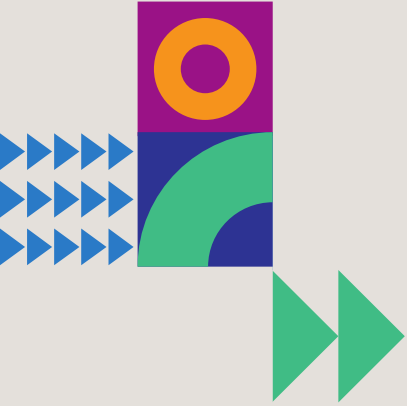


SASW Annual Conference 2025

From the Frontline: Activism, Action and the Future of
Social Work

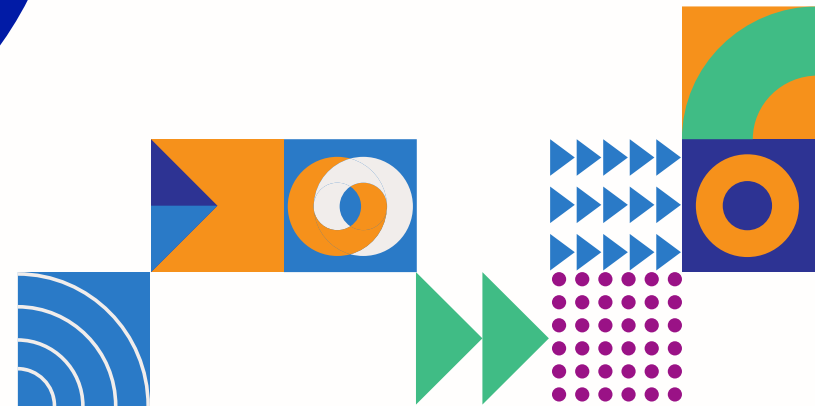


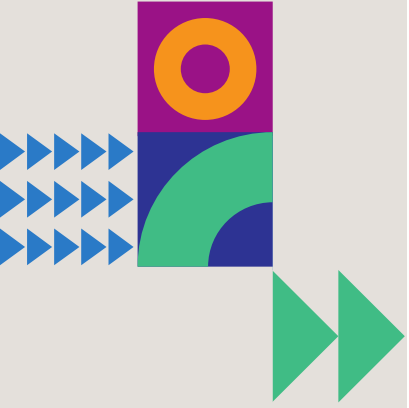
#SASWConf25



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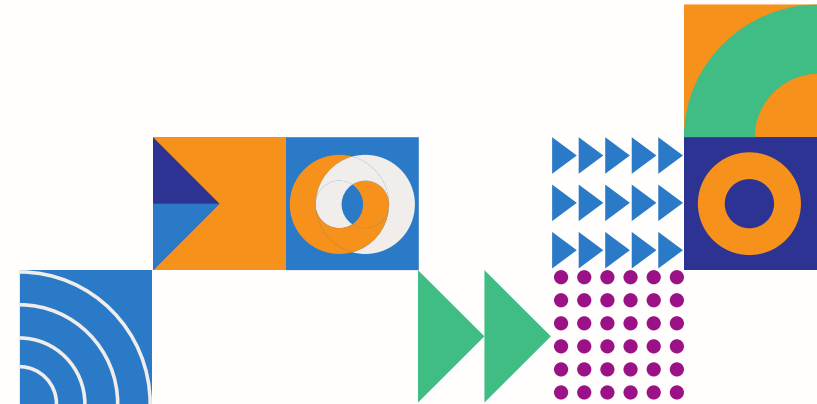


SASW
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 Scottish Social
Services Council

DR JANE SHEARS

National Director BASW NI & SASW
Approved Mental Health Professional (England)
Best Interests Assessor
Practice Educator
IFSW Global Ethics Commissioner



This conference is brought to you by:

SASW

The professional association for
social work and social workers

The Scottish Association of Social Work (SASW – part of BASW UK) is the largest professional association for social workers. We offer services that support and protect your social work/MHO career.

- Benefit from **discounted** or even **free events, forums and training** that are relevant for you and your professional development.
- Be **protected** and **represented** by our Advice and Representation team of qualified social workers together with SWU - the only union run by and for social workers - for professional and regulatory help, amongst many other benefits.

Be part of the BASW social work community, help us shape the profession and have your voice heard. For better working conditions and a fairer society.

More info on membership: [Join BASW | www.basw.co.uk](http://www.basw.co.uk)

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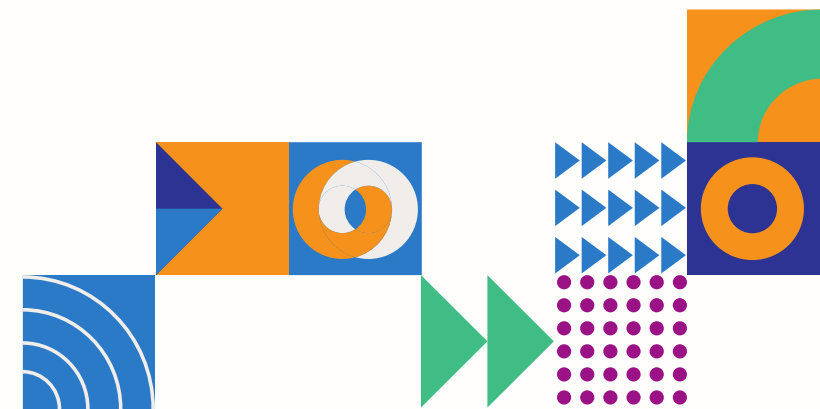
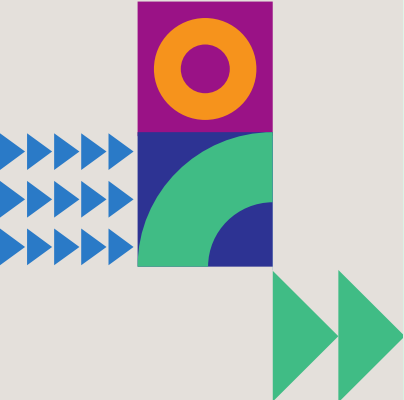
Scottish Association of
Social Work

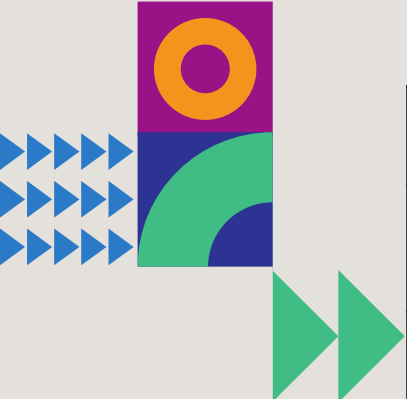


@SASW01

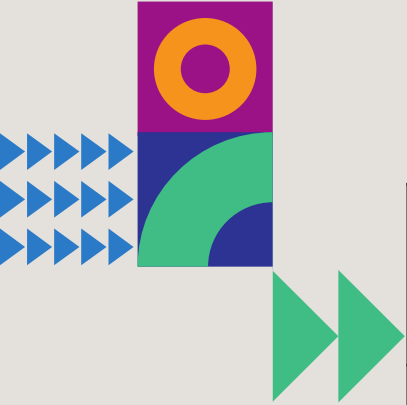


scotssocialwork





PROGRAMME			
Welcome & Introduction	Dr Jane Shears	National Director BASW NI & SASW & Conference Chair	10:00
Can activism drive forward rights-based, inclusive, and equitable social work practice?	Charlie McMillan	Director, Humans Rights Consortium	10:10
The Power threat Meaning Framework – Implications for Social Work and for Activism	Phil Wilshire	Social Worker, Avon & Wiltshire Mental Health Partnership NHS Trust	10:30
Break	All		10:50
Scottish Government's priorities for social work	Iona Colvin	Chief Social Work Adviser, Scottish Government	11:05
Panel - Voices from the front line. What's working, what's not.	Iona Colvin, Chief Social Work Adviser; Charlie McMillan, Humans Rights Consortium; Phil Wilshire, Social Worker; Caroline McDonald, Co-chair SASW National Committee		11:25
Lunch	All		12:00
Workshops	All	See full details on next pages	13:00
Workshops	All	See full details on next pages	14:00
Break	All		14:50
Prospects for the 2026 Scottish Parliament Election	Prof. Sir John Curtice	Professor of Politics at the University of Strathclyde	15:05
Panel - Building campaigns for change	John Dickie, CPAG; Monica Lennon MSP; John McGowan, SWU; Alison McGrory, NHS Highland		15:30
Final thoughts and close	Toyin Adenugba & Caroline McDonald	Co-Chairs SASW National Committee	15:50

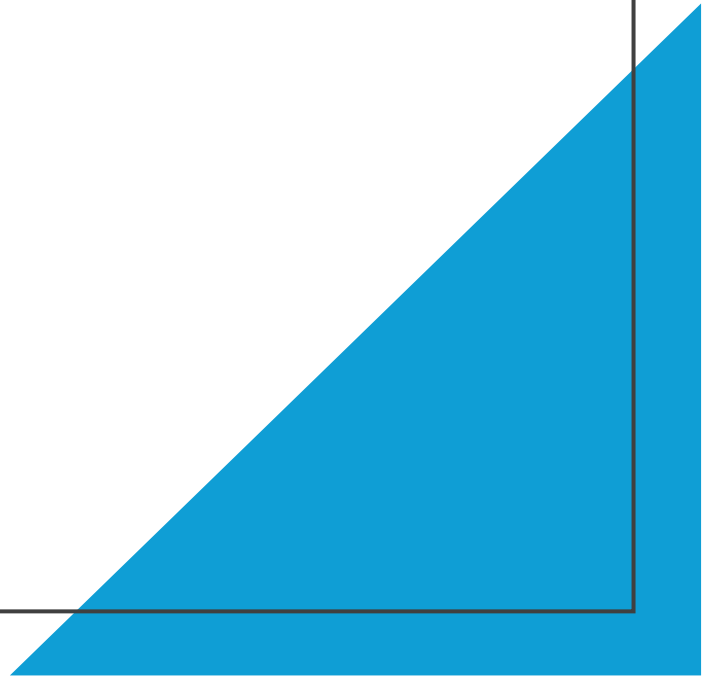


WORKSHOPS A - F Choice 1 from 13:00 - 13:50 * 10 min break * Choice 2 from 14:00 - 14:50		
Workshop A	Anne-Marie Monaghan, <i>Community Brokerage Scotland Lead & Linda Riley, Advisory Member of SASW's National Committee</i>	What I wish my social worker had asked me?
Workshop B	Susanne Machin-Autenrieth, <i>Social Work Lecturer, Robert Gordon University & Susan Dobson, Professional Officer, Scottish Association of Social Work</i>	International Social Workers: thriving or surviving?
Workshop C	Dr. Neil Thompson, <i>Avenue Consulting – SWU Ambassador</i>	Social Work, Activism and Influencing Skills
Workshop D	Geraldine Graham, <i>Social Work Lecturer, University of the West of Scotland</i>	Climate Justice, Radical Practice and Social Work
Workshop E	Claire Longmuir, <i>Director of Operations, The Simon Community</i>	Making services fit for people: Inspiration for change
Workshop F	Alison McGrory, <i>Associate Director of Public Health, NHS Highland</i>	Managing Cats: Activism, Health and social work

SASW

From the Frontline: Activism, Action and the Future of Social Work

- Can activism drive forward rights-based, inclusive, and equitable social work practice?
- Charlie McMillan
- #SASWConf25





ACTIVISM

Activist First

1980s

- CND
- Falklands War
- LGBT+ Rights
- HIV/AIDS Pandemic



Social Worker Second



Why not establish an intimate connection between knowledge considered basic to any school curriculum and knowledge that is the fruit of the lived experience of these students as individuals?

Paulo Freire, "Pedagogy of Freedom" (1998)

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1990s

- Residential Worker
- Marxist Social Work
- The last of the CQSWs – Prison, Hospital and Community Development
- Agent of social change or agent of social control
- Masters in Social Work – Pedagogy of the Oppressed
- Alternatives to Custody
- Throughcare and Aftercare

Career Development (Social Worker First?)

1988 - 2025

- Residential Worker
- Social Worker
- Manager
- Director
- Chief Executive
- Trustee
- Chair
- Independent Consultant



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

Instead of praising people for being 'resilient', change the systems that are making them vulnerable.

Muna Abdi

**"WHAT YOU DO MAKES A
DIFFERENCE, AND YOU
HAVE TO DECIDE WHAT
KIND OF DIFFERENCE
YOU WANT TO MAKE."**

- JANE GOODALL

Integration of the personal and professional

2000 - 2025

- A long process of learning and development
- Cognitive empathy/affective empathy - Brene Brown
- Integration of activism, social work practice and community development – a holistic approach
- Re-engagement with theoretical basis for social work
- Moving away from performative social work practice
- Development of leadership in various roles
- Mindfulness practice
- Spiritual Audacity – Rabbi Joshua Heschel
- Compassion-based activism – Tara Brach

“
We need to dispel the myth
that **empathy** is ‘walking in
someone else’s shoes.’ Rather
than walking in your shoes, I
need to learn how to listen to
the story you tell about what it’s
like in your shoes *and* **believe**
you even when it doesn’t
match my experiences.”

Progress!!



Include For Good

Include for Good is all about changing attitudes and making Scotland a more equal place. We want to create a world where people with learning disabilities are seen, heard and supported to live their best life.

News

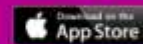


HUMAN RIGHTS TOWN

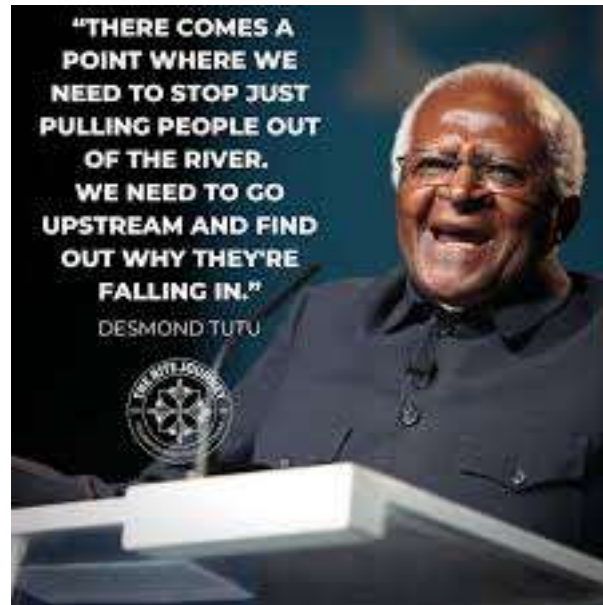
An app created by and for people with learning disabilities to help people to recognise and realise their human rights.



Download now!



Scotland's Civil Society Network to Defend and Promote Human Rights



Social workers don't retire, they just take their learning and find another way to explore their activism, commitment to transformation, challenge, relational working and hope!

In the end...

- *“In the end, the social worker is also a political being...The social worker is conditioned by the structure of the society he or she is in, in which she or he is formed [...] the social worker, as much as the educator, is not a neutral agent in his practice and in his actions.” (Freire,1988)*
- So, for me, the answer is ‘yes’, activism can drive forward rights-based, inclusive, and equitable social work practice.



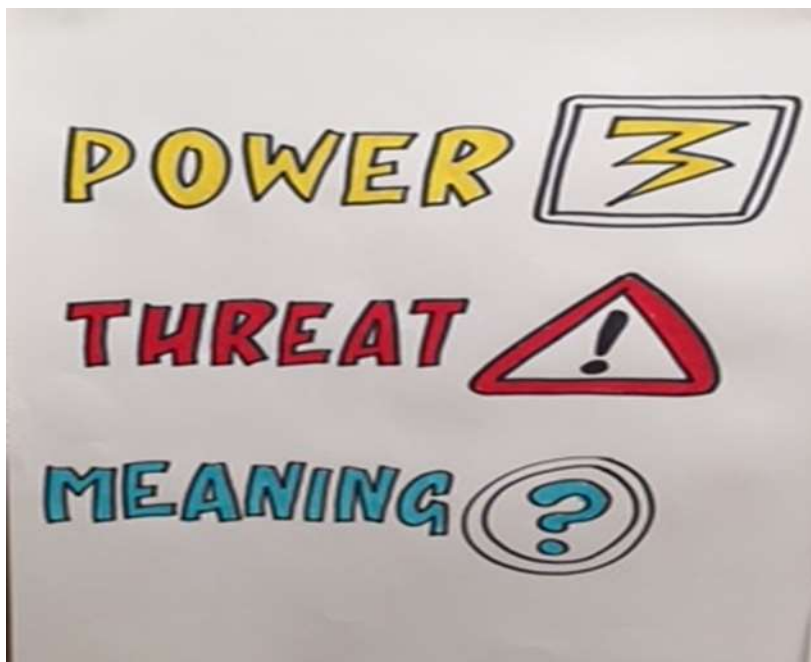


The British
Psychological Society
Promoting excellence in psychology



Division of
Clinical Psychology

The Power Threat Meaning Framework - Implications for Social Work and for Activism



SASW Conference
Phil Wilshire. Social Worker
November 2025

(Thanks to BPS & Division of Clinical Psychology – most slides © Lucy Johnstone and Mary Boyle 2018)

“Epidemic of Mental Illness”

“The recent data from the NHS England and the World Health Organization (WHO) highlights a worrying trend of rising mental ill-health in England and globally. The Adult Psychiatric Morbidity Survey 2023/24 reveals that 22.6% of adults are being clinically assessed as having a common mental health condition, a 20% increase from 2014.”





A vibrant yellow and blue striped fish, possibly a Surge wrasse, is shown swimming in clear blue water. The fish has a yellow head and back with alternating blue and yellow vertical stripes. It is facing right, and its fins are visible. The background is a soft-focus blue water scene.

“Mental Disorder”

“Mental illness”

“Mental Impairment”

“Condition”

“Epidemic”

“Treatment”

“Vulnerability”

“Diagnosis”

“Abnormal Brain Chemistry”

“Relapse”

Historical View. Ideas Change over time. Language and Policy

Prevailing themes in mental health: The journey towards “personalised care”

System 19th Century	Approach	Descriptions	Objectives	Decisions
Segregated institutional care	Medical/ scientifically based approach	Lunatics and patients	Finding a cure Managing the incurable	Alienists / psychiatrists know best
20th Century				
Community based support	Duality of health & social care: Us v's Them	Clients and service users	Providing care and services in the community	Professional intervention - 'involving service users'
21st Century				
Individual / personalised support	Socially based approach which incorporates clinical expertise	People with equal rights and access to everyday opportunities	Facilitating Independent Living & Recovery	Individual knows best - co-production of what best meets needs

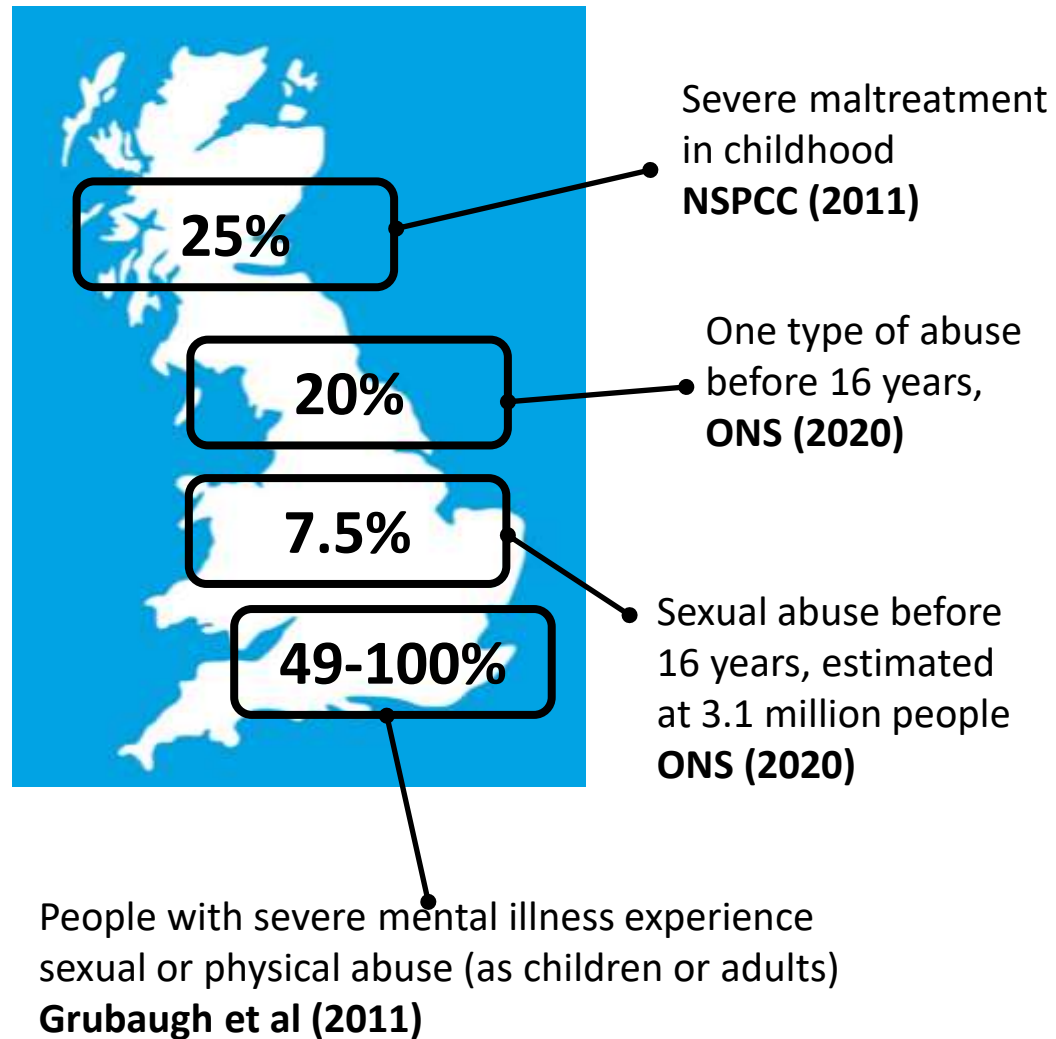
With thanks to Robin Murray-Neil, Rachel Perkins and Ruth Allen

Gradual acceptance that social context is *relevant*

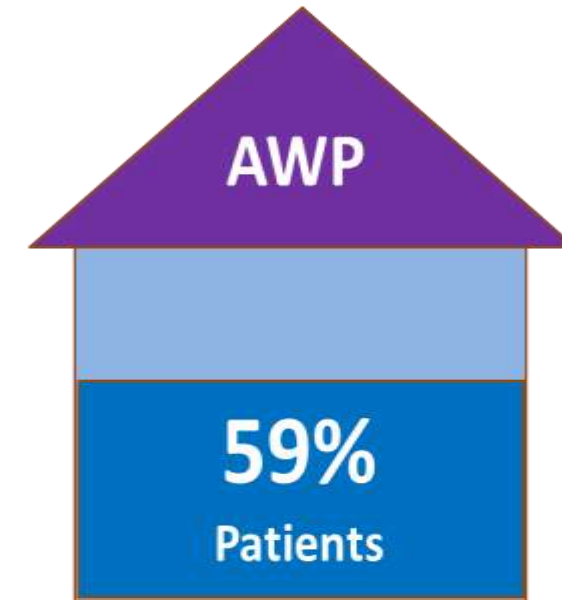
“Mental health problems can affect anyone....but...”

- In some way true – it is a universal human experience BUT....
- Challenging circumstances and events are linked to diagnosis . E.g.
- 5 or more adverse Childhood Experiences” (“ACE”) 10 X more likely to be prescribed anti-psychotic drugs
- People of African or African Caribbean ancestry living in UK 6 to 9 X more likely to get diagnosis of “Schizophrenia”. Evidence that linked to racial discrimination.

The move towards social context being important. Trauma informed Care



Prevalence of trauma in AWP



Range of percentages reported by staff = **0 – 100%**

Therefore AWP is a trauma-exposed organization

Our staff may also have had their own traumatic experiences in life

A shift from traditional
language to a trauma-informed
description of vulnerable
individuals can create...



...compassion instead of
blame; hope instead of
hopelessness and connection
rather than disconnection.



Get In Touch



@BeaconHouseTeam

www.beaconhouse.org.uk

What we say...

What's really going on...

"Attention Seeking"



"Attachment Seeking"

What we say...

What's really going on...

"Withdrawn"



"Cautious"

What has Happened to You? Instead of what is wrong with you? Model continues to include idea of “diagnosis”.

- Does it Shift attention from “malfunctioning minds” to wider social world and ways it can harm us?
- Bio-Psycho-Social Model
- Stress Vulnerability Model
- “I got the issue of [child sexual abuse] to deal with... I thought well maybe that caused my [bipolar disorder]...I mean I understand now that [abuse] can be a trigger for something that’s already there” ((reported in Boyle and Johnson, p38))

Does it matter that our ideas of mental health continue to be centred around diagnosis ? – service user perspectives – positives and negatives of diagnosis

“It gave me the comfort of explanation.... When I was told that I was depressed it gave me a framework of understanding and a first grip on what was happening.’

“The diagnosis becomes a burden...you are an outcast in society. It took me years to feel OK about myself again.” “The killing of hope....it almost feels like, well, your hands are tied, your cards laid and your fate set.”

Does it matter that our ideas of mental health continue to be centred around diagnosis ?

- **Obscures personal meaning** (this is an 'illness' which is nothing to do with my life experiences and their impact on me)
- **Damages sense of identity** (I am fundamentally different and flawed)
- **Undermines agency** (the belief that you can take action to change things)
- **Takes away hope** (the belief that you can recover)

“Acknowledge experience but say you have a “personality disorder”.

“Its awful these things have happened to you AND “you have schizophrenia” and you are in a safe space.

Jacqui Dillon. Hearing Voices Network. <https://www.youtube.com/watch?v=cQ4fSa18de8>

Does it matter that our ideas of mental health continue to be centred around diagnosis ? - Social Work and Social Policy

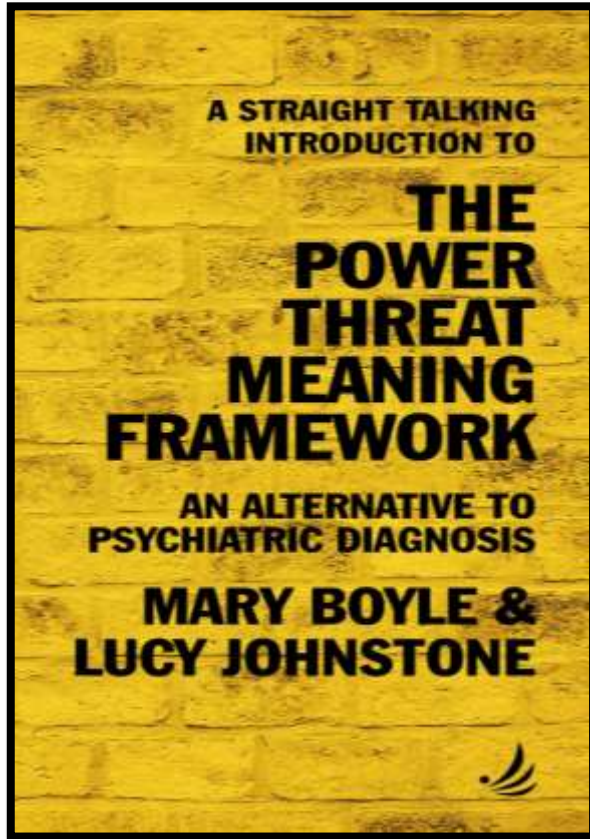
- Diagnosis can close-down conversations.
- Diagnosis is a technical language – Restoring and reclaiming ordinary language restores meaning and context and is firmly rooted in lived experience
- Focus on Access to Treatment
- Reluctance to talk about things that cannot be changed.
- Reluctance to say - “Anyone would have struggled in that situation”.
- Not talking about inequality and discrimination

“Collaborative approaches to treatment Depression among older people living in care homes” – (2018)

Conclusions

- Collaboration across disciplines to **treat people** with depression in care homes requires a holistic and person- centred approach which takes account of the patient’s full range of health conditions; this can result in significant improvements in health and quality of life as well as reductions in detentions under the mental Health Act and admissions for in-patient psychiatric assessment
- Collaboration between geriatricians and old age psychiatrists benefits not only patients and their families but also the staff who work in care homes, who gain increased skills and knowledge which enables them to be more proactive in **recognising depression** in the people they work with.

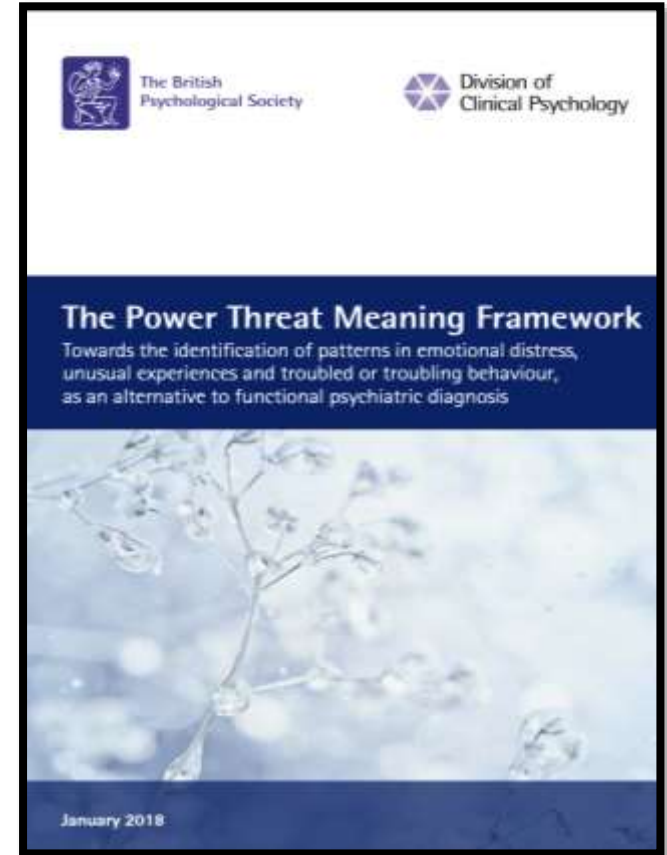
The Power Threat Meaning Framework (2018)



Available from PCCS Books

Symptoms are understood as:-

- meaning based threat responses to the negative operation of power.
- strategies for surviving adversity.



Free PDF from BPS hosted PTMF website

<https://www.bps.org.uk/power-threat-meaning-framework>

PTMF - A
conceptual
alternative to
the diagnostic
model of
distress .
Narratives not
Diagnoses.

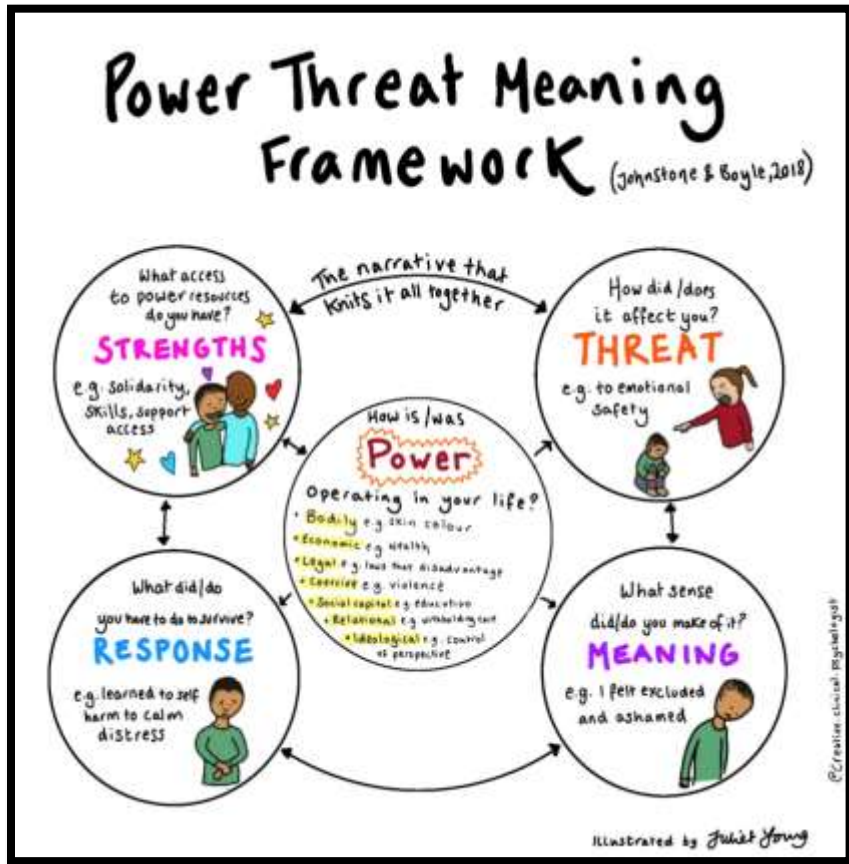
- 5 year co-produced project, funded by the British Psychological Society. Currently translated into 6 languages
- Its an alternative not a replacement for all current models and practices. We are all story-tellers and meaning-makers. The PTMF supports the use of all kinds of narratives or personal stories instead of diagnostic labels. This can help people to create new, non-medical, hopeful narratives about their lives and circumstances, instead of seeing themselves as 'mentally ill.'



‘Instead of asking what’s wrong with you, ask what happened to you.’

The PTMF is about all of us. We all struggle at times, and we all need to find ways to survive – even if at times these can become problematic

The PTM Framework's suggested structure for narratives:



What has happened to you?

(How is **Power** operating in your life?)

How did it affect you?

(What kind of **Threats** does this pose?)

What sense did you make of it?

(What is the **Meaning** of these experiences to you?)

What did you have to do to survive?

(What kinds of **Threat Response** are you using?)

What are your strengths?

(‘What **Power Resources** do you have?)

WHAT IS YOUR STORY?

“What has happened to you?”
(How is **POWER** operating in your life?)

Power is everywhere in our lives, sometimes in obvious ways and sometimes in less obvious ways. Neither diagnosis nor most therapies place enough emphasis on power, as defined in the PTMF. Instead, we too often see the problem as being in the individual (their mental illness or personality disorder, their negative cognitions, or their lack of resilience, and so on.)

The PTMF puts power first and foremost, and all the other parts of the narrative flow from that.





Legal



Economic & material



Interpersonal



Coercive power (or power by force)



Biological power (or embodied power)



Social/cultural capital



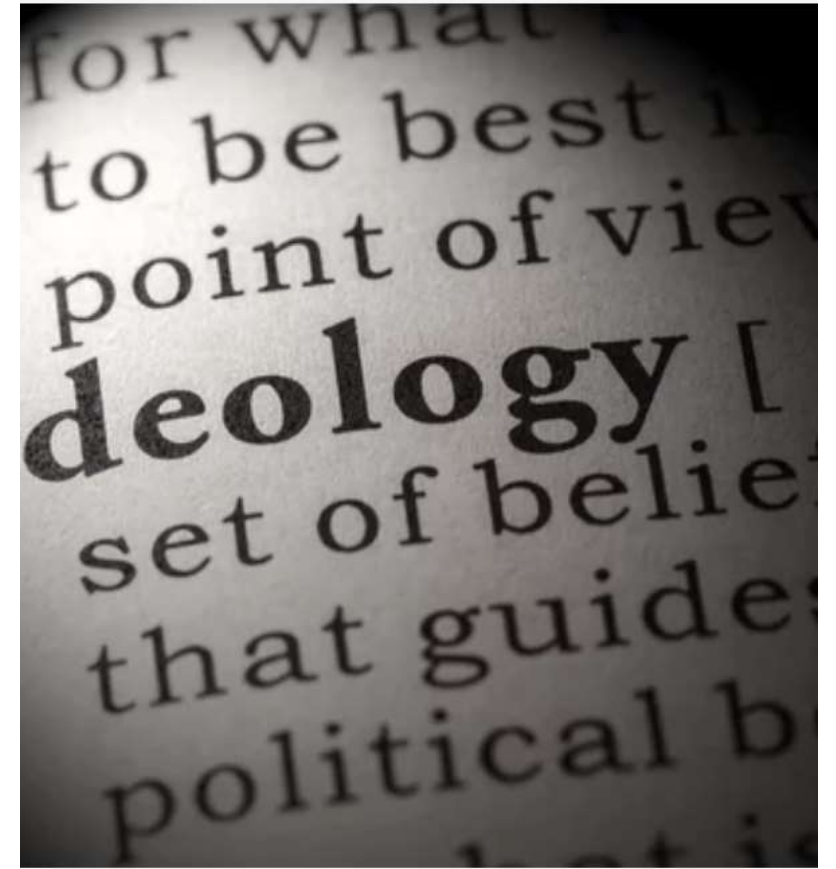
Ideological power

Ideological power: control of language, meaning and perspective

The least visible but most important form of power: messages about social norms and expectations, how we are told we ought to think, feel and live our lives, and what we take as 'natural', desirable or 'facts.'

Ideological power shapes how we understand our experiences of distress – in ways that may be neither evidence-based nor in our long-term interests

The PTMF offers 'free knowledge' to those who wish to explore other perspectives



Ideological power

- What stereotypes do we hold about certain groups in society – refugees and asylum seekers, women and men, members of particular ethnic groups, and so on?
- What language and stereotypes are used to sell certain social policies to us? And in whose interests do they operate?
- Ideological power can be used to individualise problems and label people bad or mad/mentally ill



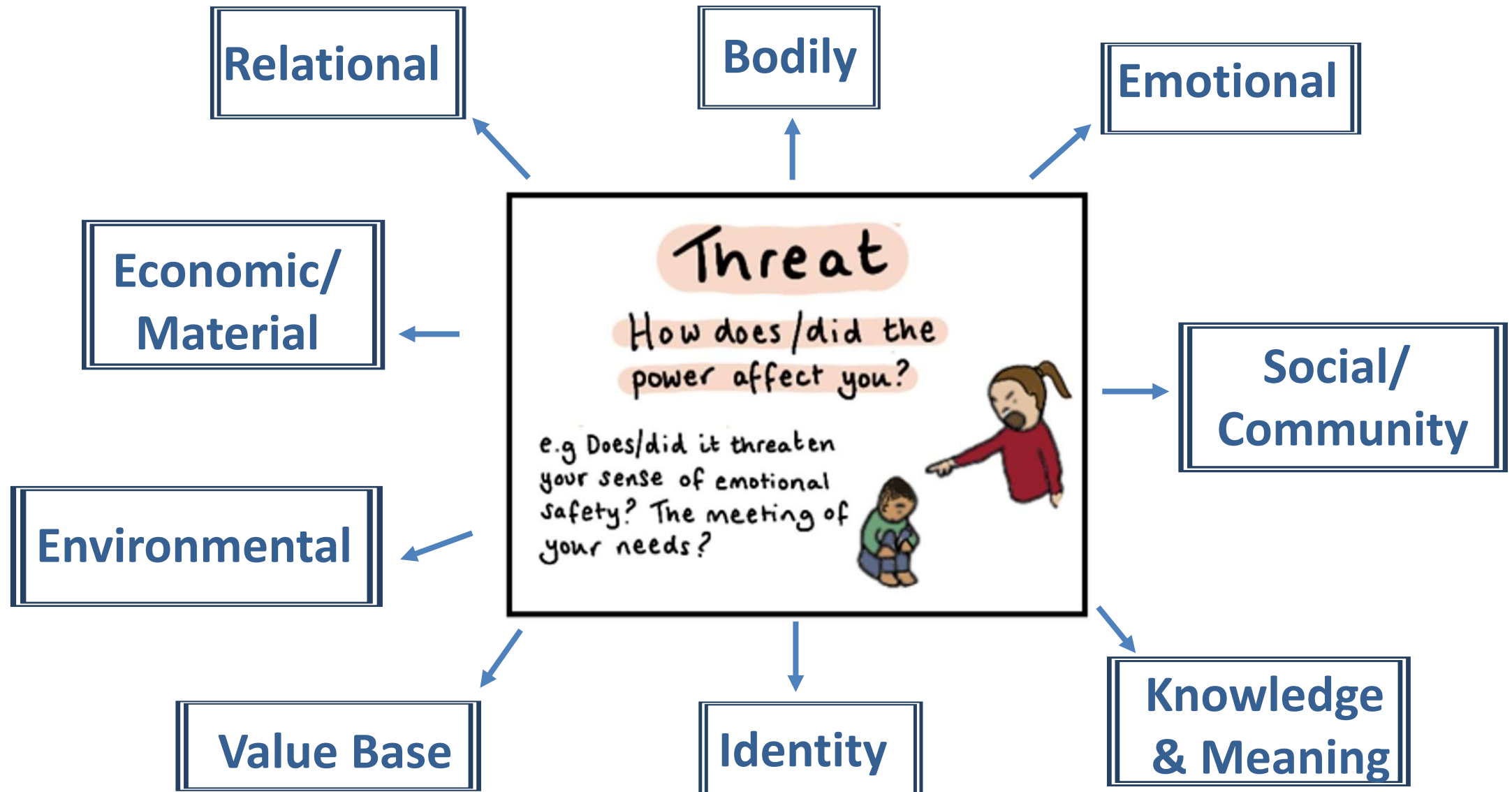
Threat

How does/did the power affect you?

e.g Does/did it threaten your sense of emotional safety? The meeting of your needs?



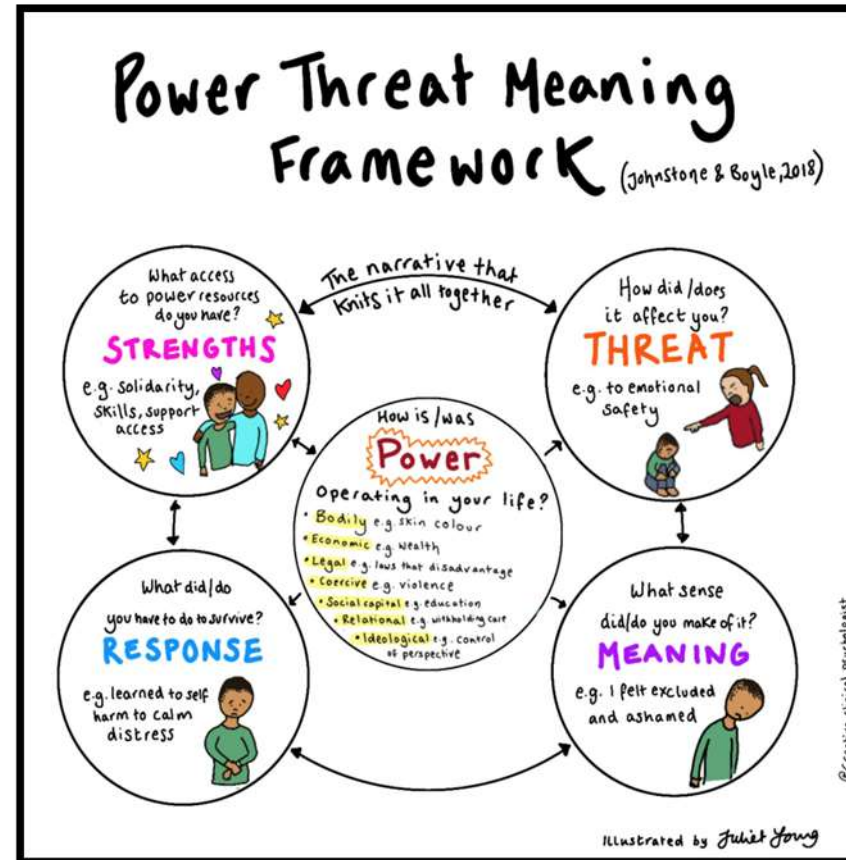
Core Threats – reverse of core needs (the things that threaten our core needs)



MEANINGS and FEELINGS

What is the meaning of these situations and experiences to you?

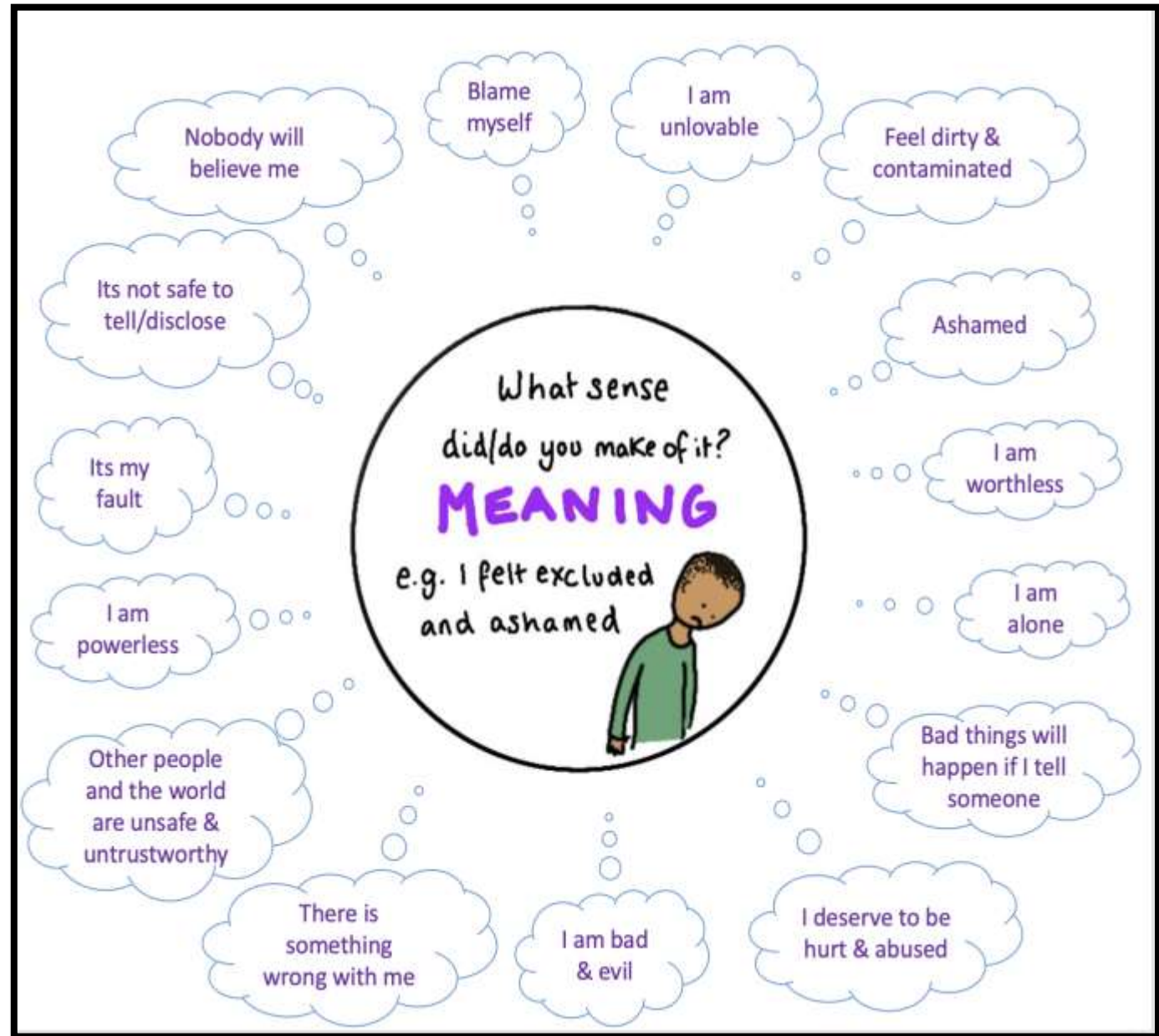
‘What sense did you make of it’ or how did it make you feel?



MEANINGS and FEELINGS

What is the meaning of these situations and experiences to you?

‘What sense did you make of it’ or how did it make you feel?



What did you have to do to survive? What threat responses are you using?



We have all evolved to be able to respond to threats, by reducing or avoiding them, adapting to them, and trying to keep safe (as the trauma-informed approach suggests).

These threat responses, or survival responses, are biologically-based but are also influenced by our past experiences and by cultural norms.

Includes patterns of responses that are not related to obvious 'trauma'



Exercise - Case Study

Jenny is a 28-year-old lone parent who is 4 months pregnant with her third child. The pregnancy was the result of a brief relationship and she has not disclosed the father's identity. Jenny's older children, aged 6 and 8, recently had a brief placement in foster care when Jenny was detained under the Mental Health Act after attempting to end her life, but are now back home with their mother. Jenny was given a diagnosis of Emotionally Unstable Personality Disorder (EUPD) and is supported by the Community Mental Health Team. The children have a good attachment with Jenny and were keen to return home to her care; however, Children's Social Care are concerned about Jenny's history of volatile relationships with violent partners, unstable mental health, and how all of this might affect her ability to provide safe, consistent parenting.

Jenny alleges that she was sexually abused by her father as a child. Her mother disputes this and says Jenny was a difficult child with an 'overly active imagination'. At the age of 12 years Jenny was signed into the care of the local authority voluntarily by her mother, following an attack on her father. Foster carers report challenging behaviours such as anger, obsessions with orderliness, and 'black moods'. These behaviours led to 15 foster placements and 10 educational moves. Jenny was placed in a flat at the age of 18 and had support from the leaving care team until she was 21.



‘What has happened to you?’ (How is power operating in your life?)

- > Legal Admitted into care as a child. Subject to MH Act. Monitored by state services which have powers re children.
- > Economic and material Lack of money and material resources for self and children as a lone mother..
- > Interpersonal Abuse, betrayal, invalidation and rejection as a child; multiple further experiences of rejection, abandonment and loss; violent partners. Other experiences in care and hospital.
- > Biological/embodied Impact of psychiatric drugs, and illegal drugs; violence from partners
- > Coercive/power by force: Compulsory admission to hospital. Abuse from partners
- > Social/cultural capital . Lack of qualifications and opportunity due to interrupted schooling. Loss of status due to identity as ‘looked after’ child & psychiatric patient - consequent isolation & lack of resources.
- > Ideological power As a child, identity of ‘difficult/bad’. As an adult, imposition of identity of ‘mental patient’ and psychiatric narrative of ‘personality disorder’ and consequent stigmatisation and invalidation. Monitored about living up to standards of being ‘mentally stable’ and an acceptable parent.

‘How did it affect you?’ (What kind of Threats does this pose?)



- > Relationships: Multiple experiences of abuse, betrayal, invalidation, rejection, violence, loss and abandonment as a child and adult.
- > Emotional: feeling emotionally overwhelmed and despairing
- > Social/community: isolation, rejection, lack of social role and status, marginalisation
- > Economic/material: financial insecurity, unemployment, lack of material resources
- > Environmental: Likely to live in under-resourced areas; confined to hospital.
- > Bodily: Abuse as a child; violence as an adult; impact of psychiatric and other drugs
- > Values, identity and meaning-making: Her voice as a child was denied and invalidated; in hospital, further invalidated by imposition of a diagnosis; denied a positive sense of identity and self-worth.

‘What sense did you make of it?’ (What is the Meaning of these experiences to you?)



Angry, unsafe, overwhelmed, powerless, isolated, suicidal, hopeless, rejected, abandoned, excluded, different, failed, bad, ashamed, blameworthy, distrustful, out of control

‘What did you have to do to survive?’ (What kinds of Threat Response are you using?)

- › Anger, lashing out as a child (protect self from further harm?)
- › Distrust, disengagement (avoid further hurt and rejection?)
- › Taking illegal drugs (escaping overwhelming feelings?)
- › Self-harm (self-punishment? release of feelings?)
- › ‘Obsessions’ (maintaining a sense of control?)
- › ‘Black moods’ (overwhelmed with despair and hopelessness?)
- › Suicide attempts (escaping from despair and trappedness?)
- › Reading, ambition to do a degree (seeking a new self and a new way of being?)



‘What are your strengths?’ (What access to Power resources do you have?)

- › Good relationship with her children
- › Intelligence
- › Ability to relate to others despite history of multiple rejections (children, friends, midwife, Adult SW)
- › Determination, has ambitions and a goal to do a degree
- › Courage, willing to stand up for herself (‘attack’ on her father; rebellion and anger)
- › Jenny is a survivor!

Social Work and Social Policy Implications

Example of a
PTMF pattern
'Surviving poverty'
(see website for others)

Power Lack of economic power affects access to housing, transport, heating, food and clothing, holidays, cultural and leisure opportunities and medical care. Poverty also means potential exposure to the negative operation of almost every other form of power, and reduced ability to protect oneself or one's family. Pressure of social expectations about achievement and success, etc

Threats to almost every area of your life, including interpersonal, material, social, bodily, identity, values and meanings

Meanings may include: overwhelmed; shamed, humiliated; controlled; defeated, trapped; unsafe; inferior; excluded; sense of injustice/unfairness

Threat Responses eg use of alcohol and drugs; insomnia, anxiety, attention and concentration disruption, distrust

Social Work and Social Policy Implications

Simple practical learnings

Every discussion about distress has at its centre the idea that people's feelings and actions are consonant with their past and present experiences. (Mary Boyle)

Change the language and you change the status quo. Say it as it is – don't use scientifically challenged words – e.g. "schizophrenia", "personality disorder", "mental illness"

Restore and reclaim ordinary language. "Restores meaning and context and is firmly rooted in lived experience" (Jacqui Dillon)

Be aware of your own power and share it..

Social work and Social Policy Implications

Reconnecting threat responses to threats

Diagnostic labels disconnect the threat (eg abuse, living in poverty) from the threat response (eg self-harm, misery and desperation)

The PTMF aims to restore the links between personal (family, community) distress and social injustice

This has very different implications for intervention:

Almost 95,000 fewer people would need MH treatment if universal credit increased (Mental Health Foundation 2024)

A £50 weekly payment cut mental health difficulties by 6%, while a £100 payment improved mental wellbeing by 13%.

“The results of this study show this type of policy would deliver a genuinely impressive drop in the number of people struggling with poor mental health, with tens of thousands of people being lifted out of needing clinical support.”

Social Work and Social Policy Implications

Focusing on the
negative operation
of power.

When we focus on power, it's much harder to change 'what's happened' back into 'what's wrong' because....

Power is the process that....

- Links the personal and political
- Links distress to poverty, inequalities and other social injustices
- Links the social, psychological and biological
- Makes distress fully intelligible
- Helps restore a sense of control

....and power also operates positively and protectively

Social Policy Implications of Centrality of Power

All the major causes of mental health problems involve inequalities of power. E.g. - Poverty and low social status; large differences in wealth; child abuse and neglect; gender-based and 'race'-based discrimination and violence; colonisation; war and conflict all arise from power differences between:

Rich and poor

Adults and children

Men and women

White people/people of colour

States/governments and citizens



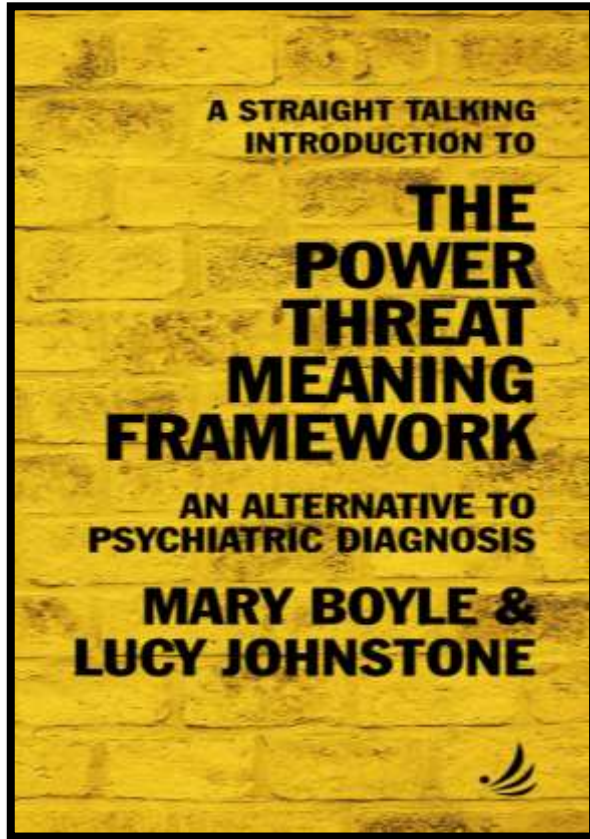
“Collaborative approaches to treatment Depression among older people living in care homes” – (2018)

What might have been considered if used a PTM perspective?

- How has power operated in the lives of residents?
- What threats has it posed?
- What meanings have residents made of this?
- What have they done to survive?

What social work and social policy approaches would be highlighted as a result?

The Power Threat Meaning Framework (2018)



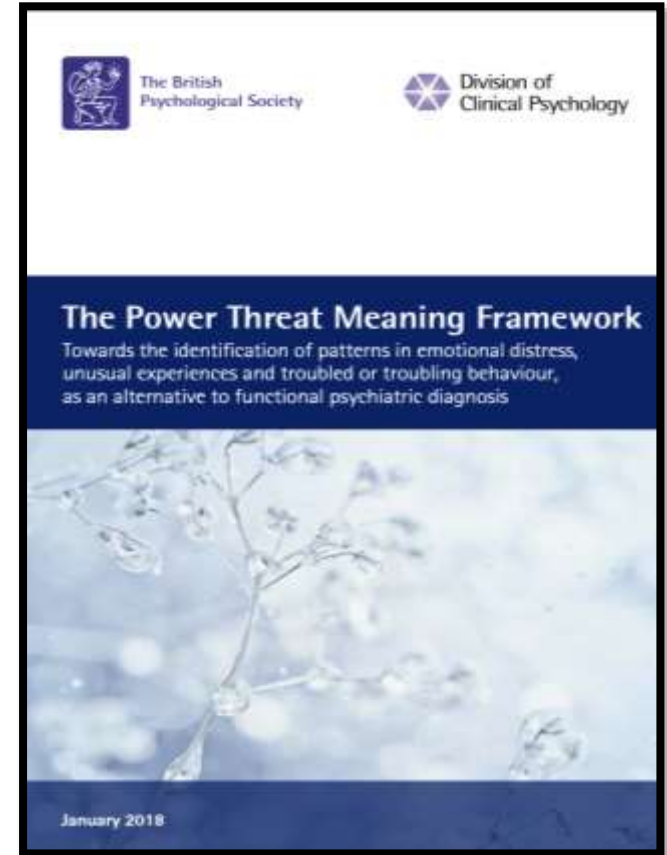
Available from PCCS Books

- Downloadable information and resources including the full PTMF and shorter summaries, training materials and good practice examples

- Links to research and publications

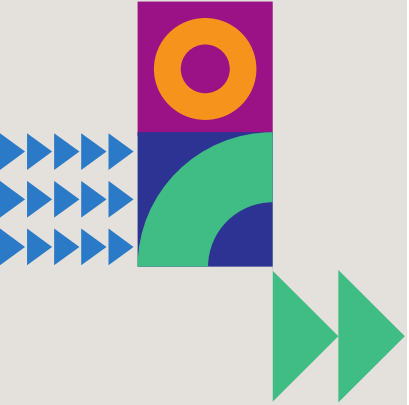
- Videos on YouTube, discussions on Twitter / Bluesky

- Griffiths, A (2019) Reflections on using the Power Threat Meaning Framework in peer led systems. Clinical Psychology Forum, 313, 9-14



Free PDF from BPS hosted PTMF website

<https://www.bps.org.uk/power-threat-meaning-framework>

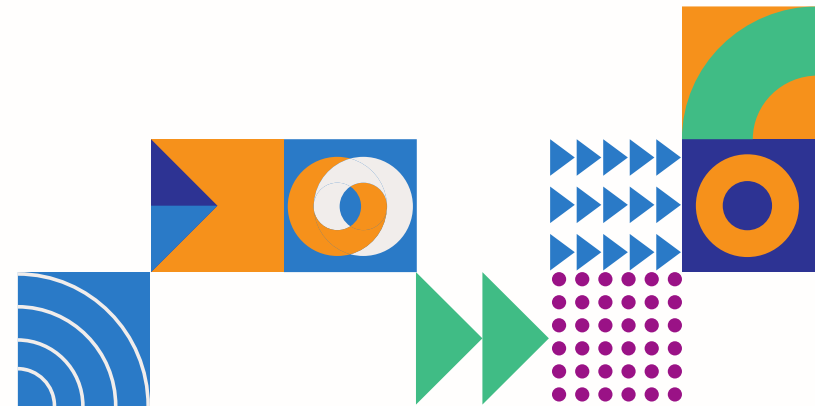


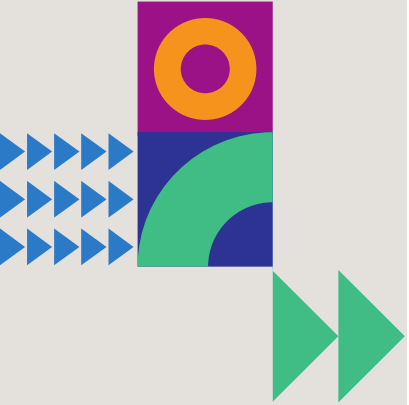
COMFORT BREAK

Back here at 11:05

SASW
The professional association for
social work and social workers

 Scottish Social
Services Council



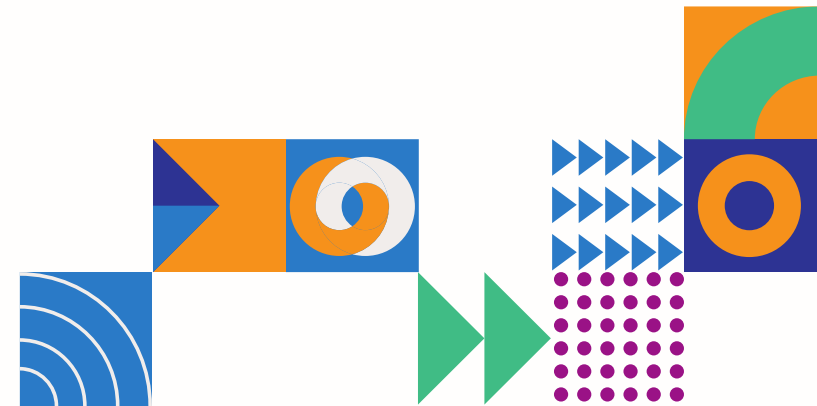


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social work and social workers

 Scottish Social
Services Council

IONA COLVIN

*Chief Social Work Adviser
Scottish Government*



National developments in social work

Professor Iona Colvin
Chief Social Work Adviser, Scottish Government

20 November 2025

Establishing the National Social Work Agency

National Social Work Agency role is to:

- support the National Chief Social Work Adviser to lead the profession
- champion all social workers and social work students
- provide social work advice to Scottish Ministers
- coordinate national policy affecting social work
- oversee social work education and learning, national workforce planning, improvement priorities and national implementation support
- enable Once for Scotland initiatives for social work
- report on state of social work services and workforce

- Launch spring 2026
- Executive agency of the Scottish Government
- Led by Joanna Macdonald, as new **National Chief Social Work Adviser**
- National Social Work Agency, COSLA and Social Work Scotland setting up the **Scottish Social Work Partnership** (June 2026)



*Scotland has a skilled,
supported and sustainable
social work workforce; one that
upholds human rights,
promotes social justice, and
discharges statutory duties on
behalf of local government; and
to harness evidence-informed
practice, promote social work
principles and reinforce the
value of social work in all
systems in which it operates.*



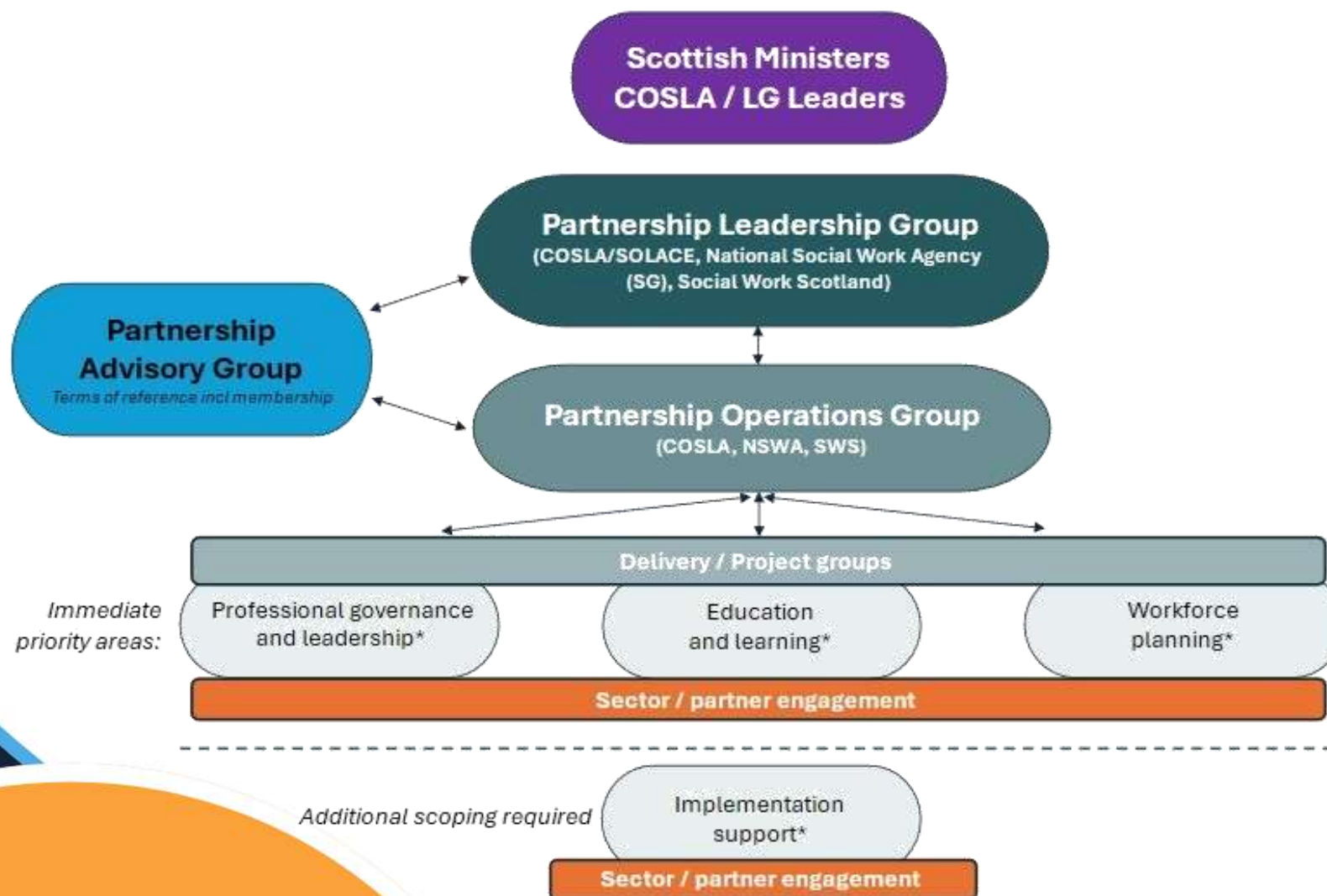
Scottish Government
Riaghaltas na h-Alba

Creating the Scottish Social Work Partnership

Scottish Social Work Partnership



Scottish Government
Riaghaltas na h-Alba



SCOTTISH
SOCIAL
WORK
PARTNERSHIP

*Membership to be agreed



NSWA and SSWP: different roles, shared goals

National Social Work Agency

Scottish Government
agency

Led by the National
Chief Social Work
Adviser

Leads / coordinates
social work policy,
improvements and
professional standards

Drives excellence in
social work through
national leadership,
oversight and change

National voice of the
social work profession

Scottish Social Work Partnership

Collaborative consensus-
based partnership

Led by NSWA, COSLA
and Social Work
Scotland, with support of
sector

Coordinates / aligns
national and local efforts
and activities

Collaborates to ensure
delivery and shared
leadership across the
sector

Underpinned by a
strategic plan

Parallel journeys ...

Delivering through our shadow year, while developing the structures and approaches underpinning the Scottish Social Work Partnership

- Supporting pilot of graduate apprenticeship in social work: BA (Hons)
- Shaping social work career resources
- Designing and developing local learning partnerships
- Monitoring progress with newly qualified social worker support
- Developing a professional and care governance framework
- Creating tools for leadership development, including mentoring framework
- Establishing an accurate profile of the workforce
- Assessing the size of demand for social work
- Reviewing data and insights to inform development of a workforce plan

SCOTTISH
SOCIAL
WORK
PARTNERSHIP

MAY
2025

Delivering through our shadow year: What we're doing now



MAY
2026

Creating our strategic plan: What we plan to do in the future

Your voice matters!

The **Scottish Social Work Partnership** is leading a national conversation to inform the strategic plan for social work.

How to share your views and get involved

- read the engagement pack: *scan the QR code*
- complete the survey: <https://forms.office.com/e/HR0aKRQy8h>
- sign up for updates, incl our newsletter:
<https://forms.office.com/e/ER4WkYhK1F>
- share your thoughts via email:
NSWAcommunications@gov.scot



PANEL DISCUSSION

Voices from the front line:
What's working, what's not

Iona Colvin,
Chief Social
Work Adviser

Chair:
Susan Dobson,
SASW

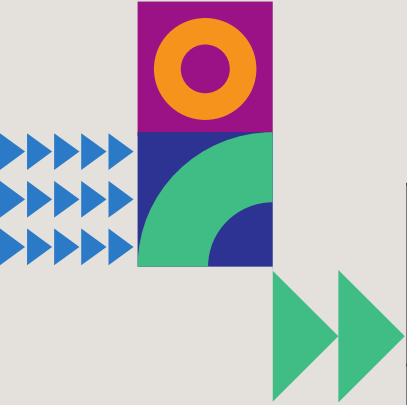
Charlie
McMillan,
Humans Rights
Consortium

Phil Wiltshire,
Avon &
Wiltshire MH
Partnership
NHS Trust

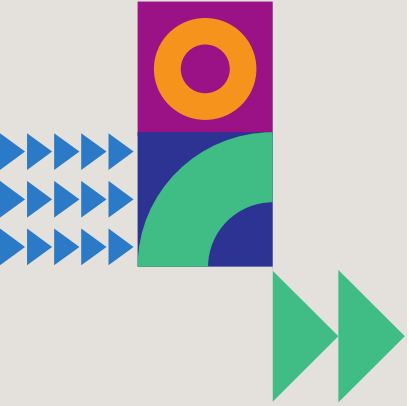
Caroline
McDonald,
Co-chair SASW
National
Committee

SASW
The professional association for
social work and social workers

 Scottish Social
Services Council



WORKSHOPS A - F Choice 1 from 13:00 - 13:50 * 10 min break * Choice 2 from 14:00 - 14:50		
Workshop A	Anne-Marie Monaghan, <i>Community Brokerage Scotland Lead & Linda Riley, Advisory Member of SASW's National Committee</i>	What I wish my social worker had asked me?
Workshop B	Susanne Machin-Autenrieth, <i>Social Work Lecturer, Robert Gordon University & Susan Dobson, Professional Officer, Scottish Association of Social Work</i>	International Social Workers: thriving or surviving?
Workshop C	Dr. Neil Thompson, <i>Avenue Consulting – SWU Ambassador</i>	Social Work, Activism and Influencing Skills
Workshop D	Geraldine Graham, <i>Social Work Lecturer, University of the West of Scotland</i>	Climate Justice, Radical Practice and Social Work
Workshop E	Claire Longmuir, <i>Director of Operations, The Simon Community</i>	Making services fit for people: Inspiration for change
Workshop F	Alison McGrory, <i>Associate Director of Public Health, NHS Highland</i>	Managing Cats: Activism, Health and social work



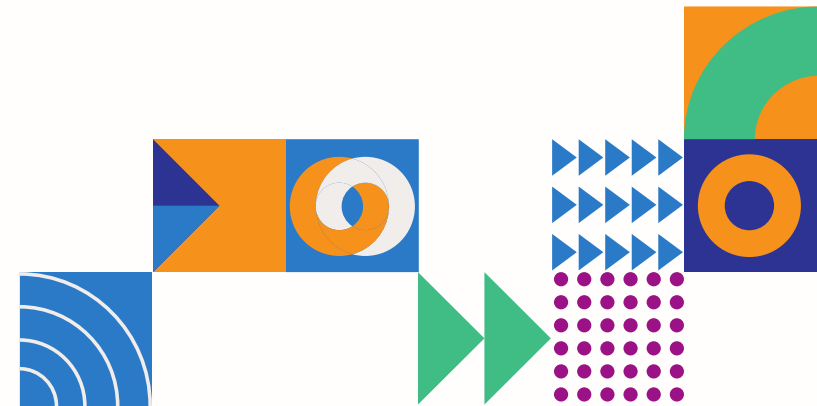
LUNCH BREAK

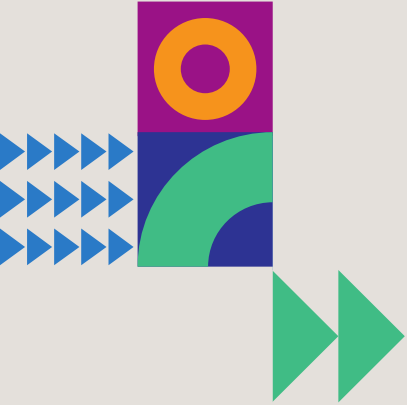
Back at 13:00

Please access the workshop of your choice at 13:00 – follow the relevant link from your joining email or come back to this main room and access a workshop via the links in the chat

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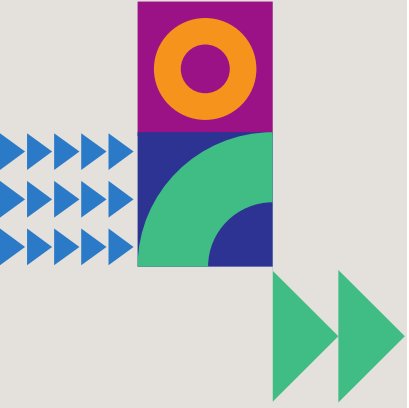




Workshops are currently in progress –

To access a workshop, follow the relevant link from your joining email or via the links in the chat

WORKSHOPS A - F Choice 1 from 13:00 - 13:50 * 10 min break * Choice 2 from 14:00 - 14:50		
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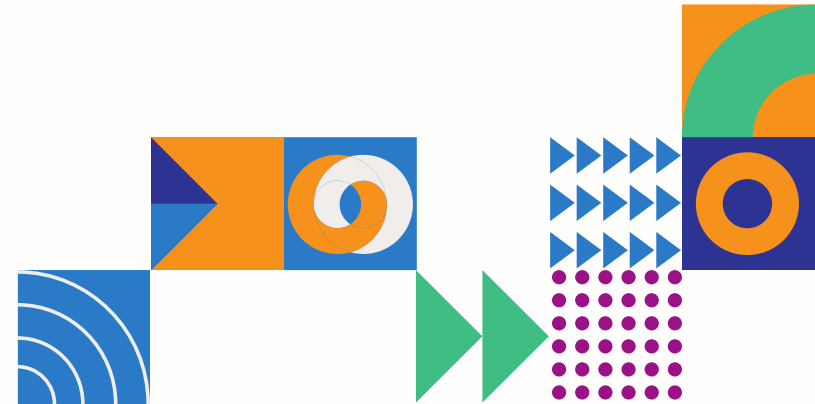


COMFORT BREAK

Back here at 15:05

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Prospects for Holyrood 2026

John Curtice

University of Strathclyde and Scottish Centre for Social Research

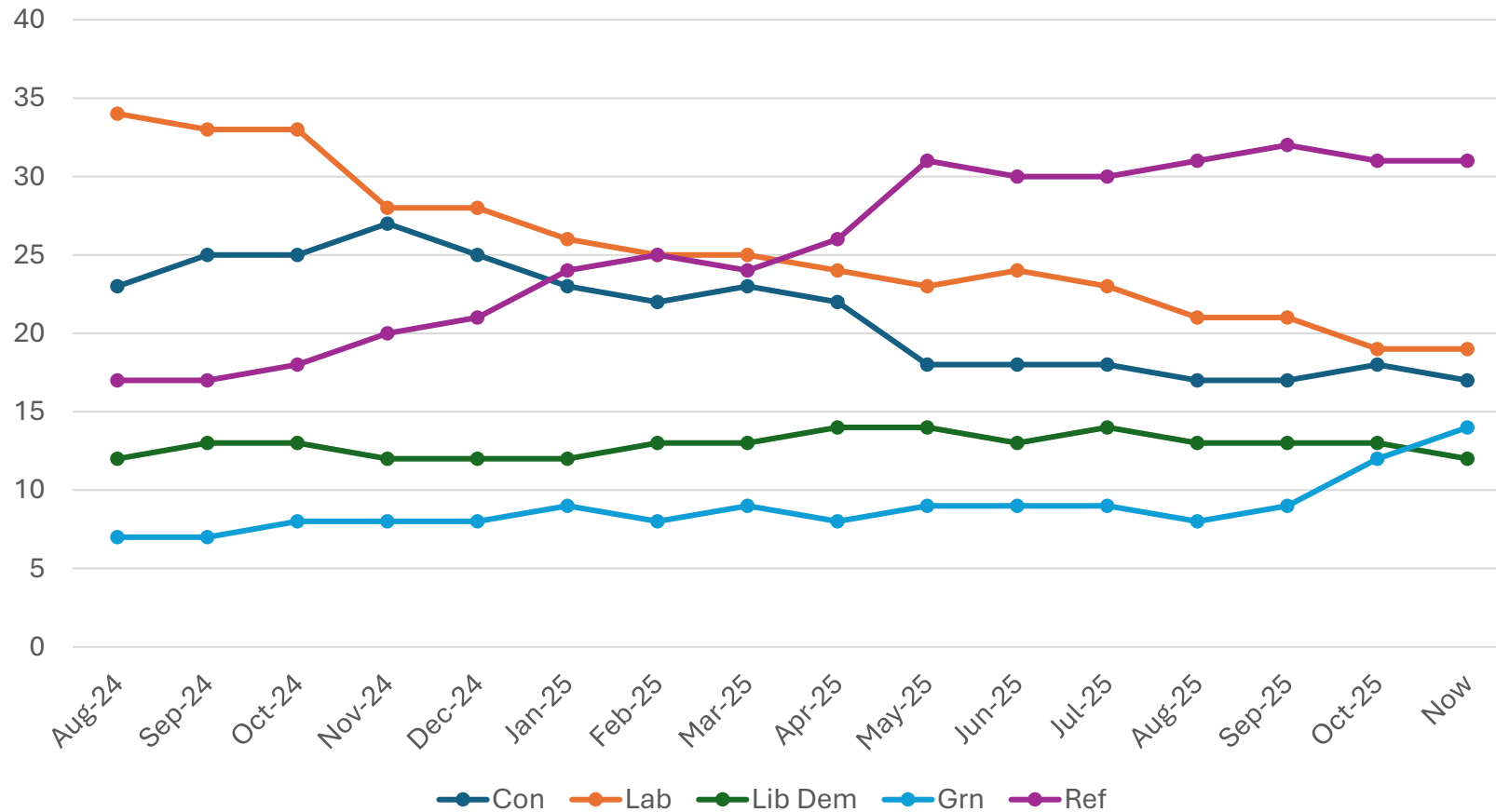
‘The UK in a Changing Europe’

whatscotlandthinks.org. @whatscotsthink

The 2024 Result in Scotland

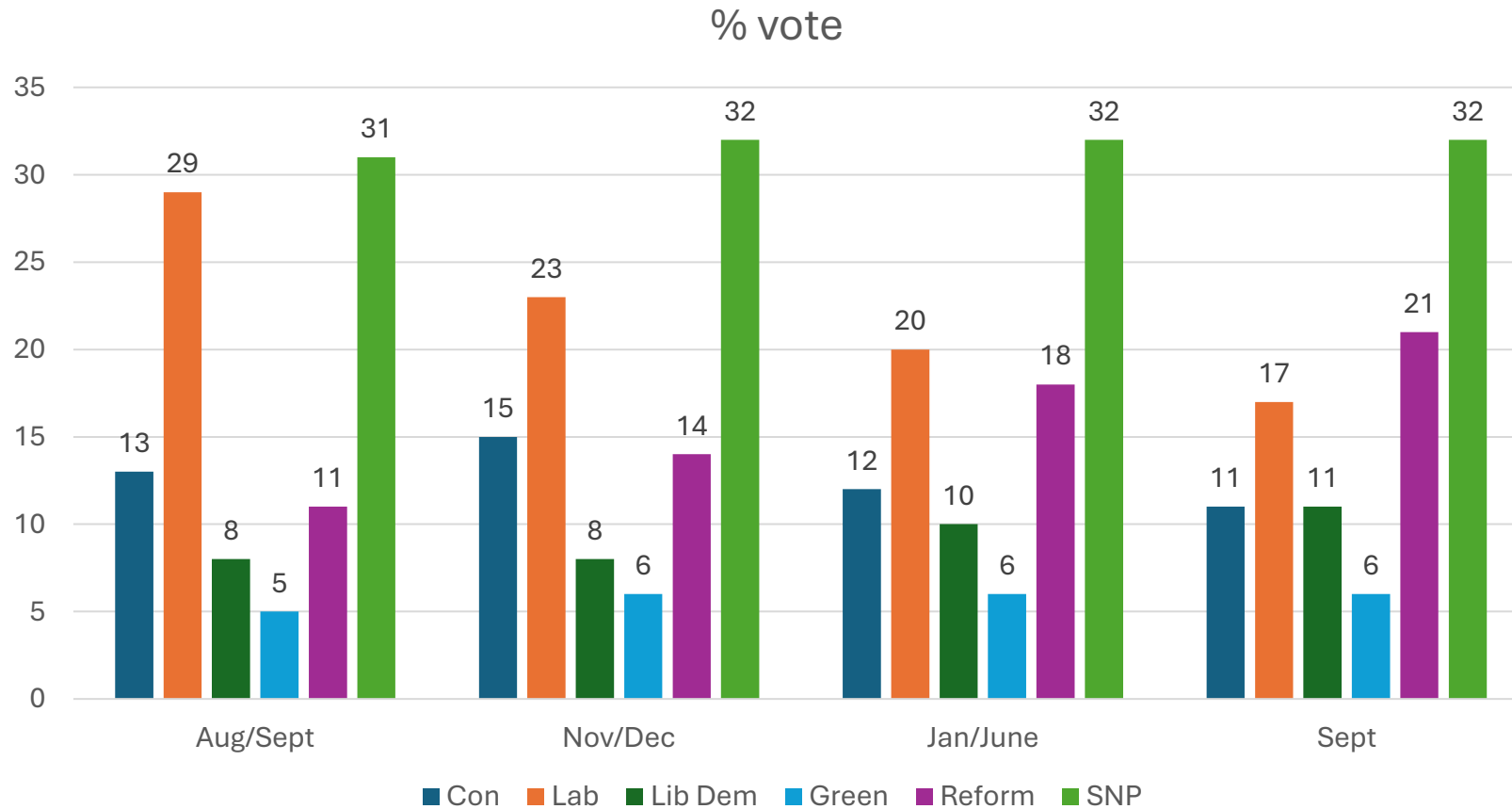
	% vote	+/- 2019	Seats	+/- 2019 (notional)
Labour	35.3	+16.7	37	+36
SNP	30.0	-15.0	9	-39
Conservative	12.7	-12.4	5	-1
Lib Dem	9.7	+0.2	6	+4
Reform	7.0	+6.5	0	
Green	3.8	+2.8	0	
Alba	0.5	-0.5	0	
Ind/Other	1.0	+0.8	0	

Trend in GB Polls Since July 2024



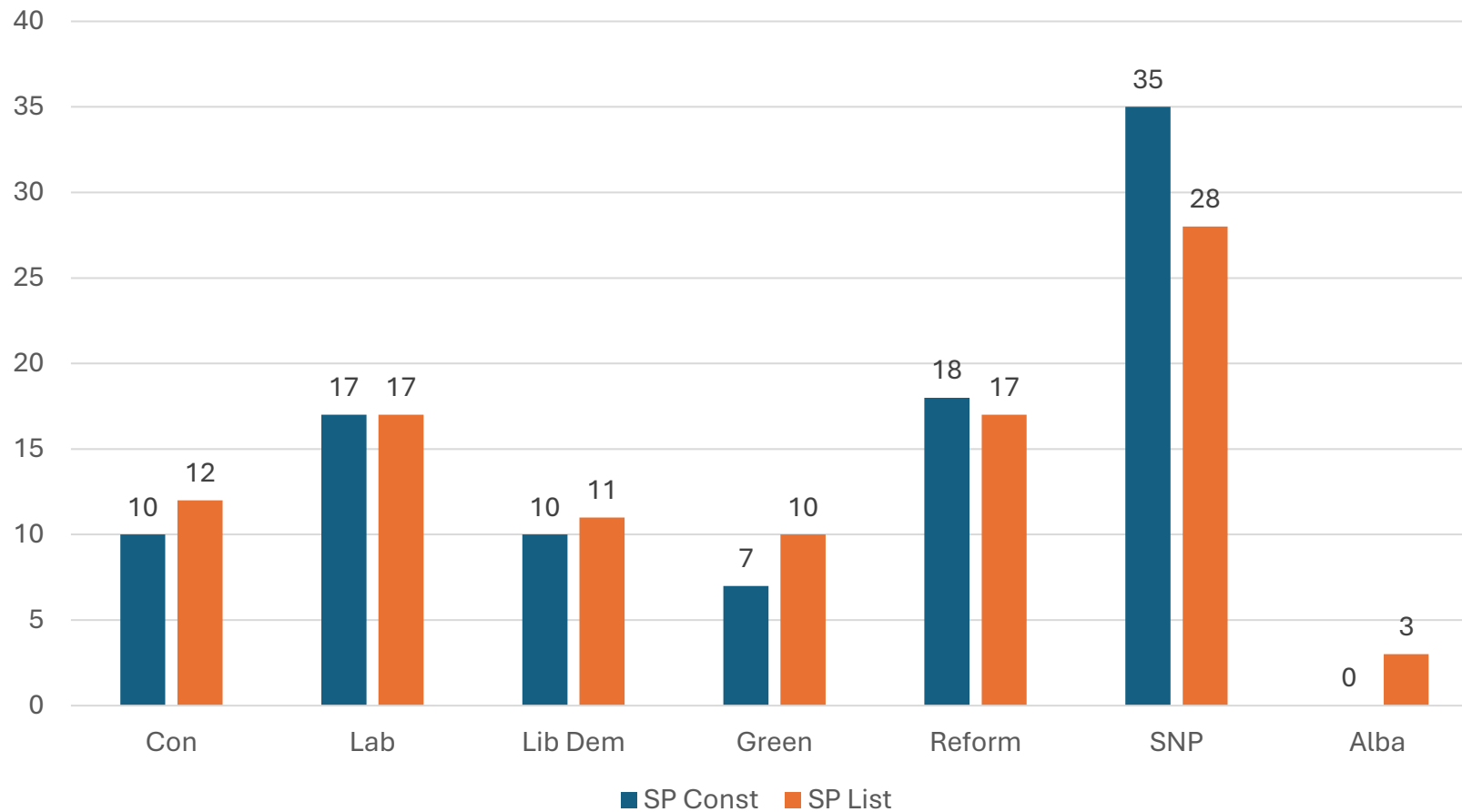
Source: Average of each company's last poll in each month. Figure for NOW is most recent Nov 25 poll published by 18.11. Companies polling varies from month to month and limited polling before Oct 24.

The Westminster Pattern in Scotland since GE 24



Source: Average of all polls in each period

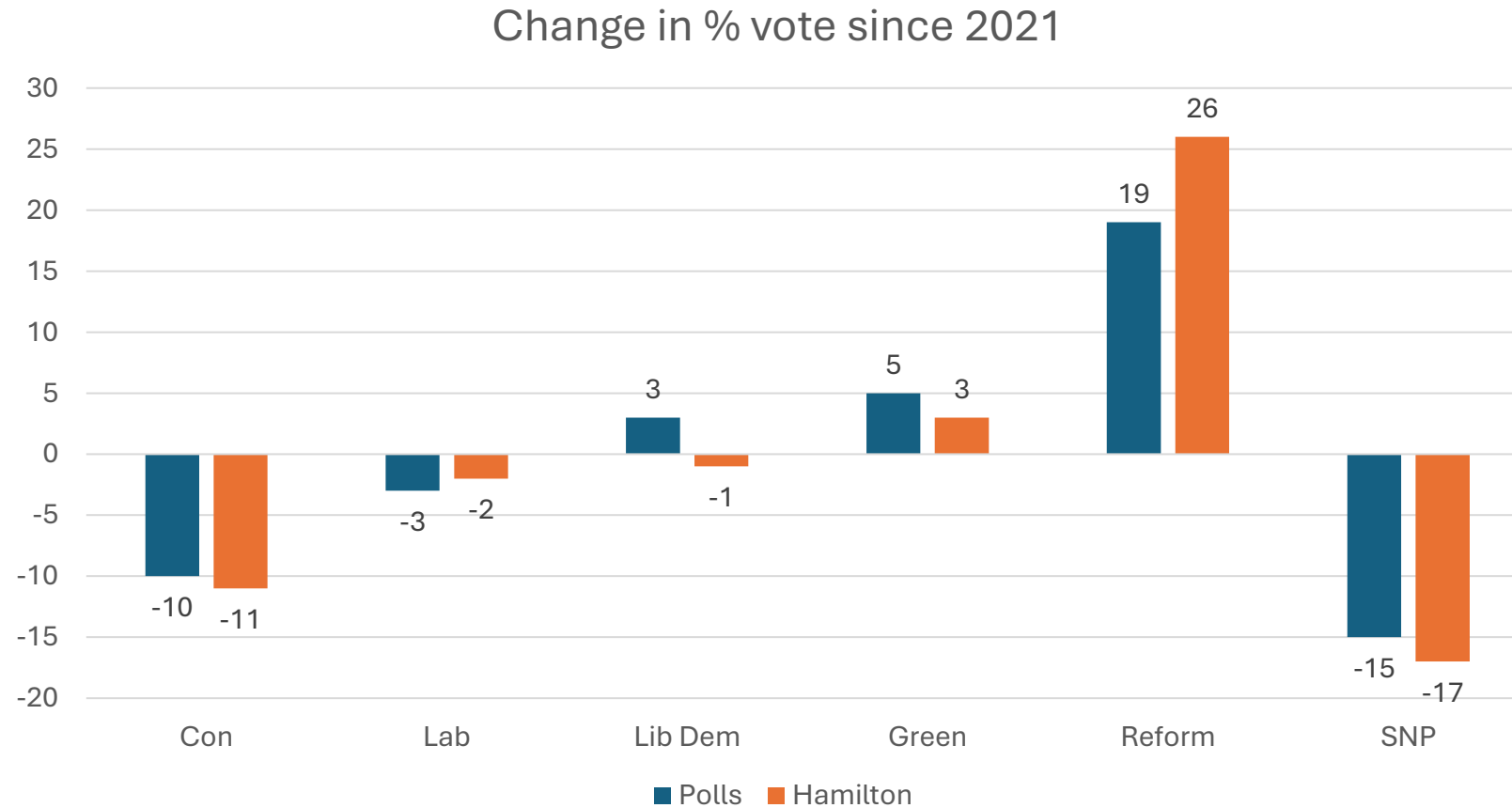
The Holyrood Picture - Now



Source: Average of most recent poll conducted Sept/Oct 25 by FindOutNow, More in Common, Norstat and Survation.

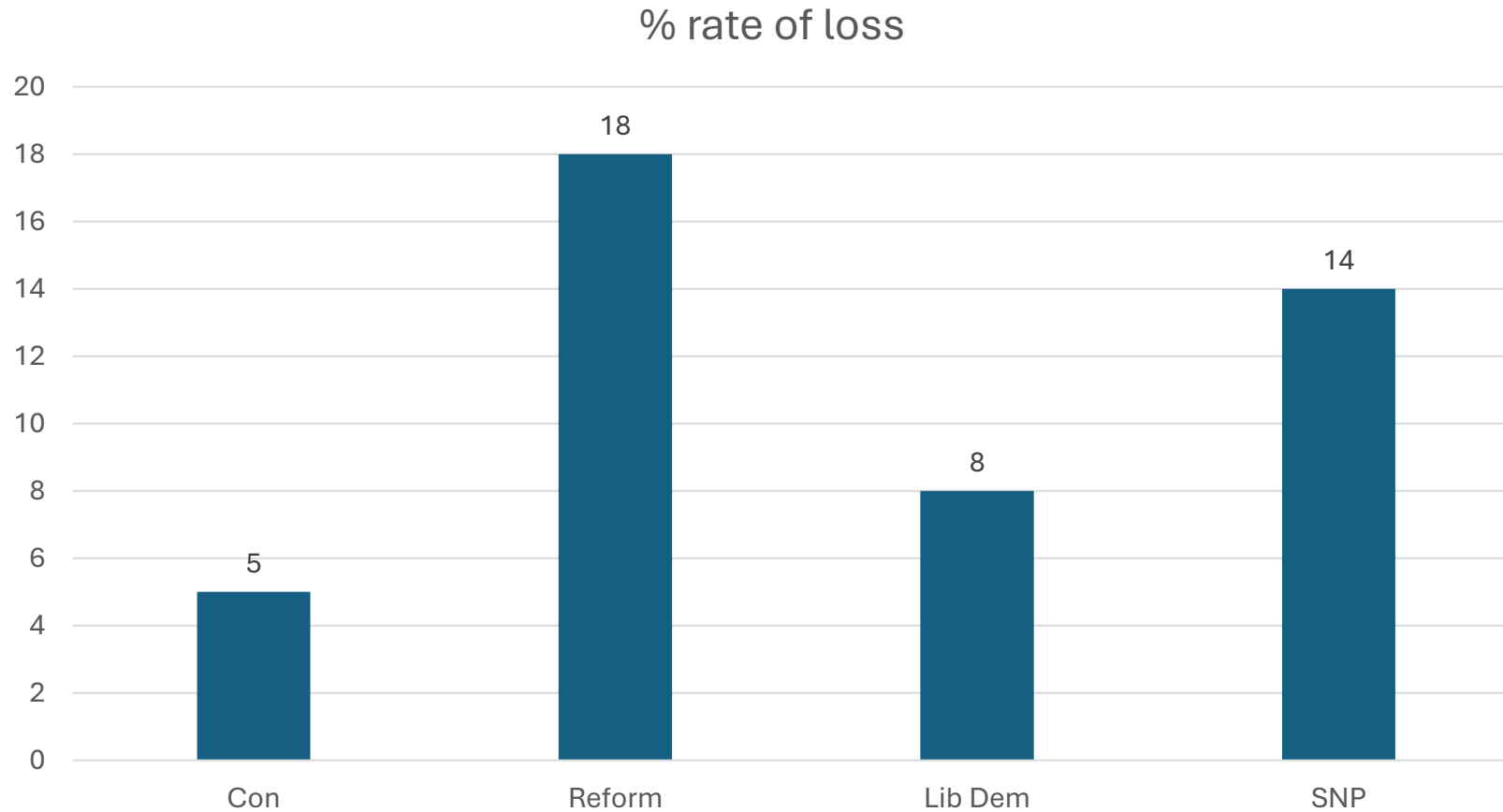
Changes on 2021 are (constituency/list) Con -12/-11; Lab -5/-1; LD +3/+6; SNP -13/-12 Green +6/+2.

Reading Hamilton



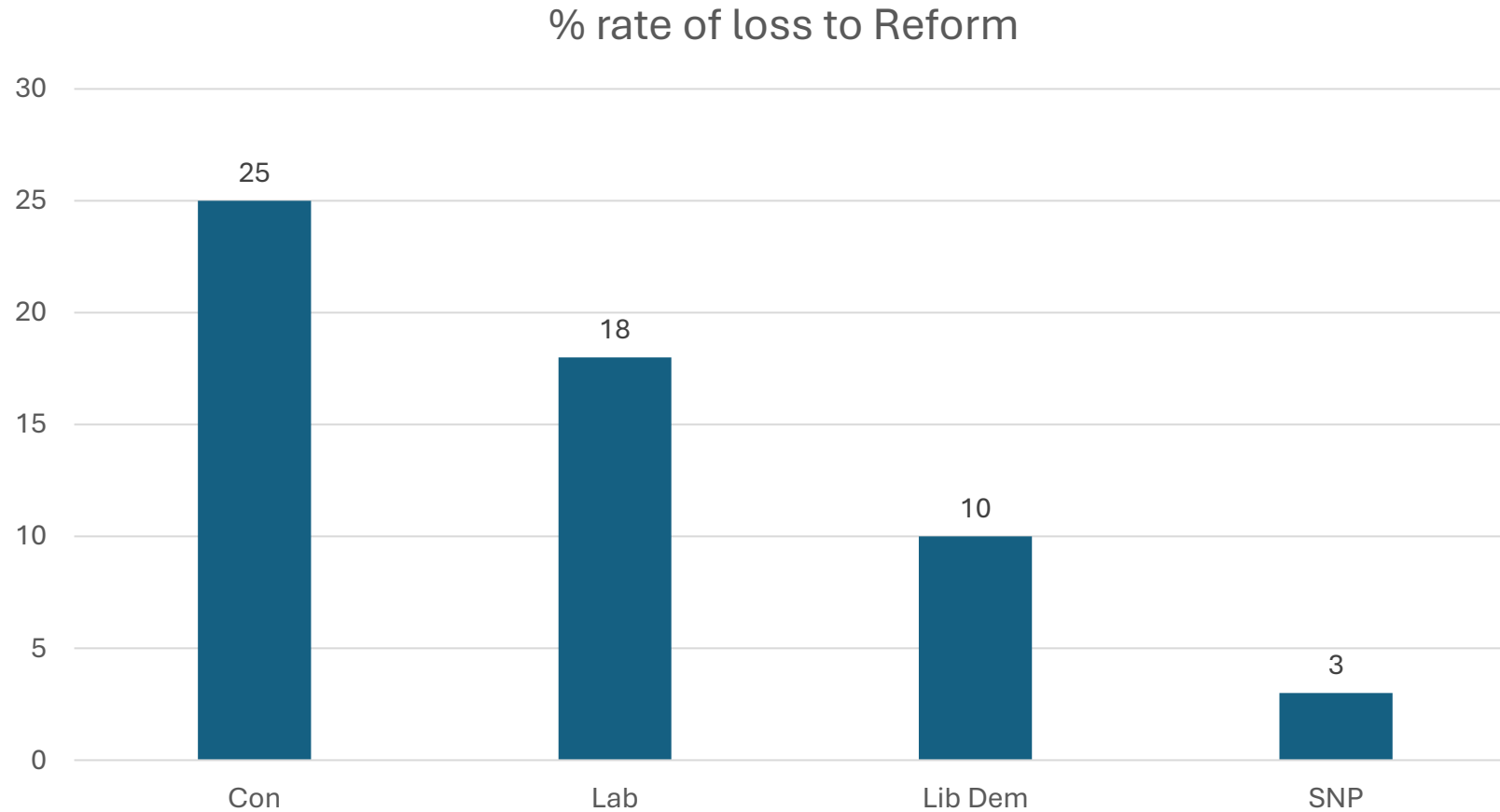
Source: Average of 2 most recent polls prior to the by-election (conducted May 25) by Norstat and Survation

Where Scottish Labour's 2024 Vote Has Gone



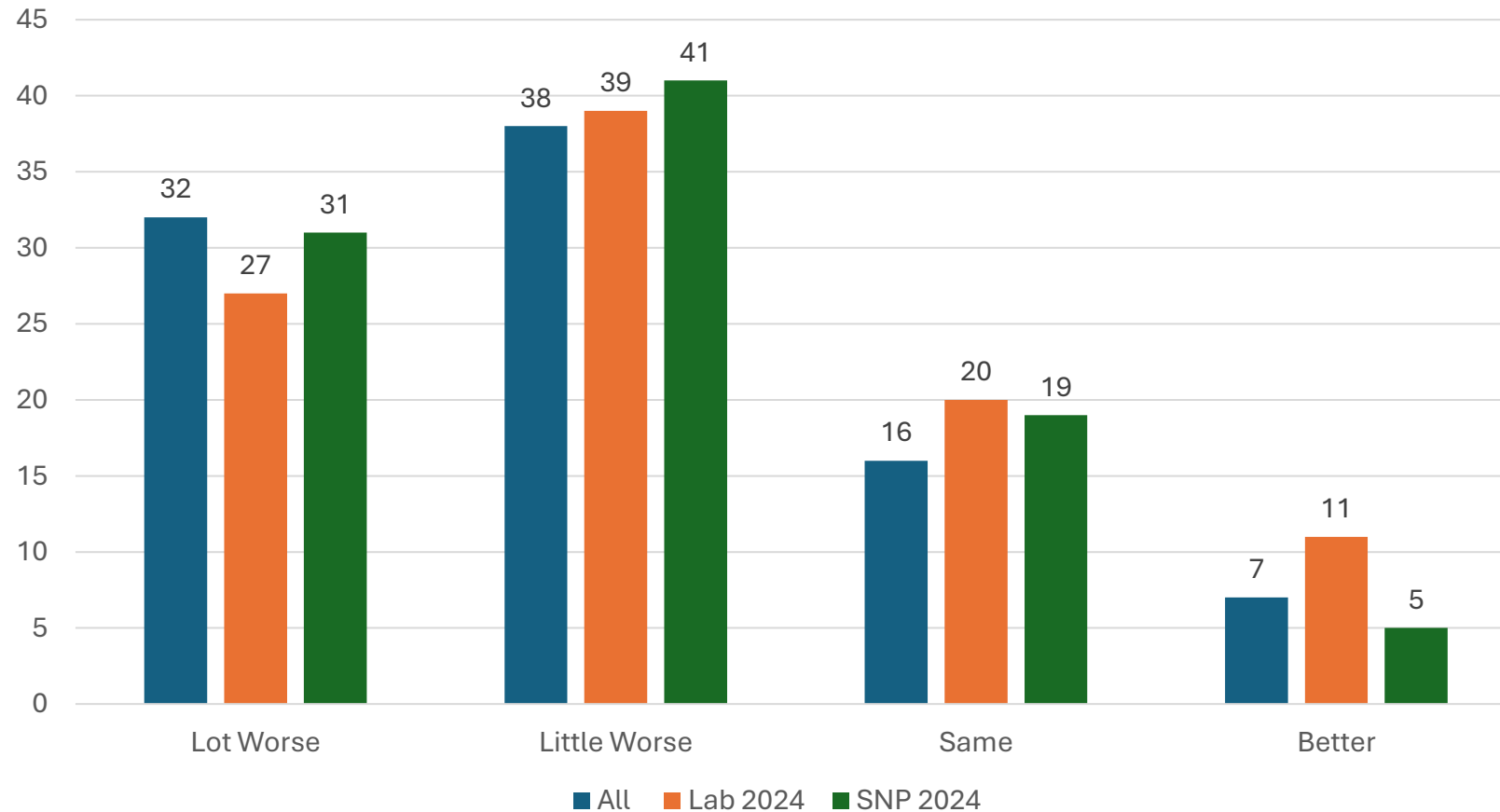
Source: Average of most recent poll (conducted Sept/Oct 25) by FindOutNow, More in Common, Norstat and Survation.

Holyrood Constituency Losses To Reform (since GE24)



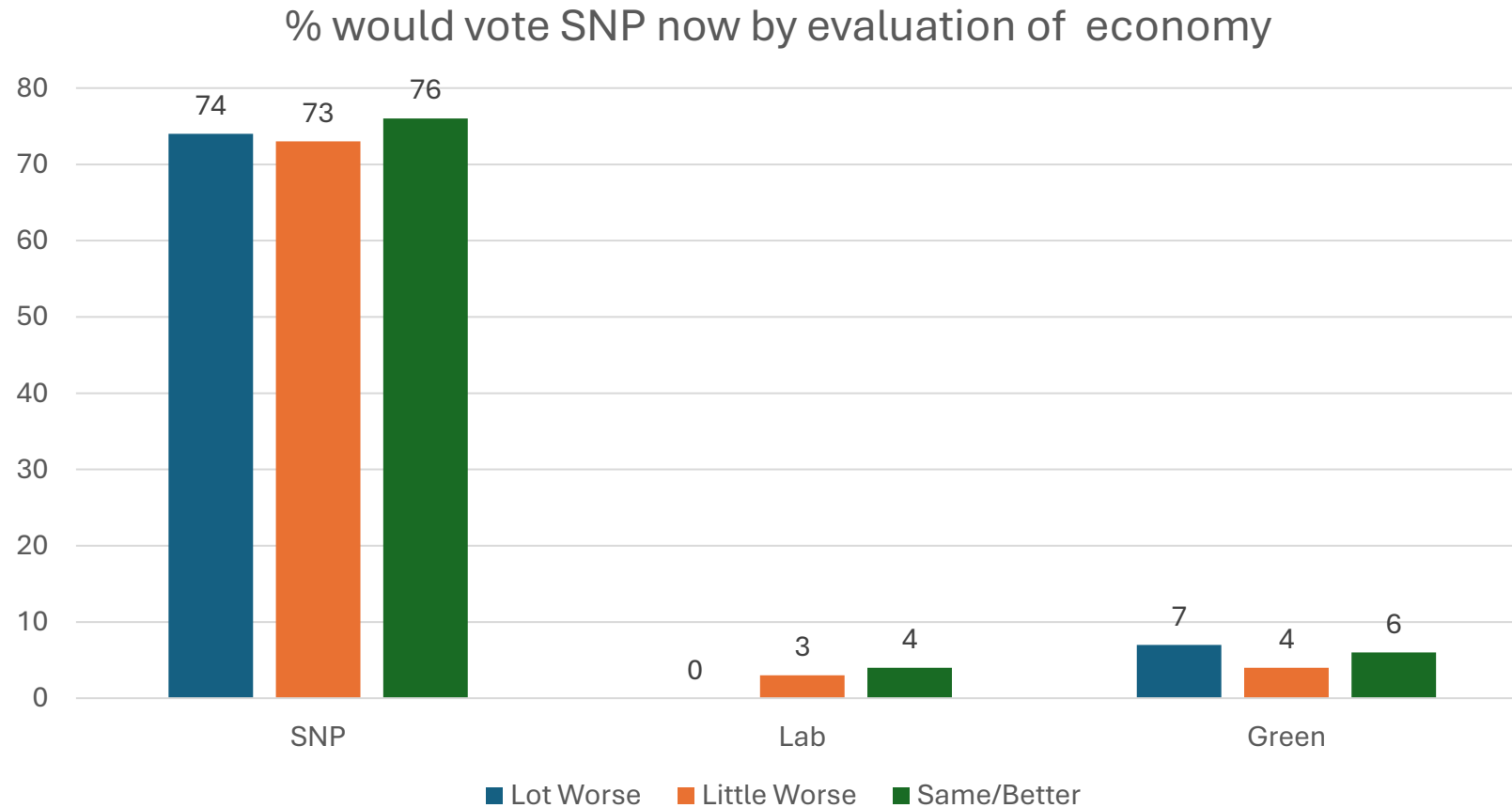
Source: Average of most recent poll (conducted Sept/Oct 25) by FindOutNow, More in Common, Norstat and Survation. An average of Norstat and Survation plus Ipsos poll in June suggests 40% of 2016 Leave voters would vote Reform; 8% Remain.

Evaluation of Economy in Scotland



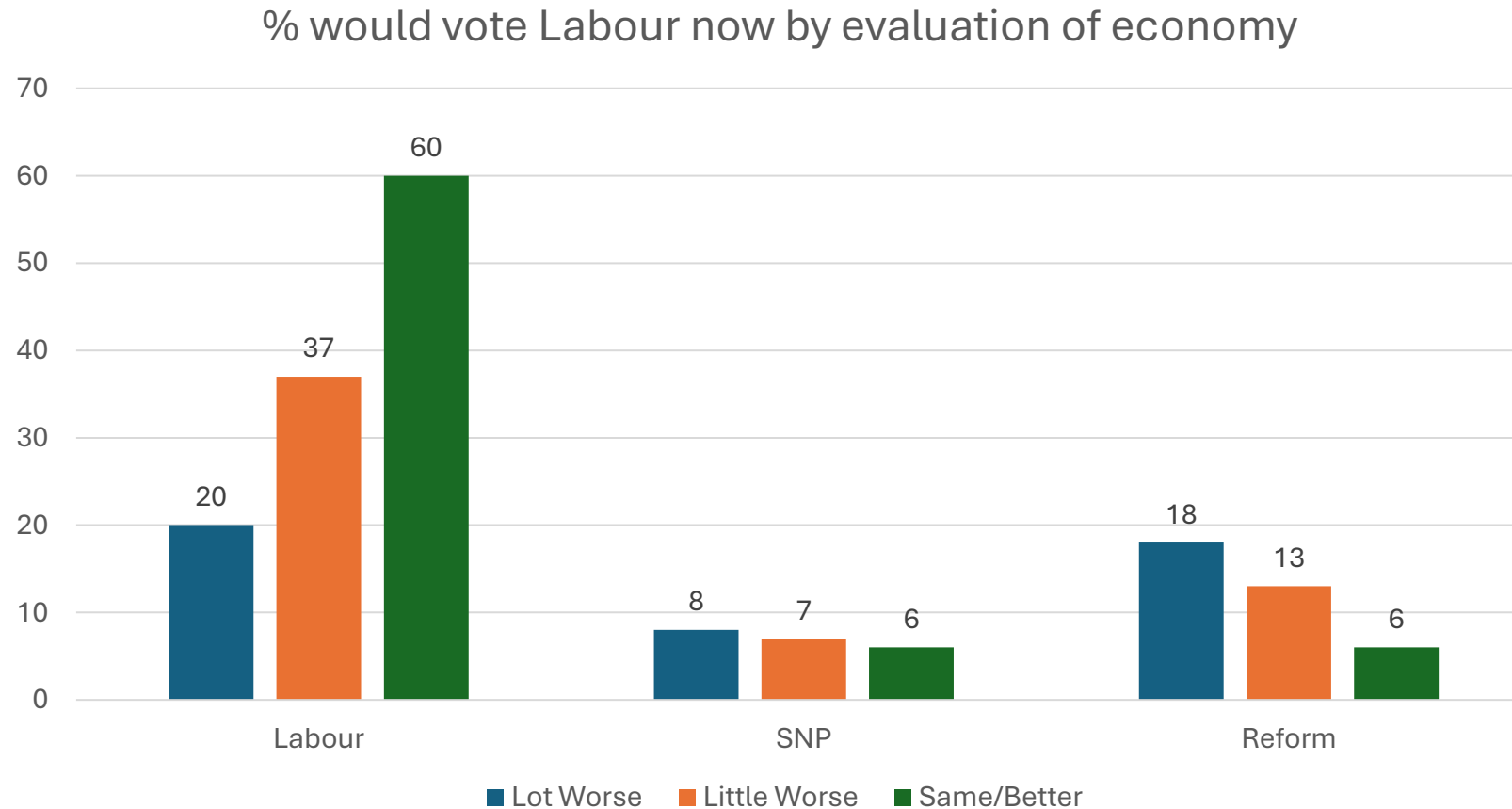
Source: British Election Study wave 30 (May 2025). Respondents in Scotland only. (N=2639)

Impetus for SNP Switching - Economy



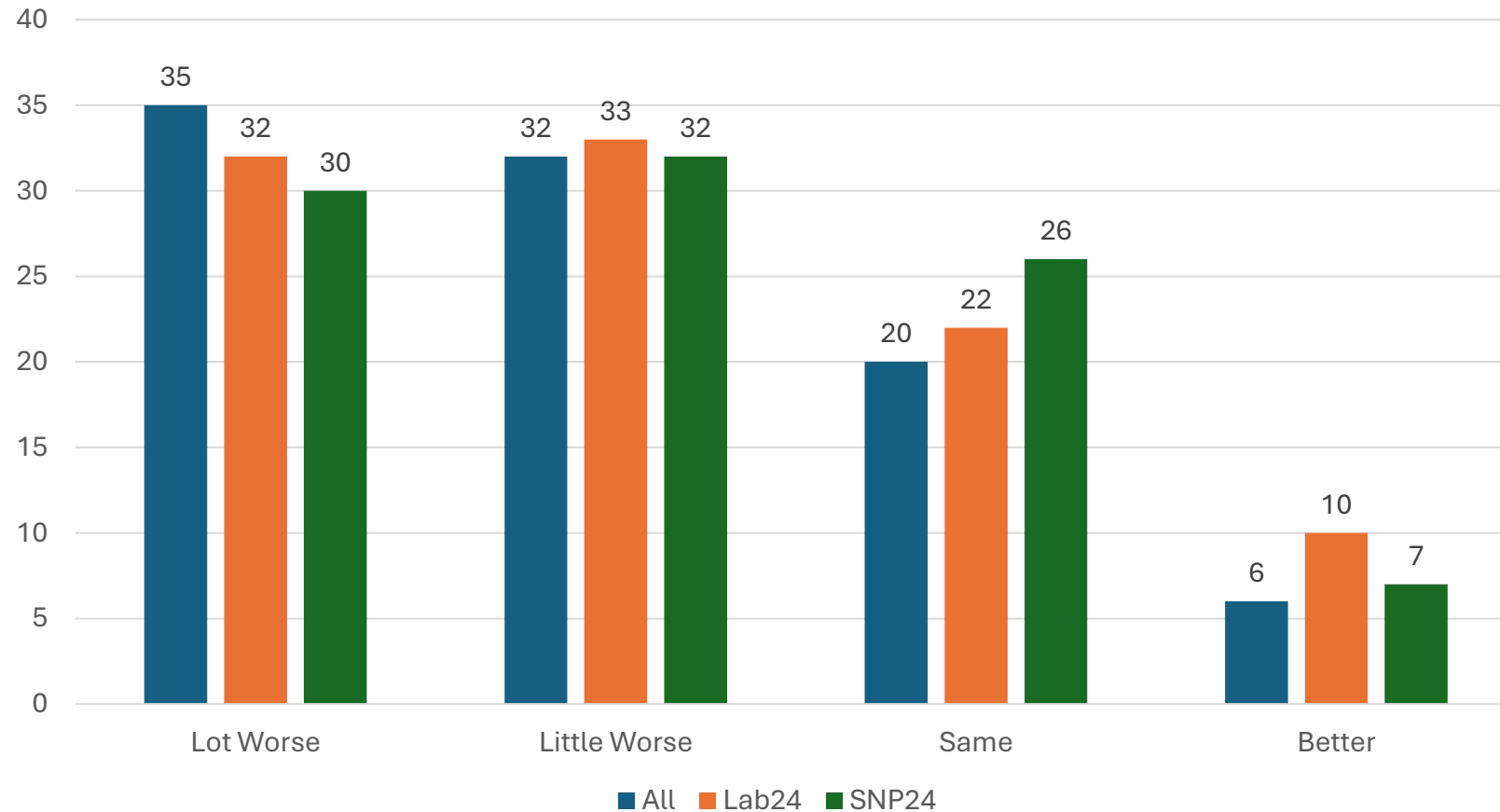
Source: British Election Study wave 30 (May 2025). 2024 SNP voters in Scotland only. Vote is Westminster vote intention

Impetus for Scottish Labour Switching - Economy



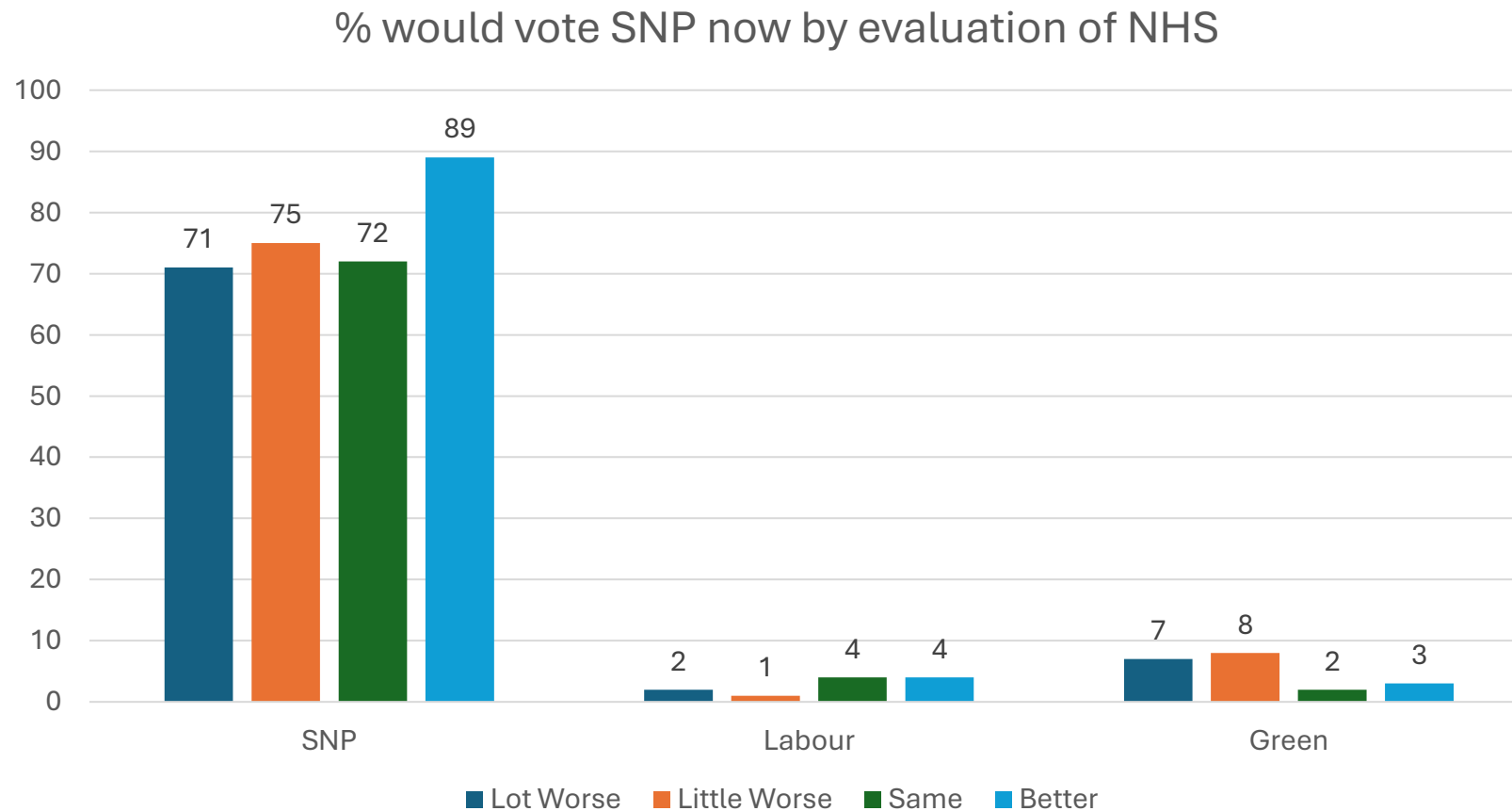
Source: British Election Study wave 30 (May 2025). 2024 Labour voters in Scotland only. Vote is Westminster vote intention

Evaluation of NHS in Scotland



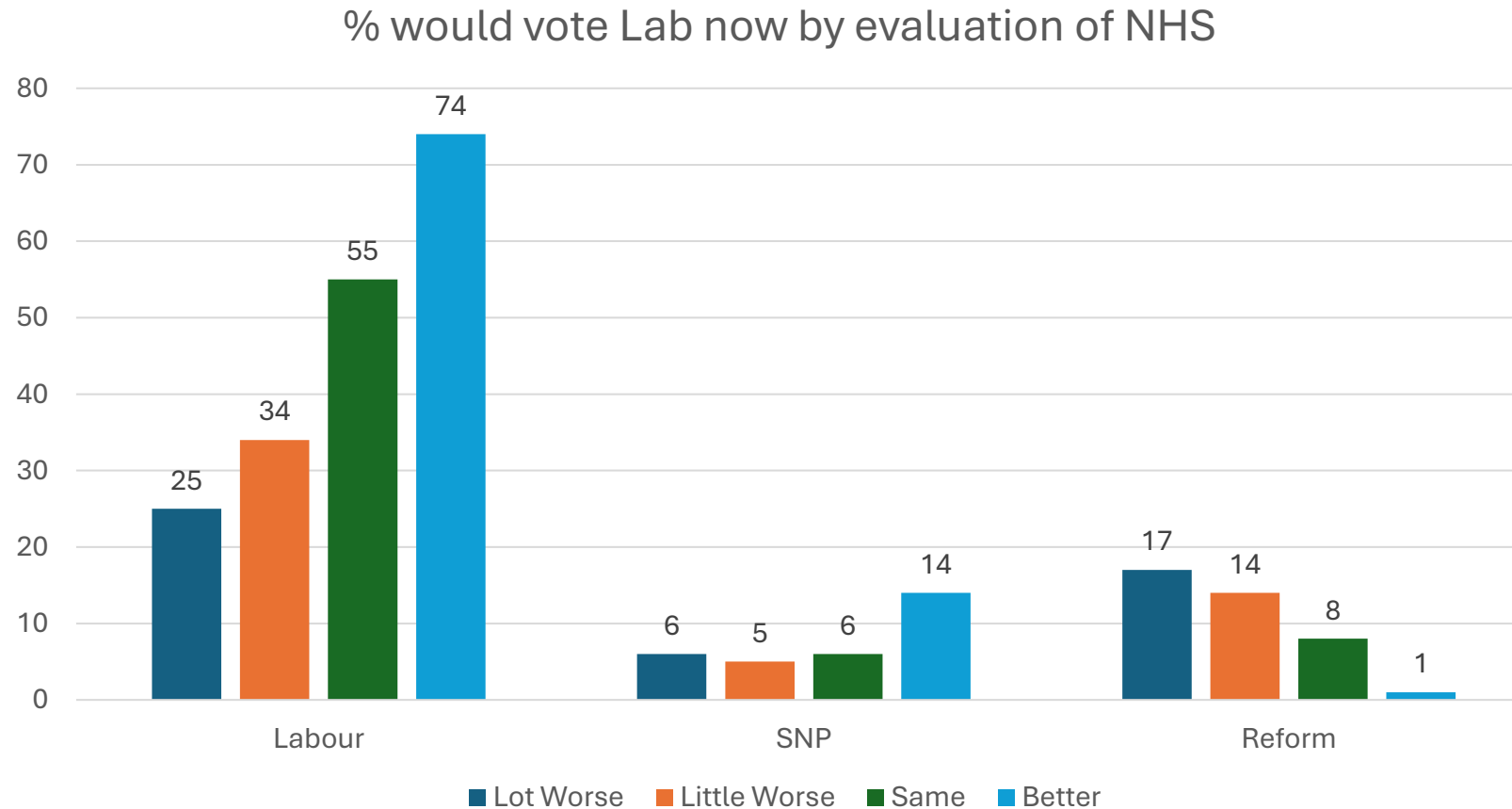
Source: British Election Study wave 30 (May 2025). Respondents in Scotland only. (N=2639)

Impetus for SNP Switching - Health



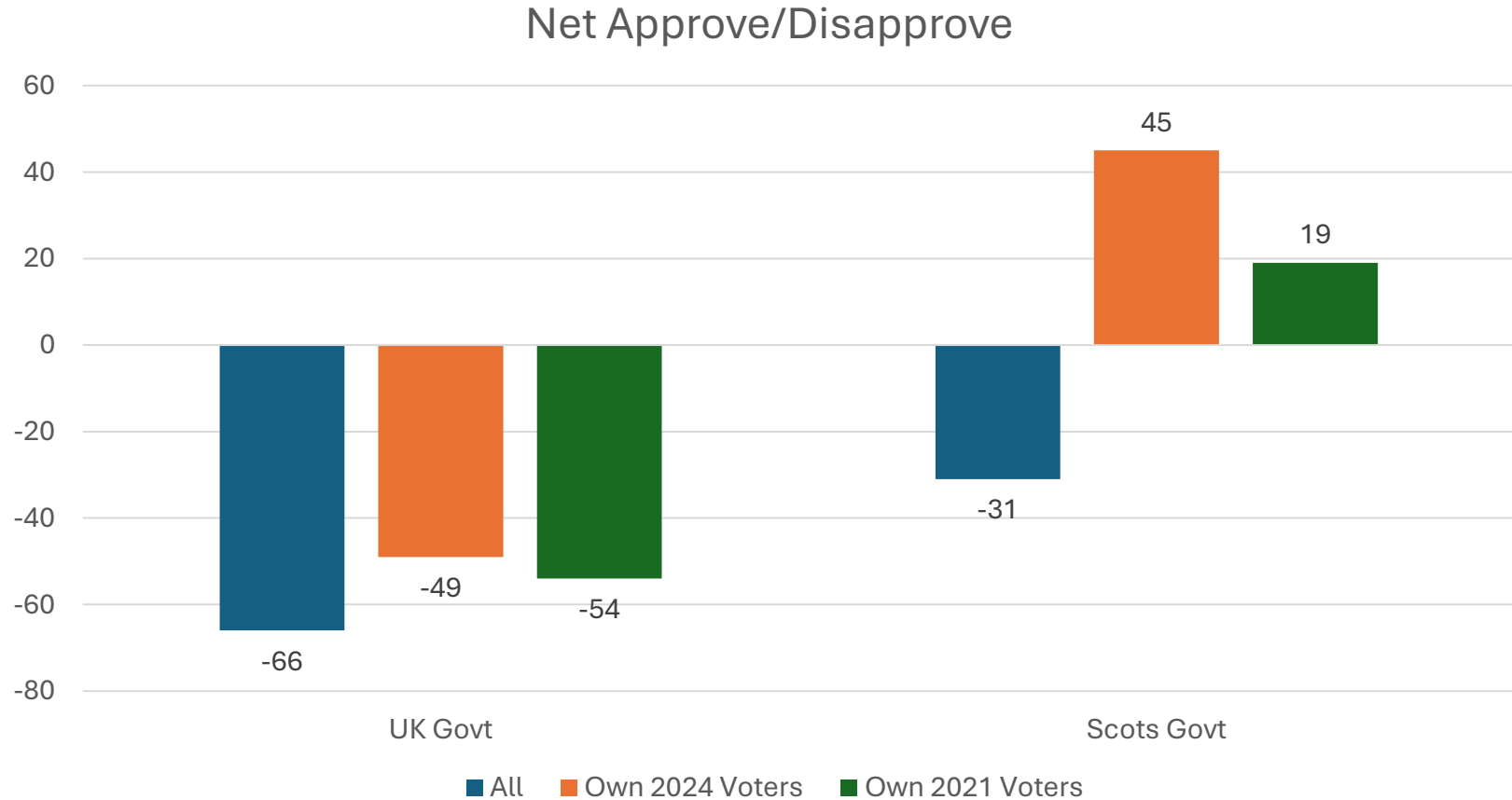
Source: British Election Study wave 30 (May 2025). 2024 SNP voters in Scotland only. Vote is Westminster vote intention

Impetus for Scottish Labour Switching - Health

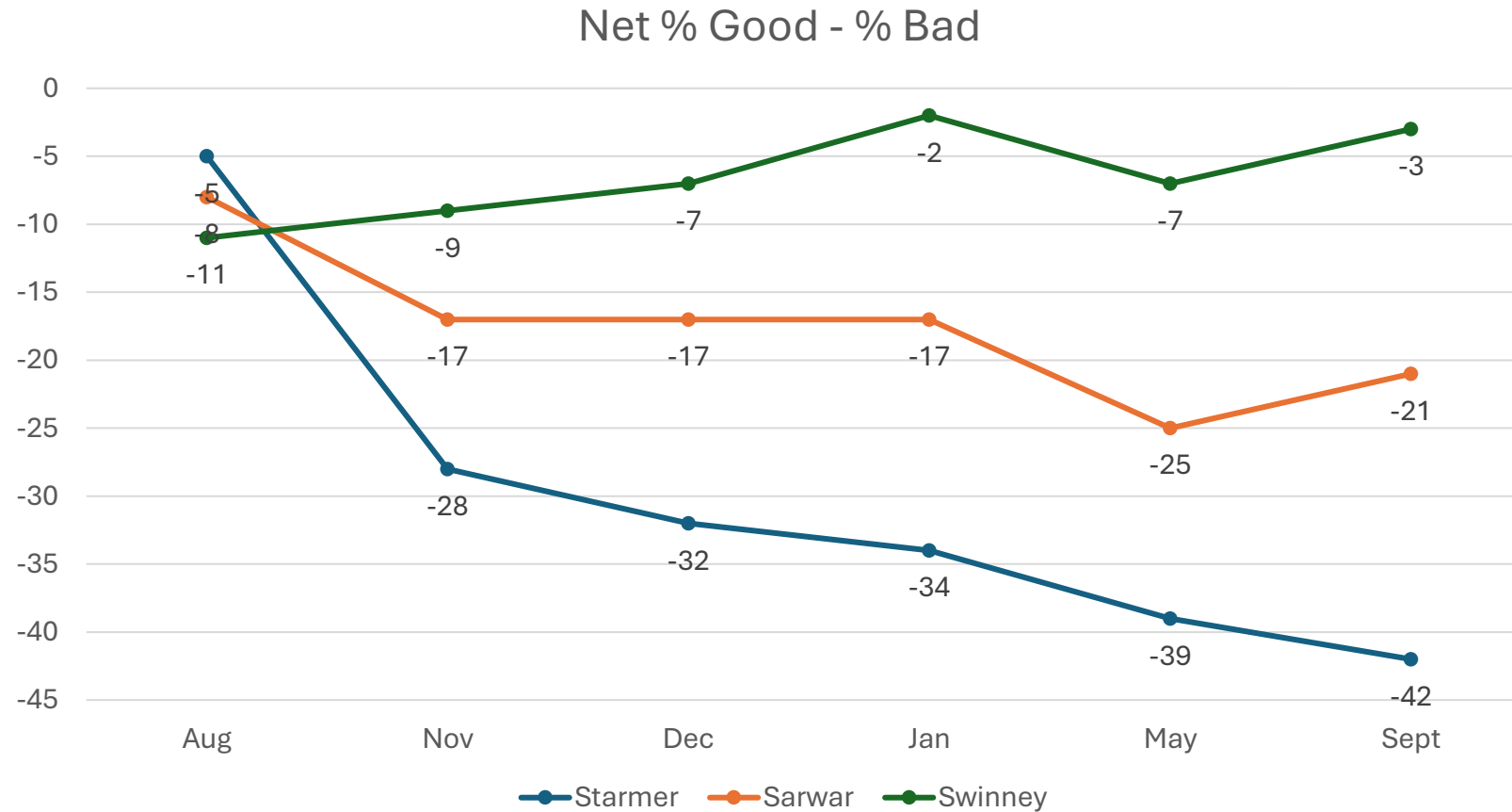


Source: British Election Study wave 30 (May 2025). 2024 Labour voters in Scotland only. Vote is Westminster vote intention

A Tale of Two Governments...

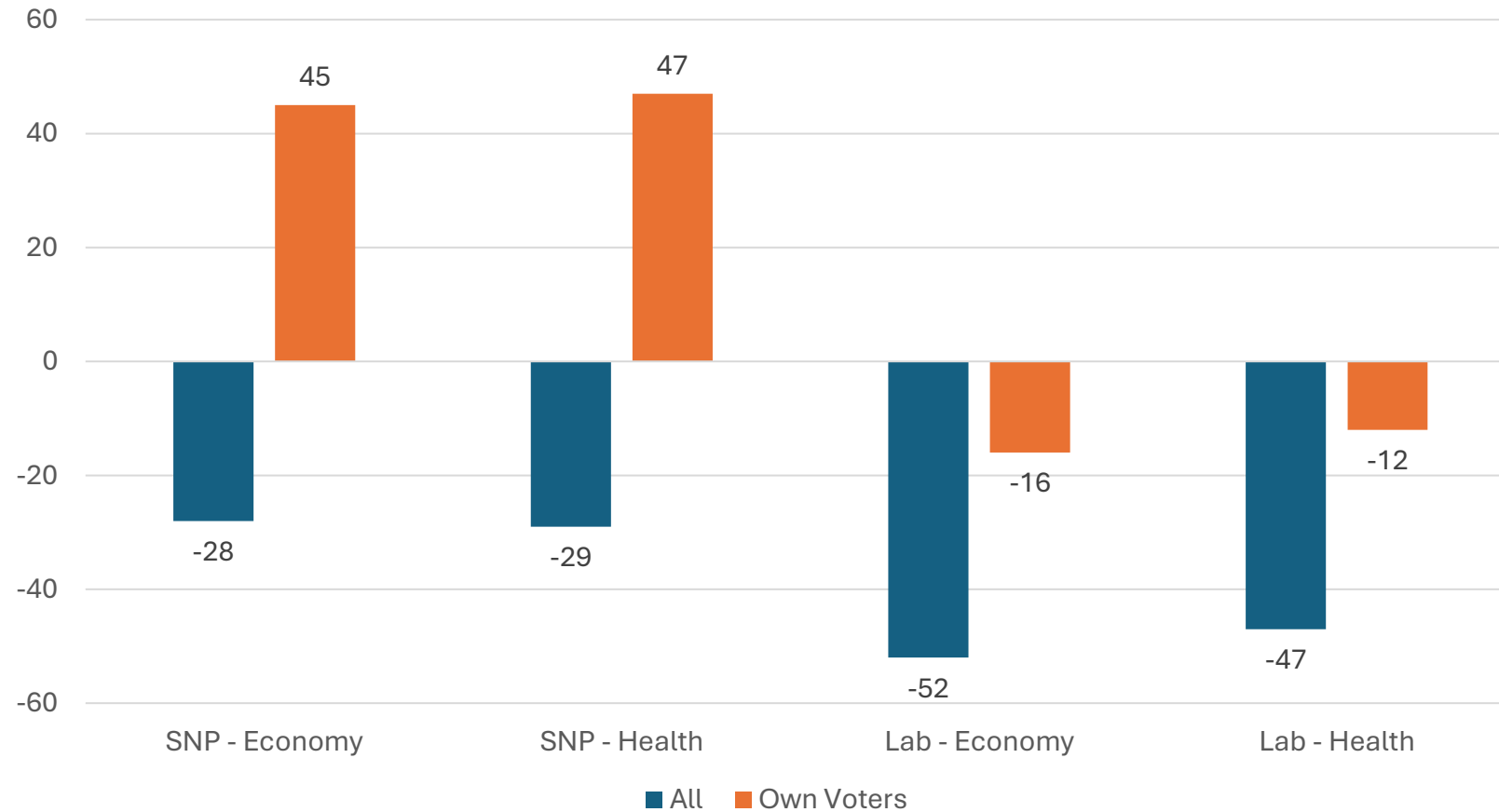


...and Three Leaders



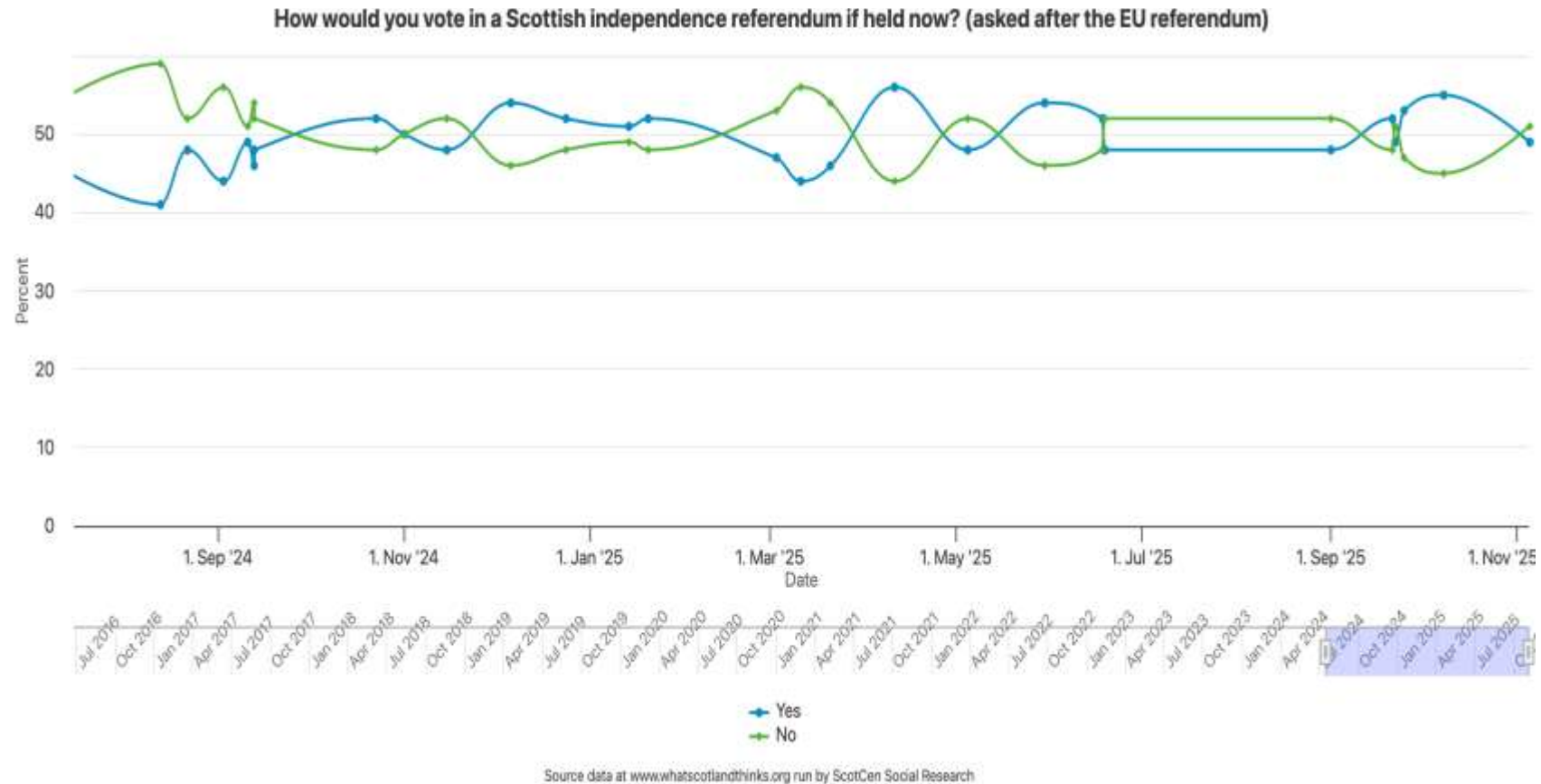
Source: Norstat. Reading for Farage in Sept was -20.

Net Trust to Make Right Decisions



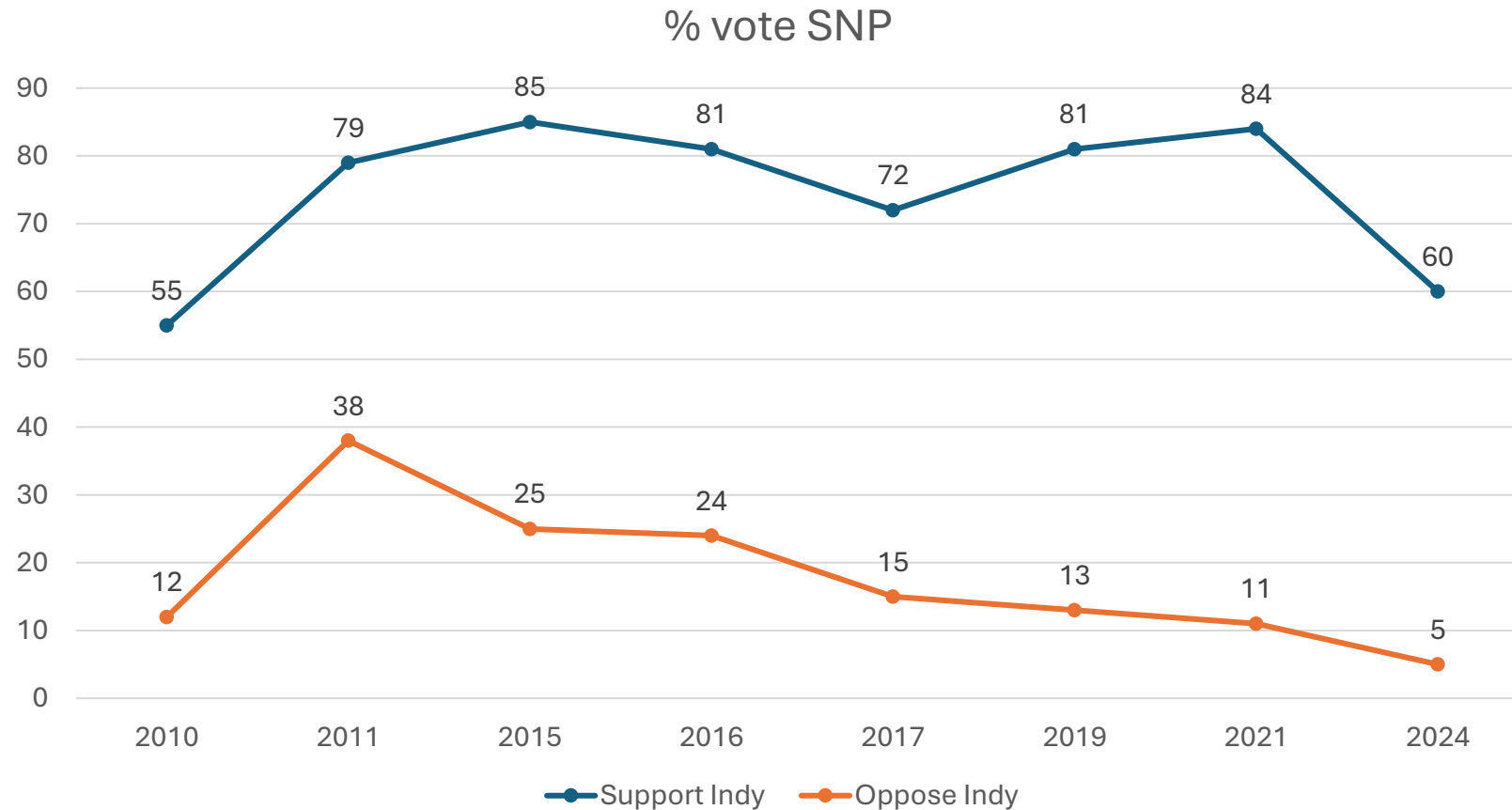
Source: YouGov 17-21.3.25

Polling on Independence since July 24



Don't Knows etc excluded from the denominator. Average of most recent reading by FindOutNow, Ipsos, More in Common, Norstat, Survation, and YouGov/SES is Yes 51%, No 49%.

Constitutional Preference (SSA) and Vote Choice 2010-24



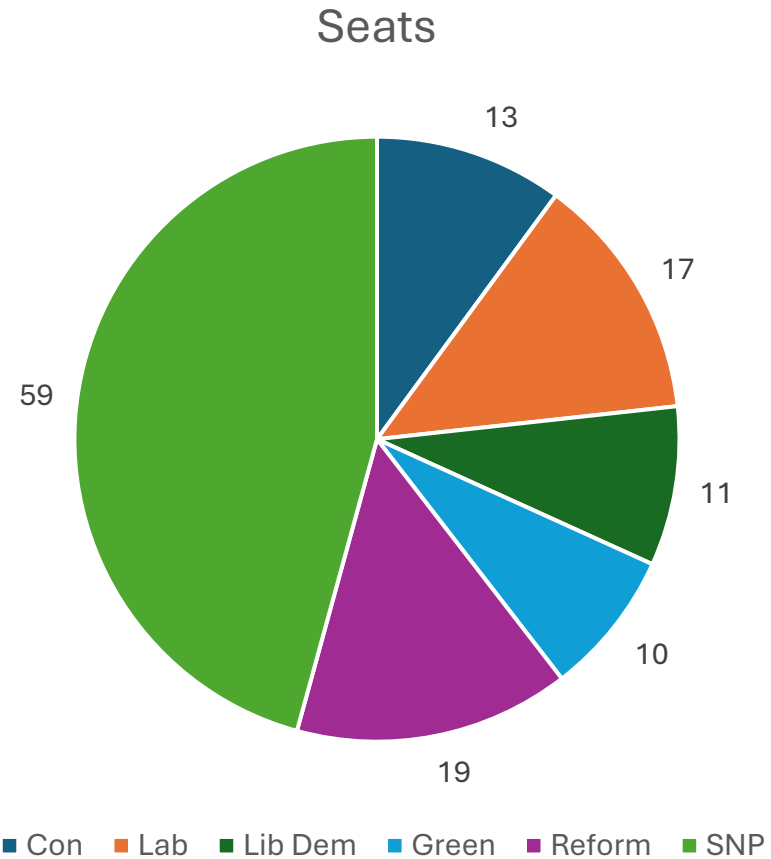
Source: Scottish Social Attitudes except 2019/21: ScotCen Panel. For 2019 preference is as of 2021. Vote in SP elections is constituency vote.

Current Constitutional Preference and SP Constituency Vote Choice

	Yes Supporters		No Supporters	
	Now	+/-21	Now	+/-21
Conservative	2	19	20	-23
Labour	10	+4	28	-7
Liberal Democrat	6	+4	17	n/c
Reform	8		26	
SNP	65	-23	7	-1
Green	9		3	

Source: Average of most recent poll (June-Sept 25) by Ipsos, More in Common, Norstat and YouGov/SES. Change is on average of 7 final campaign polls in 2021.

Holyrood Projection



SNP+Green = 69 (maj 9). Based on average of most recent poll by FindOutNow, More in Common, Nortstat and Survation, Sept/Oct 25.

PANEL DISCUSSION

Building campaigns for change

Chair:
Alison Bavidge,
SASW member

Monica Lennon,
MSP

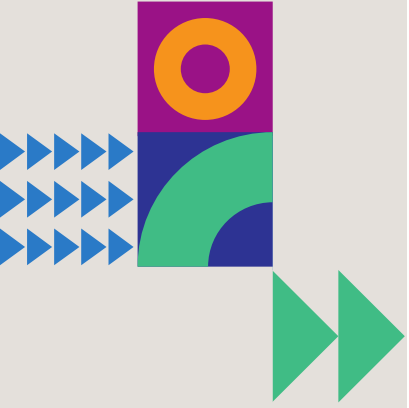
John Dickie,
CPAG

John McGowan,
Social Workers
Union

Alison McGrory,
NHS Highland

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FINAL THOUGHTS

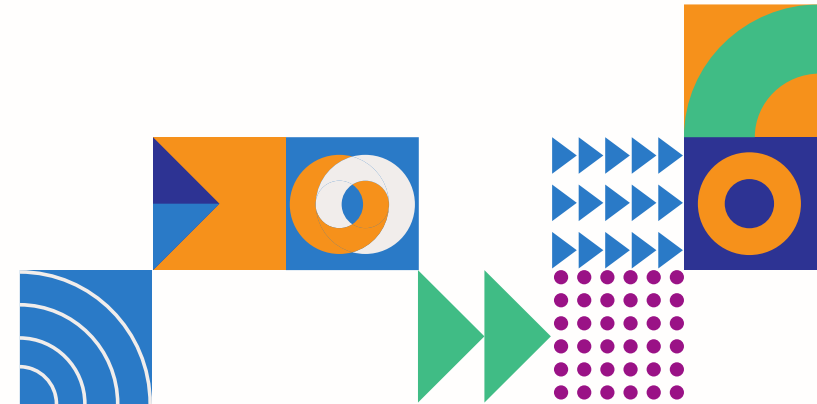
Toyin Adenugba

Caroline McDonald

Co-Chairs, SASW National Standing
Committee

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Protection £5 million professional indemnity insurance cover tailored to your social work role and experience level.

Representation Access BASW/SWU Advice and Representation, a team of qualified social workers for professional/regulatory help.

Training and CPD Develop your knowledge and skills and carve out your career path with free and discounted CPD.

Specialist resources Access policies, resources and practice guides for social work.

Connect Network with like-minded colleagues to discuss practice and share knowledge and ideas.

Events and conferences Free and discounted access to leading conferences and events.

Campaigning Add your voice and influence on what matters in social work today.

Code of Ethics Be recognised for upholding the highest professional standards and practice.

Professional support service Confidential 1-1 support and coaching service for social workers and students.

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Social Work



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