

# Literature review of roles and issues within the social work profession in England

Jo Moriarty  
Mary Baginsky  
Jill Manthorpe

March 2015

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## Summary

- This review was commissioned by the Professional Standards Authority to help inform its work overseeing the regulation of social workers in England and accrediting voluntary registers for care occupations.
- We were asked to identify what research tells us about the variety of roles and contexts that social workers work in and the main issues in the profession with relevance to its regulation.
- In order to do this, we undertook systematic searches of a range of bibliographic databases and websites supplemented by searches of tables of contents in key journals and checking the reference lists of relevant articles in order to identify material that had not been retrieved in the searches.
- The review showed that definitions of social work have always been contested and that the activities that social workers do are strongly influenced by the expectations about their role that predominate in the countries and agencies in which they practise.
- There is an ongoing debate about what should be the balance between social work activities aimed at supporting individuals and their families, for example, advocacy, and safeguarding activities especially aimed at protecting children or adults at risk.
- Some commentators suggest that social work is especially characterised by combining support for individuals and work at a collective level to achieve social transformation. There is clearly some overlap between the activities that social workers do and those undertaken by other professionals but we did not identify any recent research that looked at this in detail.
- Most routes to a qualification in social work have been generic, with most choosing to specialise in different areas of practise after qualifying. However, new fast track qualifying routes are emerging which specialise in either adults or children's social work. This has attracted some controversy.
- There is an established evidence base, mainly but not exclusively originating in work from outside the United Kingdom, highlighting the negative effects of role conflict and role ambiguity.
- There is an extensive evidence base consisting of research undertaken within and outside the United Kingdom highlighting high rates of stress and burnout among social workers.
- The extent to which social workers can exercise professional discretion and the amount of administration they need to undertake has been identified as contributing to poor retention rates and/or burnout.

- Good supervision is thought to improve retention rates and prevent burnout but most of the research on supervision has been undertaken outside the United Kingdom.
- Social work was comparatively late in becoming a regulated profession. It has been suggested that there has been more emphasis in reports and inquiries into identifying procedural errors or omissions than in clarifying poor practice and when 'fitness to practise' procedures should be invoked but this is an area in which the research evidence base is still comparatively small.

## Terms of reference and methods

Key point: This section explains the terms of reference for this literature review and the methods used to retrieve the items included.

### *Terms of reference*

- 1.1 This report was commissioned by the Professional Standards Authority to help inform its work overseeing the regulation of social workers in England and accrediting voluntary registers for care occupations.
- 1.2 We were asked to provide information on the following:
  - What is the profile of the social worker profession in England in terms of:
    - ❖ A breakdown of the different kinds of job roles social workers perform
    - ❖ The responsibilities and tasks those roles involve
    - ❖ The structure of teams social workers work within and the types and frequency of supervision social workers receive
    - ❖ Which regulated professionals and unregulated occupations social workers work with or liaise with
    - ❖ The nature of employment (for example local authority, other public sector, education sector, private sector, third sector, social enterprises, self-employed)
    - ❖ What organisations exist that seek to represent/support social workers
    - ❖ The prevalence of stress, depression, alcohol and drug problems amongst practising social workers
  - What are the main changes on the horizon for the social work profession in England? For example, greater integration between health and social care; changes in social work practices the Children and Families Act 2014 and Care Act 2014 will introduce; changes to social work training following the Narey and Croisdale-Appleby reviews
- 1.3 This review complements research commissioned concurrently by the Professional Standards Authority looking at service users' views of social workers.

### *Methods*

- 1.4 We used a scoping methodology to identify material for inclusion in this review. Definitions of scoping studies vary but they generally involve a process of systematic searching to map rapidly the key concepts underpinning a research area followed by charting and sorting the information retrieved according to key issues and themes. The ensuing review can be used to identify gaps in the research as well as what is known about a particular topic or topics (Arksey and O'Malley, 2005; Levac *et al.*, 2010; Moriarty and Manthorpe 2014).

- 1.5 We searched the following electronic bibliographic databases using a combination of fixed terms from their thesauri and free text searches for each of the key topic areas covered in this review (roles, responsibilities, interprofessional working, employment, team structure, supervision, stress, burnout, and qualifying education): Social Care Online, Social Work Abstracts, Sociological Abstracts, International Bibliography of the Social Sciences, PsycINFO, Education Abstracts, CINAHL, Zetoc, HMIC, and Web of Science.
- 1.6 We also undertook searches of the following websites that we considered to be particularly important in terms of relevant information: British Library Social Welfare Portal; Social Care Institute for Excellence; Health and Care Professions Council; Department of Health; Department for Education; Skills for Care; British Association of Social Workers; Professional Standards Authority; and The College of Social Work. We also made general internet searches, including Google Scholar.
- 1.7 We 'hand searched' the table of contents of *British Journal of Social Work*, *Journal of Interprofessional Care*, and *Child and Family Social Work* for the previous five years and 'reference harvested' the bibliographies in key journal articles and reports to identify other relevant material that had not come up in the database or website searches.
- 1.8 We set a limit on material published between 2000 and the present. Overall, we identified over 2000 items as potentially relevant, including duplicates. After eliminating most of these on the basis of the title and abstract, we selected just over 300 items for full text retrieval. We did not restrict our searches to research undertaken in England but we have specifically highlighted where the regulatory and policy context differs from that in England.

## Background

Key point: The origins of modern professional social work in England date back to the 19<sup>th</sup> century but it was only in the early 21<sup>st</sup> century that it became a regulated profession.

- 2.1 There are currently 91,001 social workers in England registered with the Health & Care Professions Council (HCPC) (Health & Care Professions Council 2014b). This makes it a comparatively small profession compared with teaching or nursing but by far the largest regulated by the HCPC.<sup>1</sup>
- 2.2 Although the origins of modern professional social work in the United Kingdom (UK) are generally dated back to initiatives in the late 19th century aimed at improving the living conditions of people adversely affected by the rapid social changes resulting from mass industrialisation (Manthorpe 2002, Payne 2005b, Davis 2008), it was only in the 21st century that it became a regulated profession. This followed a decision by the previous Labour government to set up Care Councils in each UK constituent

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<sup>1</sup> There were 438,000 full time equivalent (FTE) teachers in local authority maintained schools and academies in England in 2011 (Department for Education 2012). In 2014 630,000 nurses were registered with the Nursing and Midwifery Council, which has a UK remit (Nursing & Midwifery Council 2014). By contrast, the equivalent number of occupational therapists is 35,273 (Health & Care Professions Council 2014a).

country with responsibility for registering social workers (and other key social care professionals, such as care home managers, in Scotland, Northern Ireland and Wales.) The reason for establishing separate regulatory bodies is that social care is a devolved matter.

- 2.3 Compulsory registration for people wishing to practise as social workers in England began in April 2003 (General Social Care Council 2012). The same legislation made 'social worker' a protected title, bringing social work into line with other regulated professions.
- 2.4 Prior to this, although much of the sector had long been in favour of a regulatory council and registration (Orme and Rennie 2006) and various examples existed of voluntary registration for social workers in hospital or mental health settings, earlier attempts to set up a unified registration scheme had proved to be either unworkable (McLaughlin 2007) or were actively resisted by some as elitist (Payne 2002).

### **Limitations of existing data about social work and social workers in England**

- 3.1 Historically, the quality of information about social workers in England has been mixed, partly because social workers are employed across multiple organisations and in multiple settings and partly because the available data have not always been collected consistently, making it difficult to draw comparisons.
- 3.2 Although there have been attempts to improve the quality and availability of data on the social work workforce (for example, Department for Education 2014a, Health & Social Care Information Centre 2014), the picture remains uneven. In particular, there is more information on the work of children's social workers employed in local councils than about social workers in other roles. By contrast, it has been argued (for example, Lymbery and Postle 2010, Ray et al. 2014) that successive government policies have neglected the potential of social work with adults so there is comparatively little information about this area of work.
- 3.3 Another reason for the gaps in the social work research evidence base in England relates to constraints hampering the development of social work research in UK universities (Shaw and Norton 2007, Orme and Powell 2008, Sharland 2012, Moriarty et al. 2014b). Once more, there is proportionally more research about social work with children and families than other areas of practice (Shaw and Norton 2007). Other topics about which there is considerable non-UK research, such as social work in health care settings (Altpeter et al. 2005, Fields et al. 2012, Craig and Muskat 2013), remain comparatively under explored.

### **Defining social work**

Key points: Definitions of social work are contested and evolving; while the tasks that social workers undertake vary across different countries and different types of welfare regime. A recently agreed global definition of social work seeks to capture the values of social work, its knowledge base, and practice methodologies.

- 4.1 In their literature review of the role of the social worker in the 21<sup>st</sup> century for the Scottish Government (then Scottish Executive), Asquith and colleagues suggested that it was important to begin with the question 'What is social work?' Otherwise, they argued:

...it is well nigh impossible to determine what the role of the social worker might be; what skills and expertise social workers should have; what training and education is appropriate for social workers; and what it is that distinguishes social work from other professions.

(2005: 10)

- 4.2 However, as they and others (Asquith et al. 2005, Blewett et al., McLaughlin 2008, Cree 2011, Staniforth et al. 2011, Jones 2014, Mackay and Zufferey 2014) have observed, it has proved harder to reach a consensus about what social work is and what social workers do. As Cree (1995: 153) has written, 'history shows that social work has always been up for grabs; its task and future direction by no means self-evident.'
- 4.3 There are several reasons why defining social work has proved both complex and controversial. A distinction is often made between broader definitions of social work as an *activity* and narrower ones of social work as a *professional occupation* (Payne 1996, cited in Askeland and Payne 2001). In addition, social workers' roles and responsibilities have been greatly influenced by the welfare regime in which they are located. Outside the UK, and particularly in the Global South, definitions of social work tend to be broader and include more community orientated activities (Hugman 2009). Furthermore, the views of politicians, the media, service users and carers, practitioners, employers, and educators about what is meant by social work may not coincide (Askeland and Payne 2001). Finally, the changing nature of social work in the 21<sup>st</sup> century means that definitions of social work will also be dynamic and evolving (Hare 2004).
- 4.4 Taken together, these factors mean that social work practice is strongly influenced by the expectations of the role in each country and agency in which they practise (Baginsky 2014b).

#### *Global definition of social work*

- 4.5 In 2014, the two bodies representing international social work - the International Federation of Social Workers (IFSW) and the International Association of Schools of Social Work (IASSW) - agreed the following global definition:

Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing.



(International Federation of Social Workers 2014)

- 4.6 It aims to capture the values of social work, its knowledge base and practice methodologies and to counter criticisms of earlier attempts to reach a global definition which were perceived to have a Western bias with an emphasis on individual rather than collective rights (Hare 2004, Truell 2014).

*Need for a public definition of social work?*

- 4.7 However, the Social Work Task Force which was set up in the aftermath of the death of Peter Connelly ('Baby P') to advise the Secretaries of State for education and health about reforms to improve the effectiveness of social work in England had earlier expressed concerns, shared by some in the sector, that the general public lacks a clear 'Plain English' definition of what social work is. They proposed the following 'public definition of social work':

**Social work** helps adults and children to be safe so they can cope and take control of their lives again.

**Social workers** make life better for people in crisis who are struggling to cope, feel alone and cannot sort out their problems unaided.

**How social workers do this** depends on the circumstances. Usually they work in partnership with the people they are supporting – check out what they need, find what will help them, build their confidence, and open doors to other services. Sometimes, in extreme situations such as where people are at risk of harm or in danger of hurting others, social workers have to take stronger action to protect them – and they have the legal powers and duties to do this.

**You may think you already do this for your friends and family** but social workers have specialist training in fully analysing problems and unmet needs, in how people develop and relate to each other, in understanding the challenging circumstances some people face, and in how best to help them cope and make progress. They are qualified to tell when people are in danger of being harmed or harming others and know when and how to use their legal powers and responsibilities in these situations.

**You may think that you'll never need a social worker** but there is a wide range of situations where you or your family might need one, such as:

- caring for family members;
- having problems with family relationships and conflict;
- struggling with the challenges of growing old;
- suffering serious personal troubles and mental distress;
- having drug and alcohol problems;

- facing difficulties as a result of disability;
- being isolated within the community; or
- having practical problems with money or housing.

(Social Work Task Force 2009b: 10)

## Different kinds of job roles social workers perform

Key points: Social workers perform multiple job roles, sparking debates about which should be the most important. Their activities are often seen as operating on a continuum between care and control but some commentators have argued that the increasing emphasis in England on social workers' roles in safeguarding children and adults thought to be 'at risk' means that there is now more emphasis on the latter than the former.

- 5.1 Social workers undertake a number of roles. The most recent attempt to describe them has been by The College of Social Work (TCSW), an independent organisation that aims to uphold professional standards for social work and promote the profession. It has issued an Advice Note, developed in consultation with social workers, employers, and other professionals, designed to provide clarity about what social workers do. This document describes the social work role as follows:
- A. Social workers use a distinctive range of legal and social work knowledge and skills to help people to make changes in their lives and get the outcomes needed;
  - B. They are uniquely skilled in accessing a wide range of practical and emotional support and services to meet individuals' needs and aspirations;
  - C. They are a collaborative profession, working alongside other professionals but taking the lead in helping children, adults and families improve and gain control of their lives when their safety or ability to participate in their communities is restricted;
  - D. They have a lead role in safeguarding people who may be socially excluded, at risk of abuse or neglect, or who become vulnerable for other reasons. They balance support and protection/safeguarding roles carefully and in keeping with the specific needs and circumstances of the person or family, taking protective action as needed and within the context of legal roles and frameworks;
  - E. They are educated and trained to engage with people whose age, mental incapacity or ill-health constrains their ability to protect themselves or others;
  - F. In adult social care they endorse and act in accordance with the principles of personalisation, ensuring that care and support are person-centred and as far as possible put the people with whom they work in control of their lives;

G. In children’s social care they maintain a focus on the child, ensuring that the child is safe and well, that families are helped to change where necessary, and that required outcomes are achieved.

(The College of Social Work 2014: 3)

5.2 Among these roles, the theme expressed in point D about the balance between support and protection/safeguarding roles is probably the one that has provoked the greatest debate within and outside the profession. As the review of social work for the Scottish Government (21st Century Social Work Review Group 2006: 27) suggested, the ‘balance between care and control is perhaps the defining feature of social work and provides a dynamic tension which influences social workers’ workload, priorities and public perceptions of their role.’

5.3 Two approaches to defining the role of social workers that have been particularly influential in the UK but also in Australia (Mackay and Zufferey 2014) and New Zealand (Staniforth et al. 2011) have been those of Payne (2005a) and Dominelli (2009) which are summarised in Table 1. Both represent social work activities as three parts of a triangle connecting with each other. As will be discussed in Section 5, the transformational/emancipatory approaches are more associated with collective or community based responses while the remainder are more about work with individuals and their families.

**Table 1: Typologies of social work roles**

Author	Role	Description (adapted from original text)
Payne (2005a: 8-9)	Therapeutic	The process of interaction and reflexiveness between the social worker and ‘clients’ which leads to clients’ gaining power over their own feelings or way of life.
	Transformational	Empowering disadvantaged and oppressed people to take part in a process of mutual co-operation and learning.
	Social order	Meeting individual needs during a period of difficulty so they can recover stability again.
Dominelli (2009: 12-14)	Maintenance	Aims to improve individual functioning or adaptation to situations. Assistance is provided on the basis of clearly defined criteria.
	Therapeutic	An off-shoot of the maintenance approach but focuses on what an individual can do to improve his or her situation through targeted professional interventions.
	Emancipatory	This is associated with radical social work and questions the current balance of power in society and distribution of resources. Actions are aimed both at helping individuals and achieving structural change.

## Social workers’ responsibilities and tasks

6.1 Both Dominelli (2009: 10-11) and Asquith and colleagues (2005: 18) have summarised some of the key responsibilities and tasks of social workers. The College of Social Work Advice Note (2014: 7-18) has similarly developed five illustrative examples where it thinks social workers’ skills and knowledge are particularly relevant. These

instances differentiate between situations in which social workers *could* or *should* make a contribution alongside those made by other health and care professionals and those where legislation or guidance states that a social worker *must* be the lead professional (for example, a local authority social worker will undertake enquiries under S47 of the Children Act 1989). Each of these three approaches is summarised in Table 2 below. The responsibilities and tasks echo the contrasts between individual and collectivist activities and the themes of care and control mentioned earlier.

**Table 2: Social workers' responsibilities and tasks**

Author	Responsibility or task	Description (adapted from original text)
(Dominelli 2009: 10-11)	Facilitators	Enabling others to reach their objectives
	Gatekeepers	(Dis)allowing access to social resources and services
	Regulators	Controlling unacceptable behaviours to maintain social order and minimising service users' capacities to harm themselves or others
	Upholders	Upholding people's human rights and citizenship
	Advocates	Advocating for change
Asquith et al (2005: 18-19)	Counsellor or caseworker	A longstanding role within social work and one that appeals to those whose view of social work is one in which helping or supporting individuals is a key component. The loss of the casework or counselling role is seen to be a major issue for social work as provided through public services.
	Advocate	The social worker in this role can give assist or support individuals or groups. The advocacy role still privileges the notion of a close relationship between client/service user and social worker.
	Partner	The social worker can also be viewed as a partner of, and working for, disadvantaged or disempowered individuals or groups. There is a close relationship between the social worker and those she or he is supporting.
	Assessor of risk and of need	Social workers have been given a major role in the assessment of need and risk over a number of client groups. There is concern that this may well have been at the expense of other activities.
	Care manager	Social workers may be involved in arranging care for clients/service users but be involved in very little direct contact with the clients whose care they are organising.
	Agent of social control	From a radical perspective, social work can be seen to be a conservative force in perpetuating an unequal social and economic system. In the broad sense this can refer to the role the social worker may play in maintaining the social system in general.

Author	Responsibility or task	Description (adapted from original text)
The College of Social Work (2014: 7-18)	Responding to complex needs	An example where a children’s social worker <i>must</i> be the lead professional is in assessing, reviewing and provide help to a child, family or carer with complex family or social care needs. An example where social worker working with adults <i>should</i> be the lead professional is in intervening and providing help to an individual or family whose complex family or social care needs or risks indicate that they need ongoing professional support which they might not normally be willing to accept - for example, someone with mental health problems discharged from hospital on a Guardianship Order or a Community Treatment Order.
	Effective safeguarding and risk management	An example where a children’s social worker <i>must</i> be the lead professional is in carrying out an assessment or investigation and planning responses to safeguard a child from abuse, neglect or exploitation. An example where social worker working with adults <i>should</i> be the lead professional would be in enabling an adult who has been abused or neglected to improve their circumstances, where it is unclear whether the person lacks mental capacity to make decisions, or where it is unclear whether their decisions are compromised by the undue influence of others.
	Addressing adversity and social exclusion	An example where a children’s social worker <i>must</i> be the lead professional would be in helping disabled children and their families address issues arising from their impairments, including overcome the problems of disability, negotiate the transition to adulthood and achieve independent living. An example where social worker working with adults <i>should</i> be the lead professional would be in helping disabled adults address issues resulting from their impairments, to have choice and control and to achieve independent living.
	Promoting independence and autonomy	An example where a children’s social worker <i>should</i> be the lead professional would be in supporting a looked after child or a care leaver and, as appropriate, to help them to meet their potential, and prepare for and achieve greater independence and autonomy. An example where social worker working with adults <i>should</i> be the lead professional would be in acting as a Best Interests Assessor when it is proposed to deprive a person of their liberty under the Deprivation of Liberty Safeguards (DoLS), where the reason for it principally derives from the person’s complex social circumstances.
	Prevention and early intervention	An example where a children’s social worker <i>must</i> be the lead professional would be in arranging appropriate alternative care (including, where indicated, a permanent home) in collaboration with children, young people and their parents where the parents cannot care for them. An example where social worker working with adults <i>should</i> be the lead professional would be in arranging appropriate alternative care (including, where indicated, a permanent home) where they can no longer manage in their own homes. This applies where the individual or family are unable to make such arrangements themselves.

6.2 There is clearly some overlap between these activities and some work undertaken by other professionals but there does not seem to have been any attempt in the UK to replicate pioneering studies comparing mental health social workers and community psychiatric nurses from the early 1990s (Sheppard 1992, Huxley and Kerfoot 1993).

These both concluded that there were some overlaps between the two roles but there were differences. However, both studies were undertaken in a very different context from that today.

- 6.3 The *Mental Health (Approved Mental Health Professionals) (Approval) (England) Regulations 2008* created the role of the Approved Mental Health Professional (AMHP) in place of the Approved Social Worker (ASW). This decision was made partly because of a national shortage of ASWs and partly because most ASWs had been transferred from a base in the local council to multidisciplinary teams (see Section 8) (Rapaport 2006). It opened up the role to occupational therapists, nurses, and psychologists who have undergone additional training but the vast majority of AMHPs continue to be social workers.<sup>2</sup>
- 6.4 The reference to Best Interests Assessors (BIAs) in Table 2 refers to the role of social workers, nurses, occupational therapists and psychologists who have undertaken additional training to allow them to make decisions on behalf of people who lack the capacity to consent to the care or treatment they need where this care or treatment could amount to a Deprivation of Liberty (DoLS) as defined in the *Mental Capacity Act 2005*. A Supreme Court Ruling<sup>3</sup> has resulted in an increase in the number of these assessments, accentuating an existing shortage of BIAs (Samuel 2014).

### *Specialisation*

- 6.5 As can be seen in Table 2, The College of Social Work (2014) Advice Note distinguishes between social workers in services for children and families and those working with adults. Traditional social work qualifying programmes aim to produce generic workers who are equally prepared to work with people of all ages.
- 6.6 While the majority of social work educators generally appear to favour retaining a generic qualification (Association of Professors of Social Work and Joint University Council Social Work Education Committee 2014), leaving students to specialise once they have qualified, some policymakers and employers favour students following different specialist 'pathways' on qualifying programmes or establishing separate qualifying programmes for adults and children's social work (see Social Work Task Force 2009a, Narey 2014). *Frontline* (MacAlister et al. 2012) has been developed as a fast track specialist qualifying programme for children and family social workers while an equivalent scheme in mental health, *Think Ahead* (Clifton and Thorley 2014), will recruit its first cohort of students in September 2015.
- 6.7 Once they are qualified, social workers in England are usually employed in specialist teams, for example in a mental health team or children's safeguarding and assessment service. This is a longstanding trend internationally and within the UK (Blom 2004) but the previous Labour government decided to intervene directly just over a decade ago by separating central and local government responsibility for social

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<sup>2</sup> In 2011-2012, 84 per cent of AMHP students were social workers (Jones et al. 2012).

<sup>3</sup> P v Cheshire West and Chester Council and P&Q v Surrey County Council [2014] UKSC 19.

work with children and with adults. Under the Coalition, the Department for Education has retained responsibility for social work with children and families while the Department of Health remains responsible for social work with adults.

- 6.8 At a local level, there has been a trend to merge adult and children's social care departments once more, often driven by the hope this will save costs (Samuel 2013), but social workers are still generally organised into separate teams according to the type of service user and family with whom they primarily work.

## **Conflicts and tensions between different roles and responsibilities**

Key points: It is important to recognise some of the tensions that exist between different social work roles, in particular around individual versus collectivist ways of working and in balancing different care and control activities. There is a consensus that procedures aimed at improving individual and organisational autonomy have made social work too bureaucratic and a series of reforms have been introduced aimed at reducing this.

- 7.1 Although Asquith and colleagues (2005), Dominelli (2009), and The College of Social Work (2014) do not present one aspect of social work as being any more important than another, other commentators have tried to engender discussion about whether some activities should be more important than others. At first sight, some of these conflicts might appear to be somewhat abstruse but they are important in explaining why there are sometimes differences between social work educators and employers' perceptions of the effectiveness of social work qualifying education (Moriarty et al. 2011, Moriarty and Manthorpe 2012, Taylor 2013, Higgins et al. 2014, Moriarty and Manthorpe 2014). They also set the context for an emerging body of research looking at the links between role conflict and job satisfaction (see paragraphs 7.5-7.10 below).

- 7.2 The dichotomy between individual and collectivist actions illustrated in Tables 1 and 2 has been neatly summed up by Staniforth and colleagues (2011: 193) as being about 'where social workers should engage in the change effort. Should they be helping people change themselves or be involved in changing society?' In similar vein, Trevithick asks:

Should social work be about reform or revolution —should it 'fit' people into the system, change the system—or both? Is social work primarily a rational–technical activity or a practical–moral one?

(Trevithick 2008: 1220)

- 7.3 The individualist versus collectivist debate has engendered some polarised views within social work in England. For some, social work's contested identity - and in particular, a focus on risk and rationing in favour of community social work with under-represented and disadvantaged groups - has left it 'weak in resisting and repelling the impact of external trends and forces which have increasingly compromised and constricted the contribution which social work might make' (Jones 2014: 488-489). Others have expressed concern about the nature of what they term

'state social work'. They use this to describe the role of social workers in social care departments in supporting those whose problems they view as less the result of individual 'failings' but more the consequences of wider issues of poverty and inequality (for example, Jones 2001, Jordan 2004). An alternative view sees social work as demonstrating a compromise position between liberal ideas of freedom and personal autonomy and the need for the state to safeguard the functioning of society as a whole (for example, Cree 2009).

- 7.4 These debates have largely been driven by theory rather than empirical research. Some employers have argued that too much attention to the theory and values of social work in some qualifying programmes has meant that some newly qualified social workers are not prepared well enough for the work they will be doing in social care departments run by local councils (Social Work Reform Board 2010, Narey 2014, Pemberton 2014). Such views are captured in this extract from Sir Martin Narey's report into qualifying education for children and family social workers and illustrate why the topic remains contentious:

One newly qualified social worker from a well-regarded University told me that the concentration in her course on non-oppressive practice was at the expense of understanding practicalities about the job. I don't believe her experience was unique. Although some academics are dismissive of these philosophical approaches, they have a prominent place in some of the university social work curricula I have seen and enjoy significant prominence in core texts. In part they represent a challenge to the views of successive governments that the child has primacy in children's social work and needs to be viewed as an individual.

(Narey 2014: 11)

#### *Role ambiguity and role conflict*

- 7.5 It is important to recognise that the boundaries between different roles and functions in social work have always been blurred and that an ability to take on new roles that may involve balancing conflicts and tensions are an inherent part of social work:

Social work's capacity for adaptability and responsiveness can be seen as a powerful strength ... Social work has always sought to adapt to the social and individual needs of a rapidly changing demographic, economic and social structure.

(Blewett et al. 2007: 6)

- 7.6 At the same time, there is an extensive research literature that presents a more negative perspective on role conflict and role ambiguity. Examples of role conflict could include having to ration access to resources or being unable to spend as much time with individuals and their families as the worker would wish (Coyle et al. 2005). Role ambiguity includes feeling uncertain about job responsibilities and performance, (Blomberg et al. 2014). Separately or together, role ambiguity and role conflicts are



regularly reported as factors that contribute either to stress among social workers and/or poor retention in the workplace (Coyle et al. 2005, Pasupuleti et al. 2009, Kim 2011, Webb and Carpenter 2012, Blomberg et al. 2014).

- 7.7 Most of this evidence is based on work undertaken outside the UK and there is a lack of recent research that has attempted to measure role ambiguity and role conflict systematically among social workers in England as a whole. However, three recent studies have looked at this topic, one from the perspectives of students (Higgins et al. 2014) and two from those of newly qualified social workers (Hussein et al. 2013, Carpenter et al. 2015).
- 7.8 Higgins and colleagues (2014) suggested that students felt discouraged from applying social work theories on their practice placement and found it difficult to apply the 'wider aspirational' aspects of social work. Students found that 'there was an increasing emphasis on a limited range of 'statutory'-type activities such as meeting targets, completing assessments and obtaining information (p10).
- 7.9 Hussein and colleagues (2013) followed up a sample of students into their first two years of practice as children and family or adult social workers. One of the key factors associated both with job satisfaction and intention to stay in their current post was the feeling that their job allowed them to apply their social work values in their practice.
- 7.10 Carpenter and colleagues (2015) studied a large sample of newly qualified social workers in children and family services who had been on an induction programme designed to support them in their first year of practice. As hoped, these workers felt clearer about what was expected of them over time but that they also experienced greater role conflict. Between a third and a half of respondents agreed with the following statements: 'I have to do things that should be done differently' and 'I receive an assignment without adequate resources to carry it out' (p15). While role ambiguity, high role conflict, and low job satisfaction were all statistically associated with stress, the study also suggested that the programme had improved participants' confidence and competence.
- 7.11 Some aspects of social work may be 'hidden' from dominant ways of recording their activities but reflect an ongoing commitment to broader principles. This is captured in a small qualitative study from the Irish Republic (Forde and Lynch 2014) – where, as the authors point out, there is a similar climate of fiscal austerity and individualism and a shift of responsibility away from the state towards civil society to that in England. They found that there were examples of what they termed 'creative activism' among social workers who were involved in activities such as co-ordinating an interprofessional approach to engaging with the Roma community.

## **Professional discretion and time on administration**

Key point: Concerns have been expressed about the amount of time social workers spend on case recording and other administrative tasks at the expense of other activities.

- 8.1 At the heart of many of social workers' current concerns lies the question of professional discretion and the extent to which procedures and information systems designed to improve individual and organisational accountability have decreased social workers' opportunities to exercise professional discretion and increased the amount of time they spend on administration. This is often structured around Lipsky's (1980) influential accounts of social workers as 'street level bureaucrats' faced with the core dilemma of being supposed to help people or make decisions about them on the basis of individual cases while the structure of their jobs makes this impossible (for example, Halliday et al. 2009, Ash 2013).
- 8.2 Writing mainly in relation to social work with adults over a decade ago, Evans and Harris (2004) suggested that assertions that there had been a decline in professional discretion might be exaggerated but a more recent ethnographic study of 15 social work children and family teams spread across five local councils, concluded that managerial control was over intrusive and had potentially negative consequences for social workers' decision-making (Broadhurst et al. 2010, Wastell et al. 2010). This has been followed up by other surveys highlighting the amount of time social workers spend on administration (British Association of Social Workers 2012, All Party Parliamentary Group on Social Work 2013).
- 8.3 Another study (Baginsky et al. 2010) based on data from 1153 social workers who completed a time diary for one working week found that they spent almost as much time on case related recording (22 per cent) as in direct face to face work with clients (26 per cent). Comparisons with earlier similar studies showed that social workers have always spent comparatively little time in direct face to face contact with individuals and their families compared with many other health and care professionals because of their work arranging and co-ordinating support and meeting other professionals. It concluded that there had been a small decrease in face to face contact in comparison with the past but not as much as was sometimes perceived – especially in reports based on estimates of how social workers spent their time as opposed to using more objective measures.
- 8.4 Other commentators have also highlighted the changes in the demands made on social workers in terms of what information they record and concerns about the unwieldiness of electronic case recording systems (McGregor 2013, Gillingham 2014a, Gillingham 2014b).
- 8.5 Following the Munro (2011) Review of child protection, attempts have been made to increase children and family social workers' opportunities to exercise discretion and reduce paper work but unwieldy information and recording systems are still reported as causing difficulty (All Party Parliamentary Group on Social Work 2013).

## **Where social workers are employed**

Key points: Social workers are employed in a number of different settings including local councils, the NHS, voluntary, and private sector. While most social workers are still directly employed by local councils, good quality data on those employed in other settings is hard to find.

- 9.1 There has always been a tendency to define social workers by who they work for rather than what they actually do. For many years being a social worker in England was synonymous with working for a local authority social services department (Blewett et al. 2007). It is still the case that the majority of social workers are employed in social care departments run by local councils with social services responsibilities (CSSRS). The Department for Education (2014a) estimated that in September 2013, there were 24, 890 children's social workers employed by local councils in England. The equivalent figure for social workers with adults was 16,500 (Health & Social Care Information Centre 2014).
- 9.2 However, when these numbers are compared with the 91,001 social workers registered with the HCPC (2014b), it becomes clear that social workers employed by local councils comprise just over half of registered social workers. Unfortunately, it is far less apparent how and where the remainder of this workforce is distributed.
- 9.3 An estimate from 2012 (National Council for Voluntary Organisations 2013) using the Standard Industrial Classification (SIC) code suggests that around 29 per cent of businesses in the 'social work without accommodation' category are based in the voluntary sector.
- 9.4 Cafcass, a non-departmental public body accountable to the Secretary of State for Justice, describes itself as the 'largest [single] employer of social workers in England' but does not report how many social workers it employs (Cafcass). Social workers employed by Cafcass advise courts in care or adoption proceedings and where separating or divorcing parents cannot agree on future care arrangements for their children.
- 9.5 Voluntary organisations such as the NSPCC or Barnardo's also employ social workers. The NSPCC is the only voluntary organisation which can apply to a court for a care, supervision, or child assessment order in the same way as a local authority so social workers at the NSCPCC may do similar work to those in child protection and safeguarding teams based in a local council (NSPCC 2015b).
- 9.6 Other voluntary organisations employing social workers include SSAFA, the voluntary organisation supporting people in the armed forces and their families (SSAFA 2015), and hospices (Davidson 2013). Social workers may also be employed by organisations supporting older people, people with mental health problems, people who misuse substances, and family carers. For example, an exploratory study of workers in posts with a remit to support family carers found that 4 of the 38 workers taking part in the study had a social work qualification but this was not a requirement for their post (Moriarty et al. 2014a).
- 9.7 Just over half of local councils have integrated their mental health social workers into NHS teams (McNicoll 2013a) but some councils have also withdrawn their social workers from NHS Trusts, with some social workers reporting negative impacts on their role (McNicoll 2013b). There have been sporadic attempts to integrate social workers into primary care (for example, Davey et al. 2005) but developments such as these have never entered the mainstream. Social workers have traditionally played

an important part in supporting people being discharged from hospital but although it is possible to find individual accounts of social work in hospital settings (for example, McKie 2015, McNicoll 2015), in contrast with North America (Judd and Sheffield 2010, Duffy and Healy 2011) there is little recent English research in this area.

- 9.8 In 2000, it was reported that over 200 social workers were employed in palliative care teams in the UK (Sheldon 2000). However, more recent research from Scotland (Clausen et al. 2005) and Northern Ireland (Waldron et al. 2013) suggests that few palliative care patients, other than those being supported by a hospice, are in touch with a palliative care social worker.
- 9.9 The separate criminal justice systems in England and Wales, Northern Ireland and Scotland mean that the roles social workers play in the criminal justice system are different in each country. In England and Wales, the training of probation officers was located within social work education until 1996 when a new probation qualification was introduced (Knight and Ward 2012). Posts in Youth Offending Teams are often advertised for people with a probation or social work qualification but there does not appear to be any information on the number of social workers working for the National Offender Management Service or for voluntary organisations supporting people who have offended or who are at risk of offending and their families.
- 9.10 Both the Coalition and its predecessor Labour governments have expressed interest in supporting new mutual organisations and co-operatives. Pilot social work practices have been set up with children (Stanley et al. 2012) and adults (Manthorpe et al. 2014). The extent to which these settings represented a break from working for a local council was variable and the pilots represent a very small proportion of the social work workforce. It is not clear whether the number of pilots will expand and some of them have been brought back into local authority control.
- 9.11 Unlike North America where a substantial number of social workers are employed in private practice as counsellors or therapists (NASW Center for Workforce Studies & Social Work Practice 2011), this is rarely the case in England. Although data on the professional backgrounds of care home managers are lacking (Orellana 2014), the majority of social workers employed in the private sector in England are likely to be working as managers in residential care settings. However, they represent an extremely small proportion of the care home workforce. Other self-employed social workers may work as independent practice educators supervising social work students on first placement in settings where their line manager may not be a registered social worker.
- 9.12 An emerging area of employment for social workers in recent years has been with employment agencies specialising in providing locum social workers (Carey 2007, Hoque et al. 2011, Cornes et al. 2012, Cornes et al. 2013). Various reasons for this have been given, including better wages, increased flexibility in terms of working hours, increased job satisfaction/and or reduced stress, as a way of acquiring experience before getting a permanent post, and a desire to 'escape' from a particular organisation. After strenuous attempts by local councils to reduce

expenditure on agency workers (Hoque et al. 2011, Cornes et al. 2013), it appears to be rising once more. Union representatives have suggested that this may partly be caused by social workers wishing to gain greater control over their working lives (Schraer 2014b).

## Team structure and supervision

Key points: Posts such as consultant social worker and senior practitioner are being developed that allow experienced social workers to remain in practice with better pay and status. There is evidence that supervision helps improve job satisfaction and retention rates.

### *Team structures*

- 10.1 Social workers have traditionally been organised into teams whereby a team manager supervises a team of social workers, each with their own caseload. Depending on the size of the team, the manager may have one or more deputies. The team may also include other workers with vocational qualifications whose role is to take on the less complex referrals and an administrator. These structures are hierarchical, with the team manager in turn being answerable to his or her own line manager.
- 10.2 This model has been criticised for failing to offer social workers opportunities for promotion other than by becoming a manager (Social Work Task Force 2009a). The creation of more consultant social worker and senior practitioner posts in social care departments in local councils marks an attempt to ensure that the most experienced and skilled social workers remain in practice.
- 10.3 An influential development in children's social work has been the 'Reclaiming Social Work' (sometimes called Hackney) model in which staff are organised into units, each led by a consultant social worker. Every family is discussed in a weekly group meeting. An evaluation of this model (Forrester et al. 2013) suggested that there were many positive features to this way of working, including greater time on face to face contact with families, better quality assessments, better satisfaction with the service they received on the part of the families, and less stress on the part of social workers. However, it acknowledged the complexities in showing these changes were 'caused' by this different type of structure.

### *Supervision*

Learning from supervised practice is an essential component of the education and training of social workers. Through regular, structured meetings with a supervisor, students learn how to manage a caseload, apply theory and research evidence to practice, perform the key tasks of assessment, planning and intervention, and reflect on their own professional development. Supervision is also an opportunity to seek and receive emotional support for undertaking what can often be a demanding and stressful role.

(Carpenter et al. 2012: 1)

- 10.4 Beddoe (2012) suggests that two key features that differentiate supervision in social work from supervision in other professions are, firstly, that it continues throughout social workers' careers, not only in training and, secondly, that it is usually undertaken 'in house' within the organisation. Surveys undertaken in England suggest that most social workers receive supervision monthly for around one or two hours and that most consider this to be adequate (Baginsky et al. 2010, Goldman 2013).
- 10.5 Despite concerns about the quality of the supervision received by social workers in inquiries (Laming 2009) or serious case reviews (Bradford Safeguarding Children Board 2013), it is striking that comparatively few studies of supervision have been undertaken in the UK (Carpenter et al. 2012) and that we know so little about what actually takes place during these sessions (Beddoe 2012).
- 10.6 Tensions have been identified between the management function of supervision which often involves balancing the wider organisational goals and resources with individual performance management and its supportive aspects. Practitioners may feel the need to present a professional 'face' rather than admit to experiencing difficult emotional responses to their work (Ingram 2012, Ingram 2013).
- 10.7 Satisfaction with supervision is associated with increased job satisfaction and better staff retention (Beddoe 2012, Carpenter et al. 2012, Chiller and Crisp 2012), possibly because the opportunity to discuss work and the expectations of the organisation increases role clarity, reduces role ambiguity, and provides support for the worker (Kim and Lee 2009). However, it has been suggested that there is less evidence for its effects on practice (Carpenter et al., 2012).
- 10.8 In addition to the structured support received in supervision, social workers also value informal support from colleagues (Baginsky et al. 2010, Beddoe et al. 2014, Wilberforce et al. 2014).

## **Working with other professionals**

Key point: Other professionals do not appear to have a clear view of the role of social workers. This may contribute to misunderstandings on both sides.

- 11.1 Social workers work with the full range of health and care professionals, teachers, and police but the type of professional with whom they are most in contact varies according to their specialism. For instance, contact with foster carers is an important part of the work of children and family social workers (Austerberry et al. 2013).
- 11.2 However, other professionals do not always have a clear notion of the distinctive contribution of social work (Cameron and Lart 2003, Baginsky 2014a). Partly as a result of this, they may not have a very positive view of social work (Baginsky 2014a).
- 11.3 In services for adults, a study of integrated mental health and social care teams suggested that the structure of these teams was often down to accidents of politics and history. It suggested that the term 'integration' was often used rather loosely

and that more attention needed to be paid to the composition and skill mix of these teams (Huxley et al. 2011).

- 11.4 From the perspective of social workers in multidisciplinary or integrated teams, they are often the only representative of their profession. This means that they may have poorer perceptions of team functioning and experience higher levels of role conflict than their health colleagues (Carpenter et al. 2003). A study of social workers in the criminal justice system in Scotland found that they often felt their role was marginalised or misunderstood (Halliday et al. 2009). Similar feelings were expressed in the evidence presented to the All Party Parliamentary Group of Social Work (2013).

## **Prevalence of stress, depression, alcohol and drug problems**

Key points: There is strong evidence for the risk of stress and burnout in social work. A supportive organisational culture, attention to workloads, and increasing job satisfaction are thought to help counteract the frequency of stress and burnout among social workers. There is increasing interest in how practitioners can be helped to develop strategies that will help them cope with the challenges of their work, although hard evidence of how this has been translated into practice is lacking.

- 12.1 Professionals working in health and social care have been shown to experience higher levels of stress than the rest of the population in paid employment (Walsh et al. 2005, Health and Safety Executive 2014).

- 12.2 Research on stress in social work is mainly concerned with the links between workload, stress, burnout, and compassion fatigue. Burnout is defined as ‘a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do ‘people work’ of some kind’ (Maslach and Jackson 1981: 99). Compassion fatigue is a relatively new term that describes the secondary traumatic stress experienced by social workers and other helping professionals who work with clients experiencing trauma which is a result of:

... the natural and consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person.

(Figley 1995: 7, cited in Bride et al. 2007)

- 12.3 Apart from the negative consequences for individuals affected by stress, burnout or compassion fatigue and their families, there may be wider repercussions for people using services and their families, colleagues, and the employing organisation if social workers affected by burnout develop negative or neglectful attitudes about their work or their judgement is impaired (Lloyd et al. 2002, Boyas and Wind 2010).
- 12.4 There is an extensive international literature on stress in social work (for example, Acker 2004, Tam and Mong 2005, Mänttari-van der Kuip 2014) and a small number of UK studies based on representative samples of social workers (Huxley et al. 2005, Evans et al. 2006, Hudson and Webber 2012, Carpenter et al. 2015) and social care staff including social workers (Coffey et al. 2009). Using the same screening measure,

the General Health Questionnaire 12 (GHQ-12) (Goldberg and Williams 1988), the proportions of social workers in these UK studies scoring above the cut point on the GHQ-12 indicating potential psychiatric disorders such as anxiety or depression ranges from around a third to a half.

- 12.5 Specifically, the proportions ranged from 47 per cent among mental health social workers (Evans et al. 2006), 43 per cent among Approved Mental Health Professionals (Hudson and Webber 2012), 36 per cent among social services staff (Coffey et al. 2009), and from 31-41 per cent at different phases of data collection among newly qualified children and family social workers (Carpenter et al. 2015).
- 12.6 There are also many individual accounts and reports based on self-selected samples of social workers (for example, Schraer 2014a, Schraer 2015). Although the latter provide a very vivid and current picture, their disadvantage is that those responding may not be representative – perhaps only those who feel most stressed might have chosen to respond – and they tend to be based on self-definitions of stress, rather than using a standardised measure based on questions that have been pre-tested to reduce the risk of bias and ensure that all respondents understand the questions in a similar way.
- 12.7 Two systematic reviews have sought to draw together the findings from the UK and international literature on stress and burnout (Coyle et al. 2005, McFadden et al. 2014). Both emphasise the demanding nature of the work itself, heavy workloads, poor job satisfaction, and unsupportive organisational cultures as contributing to stress and burnout. McFadden and colleagues also report research that has found that social workers with personal experience of mistreatment risk experiencing secondary trauma when faced with similar situations in their professional lives. It is also thought that workers in stigmatized occupations, such as social work, might also be more prone to stress (Bove and Pervan 2013) and that some social workers may feel reluctant to admit that they are finding it difficult to cope (Gibson 2014). A study of social workers and care managers in adult services suggested that the combination of high demands in terms of workload and low control in terms of autonomy and authority to take decisions had a particularly detrimental impact in terms of stress (Wilberforce et al. 2014).
- 12.8 Stanley and colleagues (2012) interviewed 50 social workers who had experienced depression. Of these, 70 per cent had been prescribed antidepressants and almost all had needed to take time off work. The majority considered that heavy workloads had contributed to their depression but other factors were lack of support at work, bullying, and violence and threats from people using services. Over half those interviewed felt that they had delayed seeking help because they were concerned about the consequences of disclosure at work, either because they felt they were letting down their colleagues or because they would be seen as not being able 'to cope'.
- 12.9 Almost two-thirds of a self-selected sample of social workers reported eating 'comfort foods' to cope with stress, while a third used alcohol but the amounts eaten or drunk



were not reported. The most popular ways of coping with stress were talking to colleagues or friends and family (McGregor 2013).

- 12.10 Given the strength of the evidence above, it is surprising that there do not appear to be any published intervention studies aimed at reducing the risk of stress and burnout (Coyle et al. 2005). However, the links between job autonomy, having supportive supervisors and colleagues, and workload and stress and burnout highlight some important areas in which managers and organisations can improve working environments.
- 12.11 There is also increased interest in identifying which positive aspects of social workers' personal characteristics might act as buffers against the effects of stress and burnout. This is seen as an increasingly important part of qualifying education (Collins 2007, Collins 2008, Beddoe et al. 2013, Grant et al. 2014, McFadden et al. 2014). Among employers, one council is reported to have offered 'mindfulness training' to staff, consisting of two and a half hours once a week over nine weeks (Dunkin-Read 2015).

## Regulation

Key point: Only a limited amount of research has examined how well regulation is working and how it could be improved.

- 13.1 Relatively little is known about how social workers have engaged with being regulated. Meleyal (2014) interviewed a sample of social workers and found that the majority welcomed being in a registered profession. They spoke of hopes that registration would improve the status of social work and how it is perceived by the public and media. However, cases against social workers had led to some feeling personally vulnerable and more fearful of coming to the attention of the regulatory body. Their key concerns were that activities that included drinking alcohol in a public place or political and campaigning activities might be seen as affecting their suitability.
- 13.2 McLaughlin (2010) studied 14 appeals made by individuals against being removed or suspended from the register maintained by the previous regulator, the General Social Care Council (GSCC). He concluded that there was an imbalance of power in that individuals were generally represented themselves, although two were represented by a trade union or professional body whereas the GSCC was almost always represented by legal counsel.
- 13.3 When it became clear that a number of conduct referrals investigated by the GSCC involved 'inappropriate relations', Doel and colleagues (2009) undertook a literature review of professional boundaries, asked a sample of organisations and individuals to comment on some scenarios and studied a collection of policy documents. They concluded that research evidence was almost always absent from the responses to scenarios or in policy documents. They concluded that many instances of misconduct involve 'grey' areas but that policy documents rarely address these grey areas. They recommended that much policy guidance should be re-written to make it relevant

and transparent, not something that was only taken out when needed, like an 'insurance document'.

- 13.4 A study of serious case reviews (SCRs) involving children's services concluded that they were much more likely to concentrate on procedural errors rather than seek to address some of the complexities of practice, such as engaging with 'hard to reach' families or examine leadership and supervision (Brandon et al. 2013).
- 13.5 It has not been possible to undertake comparable work analysing the content of SCRs involving adults at risk because there is currently no equivalent central repository to that held by the NSPCC (2015a) and often it is only the summary of the SCR that is published (Manthorpe and Martineau 2014).
- 13.6 The only published evidence that we found of whether SCRs should refer to individual professionals to the relevant regulator or whether regulators should use SCR reports as evidence was the SCR into Mrs Gloria Foster who died when the home care agency that she had been using was closed by the then UK Border Agency. The failure to arrange an alternative home care provider left her without any care visits for almost nine days. The review commented:

It is now for the employer and the Health and Care Professions Council to consider the evidence and determine what further consequences should ensue.

(Surrey Safeguarding Adults Board 2013: 29)

- 13.7 However, SCR reports are authored by a wide range of individuals and there is considerable variation in the content and style of published executive summaries (Brandon et al. 2013) and so further research would be required before being able to comment on this further.

## Changes and concerns

Key point: The major changes that have taken place in social work over the past 20 years are likely to continue. Wider policy changes in terms of welfare reform and tight limits on public expenditure are likely to continue to have an impact on social work.

### *Social work reform*

- 14.1 Reviews for the previous Labour (Social Work Task Force 2009a) and current Coalition government (Social Work Reform Board 2010, Munro 2011, Social Work Reform Board 2012) recommended a series of reforms aimed at ameliorating some of the concerns about the position of social work and creating a strong more accountable profession. These have included a new overarching professional standards framework in the Professional Capabilities Framework (PCF) (The College of Social Work Undated), the appointment of two Chief Social Workers (one for Children and Families and one for Adults) to give professional leadership and improve the influence of social work on policy (GOV.UK 2013), and the Assessed and Supported Year in Employment (ASYE) which offers additional support to social workers in their first year of practice and, along with the PCF, provides a benchmark against which all new

social workers' knowledge and capability can be objectively assessed at the end of their first year (Social Work Reform Board 2012).

- 14.2 Social work qualifying education continues to be a controversial policy area, with two separate reviews being completed in 2014 for the Department for Education (Narey) and Department of Health (Croisdale-Appleby). The Chief Social Workers have issued draft knowledge and skills statements (KSS) for social workers working with children and families (Department for Education 2014b) and adults (Department of Health 2014). It has been suggested that social workers who can pass a test based on the standards for social workers working with children and families will be given approved child and family practitioner status while proposals for social workers with adults aim to introduce a national system of quality assurance in terms of employers' standards.

### *Concerns*

- 14.3 There is debate about the pace of these changes within the profession and whether earlier developments have been given time to bed down. In addition to the concerns about workloads and time spent on administration mentioned earlier, the consequences of the increases in demand for both children's and adults' social care have been debated throughout the sector, in particular about whether cuts to social care and other changes in society will increase social inequalities (Featherstone et al. 2012). For all these reasons, debates about the role of social workers are likely to continue to be controversial.

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