

Social Care Services - Who Cares?
The Impact of Restructuring Services in
Remote and Rural Locations

Berneray, North Uist, Benbecula, South Uist, Eriskay and Barra

Comhairle nan Eilean Siar

A Personal Account

“The Western Isles already has the highest proportion of people aged over 65 in Scotland and there is projected to be a 50% increase in the over 60s by 2033 and an 80% increase in the over 75s in the same period.”

(Quoted from Best Value Review of Home Care Services, CnES, Sept 2011)

“In June 2010 the Comhairle considered a Report on the Management of Home Care Delivery Hours which indicated that, to ensure the number of home care service hours delivered did not exceed the number of hours agreed by the Comhairle in February 2010, it would be necessary to introduce a waiting list for those service users whose needs were assessed as ‘substantial’.”

(Quote: Joint Services C'ttee, CHaSCP, June 2011)

I write to register my concern about the insidious and worrying development arising from the re-organisation of social care services, especially in the Uist and Barra areas of the Comhairle nan Eilean Siar. Also, I fail to recognise the rationale behind some recent strategic policy decisions which do not acknowledge the increasingly complex needs of many service-users. The assessment and on-going review of service-user needs in this climate of change is a complex and skilled social work task, normally undertaken by trained, skilled and experienced social workers, registered with the Scottish Social Services Council. The appointment of unqualified social work staff (with requisite HNC/SVQ qualification), to replace social workers, with the title of Social Care Assessor, is a retrograde step.

Newly adopted Comhairle organisational structures and changes in staffing will in my view have a deleterious impact on the delivery, quality and standard of social care services to our elderly, disabled and most vulnerable service-users, at a time of significant increase in demand for community care

services. This demand-led need is as a result of demographic trends which will see an 80% increase in those over the age of 75 years' old in the next 20+ years. Additionally, local authorities and Health Boards are pursuing a "transformational" agenda, a shift in the balance of care, which aims to reduce the provision of hospital and residential care, with greater emphasis on care in the community. Is this statistic being factored in to the budget for community care services in this area? I think not: the introduction of "capping" of Home Care hours at, arbitrary, historic levels, fails to recognise and respond to increasing need. In my experience this leads to growing tensions in operational practice between the Health Board and Comhairle staff (a "silo" mentality), at a strategic level, but this tension also filters down to front-line practitioners working from GP Practices, Community Nursing Teams and Social Work staff – with service users caught in the middle. This is unsatisfactory, and cannot be allowed to continue.

A recent Audit Scotland report (June 2011) on the functioning of the Western Isles Community Health and Social Care Partnership, where key strategic decisions are being formulated, highlights major areas of concern:

- (i) poor attendance at meetings;
- (ii) service personnel and services not properly integrated;
- (ii) Scheme of Establishment not fully implemented;
- (iv) the role and purpose of the CHP committee and other partnership groups have become increasingly blurred;
- (v) There is also a lack of capacity within the CHP management team to carry out joint planning and performance management for health and social care,... and etc.

This is a damning litany of failure! This Audit report was scheduled to be discussed at the most recent meeting of the Joint Services Committee of the CHaSCP on 26th August, but was withdrawn from the Agenda, to be discussed at a later meeting, in December: in other words, thrown into the long grass, despite the urgent need for an early response:

**Initial Response to Audit 11
Scotland Report on
CHaSCP**

**The Clerk sought and
obtained the Chairman's
permission to withdraw
this item.**

Does the community really care (Who Cares?), and are our services geared up to respond appropriately? Are our elected members truly empowered, and sufficiently informed, to address and contribute to key policy changes, within stringent budgetary limits and local authority cut-backs of 12 – 15% over the next three-four years? Are our health and social care services properly integrated, promoting efficient and joined-up services at a time of national austerity? Who is fighting the corner for key services for our frail elderly, the silent minority? Is the role and contribution of the Voluntary Sector recognised and encouraged? Is "resource transfer", ie transfer of funding from institutional care to community care, on anyone's agenda? More questions than answers!

Local voluntary service providers Tagsa Uibhist and Cobhair Bharraigh (often referred to as the “Third Sector”) provide a wide range of community-based social care services, on which service-users are becoming more and more dependent – day centres and clubs, respite care for family carers (including overnight care), transport and escort to hospitals and GP appointments, assistance with self-directed support, domestic care, support to informal carers, handyman service: both agencies require recognition and appropriate levels of funding to maintain and further develop these services. Do their respective management committees feel properly supported by the Comhairle? I believe they often find themselves in the firing line, being the first to bear the brunt of service cuts (Service Level Agreements negotiated downwards).

Recent examples of local policy changes can be seen in relation to mental health services and the present Western Isles Health Board consultation proposing the closure of in-hospital psychiatric care at Clisham Ward, Western Isles Hospital, Stornoway. The stated aim is to provide more community-based services for those patients. More worryingly, the Joint Services Committee of the Western Isles Community Health and Social Care Partnership (CHaSCP), made a decision in Sept 2010 to hike-up the thresholds/eligibility criteria for Home Care Services, and to cap the budget (irrespective of need?).

“In February 2010 the Comhairle agreed to cap the number of hours delivered by the home care service in the Western Isles to 247,115 hours. This was due to a continued rise in demand for Care at Home Services across the islands, and reaching a level that exceeded available provision.”

(Reported in June 2011 - Joint Services C'ttee, CHaSCP Report)

So, rather than respond to assessed need and a “rise in demand”, in keeping with demographic trends, and, one would assume, this increased need to be anticipated (a no brainer really), a decision is taken to “cap” service provision at Feb 2010 levels. There are presently 104 service users resident in the Uist and Barra areas. About 50% of this cohort are assessed as having “complex” health and social care needs. There is a mobile overnight service in North Uist and Benbecula, helping to sustain the home care care plan, but this service is not universally available (no overnight service in South Uist or Barra).

Only those newly-referred service users with assessed need in **priority 1** category will receive an immediate service. The four nationally-agreed priority criteria of need are:

(i) Critical (ii) Substantial (iii) Moderate, and (iv) Low

The Joint Services Committee, concurring with a report from the Director of Social and Community Services, inform us that those service users falling into **category 2** need, ie “substantial” need, will be placed on a **Waiting List** for Home Care Services. They further state:

5.4 The concept of being placed on a waiting list for services is not new to Social Care Services, whether it is for day care, respite or for example, waiting for a Care Home placement. The level of demand and limited resources within Home Care can create delays.

(Jt Services C'ttee CHaSCP Report on Home Care, June 2011)

Quite so! The national definition of "substantial need" is as follows:

SUBSTANTIAL - risk to independence

Risk is present now or may occur in the next three months.

This indicates that there are significant risks to an individual's independence or health and well-being which is likely to call for the immediate or imminent provision of social care services (high priority).

(Quoted from CnES Leaflet on Eligibility Criteria for Community Care, Home Care)

Are Care at Home services resource led, or needs' led? I sought views from a neighbouring authority re this policy decision of the Comhairle/CHaSCP, ie responding only to "critical need" assessments for Home Care services, asking if this was also their policy, and received the following response from the responsible Service Manager:

"We are indeed fortunate in Argyll and Bute that at present and for the foreseeable future we are able to respond promptly to Priority 1 and Priority 2 requests (ie critical and substantial need). I can only imagine that 6 week waiting lists will lead to people quickly moving to P1 and an increase in crisis intervention – never satisfactory for the older person at the centre of it."

How long is it proposed that capping of Home Care hours will remain at Feb 2010 levels, and is the "rise in demand" being monitored and risk assessment frameworks implemented and reviewed? What are the consequences of such a policy? Does this policy of waiting lists impact on the concerns about delayed discharges from hospital (patients also placed on waiting lists before they can return home)? The weekly unit cost of a hospital bed is far in excess of the cost of delivering Home Care services to the patient's home.

Do service-users have a voice and are their needs being properly represented? How are informal carers being supported, if a husband, wife, parent, child is on a waiting list for services, and the service-users' needs are assessed as "substantial" (ie high priority)? As stated by the representative from Argyll and Bute: "I can only imagine that this policy (waiting lists), will lead to an increase in crisis intervention". Crises of this nature, in my experience, normally result in unplanned hospital admissions, hardly in keeping with the Scottish Government objectives, and most certainly not cost-effective, nor respecting the value base from which services should be delivered.

Assessment of need is a skilled task, the outcome of which will be crucial to the individual service-user and family concerned. On-going review of care planning is also a skilled and professional task, undertaken on a multi-disciplinary basis, and up until recently by qualified and experienced social workers normally appointed as “care managers”.

I worked as a Comhairle Team Leader, Social Work Dept., Uist and Barra, until my resignation last April. I left the service suffering from prolonged exposure to interminable restructuring, which commenced in 2006 after an Audit Scotland report. The then new CEO of Western Isles Council embarked on a “root and branch” review of CnES departmental structures. Nearly five years later, and after being consulted *ad nauseum* by no fewer than three different external social work “consultants” (whose views seemed to me at the time to be mainly getting ignored),¹ I was left with a fragmented, highly skilled and experienced, but disillusioned, social work team. I learned later that my post of Team Leader was to become “dis-established” (agreed by a CnES Vacancy Panel, subsequently by HR Sub-Committee in Oct 2010 – see page 6 below).

Children’s Services’ social workers have been transferred to Education & Children’s Services Dept of the Comhairle, Criminal Justice Services centralised and delivered from a specialist team based in Stornoway², and Adult Services (Home Care) line managed by a Service Manager based in Stornoway. A social worker sought voluntary early retirement, and a Harris-based social worker in the Tarbert office also left. None of these posts has been replaced by qualified, registered social workers.

The Community Care team (Uist & Barra) now comprises a Senior Social Worker based in Barra (working as a team manager and also practitioner), and a trainee social worker based in Balivanich, Isle of Benbecula. There is also one full-time and one part-time “Social Care Assessor”, employed at a much lower grade of pay than social workers.³ How does this compare and

¹ Consultant reports compiled at presented at different times by Peter Cassidy, Ian Gamble and Stella Perrott The impression was formed by social workers that if the Comhairle didn’t like the consultant’s recommendations, then hire another consultant!

² CJAs came into operation from 3 April 2006 and in the first year their primary responsibility was to produce a strategic plan for their area in consultation with statutory and non-statutory partner bodies. From April 2007, they will assume their full responsibilities which will additionally include disbursement of funds provided by Scottish Ministers for community based criminal justice social work services and monitoring the operational delivery of the services provided in accordance with the strategic area plan.

³ Job Purpose (Social Care Assessor, Grade F): **The main purpose of the post is to assess and review service users in need, to develop appropriate care packages to meet the service user/carers preferred outcome within specified resources such as home care, day care, respite care at home, placement within a care home for respite or permanency, or by enabling the service user to access community resources and to review care arrangements.** (Extracted from Job Description). Does this differ greatly from Job descriptions for qualified social workers?

contrast with the team I managed only a few years' ago? The original, generic, Uist and Barra social work team I managed in 2006 comprised –

Team Leader
Senior Practitioner (social worker)
Social worker (Barra)
Two social workers (Uists)
Two Social work assistants
Social Worker in training

ie five trained, experienced and qualified social workers. Compare this situation with only one qualified social worker/manager now remaining in the re-constituted Adult Community Care team, dividing his time between management and practitioner tasks. What happens when this manager/social worker⁴ is on annual leave, on sick leave, or involved in training or mainland visits? The trainee social worker will also be required to have study leave, supervised placements, and college-based learning. What is the likely impact on the emergency Out-of-Hours' service?

Is this restructuring considered as progress? Does this heighten the profile and standing of the social work profession in the Uists and Barra areas? What impact will this have on service delivery (risk to service-users), and how is this likely to effect recruitment of qualified social workers in the future? Adverts imploring potential social work candidates to "Come and join the team!" will beg the question, "What team?"

Assessment and care planning functions are now carried out by employees with the title of "Care Assessors". With due respect to the individuals concerned, this is clearly an outcome which will result in a *de facto* dilution of standards and practice, with the main aim being to save money. This outcome is of course being achieved ... but at what cost to the service? I believe that decisions about restructuring the team are being taken "on the hoof" by officers, under pressure to make savings, and that there is an obvious lack of transparency and accountability, and also lack of awareness in decision-making at elected member level.

The British Association of Social Workers (BASW) has this month commented on the deletion of qualified social workers in key service areas (homelessness services), as follows:

"The issue of social workers' diminishing role in adult services has been going on for years, with potentially devastating consequences..... Although the problem is complex, central to the issue is the fact that adult social work is simply not properly understood. There is an erroneous belief that adult care is not complex and can therefore be carried out by less qualified (and often cheaper) staff."

⁴ This employee is Ed Lowe, ex colleague who was runner-up in the BASW social worker of the year, 2010 award. He deserves another medal if he can sustain his present position for another 12 months!

The following deletion of social work posts in Comhairle nan Eilean Siar is noted from the Minute of the Comhairle HR Sub-Committee of 28 Oct 2010:

It was agreed that

- (1) the post of social worker Harris, Grade I, be dis-established**
- and (2) the post of Social Care Assessor, Lewis and Harris, at Grade F, be established**

And in the same report:

It was agreed that

- (1) the post of Senior Social Worker, Uist and Barra, Grade J, be established and that employee AB be matched to the post;**
- (2) the post of Social Worker be dis-established;**
- (3) the post of Team Leader be dis-established as at June 2011;**

in effect a senior social worker replacing two qualified staff - a Team Leader and a social worker, Uist and Barra area - and a social worker in Tarbet (Harris) replaced by a Social Care Assessor.

As though this depletion of qualified social worker staff decided upon in Oct 2010 was not enough, it is minuted in an HR Sub-Committee meeting of 10th Feb 2011:

“The Director of Social and Community Services submitted a Report which sought approval of the offer of early retirement in respect of an employee within the service. The Report stated that an employee of this service had requested that they have their employment considered for Voluntary Severance. The one-off costs would be funded by the Department and the Voluntary Early Retirement Panel had approved the application for its interests. ”

“It was agreed to accede to the request on the basis that the costs would be met within budget tolerances for the Social and Community Department Services in 2010/11.”

Clearly, decisions taken by this group appear to be greatly influenced by costs (savings), with no reference to professional standards and impact on services. No reference is made in the Minute to the employment status of this worker - a social worker of many years' experience (also MHO trained) working in the Uist team - nor any reference to the decision taken at the meeting noted above, of 28 Oct 2010. The team structure is therefore further compounded by the further reduction in social worker numbers.

The net result is the loss of two social workers and a Team Leader in the Uist and Barra team, and a singleton social worker from the Harris office at Tarbet.

The Social Work Dept of the Comhairle no longer exists. The Social Work Committee of the Comhairle no longer exists. There is no elected member chairing a Social Work Committee. There is now a "Social and Community Services Department", incorporating Adult Care Services (Community Care and Residential Care), Criminal Justice Services, Education and Learning, Homelessness Services, Community Education, Sport and Leisure.

Key strategic policy decisions seem to be delegated (abrogated?) to the Joint Services Committee of the CHaSCP. This group commands an annual budget in excess of £90m. The Social and Community Services department of the Comhairle is the second highest spending department (behind Education and Children's Services), yet we have no designated committee to promote, monitor and review strategic development and policy in a key area of social work and community services.

Committee functions of the Comhairle are defined in their web page as follows:

Committee System

The Committee system allows Members:

- to develop a particular interest in an area of the Comhairle's work;
- to formulate and monitor policy at a strategic level, and;
- to examine the administration of a Comhairle service.

The Comhairle decides on how many Committees it wishes to establish and on their function, size and membership.

The Convener and Vice-Convener are members of nearly all of the Comhairle's Committees.

The elected Leader of the Comhairle, Councillor Angus Campbell, recently responded to me as follows, after I was lamenting the demise of the Social Work Committee:

"All (social work) matters which require a Comhairle decision are also considered by Policy and Resources Committee

"There are five councillors representing the Comhairle on Joint Services Committee (of the CHaSCP). At least three must be present for a

meeting to proceed. Other councillors receive the agenda and may attend.”

(Note: the Comhairle has a full complement of 31 councillors – how many have chosen to attend meetings of the CHaSCP?).

I am now inclined to ask the question: are service-users within this constituency receiving proper representation at a political level? Are all 31 councillors of the Comhairle aware of these changes in structure and policy within the Social and Community Services Dept of the Comhairle, and of the inevitable impact on service-users, their families and carers?

Social work services, and social workers, re-deployed or not being replaced, now find themselves subsumed within other departments (Libraries, Sports Halls and Museums). Social workers employed are diminishing in numbers, understandably feeling disorientated and unsupported, inevitably struggling for an identity, and wondering what comes next? Social workers leaving are not being replaced by qualified staff, certainly not in the southern isles’ team!

The social work Adult Services team complement for Lewis/Harris, based in Stornoway, still has a Team Leader in place, a Senior Social Worker Practitioner, four qualified Social Workers, a part-time hospital Social Worker, and additionally other Senior Service Managers based in the HQ at Sandwick Road.

Social Work Service managers presently exist for the following specific service areas:

- (i) Criminal Justice Services
- (ii) Residential Care (Care Homes)
- (iii) Day Care
- (iv) Service Improvement
- (v) Adult Support and Protection (Vulnerable Adults), and
- (vi) Housing and Home Care.

The Head of Service has recently taken Voluntary Early Retirement. The Service Manager for Community Care: Assessment and Care Management, has been temporarily in post since Feb 2008, and I understand being re-deployed to a social work post in the Children and Families’ team. Additionally, probably more by accident than by design, the stereotypical view of the North/South divide is reinforced, ie a two-tier level of provision, with the southern isles’ team left hopelessly under-resourced.

The evidence for this assertion is based on available statistics on the numbers of Home Care service-users in the respective geographical areas, viz

Uist & Barra Adult Services Team:

104 service-users 1 qualified social worker/manager in Barra =

ratio of 1 qualified SW to 104 service-users

Lewis & Harris Adult Services Team:

454 service-users 7 qualified social workers in Stornoway =

ratio of 1 qualified SW to 65 service-users

The above information is taken from a Report to Joint Services Committee of the CHaSCP dated 3 June 2011: a total of 558 Care at Home service-users. Social workers of course have other statutory duties and responsibilities in addition to assessment, care planning and review of Home Care services.

The Comhairle nan Eilean Siar is responsible for employing the smallest numbers of social workers in Scotland (behind Orkney and Shetland)⁵: remote, isolated, and in my view the Uist and Barra social work team hardly viable in its present structure. There is a perception that social work now relies too heavily on the assessment tasks now being expected of community nursing staff and other APH staff (eg OT's, Physios, Speech and Language, Community Psychiatric Nurses, Substance Misuse worker, et al). Integrated, joined-up, multi-disciplinary working is all well and good, up to a point – the dilution of the role of the social worker is unacceptable.

A “root and branch review” of departmental structures carried out by the CEO from 2006 onwards, seems to use an appropriate metaphor. To continue with this horticultural analogy, pruning the branches will in time lead to new and fruitful growth. Tampering and severing the roots runs the danger of killing off the parent plant! Social Work no more!

⁵ Scottish Govt Statistics publication June 2011: “Staff of LA Social Work Services as at Oct 2010”. Shetland employs 24 social workers and Orkney 19 social workers.

In October 2010, there were 5,201 WTE qualified social workers in Scotland, a fall of 0.6% compared with October 2009. East Ayrshire had the largest percentage fall in social workers between 2009 and 2010, from 127 WTE in 2009 to 99 WTE in 2010 (a fall of 22.4%), whilst Stirling had the second largest percentage fall, from 93 WTE in 2009 to 79 WTE in 2010 (a fall of 15.1%). East Dunbartonshire had the largest percentage increase in social workers between 2009 and 2010, from 43 WTE in 2009 to 49 WTE in 2010 (an increase of 13.6%), whilst Clackmannanshire had the second largest percentage increase, from 38 WTE in 2009 to 42 WTE in 2010 (an increase of 12.2%).

A Scottish Executive report entitled “The Need for Social Work Intervention” (Dec 2005), made reference to the work setting in which social workers are employed:

The organisational context in which social workers operate is significant in determining:

- **whether good practice is in spite of, or because of its support**
- **whether the management of practice is fit for purpose in a particular context**
- **the nature of the teams within which social workers are operating**
- **whether there is a learning environment that supports good practice so that social workers are confident about their knowledge and skills**

Quoted from “The Need for Social Work Intervention”, Scot Exec., Dec 2005.
(Statham, Reith and Brand)

See also from same report, Appendix: “The Role of Social Work”, pp 57 -65.

THE ROLE OF SOCIAL WORK

This paper starts with the assumption that social work takes a holistic view of a person’s life and situation whether this is in assessment of need, in direct work with them, or through accessing support from social care staff, other organisations, professionals and other workers in related fields.

The key characteristics of social work are:

- **the focus on the whole of the person’s life, their social context, and environment**
- **the capacity, in circumstances that are often difficult:**
- **to engage quickly with people to establish trust,**
- **to persist in efforts to engage even when this has proved difficult and others have given up**
- **consciously to move into situations that would be avoided by most people because they are complex and high risk**
- **the relationship established between the social worker and the service users involved is integral to achieving quality**
- **the capacity to manage situations where risks are very finely balanced so that ‘you are damned if you do and damned if you don’t’**

Other professional groups would not tolerate such overt dilution of professional standards, as is now happening far too hastily in social work. Would parents accept their children being taught by classroom assistants? Would hospital patients be satisfied with nursing care provided by nursing auxiliaries? Can medical practitioners (GP’s) be replaced by practice-nurse practitioners? Can complex legal advice be provided by “para-legals”? Can your car be serviced by an unqualified car mechanic?

I am inclined to strongly recommend that all social work service-users undergoing assessment/review insist that this task is in the first instance completed by a qualified and registered social worker.⁶ The care plan emanating from such an assessment carries in some cases the responsibility

⁶ Qualified social workers are registered and regulated by the Scottish Social Services Council.

for life and death outcomes. This is often stated for children and families' social workers engaged in critical decisions with regard to children considered to be at risk of neglect or ill treatment. Surely the same principle applies for social workers engaged with adults and older people, especially if intervention is necessary under the Adult Support and Protection legislation.

The Association of Directors of Social Work warned about possible outcomes arising from re-organisation of social work services in a report written in 2005, in response to the Scottish Govt *21st Century Review of Social Work*, in the following terms:

The Way Forward

The Scottish Executive has put tackling social issues at the very heart of its agenda. Enhancing the role and effectiveness of social work and social care is key to the Executive achieving its aims.

ADSW believes that social work should be carried out by appropriately trained and supported workforce with clear expectations of the roles and tasks of professionally qualified social workers and others. In terms of the workforce, we would like to see a strong, competent and confident workforce given the capacity to take more of a radical and challenging approach to deprivation, discrimination and social exclusion. In order to deliver the social agenda set out by the Executive and evident in all our communities, social work services must be properly funded and supported.

Social Work Within the Local Authority

Aim: Protect, safeguard and develop the unique contribution of social work as a profession within the local authority.

It is crucial that in seeking to promote the integration of social work services with other services and professions that ***the outcome is not the disintegration of social work services and a more complicated "journey" for our clients to receive the services they need.***⁷ The most vulnerable users of social work services rarely fit into one service area. Fragmenting social work means creating distances between services such as children and family care, criminal justice and mental health.

(ADSW – "Advancing the Development of Social Work in the 21st Century", Sept 2005)

Have the worst fears of ADSW become a reality here in Comhairle nan Eilean Siar, just a few years after this report was written? Are our social work

⁷ Service-users requiring to access the Criminal Justice SW team, in any emergency, require to do so at the Stornoway office base: two ferry crossings and about 170 miles by road, from Barra.

services now so fragmented that service-users, and other agencies, are confused about “who does what”, and are professional standards being sacrificed on the back of a policy agenda driven purely by costs?

Elected members of the Comhairle are frequently heard repeating the mantra that they are tasked with a very difficult judgement call in deciding on the allocation of scarce and diminishing resources in the current climate of competing demands on public services. There is however little evidence that this is happening in a fair and equitable manner. The absence of a properly constituted social and community services committee of the Comhairle to even consider and discuss these matters is lamentable.

The Education and Children’s Services Committee of the Comhairle proudly boast the building of new schools, despite much protest about closure of rural schools, spending in excess of **£50m** in the process. Little is said about a facilities management contract over the next 28 years at a cost of **£45m** (PPP contract awarded to a private firm based in Stirling).⁸ This is a strategic policy decision taken by the relevant Education and Children’s Services Committee, ratified by the full council. Who is championing the cause of services for our frail and elderly?

Who Cares? A national organisation called “Who Cares?” was formed in the 1970’s to address the needs of children and young people languishing in care, with service provision for those children considered by many to be steeped in the early 20th century. Many ex children in care were employed by this organisation to protest about inferior standards of care, especially unqualified staff working in residential care settings, and advocate for better services. Child care services have since been pulled up by the boot-laces as a consequence of this focus – we now urgently require to divert our attention to services for adults and older people: those adults with learning disability, the physically impaired and mentally ill, the frail elderly, wishing to remain and be cared for in their own homes. Informal family carers require more recognition and support. This is an imperative driven by clearly defined and accepted demographic trends – a ticking time bomb!

It took years and dedicated commitment by many to build and develop a skilled and experienced social work team providing services in the Uists & Barra areas. Re-organisation and re-structuring has dismantled this team “at a stroke” – or to quote a famous 18th century Anglo-Irish politician, Edmund Burke, “vulgar in conception and perilous in the execution”⁹. The profession of

⁸ The Western Isles Schools’ Project (WISP) Leader, informed me as follows: In broad terms, the FM contract is £45m over the concession period of 28 years. This breaks down into roughly £1m per annum for the provision of hard and soft FM services for the six schools, equating to approximately £30m over the **28 year period**. The balance of the sum - £15m - is for the Life Cycle Maintenance of the schools over the same 28 year period. This covers replacement of flooring, decoration, boilers or any other items which would typically require to be replaced within the 28 year period to ensure that the schools are handed back in an excellent condition at the end of the contract.

⁹ **“A man full of warm, speculative benevolence may wish his society otherwise constituted than he finds it, but a good patriot and a true politician always considers**

social work has been seriously undermined and undervalued, and the community it serves are being short-changed.

I qualified as a social worker over 40 years' ago. I entered at a time when the post-war local authority departments of (i) Children's Dept. (ii) Probation Dept. and (iii) Health and Welfare Dept. were all re-constituted into a unified umbrella organisation called the "Social Work Department".¹⁰ The stated intention behind this legislation was to ensure that there would be one door of access for the public to the generic "social worker". No need for a "children's officer", "probation officer" and "welfare officer" to be visiting the one family; rather, the multi-tasking social worker would be sufficiently trained, skilled and experienced to respond to all these disparate family needs.

Since then, this newly constituted generic Social Work Dept has chosen to "specialise", to divide into the three hitherto functions of "Probation" (now called Criminal Justice Services), "Children's Services" (now called Children and Families Services), and "Health & Welfare" (now called Social & Community Care Services). The one main difference being that local authority boundaries have been significantly altered since 1968 (regionalisation in 1975 and further re-organisation in 1996). I have a sense of déjà vu – back to the future. Have we come full circle?

Perhaps we should now prepare for another round of tampering with local government boundaries. ADSW said in 2005 –

The 21st Century Review asks us to look 20 years into the future. In such a timeframe it is inconceivable that Scotland should still have 32 local authorities and 15 health boards (and now also 8 Criminal Justice authorities across Scotland – author's note).¹¹

ADSW is encouraged by the discussions between the Scottish Executive and COSLA on public sector reform. Given the increasingly close relationship between local authorities and health boards in particular, we would argue that an overall review of public sector agencies has the potential to greatly enhance joint working and support the efficient delivery of public services.

ADSW considers that such reform would help to create an improved environment for the delivery of social work services in Scotland.

how he shall make the most of the existing materials of his country. A disposition to preserve and an ability to improve, taken together, would be my standard of a statesman. Everything else is vulgar in the conception, perilous in the execution." (Edmund Burke, 1729 -1797)

¹⁰ The relevant legislation being the Social Work (Scotland) Act, 1968. Directors of Social Work were appointed, and each local authority was required to have a Social Work Committee.

¹¹ Eilean Siar is now linked to the Northern Criminal Justice Authority area – this comprises Aberdeen City and Shire, Highland, Moray, Orkney and Shetland.

The Scottish Govt are consulting on and preparing for a single agency national Police and national Fire and Rescue Service. Is the time now ripe to also consider the structure and organisation of other LA public services, particularly those in the wide-ranging spectrum of social services for children, adults and older people?

Meanwhile, the Comhairle must do better. Officers of the Comhairle formulating strategic policy, must give more thought to the impact of some recent decisions: principally, capping of Home Care Hours at arbitrary levels, irrespective of need, and diminishing the role of the qualified social worker. The status of the social work profession in Eilean Siar has never been weaker, nor morale lower.

Our elected members must show more evidence that they are engaging meaningfully with communities they represent in this process of change. The need for a committee structure to monitor and review policy decisions and expenditure, and to champion the needs of the most vulnerable citizens in our community, is a prerequisite for remedial action being taken, at the earliest.

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