

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 46

Ymateb gan: | Response from: BASW Cymru

Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor Initial priorities identified by the Committee

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrysgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?

Q1. Which of the issues listed above do you think should be a priority, and why?

The social work workforce, including organisational culture and staff wellbeing needs to be addressed as a priority and we would recommend an independent review of social work to include working conditions; parity of esteem, roles and opportunity compared to health staff, recruitment and retention. We believe that the committee needs a focus on the barriers to social work being an inclusive profession in Wales and what active steps need to be taken to address these barriers – as an example, we know that Gypsies and Travellers have some of the worst educational outcomes and do not consistently access higher education. How can they be supported in these circumstances, to enter a graduate profession where they are under-represented? The committee should work with BASW Cymru as the professional association for social work in Wales, in addressing the priorities we have identified.



- The Social Workers Union (SWU) state that: “When making comparisons across the UK, Social Work in Wales has seen the profile of the profession neglected and diminished by legislation, policy and the structural arrangements in place. SWU would consider Social Workers in Wales to be probably the most marginalised profession within Wales at the current time due to the lack of status, identity and respect across the country.”
- They believe the following reasons are to blame for this:
- The Care Act 2014 in England created the role of ‘Principle social workers’, to effectively lead practitioners and be given the credibility, authority and capacity to provide effective leadership and challenge at managerial and practitioner level. Social work in Wales has no such role within the SSWB (Wales) Act.
- All three other UK nations have a ‘Chief Social Work’ role. (Chief Social Worker post exist in England Adults and Children, a generic Chief Social Work Advisor in Scotland and a Chief Social Work officer in Northern Ireland). There remains no equivalent in Wales. BASW Cymru has consistently called for the role of a chief social work officer.
- The governing body of the regulator – Social Care Wales - is under-represented by suitably qualified and experienced Social Workers (including the governing board). This does not reflect the registrants and therefore the voice of Social Work is diminished within the very structure that has been set up to promote and develop the profession. Again, this not the case in the rest of the UK.
- BASW has called for an independent inquiry into social work in Wales to look at working conditions since publishing our Working Conditions research in 2018 and 2019.
- In our manifesto for the recent Senedd election we called for an increase in the number of student bursaries and put them on a par with those offered to student nurses. We believe that this would increase the numbers of social workers entering the profession. Once they enter the profession there must be emphasis placed on training them to fulfil multiple roles and functions in integrated teams and community settings, with clear post-graduate professional development pathways linked to pay and career progression.
- The workforce data reveals that in 2018-19: there were 135 vacancies in adult services with 60.9 posts filled by agency workers. During this time 194 social workers left the register. With regards to children’s services, there were 244.5 vacancies with 107.2 posts filled by agency workers. During this time 272 social workers left the register. The latest workforce data from 2020 shows that while 495 social workers joined the register, 465 left. It is worth noting that 54% of those leaving had not maintained their registration.
- It is vital that steps are taken to Increase the numbers of social workers entering the profession and close the vacancy gaps, meanwhile steps must be taken to ensure already trained social workers remain in the profession.

- Social work is a heavily feminised profession. The ratio of women to men on the social work register in 2019 remains 4:1 and the average age is 46 years. There must be better understanding of the needs of a highly gendered workforce. This includes menopause, children, and unpaid caring roles.
- The Wales-specific findings from our 2018 Working Conditions report make for sobering reading and reveal that working conditions for social workers in Wales are as bad as – if not worse than – the rest of the UK. This is because social workers report that they do not have a good idea of their specific role in their organisation as organisational change is not well communicated and they hold too many cases.
- Levels of stress were high amongst Welsh social workers and higher than the English average of benchmark respondents. This has only been exacerbated by the pandemic. As Thompson and McGowan (2020) acknowledge, social work is by its very nature a demanding and pressurised profession, but it does not have to be stressful – that is, there is scope for keeping pressures within manageable limits that do not lead to health-affecting stress. This will depend, of course, on social workers being provided with adequate support and being able to operate within a context of suitable working conditions.
- In Ravalier (2018) a number of ways to improve working conditions were suggested in thousands of feedback comments from social workers. Firstly, caseload. It is suggested that social workers should have a protected caseload, and that cases should be co-allocated when particularly difficult. Additionally, managerial pressures are acknowledged, and managers should only line manage a protected number of employees at any one time. Relatedly, repetitive administrative tasks should be removed, and IT used to help reduce the administrative burden. There needs to be a clearer delineation between what is a necessary administrative task and what is bureaucracy.
- Attention should be paid to how recruitment, retention, regulation, career development and staff support operate as barriers or enablers to authentic equality, diversity and inclusion within the social work workforce. There should be more use of targeted funding (including bursaries) and strategies such as mentoring to support diversity within the workforce and improved access for minoritised communities who already struggle to access Higher Education – Gypsy, Roma and Traveller communities.
- There is a lack of diversity among social workers, particularly noticeable in senior management positions and this will have a direct impact on recruitment to the profession, retention, and how valued black, Asian and minoritised social workers feel.

o Access to mental health services

There is lack of access and equity to mental health services.

- BASW opened up a [survey for social workers](#) to provide feedback on their experiences of working during the coronavirus pandemic. Several social workers trained as Approved Mental Health practitioners raised a series of issues. These included worries about doctors being unavailable for assessments due to being redeployed elsewhere, wards being closed for mental health admissions and the impact fears around coronavirus would have on people's mental health.
 - 65.7% of respondents agreed or strongly agreed that they had seen an increase in the number of Adult Mental health referrals and/or their caseload since the imposition of the first set of lockdown restrictions in March 2020.
 - The pandemic is having an unequal impact on people in Wales, where nearly a quarter of the population live in poverty, including 44% of lone parent households. People from certain ethnic groups, children, disabled people, and carers are more likely to experience poverty.
 - There is a direct correlation between poverty and mental health. This is one of the reasons why BASW Cymru was a signatory to the [Welsh Anti-Poverty Coalition letter](#) as BASW know that we cannot have wellbeing for all while poverty is allowed to exist.
 - We should consider tailored services to meet the cultural needs and create a deeper understanding of difficulties which those from black, Asian and minority ethnic people must be considered. CAHMS is not a service which is well used by black, Asian or minority ethnic children and yet they struggle with mental health difficulties (often from the impact of racism and associated bullying), eating disorders, neurodevelopmental conditions etc. Children from ethnic background are more likely to be excluded from their education compared to their white counterparts.
- o Evidence based innovation in health and social care
- There is currently a lack of structures to support social workers being researchers. Action must be taken to create the culture so that social workers are automatically supported to create research. This would put a focus on research that is grassroots, co-produced, evidence by experience and participatory.
 - Clear research pathways for social workers need to be more robust in post qualifying education and learning. With expectation to be research capable increasing as experience and seniority increase

Blaenoriaethau allweddol ar gyfer y Chweched Senedd

Key priorities for the Sixth Senedd

C2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:

- a) gwasanaethau iechyd;**
- b) gofal cymdeithasol a gofalwyr;**
- c) adfer yn dilyn COVID?**

Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:

- a) health services;**
 - b) social care and carers;**
 - c) COVID recovery?**
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Gwasanaethau iechyd

Health services

- Since the turn of the 20th century, social workers have been actively involved in the health and wellbeing of individuals and communities, emphasising the importance of the social determinants of health, and addressing people's complex and often intersecting needs. The power of social work to support communities and address the full scope of psycho-social and physical health care needs across the whole life course, has become increasingly fragmented with the focus of social work more narrowly concentrated on safeguarding - from prevention to reaction.
- It has become increasingly apparent, as this pandemic unfolded, that the public health role of social workers is not understood. This will have ongoing implications for those already using social work services and those who have developed this need, due to the impact of lockdown measures. It has also had a significant impact on the ability of social workers to act as guardians of human rights.
- Social workers are not integrated into the all-Wales Strategy on Public Health.
- Social work must be included and integrated into emergency planning arrangements at local and community level for example local authority, local health boards, or wider interagency health and social care system.
- The community role of social workers was not considered during the pandemic, with social workers often being required to enter houses in which people had the virus.
- The Welsh Government failed to create any specific guidance for social workers during the pandemic, meaning BASW had to create its own at the start of the pandemic. This is due to a lack of understanding, acknowledgement and planning for the community role of social workers.
- Many social workers reported to us a lack of personal protective equipment for them to use during the pandemic. Several had been given no hand sanitiser. Some had resorted to buying their own. One said they'd been bringing a flask with hot water and some soap in her car on home visits. Another said their team had been told to buy washing up bowls to fill with water

and take on visits. Social workers are concerned for the health and wellbeing of people that use services and that they could be a risk to them without proper equipment.

- We believe that the Committee needs to take a holistic view of public health and prevention and not be focused solely on the health side.

Gofal Cymdeithasol a gofalwyr

Social care and carers

Support and services for unpaid carers

- BASW have been heavily involved working with Carers Wales, Carers Trust and Social Care Wales around the new carer aware workstream.
- The Social Services and Well-being (Wales) Act (SSWb Act) is asking students to do something that the organisational culture hasn't caught up with. Until the implementation of the SSWb Act, social work has been focused on care management and allocation of diminishing resources managed through eligibility criteria. The SSWb Act has reimagined the role of social work, but the context – where the dominant culture/mindset is one of care management, coupled with impact of austerity, creates challenges to social workers practising in collaborative and co-productive ways.

The committee should consider the need for specific messages about the needs of Gypsy Traveller families and other minoritised groups. We should consider tailored services to meet the cultural needs and create a deeper understanding of challenges which those from black, Asian and minority ethnic people face. In equal access to health and social care, even when specific policy is in place to close these gaps, no substantive improvement has been made

<https://gov.wales/enabling-gypsies-roma-and-travellers-plan>. Gypsy traveller families suffer the greatest disadvantage and have poor access to support via social services, as many don't know they have a statutory right to assessment. This results in the increased pressure on family members to provide unpaid care and deepens the stereotype that Gypsies and Travellers 'look after their own'. <https://www.shapingourlives.org.uk/resources/our-resources/research-reports/report-including-the-missing-voices-of-disabled-people-in-gypsy-roma-and-traveller-communities>

Adfer yn dilyn COVID

COVID recovery

Access to COVID and non-COVID rehabilitation services

- The committee should consider how best can social workers therapeutic skills be enhanced and deployed to support rehabilitation services.
- There is currently a lack of data in terms of social work workforce and long COVID and 'real-time' data which is vital for workforce planning during a national crisis, was not available, so workforce data, especially 'real-time data needs to improve.
- What is the focus on racialised groups?
- There is a therapeutic social work role in rehabilitation, but it's not properly understood or developed, this needs to be changed.

Access to services for long-term chronic conditions, including musculoskeletal conditions

- Social workers' roles have become distorted and funnelled into doing high-end safeguarding. The Joint workforce strategy does not look at vision of social work in public health and prevention in terms of rehabilitation
- The vision isn't there because it isn't being imagined because health approached dominate this space.
- There is a need to consider revisiting the Joint Workforce Strategy in light of COVID, questioning whether it requires review and remains fit for purpose.

Unrhyw faterion eraill

Any other issues

C3. A oes unrhyw faterion eraill yr hoffech dynnu sylw'r Pwyllgor atynt?

Q3. Are there any other issues you wish to draw to the Committee's attention?

We believe that this committee should expressly communicate how they are integrating the Race Equality Action Plan in all of their work.