



Social Work
Issues Group
(SWG)

CARE MANAGEMENT: Fit for purpose?

Report of a survey of UNISON
social work members in
Scotland



September 2024

INTRODUCTION

For some time now, UNISON Scotland's Social Work Issues Group (SWIG) has been hearing from social work members that care management as it is practiced across Scotland does not fully align with social work values and skills. Members tell us that in many authorities it has become a tick box exercise that gatekeeps care services rather than enabling a needs-led approach.

With the current discussions around a National Care Service - focused on achieving a person-centred, rights-based system of care - and a National Social Work Agency, UNISON Scotland thought it was essential to investigate this. We decided to seek views from as wide a group of members as possible about the care management model so that, if necessary, we could press for reform.

In June 2024 we sent our social worker members an online survey questionnaire designed to gather their views on how care management is practiced, whether they think there are issues/problems with it, and what might make it better. We asked whether care management model as practiced in their authority:

- enables relationship-based, preventative practice.
- meets the needs of the people being supported.

And we asked for views about any changes needed to the model.

163 members responded to the survey, 133 of whom worked in care management in some capacity. We received responses from members in 30 of the 32 Local Authorities. The majority (n=128) were qualified social workers with the remainder working in other roles within the social work team including social work assistants and allied health professionals. The survey was comprised of some closed questions with the opportunity to use free text to explain answers.

WHAT IS CARE MANAGEMENT?

The Oxford Dictionary of Social Work and Social Care defines care management as: "... An integrated and circular process for identifying and addressing the needs of individuals within available resources, which recognizes, at least rhetorically, that those needs are unique to the individuals concerned."

Care management has become a common term used to describe the process of assessment for adult care services. Many social workers involved in such activity have become known as "care managers". Their role is to assess and ensure the provision of services for adults in their council areas who have support needs.

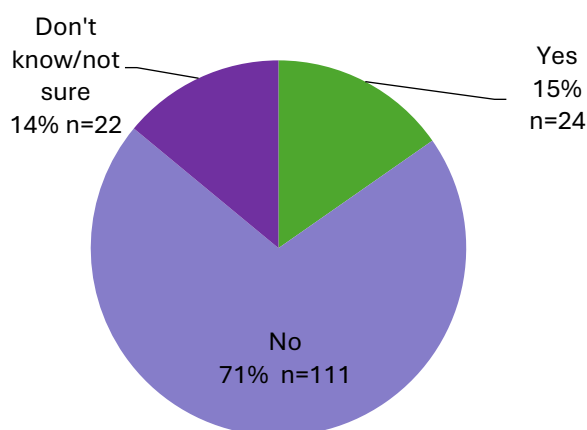
Although most are social workers, other professions such as Occupational Therapists and nurses can also work as care managers. Their role is underpinned by a model of Assessment and Care Management (ACM) which has evolved over the years as a result of policy changes in the 1990s. For an overview of the history of care management within social work in Scotland see [Turbett, C., 2024](#).

Since the integration of health and social care in 2016, care managers in local authorities come under Integrated Joint Boards (IJBs) which are partnerships between health and social care.

ENABLER OR BARRIER TO GOOD PRACTICE?

We wanted to know whether the care management model helps or hinders the preventative, person-centred and relationship-based practice called for by the 2021 [Independent Review of Adult Social Care in Scotland](#) (the 'Feeley Review').

Do you think the care management model as practiced in your authority enables relationship based, preventative practice?



While more than 1 in 10 respondents agree that the model supports good practice, a majority (71%) think it does not. 128 respondents provided comments to support their response. The main themes within these open text responses are summarised below.

Resource-led, crisis driven

"We no longer work with people. Everything is based on finances."

The overall picture painted by respondents is of a care management system on its knees, cash starved, crisis driven, with no time for preventative or relationship-based practice. Social workers spoke about it being resource led rather than needs led, with a critical lack of resources in some areas. Some spoke of social work assessments being disregarded or over-ridden because of budget constraints.

Eligibility criteria means that in many councils, assessments and services are only being provided when the need is critical:

"The care management currently practiced in my local authority is reduced to provision of care only for individuals meeting extremely high threshold of needs and risks with no statutory provision directed at prevention. Very much risk reduction/crisis response"

"It is more of a resource based approach rather than needs led. This makes care managers navigate a difficult situation. Developing relationships with the service users becomes lost in this context where their needs are not met."

Lack of staffing – high caseloads

Just under half the respondents mentioned insufficient staffing and high caseloads, which means that there is no time to build relationships or engage in early intervention or prevention.

"Too high a caseload, not enough time with clients and families, too little staff and recruitment issues. Practice is often reactive and not proactive or preventative."

"Lack of resources. Case loads are too high and dealing with crisis does not allow for preventative practice."

Some referenced this as a fairly recent development and said that what *had* been possible *before* staffing and funding cuts was no longer possible.

"The size of the team that I work in has reduced in size by a half in the past eighteen months, we struggle to cover our initial assessment, we have no team to build meaningful relationship with the people we support. Work is now just about processing referrals and meeting targets."

Others describe an ongoing problem of understaffing leading to crisis management only.

"Staffing has been chronically low for 5-6 years and there are not sufficient resources to allow for preventative practice. More and more we are dealing with crisis level issues only."

Lack of resources

Like the above respondent, a high number described how the lack of staffing and high caseloads is exacerbated by a lack of available resources to meet the needs of their service users. This has led to a reactive rather than a proactive service.

"There are insufficient funds and staff. People are not seen in a timely manner and are in crisis before they are allocated a worker. The services available are so limited and restricted that it is difficult to do any preventative work."

A number of respondents referenced the impact of funding cuts on both the staffing levels and their ability to meet service users needs in a timely manner. They expressed the view that workers are now tasked with saving money rather than meeting the needs of service users.

"Funding cuts do not allow for relationship building or preventative work. Most work is about crisis intervention. Care management does not offer consistency for clients and particularly not good for those under guardianship or with advanced dementia."

"When Care Management is allowed to be practiced I feel this is a good model that enables relationships based on trust and preventative/early intervention work. However insufficient funding of health and social care have led to a review model where new workers without relationship are tasked with saving money/reducing care. No time left for prevention or early intervention. No consistency with staff. Morale at an all time low and everyone planning their exit from the profession."

The impact of this on workers came over very clearly with reports of high levels of burn-out and stress and very low morale.

"Social work is so poorly staffed that we no longer have sufficient time to engage properly with service users. Shortages of resources have resulted in a service led response rather than person centred practice. This impacts on staff morale and motivation."

"There aren't enough staff or resources and this often leads to staff being overworked and tired."

"It is now all about keeping costs down. There are not enough resources. Community Care social workers are 'frazzled'. Major shortage of homecare workers. Lots of unmet needs."

"High case loads, overwhelming amounts of paperwork and bureaucratic processes prevent the time needed to develop much needed meaningful relationships and undertake preventative work. Constant fire fighting and plate spinning leaves you feeling that you are unable to provide the type of service our clients need and deserve. Ever increasing

demands, more complex cases and reduced resources/funding places a huge strain on social work teams and has resulted in many workers leaving and unable to fill vacant posts. Soul destroying when you constantly feel that you are letting clients down and working over and above your hours with no additional pay."

It should be noted that there were a small number of respondents who felt that they could practice in a person centred, needs led way, and in line with their social work values.

"I work in a hospital setting and social work legislation, theories and practice are all evident in the teams day to day work."

"I feel we collaboratively work with clients and families to establish what is needed, who needs to do it in order to resolve any concerns raised."

Process: budgets and bureaucracy

The care management process was also identified as a barrier to relationship based, preventative practice. Respondents described a process that is budget driven, bureaucratic and rigid rather than needs led.

"Too much time spent on admin/reports and paperwork and less client centred and client time for qualified workers."

"The care management model here focusses on filling in lengthy forms on the computer data base which are about management back covering and management trying to avoid payment for a package of care. All the language and systems used directs the system towards assessment and nothing else, certainly no suggestion that a relationship with a service user may be useful. Even the importance of the service user's views is minimised with a fixation on risk and risk avoidance."

Some highlighted that the focus in their authorities on doing bureaucratic, critical criteria based assessments as quickly as possible, means that opportunities to save money are missed. Eligibility criteria is set so high that people are often not eligible until crisis point has been reached.

"The focus is on identifying criteria... as a result this has created a lack of opportunity to form relationships and consider preventative/ social work with individuals experiencing change and loss in their lives. The focus is on care purchasing and less on working with people to maximise their own potential. The way self directed support has been integrated has made the systems based system more so. There is no space for social work to be carried out which in the long run can save monies by supporting individuals, families and carers."

"It ties me down in bureaucratic processes, which significantly limits the time I have to support people. The care management role and processes bolster managerialism, with its focus on key performance indicators, as opposed to relational social work and outcomes. We must be mindful that not all measurable variables are meaningful, and not all meaningful variables are measurable."

"No clear definition of care management and no value placed on relationship based preventative practice. Budgets and eligibility criteria drive practice and baseline for support is crisis management not prevention."

Social work values

Others spoke of a lack of autonomy, and an inability to practice in line with social work values, with a micro-management of services and social workers' assessments of need being overturned/altered to fit budgets and resources.

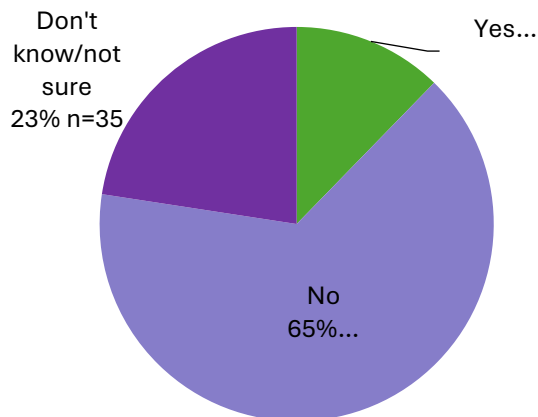
"Social workers do not have any autonomy to make a difference and can't do any preventative work and only crisis support."

"It is a micromanagement of services based on a managerialism model. It takes away from the fundamental and traditional social work values. There is no longer a critical theory approach to social work. There is no community capacity building to support self help. Indeed care management has taken away people's own agency."

"Social work is not about assessing people to prevent them accessing services. The culture is all about protecting the council and using tech. We have completely lost sight of the service user and our function as agents of change."

MEETING PEOPLE'S NEEDS?

Do you think the Care Management model as practiced in your authority meets the needs of the people you support?



A majority, almost two thirds, of respondents feel the model as practiced in their authority is not meeting the needs of the people they support. Just over one in ten feel that it is, while almost a quarter are unsure.

"Lack of time, resources, funding."

Similar themes emerged in response to this question. Again responses were received from 128 people. A small number of social workers agreed that the model as practiced in their authority allows them to meet the needs of the people they support. This shows that there are pockets of good practice where workers are able to ensure a person centred approach and to meet client need.

"They (service users) have access to an unlimited support service, that strives to provide individuals with person-centred support."

However, the majority spoke of a worsening of their ability to meet need.

"I have been a social worker for 20 years, when I first started most social workers built meaningful relationships with service users, we looked to develop skills and enhance life. Now the sole focus is meeting basic functional needs."

Many respondents again cited budget cuts and decisions that were budget led rather than needs led. Several again mentioned a crisis management approach with no time to offer the kind of early intervention that would save money down the line. This also impacts on workers' relationships with service users.

"The focus is on cutting services, which at times is not seeing the full longer time picture. Relationship between SW and individual under a lot of pressure."

Budget cuts

They highlighted that reduced budgets mean a lack of choice for service users leading to a disconnect between this and the basic principles of self-directed support legislation. Often the cheapest option is chosen rather than the one that best fits the needs of the service user or their views and wishes. This limits the efficacy of service user involvement. It can strain relationships between workers and service users and their families, and can add to the pressure on both.

"Budget led approach with limited opportunity to adjust to meet the individualised needs. Limited opportunity for service users to take part or have their views taken into consideration."

"Many individuals in the community are at breaking point as all assessments are financially focused. Senior management pick the cheapest option possible even if it is not the clients' choice."

"The public only gets what the service can offer and nothing more. The budget is what matters to managers and the rest is lip service. There is no 'social work' only social workers employed in care manager roles."

Many respondents point out that in their areas, budget constraints lead to a service only being provided in respect of critical need. Eligibility criteria in some authorities are set so high that people in need are only eligible for a service when they are in crisis. This is seen as bad for the service user and also potentially more costly in the long run.

"Again, we are managing in a crisis level way and do not have time and resources to manage any other way. In addition the focus of ever dwindling budgets means the support we can offer is ever more resource-driven and not people centred. What we can offer becomes meaner and less preventative with each passing year."

"One case as example of a blind and deaf older person. Budget constraints overruled the needs of the service user. Social Supports package reduced from over 60 hours to 14 hours per week. Only 2 hours per day. Budget considerations over rule the service user's obvious needs."

"Due to financial cut backs a lot of older clients end up in the hospital system and have to wait often months to get care and support required so although there is an understanding of what needs to be done there is no movement."

Lack of resources

Again just under half of respondents cited a lack of resources as a reason that the service could not meet the needs of their service users. They identified gaps at the earliest stage, when basic support could prevent people needing more complex care packages down the road.

"I work predominately with older adults and often find myself having to tell them that is not a service we provide or you would need to arrange that privately. We are unable to support individuals with practical tasks such as housework laundry shopping these are all vital particularly to the frail, sick and elderly."

"Lack of resources often means we are responding to crises only, when we should be intervening early to avoid crises."

"People are seeking support earlier and that is not available. They cannot access support when they need it and they are not being supported to remain as independent as possible."

However others also spoke of resource gaps at the stage when care needs have become more critical. Again this impacts on service users choice and control.

"There is so much focus now on budgets I am concerned that we will be able to continue to meet the needs of people we support. This will then increase risks to them and their carers. There is a lack of resources as they are being cut and this is impacting on people we support and their carers."

"Very few are able to get the support they need. More often than not we can only provide one option out of the 4 offered by Self Directed support legislation. Choice is not available, increasingly people's personal care needs are not met."

Reactive practice

The inability to practice in a relational way or to respond quickly enough to need, because of staff shortages and high caseloads was also cited by some as a reason why the service is unable to meet the needs of the people they support. Both were linked by several respondents to budget cuts and political choices.

"As workers you don't have time to build relationships with individuals and families like you would before. This is due to a number of factors; lower number of social workers to provide support to individuals due to social workers leaving the profession due to burnout/retirement or social workers are off sick because of the physical and emotional impact that this job has on you. This in turn impacts on demands of service, fewer workers and higher caseloads does not allow for opportunity to build relationships with individuals."

"It is not pro-active and ultimately we are leaving people to struggle for longer than is necessary due to staffing issues, budget cuts and political choice."

"There are so many people who need social work involvement and not enough social workers. Some of the most vulnerable clients do not get the time they need to build relationships with one worker and often end up having to go through extremely busy duty systems where they need to continually retell their story to multiple workers."

Impact on workers

Again the impact on social work staff was highlighted, with a call for workers to have protected caseloads and for teams to have the staffing complements they need and to be valued for their skills and knowledge.

Some respondents again expressed concern that the Care Management approach, which used to work for service users, has become a tick box exercise. Some were again critical of the management approach, feeling it has become too 'managerialist' which does not meet the needs of the workers or the people to whom they provide a service.

"We spend so much time filling out forms to get services that we can't spend enough time just being with people. It's demoralising as the only thing senior managers care about is numbers, getting delayed discharge numbers down, and saving money by cutting care packages."

"I don't think the management team has much real knowledge of what it is to provide good care. Too much focus is on unnecessary paperwork. Care staff receive nothing but criticism and no real recognition or thanks for the good work they do or encouragement to do anything extra for the clients that would make a big difference to them."

"Management focus on making sure their paperwork is up to date at the expense of the care and wellbeing and feelings of service users."

WHAT WOULD YOU CHANGE?

We asked social workers what they would change about care management as currently practiced, asking them to rank a series of items in order of priority. This is the order of priority as selected by respondents.

Changes needed in order of priority

1. Increased resources for the people we support
2. Manageable caseloads to enable person-centred creativity & preventative work
3. More time for relationship-based practice & needs-led social work assessments
4. Less bureaucracy & paperwork
5. Leadership that understands & supports the social work role
6. Better understanding & respect for social work role amongst partner agencies

It should be noted that several respondents felt it was impossible to prioritise these as all are essential:

"I would rank all of the above at 6 [top priority]. Sadly we are not respected within our own management structure. Systems are put in place that do not work for us."

"All of the above are required and I would have put them as high priority. Case loads, bureaucracy and paperwork are a major factor. The care management jobs are not just open to social workers and therefore undermines the social work role. I think priority should be given to good social work practice and qualified social workers in these roles."

Social workers were invited to suggest any other changes not already mentioned that they would like to see.

"..more support, value and respect.."

Multi-agency approach

A number of respondents felt strongly that social work was undervalued as a profession in multi-agency settings, particularly in relation to health. Some were critical of Health and Social care partnerships as a model, describing poor integration in their localities.

“Less focus on NHS system need and more focus in discussions about what social work workforce manage in the community without the right resource. I also think NHS boards should be measured on their returns to hospital from failed discharge, I'm certain there are many people going back into hospital because they are sent home too early.”

“Health & social care partnerships are not working, as this model is still 2 different budgets with competing demands, bureaucracy gone mad and heads of service health led with no understanding of the social work role.”

Respondents also highlighted the fact that agencies all use different systems which is a barrier to inter-agency communication, and which can increase the risk of harm to vulnerable people.

“A barrier to partnership working is social work, NHS, police etc all using different systems that other agencies can't access. Poor communication/failure to share concerns increases the risk of vulnerable people experiencing harm.”

There was a call for a better understanding of the social work role and better collaboration between agencies, with a feeling that the opening up of care management roles to other professions has devalued the specific social work role.

“It would appear that social work is undervalued as a profession by others and management, NHS and social work have differing value bases and understanding of roles/responsibilities.”

“increased co-operation with respective agencies, eg education, health sometimes feels like we're pitted against each other. More collaboration, less confrontation. And more putting the child first.”

Management

The quality and approach of management was often raised. Some respondents cited managers who were unsupportive and took decisions without reference to the workers who made the assessment. There was criticism that managers, especially, but not exclusively those from different professional backgrounds, did not understand or support social work values. Respondents spoke of feeling undervalued and demoralised by poor management. Many called for managers to be more “hands on” to get a real sense of what it is like for workers on the front-line and for service users whose needs are not being met.

“Management paying more attention to workers on the ground and valuing them as skilled practitioners in their own right.”

“Management should have a hands on approach and actually go out and do the job we do for 6 months to understand the misery they are causing all round.”

“People in management positions respecting others and other managers below them and not making decisions about people with no consultation.”

“Better and more focus on service managers understanding roles of social work / care management when they are from a nursing / NHS background as principles are lost and lack of respect is felt which impacts on person centered assessments and care.”

“For social work management at all levels to be more caring and person centred towards service users and community care workers. As a whole management is extremely poor.”

A few respondents did recognize that the same lack of funding etc also affects their management.

“I believe Managers are trying their best to improve matters, but you can only work with the tools (resources) you are given.”

Pay and conditions

Some respondents called for better pay and conditions, including an analysis of what adequate staffing levels would look like in each area, to prevent overwork and burnout. There was one call for pay parity across Scotland, one for a four day working week, and several references to car use with a call for mileage rates to be increased.

“Better wages for social workers, mileage is appalling and has never been raised in over 12 years. Listen to the workers on the ground.”

USE OF THE TERM ‘CARE MANAGEMENT’

Finally, we asked social workers what they think about the term 'Care Management'. Just under half (n=76) were of the view that the term should be discarded, with 17% disagreeing and 34% being uncertain. A range of alternatives were proposed with just over one third of those responding suggesting that “social work” should be in the title.

CONCLUSION AND NEXT STEPS

The survey responses reveal a care management system on its knees, budget driven, with crisis management the norm in many areas. As the demand for services has increased, the funding for staff and resources has faced year-on-year cuts.

Members are demoralised and desperate for change. Staff shortages and high caseloads mean that many feel they are unable to practice in line with their social work values. They want to do the very best for the people they provide a service to, who are amongst the most vulnerable in our communities. However most feel that they have no opportunity to be person centred and needs led, or to take a preventative, early intervention approach with their service users, even though this would save money in the longer term as well as better meeting their service users’ needs.

They describe challenges in the multi-agency work, feeling that social work is not well respected as a profession, and many do not feel supported by senior management, who they experience as driven by the need to gatekeep resources and services, rather than by the needs of the service user.

The challenges facing care management and the wider social care system are well recognized and understood at all levels of social work, from the front-line to senior management and professional bodies. The themes within this survey report chime with those of a recent roundtable hosted by the Accounts Commission and Audit Scotland and involving the Chief Social Work Advisor and the Chief Executive of Social Work Scotland as well as senior managers from Integrated Joint Boards (see [“The critical issues in social care and social work”](#)).

However, UNISON Scotland believes that these issues have been largely ignored by the Scottish Government in the discussions about the National Care Service bill, which seeks to impose new structures on a social work (and social care) system in Scotland that is creaking at the seams. This will fail. Starved of funds, care management has become a gatekeeper of resources rather than having a role to assess and meet needs. And that is what mutes the voices of service users rather than any unwillingness of care management workers to take their views into account.

Examples of different approaches to social work with adults are springing up across the UK – mainly south of the border. These demonstrate that not only is another approach possible, but it both better meets need and also saves money in the longer term.

Such approaches are usually community based, work with service users to give them a voice, are preventative and relationship based. Most social work staff recognize that this is the core of good social work practice, based on our values of human rights and empowerment.

Next steps

UNISON Scotland's Social Work Issues Group has discussed these findings and will be circulating this report widely.

- We will make sure that the messages from our members are reflected in the ongoing discussions and consultation about a National Care Service and a National Social Work Agency. As a trade union we continue to advocate for the core funding needed to deliver quality needs led services.
- UNISON recognises that to change the current situation where Care Management dominates practice will require commitment from employers and social work leaders, in addition to the additional resources referred to in the report. Therefore, we will continue to engage with Social Work Scotland, SASW and the Office of the Chief Social Work Adviser to the Scottish Government, challenging them as well as working with them to promote the changes that are needed.
- We will use our Radical Social Work Seminars to promote social work practice that empowers workers and service users, emphasising social work as a human rights-based profession. We are keen to hear from members about good practice that demonstrates the value of good social work, based on these values, that challenges the Care Management models that members have clearly expressed their concerns about.