

Chief Social Worker for Adults,
Department of Health and Social Care,
39 Victoria Street,
London,
SW1H 0EU

26th January 2018

Dear Lyn,

I am writing in response to your invitation to comment on the **Knowledge and Skills Statement for Adult Social Care Practice Supervisors**. Unfortunately our comments do not fit in the eight questions you ask, hence this letter.

ADASS welcomes the opportunity to comment on the draft knowledge and skills statements (KSS) for social work supervisors in adult social care. ADASS supports any initiatives which seek to improve the quality of social work at all levels, which the KSS sets out to achieve. The role of social workers is critical in supporting individuals and their families to live the life they want to, whilst ensuring they are safe from harm or abuse. ADASS is therefore committed to ensuring that social workers have high quality guidance and support to do their jobs effectively. However, any changes need to be embedded in a sound understanding of the work undertaken in a local authority context and flexibility needs to be built in to ensure that localities can effectively respond to the needs of their local communities.

ADASS welcomes the focus on the specific skills and knowledge required by those at a supervisory level. The statements are ambitious and cover the broad range and scale of challenges facing practice supervisors. Whilst it is difficult to argue with the spirit and aspirational nature of the KSS, they may need further work to ensure they appropriately balanced and grounded in the realities and challenges of current practice in local authorities.

In respect to the actual knowledge and skill statements themselves, we feel that there are still a number of areas which need to be amended, or introduced, to address current gaps.

An important element of a social worker's role is to support their clients to identify and work through risks and benefits in a range of circumstances, to weigh up the options and make informed choices. Additionally, social workers also work with people to evaluate rights and risks in relation to their safety and wellbeing and the safety and wellbeing of

others. This should inform the development of care and support or safeguarding plans which are owned with the client (or their advocate or representative if they lack capacity to be involved). Currently, this is a gap in the knowledge and skill statements which should be addressed.

Connected to this we also feel that there is a gap in relation to reference to upholding and safeguarding human rights – particularly where people are at risk of, or have experienced abuse or neglect, where consideration is given to compulsory admission or treatment, or the deprivation of liberty.

We expect practice supervisors and social workers to have a sound values and ethics base as described in the KSS. However, we do question the relevance and appropriateness of the reference to supporting British values in the government's integration strategy for schools. This should be rephrased or omitted. Reference to the national and international definition of social work practice would be sufficient.

The KSS also suggests that practice supervisors build positive relationships with adults, carers and other professionals through an 'optimistic attitude'. Whereas this may be appropriate on many occasions, it isn't appropriate, or realistic, in all circumstances and the KSS should reflect this. What we would expect to see is reference to practice supervisors and social workers 'positively influencing' decision making. We therefore think that the KSS should be updated to say this, rather than merely referring to an influencing role.

In terms of a policy focus there is ongoing reference to the Care Act and MCA throughout the document which is appropriate. We would however have expected to see greater prominence being given to mental health which is only briefly mentioned and this feels unbalanced.

Moving on from the content of the KSS themselves to the implementation of them there needs to be clarity about how performance will be assessed and the accreditation system which will underpin them. It is important and necessary to develop a robust accreditation mechanism which provides consistency in moderating against the KSS. As the assessment and accreditation processes are being developed separately from the statements themselves, it is essential that they effectively marry, to ensure compliance with the statements can be accurately measured. The document talks about setting standards which are aspirational but there is a gap in relation to clearly describing and defining what these standards and aspirations are. This may become clear as the accreditation system is developed.

This must be a proportionate and pragmatic approach to the KSS and accreditation which takes account of the daily pressures which social workers face. It must not dissuade, or prevent, social workers from aspiring to progress to becoming practice supervisors. This has to be a process which is time flexible for both the social worker and the local authority. Placing a defined time period of 6 or 12 months to achieve accreditation is therefore challenging. Opportunities must also remain open for career development at an advanced level using other pathways rather than a requirement to follow a single route. With this in mind it would seem that the KSS should refer to the relationship required between the practice supervisor and their manager, or supervisor, during the accreditation process and beyond.

The consultation notes that a national development programme aligned to the KSS will be available for existing and aspiring practice supervisors. However, there is no reference to implications for members of staff (current or aspiring) who fail to reach the standards

required and what impact this could have upon the local authority workforce with two tier staff levels of those who have, and have not, met the standard. In terms of the social workers how are they supported, are previous achievements carried forward, are they able to begin the process again and do they need to wait for a period of time before starting? These details need to be fully considered, prior to implementation, particularly if the scheme is to become compulsory.

Reference is made in the document to the Professional Capabilities Framework (PCF) and how it has informed the statements. The PCF can be applied to social workers at different levels providing cohesion and identity to the profession, regardless of level within the organisation. We need to ensure that by introducing KSS we are not creating an additional criteria set, or reference point, to be assessed against. This could be confusing, time consuming, bureaucratic and therefore expensive, undermining the quality of the assessment without adding additional value.

Caution needs to be observed to ensure that we avoid fracturing the profession by requiring different standards for different roles and creating a workforce of those who have, or have not met the statements. Therefore, greater clarity is required around the link between the knowledge and skills statements and the PCF to inform social workers carer progression.

Introducing the KSS would create an additional resource pressure for local authorities in terms of the assessment and accreditation process and staff training and development time. The consultation document suggests that funding for assessment and accreditation would be managed through existing or developing local partnership arrangements. However, it seems unrealistic to expect that current arrangements could fund additional activity or requirements. Unless implementation is funded adequately the KSS risks becoming a watered down and ineffective process as local authorities struggle to find the resources to manage it appropriately.

ADASS looks forward to commenting on or discussing these plans in greater detail to support further thinking in the areas we have identified.

Regards



Cathie Williams
Chief Officer