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30/01/2025

Sent via email

Dear Convenor and committee members,

Palliative Care Matters for All: consultation Assisted Dying Bill: Consultation

We refer to the two connected consultations that we have recently submitted. We wanted to highlight our jointly held concern about the absence of the social work role in both the Palliative Care Strategy and the proposed Assisted Dying Bill that the committee is currently scrutinising. Our members are concerned that neither document reflects the role that social workers currently have in upholding the rights of people in palliative or end of life care, nor the central role they should play in supporting those rights should the Assisted Dying Bill become law. Any encounter with power is disempowering, and none more so when it relates to significant decisions about detention in mental health or end of life, which is why the social work role is so important. The mandated role of social work to protect the welfare and the rights of individuals must be considered in the creation of strategies such as Palliative Care or legislation such as Assisted Dying. We would ask that the committee make that request of Government for any future bills or strategies.

This letter reflects the concerns and views expressed to both Social Work Scotland and the Scottish Association of Social Work during our engagement with our members.

With just under 22,000 members, the British Association of Social Workers (BASW) is the independent professional voice of social work and social workers across the UK. The Scottish Association of Social Work is part of BASW, representing the social work profession in Scotland on behalf of our members. SASW also has a very active Experts by Experience (EBE) forum. We take the view that listening to voices of existing and former users of social work services, along with hearing the views of social workers is an ethical imperative when considering legislation with such potential impact on human rights and wellbeing.

Social Work Scotland is also a membership organisation which represents social workers and other professionals who lead and support social work across all sectors.

Unfortunately, the format and focus of the consultations did not allow us to set out our views fully. This is also a recurrent issue with Scottish Government consultations where the

questions asked are of insufficient breadth for those with expertise in the area to provide effective responses that help officials create efficient policy. Therefore, we have completed the consultations as set out, but we needed to also express the strongly held views of our members working in this speciality.

We both view palliative care, or more accurately, supportive care, and assisted dying as a social rather than an exclusively medical issue. Fundamental human rights are central to supportive care, as is safeguarding the rights and wellbeing of vulnerable people. The social work profession has that duty to promote and protect the rights of people who may be vulnerable, alongside our duties and statutory responsibilities for public protection. We were therefore disappointed to see no meaningful mention of the role of the social work profession in either supportive care or at the end of life.

By presenting supportive care as a purely medical process, an undue level of responsibility is placed on medical practitioners; not just in relation to the medical diagnosis and decision-making process, but also in ensuring that individuals are safeguarded and their wider human rights protected, in many cases for years of their lives. Omitting any reference to the role of social work does not reflect the reality of supportive care decisions, in which social work protects and promotes the psychosocial needs of people beyond their medical care needs.

Without social work, covert coercive control may bring undue pressure to bear on individuals who have internalised messages of worthlessness or lack of value because of their illnesses and disabilities. They themselves may not recognise they are being coerced. That is why social care assessments for psychosocial needs require skilled, relational work by professionals who know and understand the lived experience of the individual, who can observe relationship dynamics and have a good understanding of issues of control and abuse. They need to know the law, be able to form positive relationships with individuals and families and to supportively challenge the personal beliefs of individuals whilst upholding their right to make decisions.

Social workers are the profession best placed to undertake such assessments, to ensure the individual's rights are respected and that their safety and welfare are protected. Social workers are already responsible for undertaking care assessments and ensuring appropriate support is available in the community. They are also an intrinsic part of the hospital discharge system. In our view they are the only profession that already holds the key skills required for this vital role, without which the process outlined in the consultations places people at significant risk of harm and belies the complexity of the care, treatment and support landscape for people experiencing significant illness.

We are therefore requesting that the mandated role of social work to protect the welfare and the rights of individuals must be considered in the creation any future bills or strategies

Yours sincerely,

Alison Bavidge

National Director, SASW

Ben Farrugia

Director Social Work Scotland