SOCIAL WORK IN SCOTLAND: PROBLEMS AND PROSPECTS

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Introduction

Recent years have seen social work taking on a new and unenviably high profile in the media. In large part this interest has concerned a series of tragic deaths of children – Jasmine Beckford, Heidi Koseda, Tyra Henry, Kimberley Carlile. Not all of those children were in care, but all were in some way the responsibility of social workers, and in each case qualified workers failed to act effectively to prevent a child death. Paradoxically criticisms of social work and other professionals in the more recent Cleveland case ran the other way; here it was overzealous protection of children thought to have been sexually abused which was the focus of attack. It is important to note at the outset that all of them took place in England and Wales; in Scotland the system for dealing with child abuse is significantly different and the independent role of the Reporter and the Children's Panels in reviewing social work decisions, ought to act as a powerful check on these decisions, and render mistaken or negligent actions less likely.

This is not the place to examine the substance of those inquiries; the article by Lorraine Waterhouse and James Carnie elsewhere in this *Yearbook* deals with child sexual abuse. The *effect* of them, however, has been to 'open the files' and to expose every aspect of social work practice and training to public scrutiny in a way experienced by no other profession. This has had both negative and positive effects. While work in situations of risk has become even more hazardous and stressful through fear of censure, a more positive consequence has been the development of a much more informed and temperate debate in the serious media, and a greater public awareness of the responsible role given to social workers under statute. If there is a demand for more effective training and demonstrable competence, there is also growing recognition that this must be accompanied by a clear public mandate, underpinned by the resources and the legal and administrative systems which enable it to be properly discharged. 'We are concerned', commented the Cleveland Inquiry Report, 'about the misplaced adverse criticism social workers have received from the media and elsewhere. There is a danger that social workers...will be demoralised. Some may hesitate to do what is right. Social workers need the support of the public to continue in the job the public gave them to do. It is time the public and press gave it to them.'[1]

This article will examine some of the issues presently facing the social work profession, and the implications for social work education and training. Since the discussion must take account of these criticisms, it is right to acknowledge that there is much dedicated and often skilled social work being undertaken every day; sadly, it is failures that hit the headlines, while successes go unsung.

Social Work in Scotland

Social work is a relatively new profession, which only began to achieve a recognition and status as an occupational group for which training and qualifications were essential after the Second World War, with the development of a new structure of personal social services, – in particular the new Childrens' Departments, which clearly required trained personnel. Social work and welfare functions were divided between a number of different departments (childrens', health, welfare, education, and probation and aftercare) which led to a fragmented and inconsistent service. Scotland took the lead in creating new comprehensive Social Work Departments in 1969, which included within their brief social work and other services for children, elderly people, those with a mental illness, mental or physical handicap, and the functions of the probation and aftercare service. In England and Wales, Social Services Departments providing 'a community-based and family-oriented service...available to all' were established in 1971, on broadly similar lines though governed by different legislation.

There were significant differences between the functions of the departments in Scotland and those in England and Wales. Under the Social Work (Scotland) Act 1968 local authorities were given a broad brief to promote social welfare together with wider discretionary powers than their English counterparts. Further, the probation and aftercare functions undertaken by Social Work Departments in Scotland are in England the province of a separate Service. In Scotland, therefore, departments have important functions in relation to adult offenders and the penal system which are absent from those in England and Wales. Despite these considerable differences of origin, function, and legal mandate there is little evidence of major substantive difference between the departments in Scotland and those in England and Wales, and their organisational structure and day to day practice do not differ markedly. Social workers north and south of the Border complete a common training validated by the Central Council for Education and Training in Social Work, and there is very considerable mobility of staff.

The advent of the new departments was far more than a territorial reorganisation, and it opened up new career prospects for social workers. Carried along by the tides of economic growth in the 1970's, the departments grew in size and relative power. In the Scottish departments

the total number of staff doubled from around 15,000 in 1971 to 28,000 in 1979, with a proportionately smaller increase of 2,000 to 1985[2]; in England and Wales the number of social workers employed by local authorities increased by 43% between 1974 and 1984[3]. For field staff there are now prospects of promotion from basic grade social worker to senior practitioner posts with specialist responsibilities, or to supervisory and middle management posts as team leaders; beyond that, there can be progression to managerial posts as Principal Officers, Area managers, or senior headquarters staff. As an indication of the size and scale of Social Work Departments, the Director of Social Work for Lothian (Scotland's second largest Region) controls a budget of £70 million, a staff of 5,000 and commands a salary of £40,000. While local authorities are by far the major employers of social work, there are also opportunities in the voluntary sector – with the large child care organisations such as Barnardo's and National Childrens Homes, in the Church of Scotland, and with a range of voluntary and community projects of various kinds.

To define social work is not straightforward. It is not synonymous with 'staff of social work departments'; these include an enormous range of staff for whom a social work qualification would not necessarily be appropriate – home helps, occupational therapists, residential care staff, instructors in training centres among many others. Further, the title is not protected, as it is in France; it can be used by anyone engaged in charitable endeavours in an informal way without qualifications or agency mandate. In practice, however, employers have defined certain posts as requiring a social work qualification and the term has a clear connotation. For present purposes, the term 'social worker' will refer to those holding a social work qualification, or those occupying a post for which such a qualifcation is normally required; a distinction will therefore be made between social work and the broader range of social service and social care functions for which a social work qualification is not necessarily the most appropriate

The range of tasks social workers carry out is extremely wide – they may be found in Social Work Department area teams, in community projects, working with drugs victims and AIDS sufferers, in prisons, hospitals and in residential and day care facilities such as family centres and homes for elderly people. For many of these posts, despite their heterogeneity, a social work qualification is required. While in part the wide currency of such a qualification reflects some lack of clarity as to what kind of training is appropriate for particular jobs, it also indicates a recognition that a social work training does confer a certain level of knowledge, competence and, perhaps even more significantly, a common approach and value base (best described as person-centred) acquired through the professional acculturation process of training.

The responsibility for the promotion and validation of social work training throughout the United Kingdom lies with a statutorily established

body, the Central Council for Education and Training in Social Work. At present the Council awards two qualifications, the Certificate of Qualification in Social Work, and the Certificate of Social Service; its remit extends to staff in residential, day and domiciliary settings, and in training centres for those with a mental handicap. Until 1987 only the CQSW was recognised as a social work qualification, but the CSS now has formal recognition as a social work and not merely a social service qualification, and for the Central Council (though not necessarily for employers) is equivalent to CQSW for salary purposes. Courses leading to the CQSW are located in universities and the higher education sector; they last for a minimum of two years, with the possibility of a year's exemption for some graduates with relevant degrees and prior experience. The UK is unusual in that the same professional award is made whether the course is at graduate or non-graduate level, and whether it leads to a Certificate, a Diploma, or a Masters' degree. Unlike the United States, therefore, social work in Britian is not a graduate profession, though about half of those gaining a CQSW do so on graduate and undergraduate courses.[4] But unlike most European countries, social work training in Britain was established in the universities from 1911 and has maintained a strong presence ever since.

CSS schemes began in 1975 and were set up to meet the training needs of a range of occupational groups ***other than*** social workers (field workers were specifically excluded) and were modular in form. They were not a preliminary to CQSW, nor were they intended to provide a qualification in social work; they were said to be 'equal but different.' However the relationship between the two qualifications was never made explicit. As time has passed, CSS has become a major qualification route for those working in residential and day care services, particularly senior staff, and it has become increasingly apparent that the similarities between the two qualifications are stronger than the differences. Despite the different structures, patterns and location of training (CQSW courses are mounted in higher education, mainly in universities and polytechnics, while CSS courses are employment-based, modular, and jointly mounted by employers and [mainly] colleges of further education) there is considerable overlap in content; further, the entry qualifications of two-year nongraduate CQSW students and CSS students do not differ markedly. The distinctions have been particularly untenable in Scotland where, unlike England and Wales, universities, central institutions and colleges of education engaged in CQSW training have also been closely involved in CSS schemes. While CQSW and CSS are less 'different' than was originally envisaged, they are very far from 'equal' as far as status and career opportunities are concerned and this has become a major source of frustration for CSS holders. While CQSW trained staff are to be found both in residential and day care and field work, CSS holders have not had the same freedom of movement into field services; the effect has been to limit career mobility and progression and to increase separation and differences in status between residential and field work.

CQSW courses are the major qualification route; 67% of students entering qualifying courses in 1986 were on CQSW courses, and 33% on CSS[5]. The proportions have however altered significantly; CQSW intakes have declined by 10% between 1980 and 1987, while the proportion of CSS students increased by the same proportion; CSS programmes now produce a third of the total output of qualifying students. (Table 1).

TABLE 1
Student Intakes by Type of Course, 1980, 1987

	1980		1987	
CQSW	3970	(78%)	3364	(67%)
CSS	1100	(22%)	1642	(33%)
TOTAL CQSW/CSS	5070		5006	

[Derived from CCETSW, *Data on Training*, 1987, Table 1]

In Scotland the proportion of trained field social workers is high – far higher than in England and Wales. In 1986, 93% of those occupying basic grade social worker posts and above in Scotland held a social work qualification (the CQSW or CSS), as compared with 84% in England, Scotland and Wales together[6]. Importantly, this level of qualification relates only to those occupying fieldwork posts. Among senior staff in local authority residential work in Scotland, 17% have a social work qualification and altogether 58% hold this or another relevant qualification, for example, in nursing or teaching; 42% have no qualification for the work.

TABLE 2
Qualifications of Senior Staff in Residential Homes and Hostels

Officer/Assistant Officer in Charge	No.	CQSW/CSS		Related Qualification		None	
Residential, establishment, children	313	88	(27%)	123	(39%)	104	(33%)
Homes for the elderly	869	116	(13%)	405	(46%)	348	(40%)
Other homes and hostels	259	47	(18%)	72	(27%)	140	(54%)
TOTAL	1441	249	(17%)	600	(41%)	592	(41%)

[Derived from SED/SWSG Statistical Bulletin, 1987]

In childrens' homes the numbers of qualified senior staff are very much higher – 27% have a social work qualification, and two thirds hold this or a relevant qualification. The above figures relate only to officers and assistant officers-in-charge; taking staff in residential work as a whole, there are enormous numbers in direct caring roles who have no form of social work or social care qualification – no less than 85% of houseparents in childrens' homes, for example and 94% of care staff in homes for the elderly have no such qualification[7].

Specialist and Generic Training

The inception of unified social work departments with their broadly based social work and welfare functions mirrored changes which had already taken place in social work training. In the 1950's and 1960's social work training courses abandoned their existing specialist and separate programmes for psychiatric social workers, child care officers, medical social workers, probation officers, and family caseworkers, and switched to a pattern of generic training, largely patterned on the innovative Carnegie course established at the London School of Economics and Political Science in 1954. The assumption underlying generic training was that the knowledge and skills required by social workers in any area of practice were largely common ones, and that the core of training should be these common elements. To this generic base could be added some degree of specialist knowledge to equip students for practice in particular settings, for example, the knowledge of law and criminology needed for work with offenders. The introduction of (and indeed the teaching on) generic courses was powerfully influenced by American models; the development of a substantial occupational group with a common training, identity and professional culture was a necessary basis for the professionalisation of social work on American lines. It was believed that genericism need involve no loss of specialist expertise.

The generic principle was strongly endorsed by the Seebohm Committee, which believed it desirable that 'a family or individual in need of social care should, as far as possible, be served by a single social worker....with a comprehensive approach to the social problems of his clients.'[8] 'The kind of social worker we expect to emerge', said the Report, 'will be one who has had a generic training aimed at giving him competence, after experience, to cope with a whole range of social need...'[9] Specialism would still be needed, but as backup to the 'general practitioner' of social work, and the kind of specialisms expected to develop would not be along traditional client-group lines.

Generic training was also the policy of the Central Council for Education and Training in Social Work, which permitted but did not encourage specialism, within courses, except in broad areas such as residential and community work. Basic courses which were clearly

specialist and trained only for a particular branch of social work such as probation or mental health were phased out in the 1970's. The Council has 'continued to assert that training for social work should be generic, although it did not assume that it necessarily followed that any one social worker carry the full range of the employing agency's functions. It did not oppose the development of particular emphases within CQSW training, and encouraged further specialised training in social work at post-qualification level.'[10] Increasingly, however, as social work training has adapted to the requirements of the major employers for the broad range of knowledge and competence required by area teams (which cover most aspects of work within a local area) specialism in training has been eroded and has been replaced only to a limited extent at post qualification level. The expansion in knowledge and research relevant to social work practice, contained in a burgeoning literature, together with the need for comprehensive grounding in the social sciences, social policy, law and psychology (as well as social work theory and practice itself) has meant that curricula have become overloaded and it has been increasingly difficult for social workers at the point of qualification to be equipped both with broad background knowledge and with a real sense of competence in some area of work.

The Review of Qualifying Training

In 1982 the Central Council instituted a review of qualifying training and solicited the views of professional, employer, union and educational interests both on the CQSW/CSS issue, and on broader questions relating to the future structure of training. There followed a process of consultation, examination and debate lasting six years and generating mountains of paper. It culminated in the presentation to the Government of *Care for Tomorrow* containing proposals for a new form of qualifying training which would extend to three years and would incorporate within it both of the existing routes.[11] Proposals were also included (at a late stage) for a new lower level qualification, a Certificate in Social Care, allowing for progression to the higher level Qualifying Diploma in Social Work. While there were differences on particular aspects of the Council's proposals the foundation of a basic three-year qualifying training was (and is) undoubtedly right educationally, and enjoyed the support of all major interests.

Since the inception of the review of qualifying training the initial agenda has altered and expanded. A number of reports have made serious criticisms of existing training, first and most publicised the Report of the Inquiry into the Death of Jasmine Beckford (the Brent Report) published in 1985.[12] The Report (largely the work of Louis Blom-Cooper) commented adversely on almost all the professional workers involved, but most especially the social workers, as those holding statutory responsibility. Blom-Cooper endorsed a qualifying minimum of three years

as 'the very least that the profession itself should require in order that its members can shoulder the immense responsibilities which society puts upon them'[13]; further, qualifying training should lead to a greater degree of competence in specialist areas, such as child care; and in the understanding and performance of statutory duties where the social worker acts with legal authority.

That the weaknesses highlighted in the Brent Report could not be dismissed as tragic aberrations has been confirmed by other reports. Of particular concern were the findings of the DHSS Children in Care research initiative detailing the shortcomings of local authorities in England and Wales in caring for children, and revealing a dismal picture of the level and adequacy of social work practice. The message of these nine studies was 'that social workers and their seniors are not offered the opportunity to acquire the sophisticated skills, knowledge and qualitative experience to equip them to deal confidently with the complex and extremely emotive issues raised by work with children and families'[14], despite their key position in decision-making, planning and service provision.

The extent to which specialism should be incorporated into qualifying training remains a major issue, and a more specific focus on particular areas of practice in the third year of training was a key feature of the QDSW proposals. Child care is a priority for all social work departments, and nearly a quarter of newly qualified workers have a caseload in which work with children at risk predominates.[15] There are therefore strong pragmatic arguments for greater specialisation within qualifying training, accompanied by the introduction of a requirement that those working with children at risk have undergone approved training for the purpose, on the lines of that now required of mental health officer training. It is likely that a greater degree of specialism in relation to the major client groups (elderly people, and those with mental illness or mental handicaps) will be included in basic training (in line with existing practice on CSS schemes), though this may well be on the basis of a two-stage qualification.

In April 1988 the proposals for three-year qualifying training were rejected by the Government. No doubt cost factors played a part (the estimated cost of the changes was just under £50 million) but it is evident that its assessment of priorities and that of the Central Council were greatly at variance. CCETSW's concerns about two-year programmes were evidently not shared by the Minister who did not accord qualifying training a high priority in relation to other competing claims, not least those needed to improve the skills of existing social care staff in the residential care of the elderly and children. Work on the Certificate of Social Care is rapidly going ahead and is intended to provide the qualification for some 13% of staff in Social Work Departments.[16] Whatever the reasons for the Government's refusal to fund the changes, commitment to them from most other major interests has remained undiminished; CCETSW is continuing to pursue the

implementation of QDSW in limited improvements consonant with its principles. The ultimate aim, as set out by the Association of Directors of Social Services in a recent Manifesto[17], is to achieve 'a continuum of training including a common generic core of study, flexible links with pre and post qualifying training and systems of exemptions to enable staff movement from pre-qualifying levels to the QDSW process'. New initiatives can be anticipated in postqualifying training which will be targetted on areas of greatest training need and attract direct Government funding. Examples are the recent Scottish Office initiative in funding a substantial programme of training in Child Abuse Studies at the University of Dundee; and in England and Wales, direct funding from the DHSS for training in work with elderly people.

Training for Competence: SCOTVEC and NCVQ

At the same time, the whole agenda for training has changed with the advent of the National Council for Vocational Qualifications in 1986, to establish a coherent national framework for vocational qualifications in England, Wales and Northern Ireland. Scotland is already energetically reforming the field of vocational qualifications through SCOTVEC (The Scottish Vocational and Educational Council) though for the future mutual recognition of qualifications approved by SCOTVEC and NCVQ will have to be ensured. Primary tasks for NCVQ are to implement a national framework – the National Vocational Qualification – and to get agreed standards of competence within this framework. An award which carries the NVQ hallmark will indicate: that the qualification is awarded for a defined level of competence in a nationally recognised system; that it is of acceptable national standard, and that it is based on skills, knowledge, understanding, and ability in application; that there are no unnecessary barriers to entry; and that there are routes to progression.

At present NCVQ is mainly concerned with levels 1 to 4 of the national framework: however, government approval has already been given to an extension of work to level 5 (professional qualifications) and upwards.[18] Social work and social care fall within the remit of a United Kingdom Lead Industry Body, the Care Consortium, which has representation from COSLA and the trades unions. In addition, a Care Sector Liaison Group for Scotland has been formed to ensure that particular Scottish interests are taken account of in the Care Consortium. The Consortium will develop a recognised pattern for all forms of vocational training within the sector, in line with the NVCQ framework; as work proceeds it will not only bring a new clarity as to the kinds of training and qualification needed to develop specific task competencies, but it will also generate new forms of provision, with possibilities of career progression between them.

The importance of these bodies can hardly be exaggerated; although they will work with and through professional bodies and educational

institutions making awards, for the first time the level, content and shape of these awards will be powerfully influenced by a national body which is employment-led, and in which the traditional autonomy of professional bodies in determining their own awards will be challenged. Whatever the debates about the professional status of social work training in past years, the effective decisions for the future will lie neither with the profession itself nor with the CCETSW, but with NCVQ. Profound changes will almost certainly occur in the whole structure, pattern and provision of social work and social care training in the next decade, and many cherished assumptions of social work education (for example the preference for integrated rather than modular educational patterns as a medium of personal growth and learning) may be jettisoned. The new emphasis on linking awards to the definition and assessment of competence rather than to the completion of particular courses brings an entirely new dimension to the training debates. It allows for a qualification to be built up gradually in a number of different ways, and for new skills to be added. The significance of *length* of course as a determinant of an award is therefore greatly diminished; for the future there is likely to be a greater variety of qualification routes, and a sharpening both of the areas of competence to be assessed, and the process by which it is done.

The Status and Effectiveness of Social Work

Despite the wide currency of the term professional and CCETSW's commitment to a professional level award, it is clear that social work does not enjoy comparable status with established professions such as medicine or the law. It is one of a number of professional groups, like nursing, teaching, occupational therapy, occupying a middle ground and clearly requiring particular training and skills, but unable to command a protected status and title, or to lay claim to a unique body of knowledge and skills. They are sometimes termed 'semi-professions' or 'para-professions' but neither is satisfactory, since they define these occupational groups in terms of what they are not rather than what they are. Clearly there is considerable element of overlap in knowledge and expertise between social work and other established professions, but the defining characteristic of social work is its particular statutorily defined purposes. It is not possible to conceive of social work in isolation from the functions of the agencies within which it is practised. Nevertheless, to discharge these responsibilities effectively, social workers also develop distinctive and systematic working methods (or theories and models of practice). Traditionally, these lie in two directions. First, *direct casework* or *counselling*, ranging from simple advice to behavioural treatment and family therapy; second, *indirect work* or intervention aimed at changing or alleviating the situation in some way, often by the marshalling of resources. These two aspects are termed respectively counselling and social care planning in the Barclay Report.[19] Both these elements are invariably present though the balance may shift in the ebb and flow of ideological tides and according to the professionals'

(and their employers') perception of the nature of the needs and problems which confront them, and of the most effective way of dealing with them.

The substantial literature on social work effectiveness has been reviewed elsewhere[20] but it is worth remarking that a very substantial body of research now exists which identifies factors associated with positive outcomes and which can serve to give clearer direction to social work practice and to curriculum development within social work education. These evaluative studies are not new – the seminal work of Reid and Shyne was published in 1968[21] – but have been built upon in the UK by Goldberg, Gibbons and Sinclair[22], by the Personal Social Services Research Unit at the University of Kent[23], and by numerous evaluative studies of different projects concerned with specific groups – those with a mental handicap and very old (particularly confused elderly people) in the community. These relate both to direct social work intervention and to social care planning. In terms of direct practice, for example, there is strong evidence that effective work is most likely to occur where short- term, focussed approaches are employed, where clear and modest goals are established and targets for change are agreed and explicit (often in the form of a written contract).[24] There is now a formidable body of evaluative research of very direct relevance and significance for social work practice, on which social work curricula should be based, and an incontrovertible arguments for a much stronger empirical basis for social work training. This of itself would do much both to increase social workers' competence and enhance their standing – with the medical profession in particular, which is trained to a respect for evidence.

The question remains: effective in what? Distinct and often competing ideologies have characterised recent debates about the nature of social work and its central tasks and were heightened rather than laid to rest by the Barclay Report. Professional ideologies are consensual belief systems which enable purposeful action to be taken in situations which are uncertain, confusing, and incompletely understood. They tend to assume particular significance where, as in social work, action can rarely be decided on empirical or scientific grounds alone, and where ethical and moral considerations are important determinants. Two such positions can be discerned in the Barclay Report, represented succinctly in the Appendices to the main report. The first of these, adopted by Brown, Hadley and White, placed primary emphasis on community-oriented social work, necessitating a major shift in thinking and current practice in social work. This involved quintessentially a focus on the support of informal systems of care within the community (which undoubtedly make up by far the bulk of 'care provision'). On this view, the account of informal caring networks and of community social work in the main report was overly conservative and failed to recognise 'the over-riding importance of locally-based informal relationships in providing care for most dependent people, and the significance of locally-oriented services in strengthening and reinforcing

such networks when they need support'.[25] To enable social service departments and social work to relate effectively to these networks requires local 'patch-based' neighbourhood teams, consisting of front-line generalists (with specialist backup) engaging in social care planning, a role which calls for a strong community oriented stance; an ability to work collaboratively with and through a wide range of people, particularly lay (or non-professionals); and a degree of entrepreneurialism in developing and supporting caring networks.

While there is a place for skilled social work assessment and counselling and (outwith the patch team) specialist backup, Hadley and his colleagues see this as much less central than 'frequent, reliable, practical, sensitive contact' with informal carers, which relies less than hitherto on direct social worker/client contact and face to face work, and mediates assistance through others. This is clearly very much in line with Seebohm thinking, though further developed and elaborated, and is influenced strongly by notions of local accountability, choice, and participation.

An alternative view advanced by Robert Pinker is critical of the community social work model of the main report, as well as the neighbourhood model of Hadley, and defends the existing client-centred or casework model of practice (in its broadest sense) as basically sound. In Pinker's view the community social work model is too broad, too wide-ranging, too ambitious, too unspecific and too little determined by the statutory responsibilities and institutional imperatives which govern social work to be viable. 'The efficient and humane discharge of social work duties,' he argues, 'calls for specialised legal, psychological and social knowledge.'[26] He believes that the enormous complexity of the needs which social workers in area teams are called on to address is underrated by the proponents of community social work, and that a far greater degree of specialist knowledge and skill is needed at the qualifying stage and by basic grade social workers.

There is considerable validity in Pinker's argument. The influx of systems approaches in the 1970's and the extension of conceptualisations of social work intervention to include work with individuals, groups, communities, and indeed the social system itself – coupled with the universalist vision of the Seebohm Committee – created impossible expectations and a widening gap between aspirations and actual competence in these varied arenas. The functions of Social Work Departments as the dominant employers of social workers must be central to any analysis of social work practice, which is increasingly dominated by the requirements of statutory duties and a case-based approach. However, it may be that the community social work model is particularly well-suited to Scotland, with its strong community roots and established local cultures and traditions, and there is some evidence that the organisation and practice of area teams is moving that way.[27] The implications of

developments in community care also seem to point in that direction.

Community Care

The face of social work and social care provision is changing very rapidly. Of particular significance in the next decade will be the effects of demographic changes (particularly a dramatic rise in the numbers of elderly and very old people) combined with a policy of community care. The development of community care has been endorsed by successive governments, and points to a major shift in the balance of care from institutional or residential care to care in the community for priority groups such as elderly people, and those with mental illness, mental handicap, or physical disabilities. The creation of a range of community-based services is intended to enable even very vulnerable people to have choice in where they live and to be supported in it. Community care, as the DHSS describes it, 'is a matter of marshalling resources, sharing responsibilities and combining skills to achieve good qualify modern services to meet the actual needs of real people, in ways those people find acceptable and in places which encourage rather than prevent normal living.'[28]

Both the *SHAPE* Report of 1980[29] and the *SHARPEN* Report[30] of 1988 support increased provision for community care, but *SHARPEN* recommends that the *priority* for service development for older people and those with a mental handicap or mental illness lies in care in the community. At the same time, there is evidence that community care has developed more slowly in Scotland than elsewhere in the UK (albeit in the context of higher per capita spending on both health and personal social services) and hospital and institutional options have figured more strongly.[31] If the recommendations of *SHARPEN* are accepted, a new impetus will be needed in the next decade.

As the Audit Commission points out, staff are the key resource for community care. 'Appropriate buildings provide a suitable environment...But it is people who do the caring. Sound manpower planning and effective training are essential'.[32] It argues that work in the community calls for particular skills – the ability to work autonomously, to make decisions and adjust patterns of working to the needs of those served, flexibility and judgement. Further it suggests that there is a common core of community care skills which could be developed for all those involved in community-based care based on shared training.

In the implementation of community care policies, social workers will be a key resource. Common training (particularly at the postqualification stage) needs to be developed for professionals of different disciplines working in the community – community nurses, occupational therapists, social workers – which will provide the understanding, common approaches and shared skills necessary to effective interdisciplinary

working. Though there is much rhetoric about joint approaches and shared working, the reality of interdisciplinary work in the community is little understood and shared training minimal. The Griffiths Report comments that 'an overriding impression on training is the insularity of training for each professional group.'[33] The development of new forms of training with national recognition requires action at the national level, particularly between the General Nursing Councils and CCETSW and there is little evidence as yet of a strong concerted approach, though a new initiative for the joint training of nurses and social workers for work with people with learning disabilities is at the planning stage in Scotland. The training implications of recent successful community care initiatives need to be assessed, and incorporated in a common national training strategy.

Within this strategy, the social work role is likely to change markedly; it will involve less direct work, and more of a case management function in identifying and assessing needs of individuals and families, constructing care packages building on informal care and neighbourhood support, providing or buying in other services as needed, but in such a way that people are so far as possible fully involved in all decisions and enabled to retain maximum control over their own lives. The values and attitudes underlying this client-oriented approach have long been a key aspect of social work training, but the case management role has not. There are therefore new skills to be identified and learned, not least the capacity to tolerate and work with risk. Not all these aspects of community care require a social work training, and other forms of training for auxiliary community support workers (community carers as Griffiths terms them) providing a range of personal, nursing and domestic care will need to be devised. Social work with these priority groups has generally attracted low status in social work departments in comparison with work with children, and tends to be allocated to social work assistants or unqualified staff. If community care is to develop imaginatively and in innovative ways, the *SHARPEN* priorities must also be reflected in the training and deployment of social workers, so that skilled staff are attracted to this field of work.

Within the social care field as a whole, the private and voluntary sectors are already playing an increasingly significant part – private care homes for elderly people, private mental health care, private childrens' homes, private personal care services (possibly in the future private prisons) – with a corresponding reduction in public care provision. Welfare pluralism accords ill with the primacy given to public sector social services in Scotland[34], but is the implication of Sir Roy Griffiths' view on the role of local authorities. These he sees as 'designers, organisers and purchasers of non-health care services, and not primarily as direct providers, making the maximum possible use of voluntary and private sector bodies to widen consumer choice, stimulate innovation and encourage efficiency.'[35] In future the role of the social worker in local authorities may focus more sharply on child protection, and on assessment and coordination of care;

while career opportunities for direct counselling and therapeutic work, attracting the most able staff, may come to lie (as they do in the United States) with the private and voluntary sectors. The constriction of the role of local authority social worker to that of 'street-level bureaucrat' concerned with people-processing is not, it may be said, a scenario likely to hold much appeal for Scottish social workers.

Social Work as Politics

Considerable attention has been paid above to the need for clearly defined skill and competence. While of particular importance to social work (whose credibility depends upon it) vocational relevance and competence are now the name of the game for all vocational programmes. However, this is in no sense an argument for the abandonment of the broad base of social work education, and it is notable that nursing training is shifting firmly in this direction, with the establishment of Departments of Nursing Studies within the Universities. There are three major reasons why the educational base of social work needs to be safeguarded.

In the first place, social work in Britain has always had a firm commitment not only to person-centred practice, but to social justice; its work lies characteristically with the poorest and most disadvantaged members of society, and practically speaking, much of the social worker's time is spent in enabling people to get the resources they need, either by assisting them to develop a corporate power base from which to articulate and take action on their own behalf, or by advocacy for them. If this characteristic of social work is to survive, it is vital that the understanding of the socially and politically constructed world within which social work moves (and indeed the political role of social work itself) should feature strongly in qualifying training. In Scotland there are distinctive emphases in social service provision and social work practice which reflect the way that practice is politically shaped; for example, the strong emphasis on public sector rather than private sector care, and on welfare rights aspects of social work.

In the second place, social needs and our perception of them are constantly changing; there are new problems (AIDS for instance) which require new responses. A capacity for flexibility and innovative response to as yet unforeseen events is an essential requirement but one which goes beyond the task-specific purview of training, and calls for 'reflective practitioners',[36] educated to cope with uncertainty, and to use whatever resources of skill and knowledge they may have in new and unique situations.

Lastly, the *way* in which people get what they need may be as important as *what* is provided. In other words, great importance has to be attached to the processes involved in social workers' interactions with

people and local communities, and to the development of practice models which stress democratic accountability and openness of decision-making. Services have to be provided in ways which maximize choice and participation, and which aim to strengthen and enable people to take action for themselves in ways which enhance and do not undermine their rights and wishes as persons and as citizens. There is abundant evidence that the social workers clients value are those who listen, try to understand their point of view, do not judge or condemn, and ensure they are fully involved in decisions which are made – values which are traditionally at the heart of social work practice

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