Scottish Community Development Network

Response to the 21st Century Review of Social Work: *'The Importance of Community Development to Social Work in the 21St Century'.*

Introduction

Scottish Community Development Network is a membership organisation for people practising Community Development in a range of contexts. Further information is available at www.scdn.org.uk.

The following submission has been prepared by SCDN based on responses to from Community Work /Community Development managers in the four Scottish Local Authorities with dedicated Community Work Services.

The intention is to circulate the collated response in draft form for comments from within our Network, through the Community Development Alliance Scotland, and through interested colleagues in Social Work. The Review group had initially advised that they were seeking submissions until the close of the Review in October, however, following discussions with the relevant staff at the Scottish Executive there has been an amendment to the plan. In terms of best influencing their conclusions, we have agreed to submit the draft directly, while simultaneously circulation it for consultation, and subsequently submitting the finalised draft in due course.

Definitions: Community Development and Community Work

In using the terms 'Community Development' and 'Community Work', we are applying the following definitions[1]:

> *Community Development* is 'An **approach** (adopted by a range of professions and agencies) which strengthens local democracy and the capacity of communities to participate actively in determining the processes and outcomes of social and economic change'.

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[1] Scottish Community Education Council, 1994, quoted in LEAP Handbook, SCDC, 2000

> ***Community Work*** is "An **<u>occupation</u>** providing community groups and organisations with technical, educative, and organisational support."

In this context the term Community Work (CW), refers to dedicated Community Work staff (within Social Work Services, unless otherwise stated), and Community Development (CD) refers to the use of this approach in the wider work of Social Work Services, by other members of SW staff, or SW Services as a whole.

Summary

1. The benefits to Social Work of having dedicated Community Work staff.

Those Local Authorities that have Community Work posts in Social Work (or within wider service Departments that include Social Work) receive significant value from this.

This includes not only work with Service Users and Carers on a collective basis, across a range of Care Groups, i.e. Older People; Learning Disability; Mental Health; Sensory Impairment; Addictions; and recently Asylum Seekers. This generates self-help and support activities, development of independent services, and informs the development of SW services through facilitating appropriate input from Service Users, Carers, and the wider community.

In addition, work with communities on broader social welfare/inclusion issues, continues to respond, often in innovative ways, to the requirement in the Social Work (Scotland) 1968 Act to 'create the conditions for [Social Welfare]' by working at community level. This constitutes a 'preventative' approach that would tend to reduce issues at individual and family level requiring more formal (and often more resource intensive) intervention from SW

Community Work staff also contribute to the other work on Social Work Services, by bring developmental, preventative, and holistic approaches that contribute to the development of quality, sensitive, and joined up services. . The crosscutting approach of CW should be particularly valuable, within the context of increasingly specialist, and potentially 'siloed' teams in SW.

There is particular value in 'generic' Community Work posts, which can have the flexibility to respond to new and emerging priorities. However, it is recognised that in the current funding climate, there can be more opportunities to create specialist CW posts, for

example in relation to particular Care Groups. There is value in these posts being created within the core CW service, for both access to appropriate professional support, and sufficient distance from service providers/planners to provide impartial support to the Service Users to pursue their collective priorities.

For those SW services which have CW staff, it constitutes a relatively small investment, offset, not only by any possible 'preventative' benefits, but also by their contribution to creating and attracting existing resources, i.e. voluntary and self-help activity; and developing and supporting externally funded activity by community and voluntary organisations.

2. The Community Development approach within Social Work

Community Development approaches have increasingly been adopted by SW Services, with CW staff playing a key role in this, examples include: formation of sustainable structures for user/Carer involvement; Local Area Co-ordination/'Same as You'; work with Carers, including development of Carers Centres; work with BME communities, Asylum Seekers and Travellers; etc.

This work has help SW Services make best use of resources, as well as fulfil important policy requirements and legislation, e.g. re Joint Futures, and the Race Relations Act. A Community Development approach will be crucial in meeting future statutory requirements in relation to community Engagement in Community Planning and Community Health Partnerships.

Community Work qualified staff currently have and continue to occupy a range of posts in SW Services, including in Planning, Policy, management, and indeed senior management. This has been significant in the adoption of Community Development approaches. An example of this would be the openness of managers across the Care Groups to Community Work input to user and Carer involvement.

Involvement of colleagues with CW staff, in relation to specific pieces of work, and over the long term is a significant factor in the effectiveness of attempts at CD approaches.

It is hoped that the eligibility and appointment of CW qualified staff for a range of posts in SW will be retained: there is some concern that this will be affected by the increasing narrowness of posts, and the very specific arrangements increasingly being developed for Continuous Professional Development.

It should be noted that CW staff directly contribute to the broader work of SW Services, by informing and participating in planning, policy, and service development. There would be benefit in developing this approach by increasing the numbers of CW staff and giving greater recognition to this role, including in status and salaries.

A number of other activities could help embed CD approaches, including:
- Inclusion of Community Development in qualifying courses, placements and induction for SWs;
- Secondments and movement of CW / SW staff between posts (grading equity would help this)
- Building Community Development principles into SW strategies, with perhaps some elements of audit of this, and Impact Assessment of strategies and policies in relation to Community Development.

3. The contribution of Social Workers to Community Development

Social Workers benefit from an understanding of the benefits of Community Development, as one of a range of SW interventions. The actions noted above can help develop this understanding.

Managers in SW Services with responsibility for User/Carer involvement should have an understanding of CD approaches, in order to do this in a meaningful and sustainable way that contributes to broader Community Development goals, such as participation in the Public Partnership Fora of Community Health Partnerships.

There are opportunities for joint work with CW staff e.g. in direct support to User and Carer groups. Given the number, and increasingly specialist nature of, Care Groups that involvement is sought in relation to, this would make the limited Community Work resources go further. There are examples of this, with clearly defined roles, i.e. SW staff dealing with the therapeutic or Groupwork elements of work with e.g. mental health or addiction Service Users.

Given the morale And staff retention issues within SW Services, involvement in this type of work, may offer benefits to SWs, not just in terms of staff development but also job satisfaction!

Given the current staffing /workload levels of QSWs, it is recognised such involvement may be seen as more viable for para-professional staff.

There are a number of things Social Workers could be doing that would help the Community Development process:

- Learning about communities as resources within which solutions for client problems/issues might be found (CWs can help with this), and then referring people to these.

- Identifying individual issues that may be collective ones: turning 'private troubles into public issues'.

- Clearly recording all unmet need, and sharing this information.

4. A holistic approach or an exclusive focus on Social Work Service Users/Carers

To use Saul Alinsky's analogy: it is better to identify where there is danger of people falling in the river, and work with them to do something about it, than to wait and start fishing people out one-by-one.

While it is recognised that casework is likely to remain the key role of main grade Social Workers, it is important that not only Community Work, but also Social Work Services as a whole, take some ownership of the need for holistic and preventative approaches.

If this is not done, there will be costs in the medium term for communities, Service Users, and ultimately for SW and Health services in dealing with more individuals in acute need.

'The Importance of Community Development to Social Work in the 21st Century': **Full Submission to 21st Century Social Work Review.**

1.The contribution of specialist Community Work/Community Development Staff to Social Work

A. Should there be generic Community Work Staff in Social Work Services?

The rationale for a Community Work service in terms of Section 10 of the Social Work Scotland Act (1968) remains: creating the conditions for social welfare at the 'community level'.

Community Work staff in Social Work, provide a strong link with the communities served, in particular the most disadvantaged ones: this facilitates identification of collective issues and therefore allows the development of services and other responses, that reduce the likelihood of people entering the SW or Criminal Justice systems.

An example of this would be issues of children and young people 'loitering' and disturbance and vandalism, etc. This could be identified at an early stage by Community Workers who could work with communities to develop activity programmes, that both 'kept them of the streets' and created opportunities for 'pro-social modelling' by youth workers. While it is recognised that the impact of this is hard to evidence, it would tend to reduce the number of offences (e.g. vandalism) committed, and consequently court reports, children's panel hearings. This approach may be cost effective compared to the cost of individual Casework, and can put in place sustainable supports that have benefits over many years.

It is recognised that there may be arguments, particularly in smaller local authorities for very generic Community Work staff to be located in a more Corporate setting, there remains great benefit to Social Work in having Community Work staff that can contribute to Social Work Priorities. This is discussed further at 'C' below.

B. Do generic Community Work Staff located outwith Social Work Services contribute to SW goals?

There are examples of Community Work staff outwith Social Work contributing to broad social inclusion goals that would be shared by Social Work, for example in relation to youth work, poverty, housing, community participation, advocacy, literacy, etc. No examples were identified of work directly in relation to SW Service

Users, although there would be examples of this within the Voluntary Sector.

Issues were identified that value bases differed outwith Social Work, meaning that the work was different in nature.

This supports the view that specialist Community Work staff in Social Work make a specific contribution that is different from staff in similar posts outwith SW.

C.   If Community Work staff are currently in place [in Social Work], what contribution do they make to social work:

Community Work staff in Social Work identified a wide range of work with, or in relation to Social Work Service Users and Carers:

- Learning Disability
- Domestic Violence
- Mental Health
- Older People
- Sensory Impairment
- Mental Health
- Carers
- Addictions
- Asylum Seekers and Refugees
- Children and Families

The nature of the Community Work role, in relation to the above, can encompass:
- Service User and Carer involvement in the planning and delivery of SW services
- Supporting independent action by Service Users/Carers to identify needs and priorities, and develop services in response
- Working with communities more widely to influence community activity and public services, in relation to Service Users and equality issues

In addition, work was identified around broader issues of social inclusion, anti-poverty, etc:
- Work on equalities issues, with: lone parents, Black & Minority Ethnic communities; anti-racism; community integration (in relation to Asylum Seekers)
- Anti-Poverty work: development of advice and information services; benefits take-up campaigns, etc
- Development of a range of services in disadvantaged communities

D. Are there advantages or disadvantages to Community Work posts being located within Social Work Services?

The perspective and professional skills of Community Workers make significant contributions to the overall quality and effectiveness of services.

Advantages include:
- Focus on a developmental and preventative approach to Social Work intervention
- Facilitating consultation and engagement, and developing the expertise in this across the service
- Promotion of Community Development values including empowerment of Service Users and Carers
- Holistic approach to social planning, policy and service development that crosses silos within Social Work,
- Change agents: identify gaps and opportunities, leading to the development of new and often innovative services, as well as better sensitivity of, connectivity between, services

Anecdotal evidence suggests a trend for recently qualified Social Workers to have limited awareness of the wider social issues affecting individual 'cases'. This highlights the need for the types of approaches listed above.

Disadvantages identified by Community Work practitioners of being within Social Work, included:

- A perceived progressive narrowing of focus of Social Work as a whole and of individual divisions and sub-divisions within it. The number and narrowness of functional areas makes it difficult to develop and maintain relationships with colleagues and progress crosscutting issues.

- Role conflict/perception issues in working with Service Users/Carers of being perceived as to close to the service provider to be able to provide 'impartial community development support'[2], equally CW staff sometimes felt they became apologists for inadequate services.

- Equally there can be resistance from some SW colleagues to CW involvement with 'their' Care Group, on the basis that this will lead to demands from Service Users, and a critique of existing services.

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[2] Standards for Community Engagement, Communities Scotland 2005

- The low awareness of Community Work, Community Development, and indeed wider social issues from (particularly recently qualified) Social Workers.

However these 'disadvantages' from CD practitioners' perspective, do not constitute disadvantages to SW in having Community Work staff, and indeed may development issues within Social Work that are usefully highlighted.

E.   If these [CW] posts were not there, what impact would it make on Social Work Services?

There would be a significant loss to Social Work in terms of services developed, meaningful involvement of Service Users and Carers, the sensitivity and connectedness of existing services, and a proactive approach to responding to the needs of communities and Service Users.

Crisis intervention would increase. Options for supporting people in communities would diminish. There would tend to be a gradual disintegration in the infrastructure of Service Users/Carers that can both engage with SW, and pursue their issues independently.

F.   Where Community Work posts do not exist in Social Work, what benefits would there be in creating such posts now or in the future?

There are a number of benefits, as highlighted above.

Where Community Work Teams exist in Social Work they represent a tiny fraction of expenditure, and often have no specific cost other than staffing and travel. They also make a number of positive contributions to attraction, creation, and use of local resources:

- Securing, and assisting the management of, external funding
- Mobilising voluntary activity, e.g. through self-help groups
- Developing community and voluntary projects and organisations
- Building 'social capital', i.e. the informal networks, relationships, knowledge, skills and confidence
- Maximising the benefits to Social Work goals of resources available locally, e.g. through S.I.P.s, through contribution to project development, and contributing a perspective to partnership work that connect link broad social inclusion issues, with Social Work priorities.

G. Should there be Community Development posts linked to particular services or Care Groups within Social Work? Does this have advantages or disadvantages compared to generic CW posts?

There have been many advantages to generic Community Work posts over the years including a flexibility to respond to needs, whether identified within Social Work, by communities, or Service Users. It has been valuable in allowing the holistic approach that more narrowly focussed posts lack.

An overview of Community Work over it's history in Social Work reveals elements of a 'hit squad' approach, with considerable investment of CW time in emerging priorities, the development of dedicated resources for the issue/care group and then a progressive withdrawal as other resources and supports came on-stream. Examples of this can be identified in relation to Older People, Physical Disability, and Carers.

This is supported by the fact that across the relevant Local Authorities the foci of Community Work activity have moved on from the communities identified above, to additionally 'hard to reach groups', such as Mental Health and Learning Disability Service Users and (in Glasgow) Asylum Seekers and Refugees. There is also a significant amount of very specifically focussed work, with e.g. parents of children with ADHD, and Young Carers from Ethnic Minorities, etc.

Some Social Work services identified the existence of Community Work posts for specific communities or issues, e.g. older people, BME communities, the Chinese community, addictions, etc.

It was recognised that while there is great benefit in the flexibility of generic CW staff, often the realities of resourcing, (i.e. linked to specific programmes or Care Groups) make it easier to create new posts with specific remits, than generic ones.

There was support for specialist Community Work posts being within or closely linked to Community Work Teams, where they can have appropriate professional support, and also a useful distance from the relevant services in order to provide 'impartial' support to Service Users/communities.

2. The Community Development approach within Social Work

A. How is the CD approach used in Social Work currently?

Community Development approaches have increasingly been adopted by Social Work as a whole, with Community Work staff having important roles in the development and implementation of these. Examples cited were:

- Participation of Services Users in influencing services, with Best Value Reviews and other Reviews mentioned
- Establishment and support to various Service User fora
- Implementation of 'Same As You' / Local Area Co-ordination for Learning Disability Service Users.
- Adoption of a Community Development Strategy in one SW Department, and inclusion of related goals in the SW Service Plan

B. How has this contributed to SW priorities and goals?

Strategies and plans have been influenced by User and Carers' perspectives, leading to more sensitive services, and consequently improved use made of limited resources.

Sustainable arrangements have been put in place for continued input to the development of services, as well as future consultations and engagement activities.

Community Work staff have a key role in delivering and exceeding the statutory requirements for public participation in Community Health Partnerships.

C. Are there advantages to having staff in Social Work Services qualified in Community Work /Community Development? Are there jobs other than Community Worker that they should be doing, for example in Management, Planning, Policy, etc

The primary importance of having Community Work qualified staff in the Community Work posts was identified, as, in common with Social Work, there are shortages of qualified staff. In the case of Community Work, CW posts in Social Work services are only a tiny fraction of the plethora of posts the qualification is recognised for.

Having staff with Community Work qualifications in a range of posts in SW has considerable benefits, in terms of the approaches previously described becoming embedded in the overall work of SW Services. The expertise and championing of Community Development by senior managers qualified in Community Work has made significant improvements in some Authorities. An example of

this would be the openness of managers across the Care Groups to Community Work input.

Examples were identified of senior managers, and key influencers in planning and policy staff with Community Work qualifications. The holistic, and needs led, approach appears to have had great benefits here.

This emphasises the value of relevant posts being open to staff with Community Work qualifications. There is concern that with the increasing specialisation of Social Work posts, and specific Continuous Professional Development requirements, that in the future Community Work qualified staff may not have progression routes to make this contribution at senior management level.

It should also be noted here that as well as working with communities/Service Users/Carers, CW staff also contribute directly to the broader activities of Social Work services. Community Workers and Senior Community Workers inform and participate in planning, policy and service development not only in Social Work, but also in corporate developments, such as S.I.P.s, Community Health Partnerships and Community Planning.

The eligibility and appointment of CW qualified staff to a range of posts in SW will be continue to be welcomed. However, a similar effect could be achieved by increasing the numbers of CW staff, and giving greater recognition (including salary and status) to their contributions to Planning, Policy Development, etc. This approach would offer an additional advantage that staff would contribute on the basis of current involvement, whereas CWs moving into posts in Policy, Planning, etc may lose this connection.

D. Are there specific functions, services, or care groups that a CD approach has contributed to?

Many examples were cited, relating to Community Care, including:
- Local Area Co-ordination (learning Disability)
- Independent Living Developments
- Carers, including development of Carers Centres
- Older People
- People with Disabilities
- Community participation in Joint Future work
- Joint Planning between Social Work and Health

Two authorities identified that they been developing work in recent years in relation to Children & Families.

Work re BME communities, Asylum Seekers and Refugees, Travelling People, assists in meeting Race Relations legislation requirements.

E. How does the presence/lack of specialist CW staff affect the wider application of CD approaches

All the respondents were Authorities containing Community Work staff in Social Work, and identified general and specific ways they had influenced and assisted the implementation of CD approaches within the wider SW Department.

Even within these authorities, understanding and application of CD approaches (by those who had some remit within a broader role) varied and was described in one case as ranging from 'excellent to appalling'. The level of involvement with Community Work staff, over time, as well as in relation to specific work was a key factor.

The inclusion (or lack of) of Community Development in qualifying courses for Social Workers was also important.

F. Are there particular areas where community development approaches could be further developed in Social Work?

All areas of Social Work can benefit from an understanding of ways of empowering people to find collective solutions to issues affecting their life.

In each of the Local Authorities with CW staff in Social Work, there has been a large body of Community Work in relation to Community Care, however Authorities varied in terms of how far Community Development approaches informed work in relation to particular Care Groups or issues.

Across Authorities there has been less CW in relation to Children & Families, and little in relation to Criminal Justice. This has been reinforced by the location and/or priorities of Community Work within the structure. Significantly, in Glasgow, management of Community Work has shifted from Community Care to Area Service Managers, in order to facilitate involvement in Children & Families, etc.

Arrangements could be developed or improved for communication with, and raising awareness of, Community Work teams and Community Development approaches with the increasing number of specialist and other teams in Social Work, for example in Glasgow, where there are 9 CW Teams and almost 300 other 'Practice Teams'.

There is a perception that some managers 'go through the motions' without a genuine commitment to working in partnership with local people, listening to them, and effecting changes. There needs to be greater acceptance that organising and engaging with Service Users means that they will challenge practice, criticise services and ask for change.

Clear frameworks for communication between community/Service User organisations and service managers would be useful. The bedding in and implementation of the Community Engagement Standards will help, but this should translated into local detail as to, e.g. which and what level of manager a local Carers group should relate to.

G. How should community development skills be developed and sustained in Social Work?

Wider promotion is needed of the benefits of Community Development approaches, as a way of collectively addressing issues that affect individual 'cases'. A reminder of the 1968 Social Work (Scotland) Act, in particular Section 10.

A number of measures that could be introduced or given higher priority are:

- Training and placements for Social Work students in Community Work / Development
- Input to Induction of new SWs
- Build in Community Development values as core basis for Social Work strategies
- Restore grading equity between Social Worker/Community Worker: this would also encourage Social Work qualified to take up Community Work posts, on a 'permanent' or temporary secondment basis.

3. The contribution of Social Workers to Community Development

A.   Should Social Workers require CD skills?

It would be desirable that they have an understanding of CD principles and approaches. The underlying competencies are largely transferable, as evidenced by the fact that Social Work students successfully undertake Community Work placements (examples in Glasgow over many years, to date) and are able to meet the

competencies, with a very limited amount of additional link work with e.g. Children & Families Teams.

B. Should Social Workers be involved in CD activities?

Yes, the circumstances affecting 'clients' can be changed through collective action. 'Clients' can also build self-esteem and purpose through participation in community development: it can provide responsibility and recognition that may be otherwise absent in their lives. In doing this it may make an impact not possible through other SW interventions.

Managers have, or should have, a Community Development role in ensuring arrangements are in place for appropriate Service User involvement, and that the issues raised through this inform the development of the service.

There are a number of opportunities for QSWs and para-professional staff to be involved in CD activities at the level of supporting community/Service User groups. Some pieces of work could be joint work between CW and SW staff, and there are a number of examples of this.

An example of this is a Kinship Care Group (i.e. family members looking after children as a consequence of addiction issues in family), which also has the involvement of a Children & Families worker who has assisted in publicising the group to relevant clients & has been able to follow up on specific SW issues relating to individual members. This model could easily apply to addiction Service Users themselves, Mental Health Service Users, Carers, etc. This type of joint work supports the transfer of skills in both directions.

With the increasing focus on User involvement, SW Services generally recognise the need for Service User groups that exist independently, as well as feeding into participation structures. Given the range of care groups and the desire for User groups with an increasingly specific focus, e.g. parents of children with A.D.H.D., the relatively small numbers of CW staff cannot develop / support them all therefore involvement of SWs and other staff would be desirable in a developmental role, in addition to any therapeutic role.

An important element of this is the willingness of managers to see this work as relevant to their own goals, and therefore allocate staff time for this.

It should be noted that In the context of low morale, difficulties retaining staff, levels of burn-out, absences rates, etc staff may welcome involvement in this work. It offers a positive focus on changing circumstances, that may alleviate the emphasis on the individual overwhelming difficulties many clients face, particularly in the context of Addictions, Children & Families work, etc.

As one respondent put it:

> "[Doing] *Good Community Work can be a very positive experience as it is primarily about empowering people to effect tangible changes & improvements in their lives.*
>
> *The danger I have observed is of young SW's particularly in Children & Families getting burnt out by dealing with a lot of cases where the reality is that it is about putting sticking plasters on problems & it is very difficult to see any real long term benefits through their input.*
>
> *Not only do they become demoralised, but they can also become cynical about what they are doing.*
>
> *This is where the chance to get involved in some piece of work with CW can be beneficial to them not only in terms of their wider awareness but in regard to their motivation as workers".*

Given the staffing/workload levels of Qualified SWs, it is recognised that involvement in such work is perhaps more viable for para-professional staff. The improved progression routes may mean this provides a useful CD grounding, for staff who may go on to become QSWs.

C. Should CD be an element of pre or post qualifying training for Social Workers?

This is thought to be an important part of pre-qualifying training in particular.

CD is recognised internationally as one level at which a Social Work intervention can be made (along with Casework and Groupwork). A colleague from India has advised that in India Community Development is a hugely important method of Social Work: helping communities organise to address the issues affecting them is seen as the best use of limited resources in response to huge issues.

While in Scotland there is expectation and resourcing of individual interventions, there are still limited resources needing best use made of them.

D. What things (not necessarily in themselves CD) could SWs be doing that would contribute to CD?

Learning about communities as resources within which solutions for client problems/issues might be found: CWs can help with this. Referring people to these.

Identifying individual issues that may be collective ones: turning 'private troubles into public issues'.

Clearly recording all unmet need, and sharing this information.

Promoting direct payments/individual budget accounts.

Facilitating solutions rather than offering them.

Raising expectations and the potential of change.

4. A holistic approach or an exclusive focus on Social Work Service Users/Carers

A. To what extent should SW take a holistic and preventative approach to tackling social inclusion?

As Alinsky illustrated: How many people do we rescue from the river before we ask why they're falling in in the first place and do something about that as well.

'Prevention rather than cure' should at least be an aspiration that informs Social Work.

Prevention, or at least reduction, of issues affecting communities is surely better than 'curing' people once they reach an acute level of suffering from those issues.

It is recognised that a number of factors constrain this: staffing shortages; bureaucratisation; blame culture and fear of risk.

However it should be remembered that other sectors recognise the importance of preventative work in reducing the burden on acute services. An example would be heart disease, where the need for preventative approaches, in addition to medical specialists would seem to be universally recognised.

The move towards Community Health Partnerships involving Social Work is significant here. Their key purpose is defined as Health

Improvement, with a strong emphasis on preventative approaches to in it's focus on the concept of, including addressing life circumstances, as well as lifestyles.

B. To what extent should SW focus particularly on existing Users of SW services?

Much Community Work activity in SW Services focuses on Service Users: at least to the extent that members of key Care Groups such as people with disabilities would qualify as Service Users, even though they may not at the time be an 'allocated case'.

For Community Work there can be pressures to work only with SW Service Users, but there are advantages to working with 'at risk' groups and communities to do preventative work: to building their capacity, resources, and networks, so that they do not need to become 'allocated cases'. To return to Alinsky's analogy: it is better to work with communities to prevent individuals falling in the river, rather that wait to work with those just fished out!

It is important to retain a 'preventive focus' on promoting social inclusion/welfare. While it is recognised that with the current staffing/workload issues, the role of main grade Social Workers, will remain primarily individual casework. Some ownership of the need fro holistic, preventative approaches should be taken by SW Services as a whole.

To fail to do this would have a cost: to communities first, clients second, and in the medium on-costs to Health and SW services in dealing with more individuals in acute need.

C. How would a more holistic approach contribute to SW goals and Service Users?

At a strategic level SW needs to be a partner in the bigger picture of tackling poverty, but at the service delivery level there needs to be a clear vision of how SW engages with Users, Carers & the wider community in effecting changes & improvements in services on the ground.

In Community Care, SW should be creating capacity for supportive communities that will increase quality of life, reduce isolation and mental health difficulties, keep people living at home longer, lead to integration and combat social exclusion.

New relationships could be developed between communities and authorities in sharing responsibilities for discharging care.

This would hopefully lead to fewer revolving door clients and families, better staff morale, and maybe a better public image for Social Work!