work legislation

List provided by the Office of the Chief Social Work Advisor

### Social work: Chronology of legislative milestones

1. National Assistance Act 1948
2. Social Work (Scotland) Act 1968
3. Chronically Sick and Disabled Person (Scotland) Act 1971
4. Adoption (Scotland) Act 1978
5. Foster Children (Scotland) Act 1984
6. Disabled Persons (Services Consultation and Representatives) Act 1986
7. Equality Act 1988
8. NHS and Community Care Act 1990
9. Carers (Recognition of Services) Act 1995
10. Children (Scotland) Act 1995
11. Criminal Procedure (Scotland) Act 1995
12. Community Care Direct Payments 1996
13. Crime and Disorder Act 1998
14. Human Rights Act 1998 (evolving from European Convention on Human Rights)
15. Adults with Incapacity (Scotland) Act 2000
16. Children Leaving Care Act 2000
17. Regulation of Care (Scotland) Act 2001
18. Community Care and Health (Scotland) Act 2002
19. Commissioner for Young People and Children (Scotland) Act 2003
20. Mental Health Care and Treatment (Scotland) Act 2003

21. Protection of Children (Scotland) Act 2003
22. Management of Offenders etc (Scotland) Act 2005
23. Adoption and Children (Scotland) Act 2007
24. Adult Support and Protection (Scotland) Act 2007
25. The Looked After Children (Scotland) Regulations 2009
26. Welfare Reform Act 2009
27. Child Poverty Act 2010
28. Community Justice and Licensing (Scotland) Act 2010
29. Equalities Act 2010
30. Public Services Reform (Scotland) Act 2010
31. Children Hearings (Scotland) Act 2011
32. Social Care (Self-directed Support) (Scotland) Act 2013
33. Children and Young People (Scotland) Act 2014
34. Public Bodies (Joint Working) (Scotland) Act 2014
35. Mental Health (Scotland) Act 2015
36. Carers (Scotland) Act 2016
37. Community Justice (Scotland) Act 2016
38. Data Protection Act 2018
39. Children (Equal Protection from Assault) (Scotland) Act 2019
40. Management of Offenders (Scotland) Act 2019
41. Children (Scotland) Act 2020
42. United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024
43. Children (Care and Justice) (Scotland) Act 2024

## Appendix 3 - Glossary of terms

**Advanced Practitioner:** A role within social work that provides practice leadership from experienced staff usually at an enhanced salary.

**Assurance Arrangements:** Systems and processes in place to ensure that social work services are delivered safely, effectively and ethically

**BASW:** British Association of Social Workers. The professional association of social workers in the UK

**Clinical and Care Governance:** A framework through which healthcare are accountable for continuously improving the quality of their services and safeguarding standards of care.

**Code of Practice:** Standards set by the Scottish Social Services Council (SSSC) outlining the expected practice and behaviour of social work and social care workers and their employers in Scotland

**CSWO:** Chief Social Work Officer, responsible for providing professional advice and oversight of statutory duties on social work matters

**Focus Group:** A qualitative research method where a small group of people discuss a topic guided by a moderator

**Governance:** The framework of rules, practices, and processes by which social work services are directed and controlled

**Health and Social Care Standards:** The Standards set out what we should expect when using health, social care or social work services in Scotland.

**HSCPs:** Health and Social Care Partnerships, integrated NHS and Local Authority organisations for health and social care

**IJB:** Integrated Joint Board—a board that oversees the integration of health and social work and social care services within a specific HSCP area. IJBs exist in 31 of 32 local authorities.

**IFSW:** International Federation of Social Workers that represents social workers globally and promotes social work as a profession.

**Justice Social Work:** Social work services that deal with individuals involved in the justice system

**Local Governance Assurance Groups:** Groups within a local area responsible for overseeing and ensuring the quality and effectiveness of services.

**MAPPA:** Multi Agency Public Protection Arrangements

**MHOs:** Mental Health Officers. Social workers who have had additional specialised training and have statutory responsibilities in mental health legislation.

**NQSW:** Newly qualified social worker. A social worker who has recently completed professional training and is in the early stages of their career.

**Paraprofessionals:** Support staff who assist social workers, such as justice assistants, family support workers, and community care assistants

**Principal Social Work Officer:** A senior social work professional with strategic, operational or professional responsibility for a specific area of social work, often adult social work. This role will usually work closely with the CSWO

**SSSC:** Scottish Social Services Council. The regulatory body of social work and social care workers in Scotland

**Statutory Duties:** Legal obligations that social workers must fulfil as part of their professional responsibilities

**Structured Interviews:** A method of data collection involving a set of predetermined questions asked in a specific order

**VAWG:** Violence Against Women and Girls.

## Headquarters

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY  
Tel: 01382 207100  
Fax: 01382 207289

Website: [www.careinspectorate.com](http://www.careinspectorate.com)

Email: [enquiries@careinspectorate.gov.scot](mailto:enquiries@careinspectorate.gov.scot)

Enquiries: 0345 600 9527



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