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Patient and Client Council
Your voice in health and social care

Relationships Matter:

An analysis of complaints about social workers to the
Northern Ireland Social Care Council and the
Patient and Client Council



**QUEEN'S
UNIVERSITY
BELFAST**

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SECTION 1: INTRODUCTION AND CONTEXT

1.1: INTRODUCTION

This research project was originally jointly commissioned by the Northern Ireland Social Care Council (NISCC) and the British Association of Social Workers Northern Ireland (BASW NI), which was previously known as the Northern Ireland Association of Social Workers (NIASW). The NISCC is the statutory body responsible for the regulation of social workers and social care workers in Northern Ireland and it also sets the standards for, and regulates, social work training at both qualifying and post-qualifying levels. BASW NI is part of BASW UK which is the largest professional association for social work in the United Kingdom. As the professional association in Northern Ireland, BASW NI aims to promote the best possible social work services for all people who may need them and also to secure the wellbeing of social workers.

Referrals about social workers can be made to the NISCC where a referrer believes that the worker's practice or conduct has fallen below one or more of the six standards set out in the Code of Practice for Social Care Workers and Employers of Social Care Workers (NISCC, 2002) which were revised in November 2015 to include standards of conduct and practice (NISCC, 2015a). Referrals are investigated in order to determine if the social worker has breached the Code of Practice and committed misconduct with the threshold for regulatory action being that there is admissible, substantial and reliable evidence to prove misconduct. As noted by NISCC (2015b), a substantial number of referrals do not reach this threshold and are closed at the investigation stage due to there being no, or insufficient, evidence to substantiate the allegations made.

This project focuses on referrals made about social workers by service users and carers during the period 1st January 2006 to 1st November 2015 (i.e. the date that the new Standards of Conduct and Practice for Social Workers came into effect). Referrals made during this period were recorded as 'complaints' but, following the introduction of the revised standards in November 2015, are now referred to as 'allegations' or 'concerns' about a worker's fitness to practise. During the period that this study focused on, the NISCC received a total of 368 'complaints' about social workers of which 19 were the subject of a Conduct Hearing and 349 were closed. These complaints were received from a variety of sources although the largest category of complainant, accounting for approximately one-half of all complaints received, is 'service user/member of the public' (NISCC, 2015b). Complaints from service users/members of the public often focus on:

...how they feel they have been treated by social workers – for example, that they have not been listened to; they have been spoken to in an inappropriate manner; that their circumstances have been misrepresented in reports or through communication; or they believe the social worker has displayed poor professional practice, in particular a poor attitude. (NISCC, 2015b: 28).

The NISCC, therefore, identified the need for a review of the complaints received about social workers from service users and carers in order to identify common practice issues which lead to complaints and to highlight key messages for the social work profession. This was also endorsed by BASW NI given their interest in promoting the best possible social work services for all who need them.

The aim and objectives of the project were agreed as follows:

Aim:

- To conduct an in-depth analysis of all complaints received by the NISCC from service users and carers about social workers over a ten-year period from 1st January 2006 to 1st November 2015.

Objectives:

- To provide a detailed analysis of the nature of the complaints made by service users and carers about the values, attitudes, behaviours, knowledge and skills of social workers;
- To provide detailed descriptive data relating to the source of complaints, the characteristics of social workers about whom complaints are made, and the outcome of complaints;
- To set this information within the context of the growing national and international literature on service user/carer expectations of social workers and the central importance of relationships within social work practice;
- To produce a detailed report for the NISCC and BASW NI on the key messages for the social work profession.

The Patient and Client Council (PCC) had also identified the need for a review of cases coming to their attention and specifically relating to complaints about Family and Child Care social workers. The PCC provides an independent voice for patients, clients, carers, and communities on health and social care issues in Northern Ireland and aims to listen and act on people's views, encourage people to get involved, help people make a complaint, and promote advice and information. Complaints to the PCC Complaints Support Service about Family and Child Care services featured in the top five specialty areas of complaints in both 2015/16 and 2016/2017 and accounted for approximately 6% of all cases managed by the service; n=44 out of 711 cases in 2015/16 and n=46 out of 733 cases in 2016/17 (PCC, 2017).

In scoping the context for this review of cases coming to the attention of the Complaints Support Service about Family and Child Care services, the PCC identified that the current study had been commissioned by the NISCC and BASW NI. Following subsequent discussions between the three organisations and the researcher, it was agreed that the PCC would join as a partner in this project in order to avoid duplication or overlap of work. At this stage the review of the NISCC cases was underway and an initial observation was that the vast majority of complaints made by service users and carers to the NISCC were in relation to Family and Child Care social workers (Hayes, 2017). It was felt, therefore, that a review of PCC cases would complement the project and that the findings could be integrated into the research report. An additional objective for the project was added as follows:

- To analyse a sample of approximately 50 cases relating to complaints about Family and Child Care social workers referred to the PCC Complaints Support Service during the period from 2013/14 to 2017/18.

1.2: TERMINOLOGY

The terms 'service user' and 'carer' are used in this report as they are, at the present time, the most commonly used words in the United Kingdom to describe people who are on the receiving end of social work services. In this report, the terms are used to describe those who come into contact with social workers, either because they are the focus of the social worker's professional attention, or because they are supporting or caring for someone in this situation. The term is, therefore, used here to cover a broad range of people, including children and young people, parents, adults receiving services by virtue of their age, health, or disability, family members acting as carers, for example for an older person or for a child or young person through kinship care arrangements, and so on.

There are, however, a range of other terms that have been, and sometimes still are, used to describe people who receive services from a social worker, including 'clients', 'customers', 'consumers', 'service recipients', and 'experts by experience'. The term 'client', for example, is used regularly in the PCC records although it seems to be used in terms of people being clients of the PCC rather than clients of Social Services. In the NISCC records, those who make complaints are generally referred to as 'complainants' although, when completing the complaints form, they are asked to identify themselves as either the 'service user' or as a 'relative/friend/carers' of the service user, or as 'other', with some individuals making complaints being referred to as 'members of the public'. These terms are not necessarily mutually exclusive as, for example, relatives may also be acting as carers, a carer might be receiving services in their own right and describe themselves as a service user, and all could be described as members of the public.

As McLaughlin (2009) notes, all of these terms are problematic because they all emphasise different aspects of the relationship between those who assess, provide and commission services and those who are the recipients of those services and, ultimately, fail to capture the totality and complexity of that relationship. It is useful to remember that:

Whichever label we use...it is descriptive not of a person, but of a relationship.
(McLaughlin, 2009: 1114).

1.3: RELATIONSHIP IN SOCIAL WORK PRACTICE

As Murphy et al. (2013) note, there has been a growing emphasis in recent years on the importance of the relationship between social workers and service users/carers as being central to effective practice (see, for example, McColgan and McMullin, 2017). It is argued that social work always starts and finishes with an encounter between two or more people and that, the relationship that develops, is the vehicle through which social work is carried out (Ruch et al., 2018). This view was endorsed by the highly influential Munro review of child protection which argued that social work involves 'forming relationships with children and families in order to understand them and help them change' (Munro, 2011:84).

There is a growing body of literature identifying, from the perspective of service users and carers, important factors that help in the forming of positive and effective relationships between them and the social workers with whom they come into contact. Hayes (2008), for example, interviewed 26 parents involved in the child protection system in Northern Ireland about their experiences. In relation to the factors they felt were helpful in developing good relationships with social workers, the parents:

...valued workers who displayed skills in forming relationships, listening, and conveying empathy and understanding and whose practice was underpinned by clear values including caring or helpfulness, respect, a non-judgmental approach, reliability and honesty. (Hayes, 2008: 251).

Similarly, Hayes et al. (2014) interviewed 22 parents about their involvement with Family and Child Care social workers in one Health and Social Care Trust in Northern Ireland. The majority (n=17) stated that they had a 'very good' relationship with their social worker, 3 stated that they had a 'good' relationship, and 2 stated that the relationship was just 'OK'. They discussed a number of skills, qualities and abilities that their social workers possessed that had enabled them to develop their relationship with frequent mention of the social worker:

...spending time to get to know them, listening, being respectful, honest, non-judgmental and supportive and encouraging. (Hayes et al., 2014: 58).

The qualities referred to above have also been identified consistently in the national and international literature and it is clear that service users and carers value a number of social worker characteristics as crucial in terms of being able to build effective working relationships. These include communication in a respectful way, active listening and the demonstration of empathy and understanding, a non-judgmental attitude, being caring and sensitive, interested in the service user/carer as a person, offering practical, as well as emotional, support, reliability and consistency, honesty, and the provision of information (Dale, 2004; Leigh and Miller, 2004; Maiter et al., 2006; De Boer and Coady, 2007; Buckley et al., 2011). In terms of what service users and carers do not find helpful, it is perhaps not surprising that they refer to the absence of the above qualities with Dale (2004: 13) referring to comments about social workers who were viewed as 'uninterested, ineffective, unsupportive, unreliable and unavailable'. A final quote from the British Association of Social Workers enquiry into the role of the social worker in adoption (Featherstone et al., 2018), recounting the experiences of 56 birth family members, provides a useful summation of these unhelpful qualities:

They related experiences of feeling deceived by social workers who they considered had not been honest with them. They described not understanding or being helped to understand...being unfairly judged/labelled...and generally being treated in what they perceived were inhumane ways. (Featherstone et al., 2018: 22).

This report describes the nature of complaints by service users and carers about social workers and, as will be outlined, many of these complaints are associated with these unhelpful qualities which, from the perspective of social workers and carers, either prevent a relationship being formed at all or lead to a breakdown in relationships that have been, or are beginning to be, established.

1.4: REPORT STRUCTURE

Section 2 outlines the methodology employed in order to review the records held by both the NISCC and the PCC in relation to complaints made by service users and carers about social workers. The next three sections outline the study findings with Section 3 describing the characteristics of both the NISCC and PCC samples in terms of both the social workers and the service users/carers involved in the cases and the outcomes of the cases. Section 4 presents the findings in relation to the nature of the complaints made and Section 5 outlines some underlying themes in relation to the context in which the complaints were made. Section 6 concludes the report and draws out the main messages for the social work profession.

SECTION 2: METHODOLOGY

The project was undertaken by means of a retrospective audit of records relating to complaints from service users and carers received by both the NISCC and the PCC. The NISCC records took the form of written files, containing both hand-written notes and word-processed reports. The PCC records, on the other hand, were located on an electronic database which, in relation to each case, contained both notes made by the allocated Complaints Support Officer and documents relevant to the complaint which had been uploaded to the database. In order to facilitate the extraction of both quantitative and qualitative data from both form of records, data collection schedules were developed as the first stage of the study (Appendices A and B). These were designed to facilitate collection of data relating to the source and the nature of complaints, the characteristics of social workers about whom complaints were made and, as far as possible, the outcome of complaints.

2.1: NISCC SAMPLE

The aim, in relation to the NISCC cases, was to analyse all complaints made by service users and carers over a ten-year period from 1st January 2006 to 1st November 2015, i.e. the date that new Standards of Conduct and Practice became effective (NISCC, 2015a). As outlined in Figure 1, the total number of complaints received by the NISCC about social workers during this time period is 368. The NISCC subsequently provided a list of all cases that were potentially made by service users and carers, i.e. all those where the complainant was identified as either a 'service user', a 'friend/relative/carer' of the service user, or a 'member of the public'. The list contained a total of 196 complaints, representing just over half (53.3%) of all the complaints received. Of these 196 cases, 62 (31.6%) were subsequently excluded from the analysis and 134 (68.4%) were included. The 134 cases included, therefore, represent just over one third (36.4%) of the total number of complaints received by the NISCC about social workers.

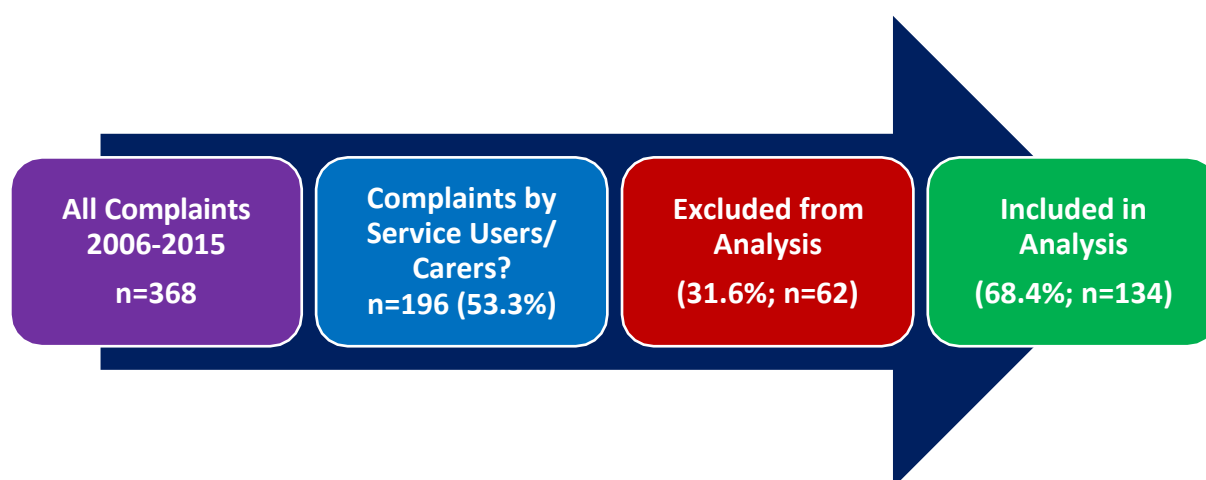


Figure 1: The Process of Identifying the NISCC Sample

Figure 2 outlines the number of NISCC cases included in, and excluded from, the analysis by year of referral. Cases were included if they related to a service user or carer who was directly involved with the social worker(s) named in the referral either because they were receiving services from the social worker or were caring for or supporting a service user of that social worker. Cases were excluded (n=62) for a number of reasons as follows:

- Complaints from ‘members of the public’ (not service users or carers) – n=22;
- ‘Anonymous’ complaints – n=12;
- Duplicate complaints – n=9;
- Complaints in which no specific allegation of misconduct was made against the social worker – n=10;
- Complaints from other professionals – n=4;
- Complaints from service users who were not directly receiving a service from the social worker concerned – n=3.

In addition, 2 cases were excluded because it was felt that their inclusion would skew the analysis. These cases involved extreme allegations made by a service user with severe mental health problems against two social workers.

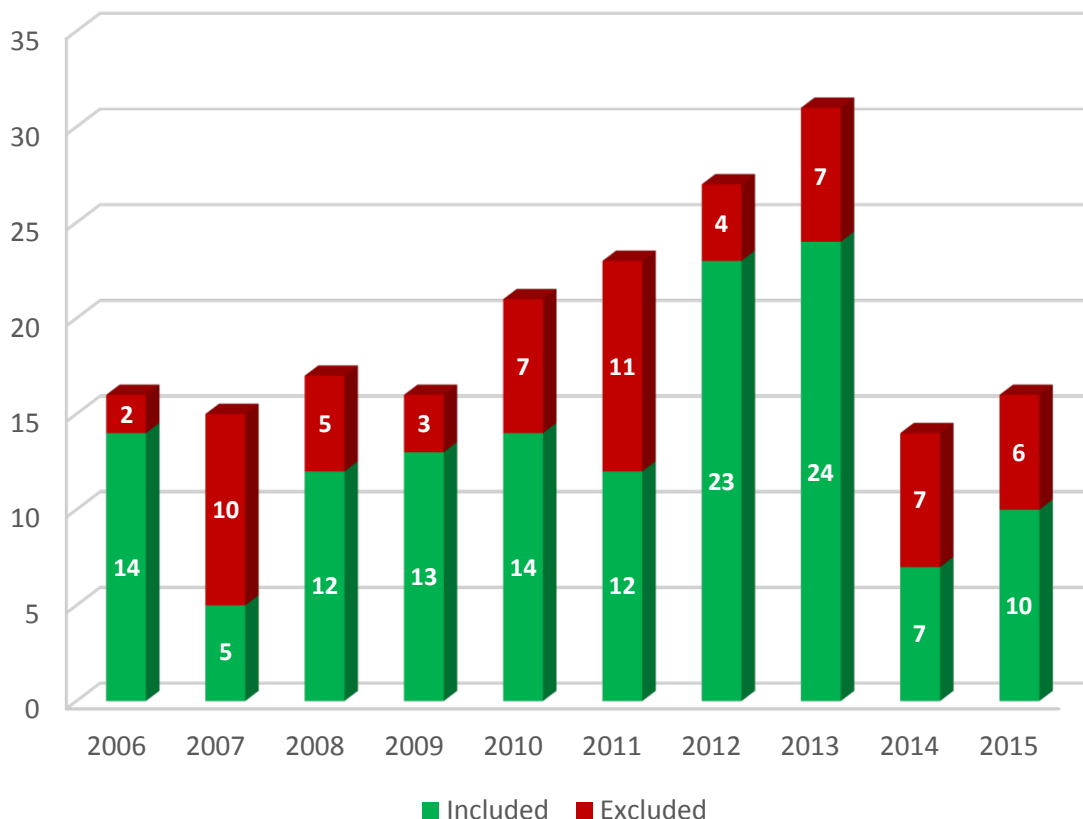


Figure 2: Included and Excluded Cases (NISCC Sample) by Year of Referral

2.2: PCC SAMPLE

In relation to the PCC complaints, the aim was to analyse a sample of approximately 50 cases relating to complaints about Family and Child Care social workers referred to the Complaints Support Service during the period from 2013/14 to 2017/18. The PCC provided a list of case numbers where the area of service was listed as Family and Child Care and the case was categorised on the database as either 'Advocacy-Issue/Concern' or 'Advocacy-Formal Complaint'. The former category refers to cases managed outside the formal complaints process and the latter to cases managed within formal Health and Social Care Complaints or related processes. The list contained a total of 194 case numbers with 155 of these categorised as formal complaints and 39 as issue/concern.

The sample was selected from the 155 categorised as formal complaints. Given that there was only a short time available for review of this material, cases were only included in the sample if they contained, in my judgement, a clear expression of the complaint issues and could be reviewed within a reasonable time-frame. This resulted in a total of 56 cases being included in the analysis which represents just over one-third (36.1%) of all the formal complaint cases referred. The first case included in the sample was referred in April 2013 and the last case in September 2017. Figure 3 outlines the number of PCC cases categorised as 'formal complaint' and 'issue/concern' and the number included in the sample by year.

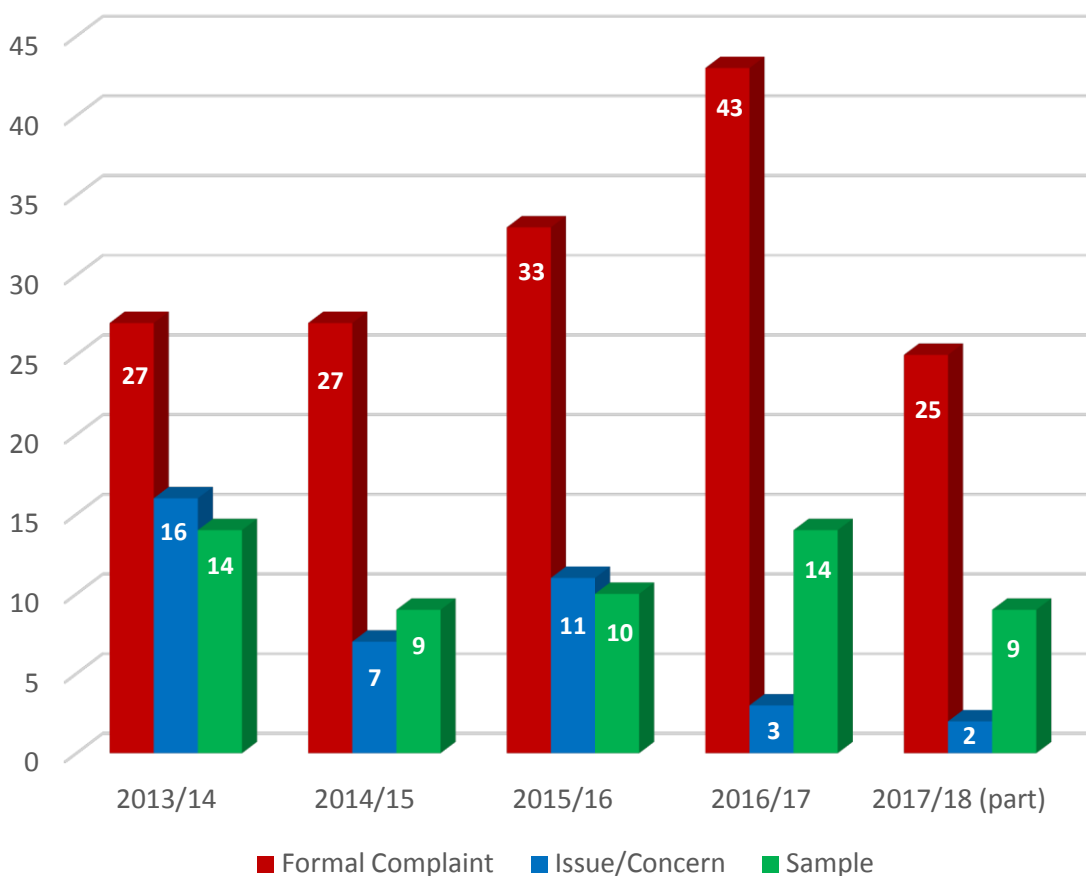


Figure 3: PCC Cases Categorised as Formal Complaint and Issue/Concern and Sample Cases by Year of Referral

2.3: DATA COLLECTION AND ANALYSIS

The study was granted ethical approval by the Research Ethics Committee, School of Social Sciences, Education and Social Work, Queen's University Belfast (QUB). Data collection took place at the NISCC premises in Belfast between September 2016 and October 2017 and at the PCC office in Lurgan between September and December 2017. A confidentiality agreement was put in place between the NISCC and QUB and the PCC and QUB outlining the acceptable processing of the records held by both organisations.

As noted, data collection schedules were developed in order to facilitate the extraction of both quantitative and qualitative data from both the NISCC and PCC records. In line with the confidentiality agreements, these allowed for the data to be recorded in an anonymised format ensuring that no identifiable information (names, addresses, dates of birth) relating to either the social workers who were the subject of complaints or the service users or carers who made complaints were recorded. Extreme care was also taken not to record specific information about any individual's circumstances that could potentially lead to their identification.

The quantitative data was subsequently analysed using the Statistical Package for Social Sciences (SPSS) Version 22 and descriptive statistics, such as frequency distributions and cross-tabulations, used to summarise the data. Qualitative data (e.g. in relation to the nature of complaints and the context in which they are made) was subjected to content analysis in order to identify themes, patterns and categories.

Having outlined the study methodology, the next three sections of the report outline the findings starting with the characteristics of both the NISCC and the PCC samples before moving on to consider the nature of the complaints made and the context in which they arise.

SECTION 3: CHARACTERISTICS OF THE SAMPLE GROUPS

3.1: CHARACTERISTICS OF THE SOCIAL WORKERS IN THE NISCC SAMPLE

GENDER AND AGE

The breakdown of social workers in the NISCC sample by gender and age is displayed in Table 1 below. As outlined, the majority of the social workers are female (80.6%, n=108) and 19.4% (n=26) are male and this reflects the gender breakdown of all social workers registered with the NISCC. The NISCC Register at 13th November 2017 indicates that, of the 6,017 registered social workers, 82.1% (n=4,938) are female and 17.9% (n=1,079) are male.

Gender	20-29 years	30-39 years	40-49 years	50-59 years	60+ years	TOTAL
Female	14	35	35	23	1	108 (80.6%)
Male	1	2	11	9	3	26 (19.4%)
TOTAL	15 (11.2%)	37 (27.6%)	46 (34.3%)	32 (23.9%)	4 (3.0%)	134 (100%)

Table 1: Social Workers in the NISCC Sample by Gender and Age

The Northern Ireland Health and Social Care Workforce Census March 2017 (O’Hagan, 2017) also indicates that, of the 3,913 social workers employed in statutory Health and Social Care (HSC) agencies (the HSC Trusts, the HSC Board, and regional services), 83.8% (n=3,279) are female and 16.2% (n=634) are male. As outlined in Figure 4, therefore, in terms of gender the social workers in the sample are broadly similar to the general population of social workers in Northern Ireland.

In relation to age, the mean age of social workers in the sample is 42.4 years (range = 22 years to 64 years) and the median age is 44 years. Again, this reflects the age profile of all social workers registered with the NISCC who have a mean age of 43.6 years (range = 21 years to 76 years) and a median age of 43 years. As outlined in Figure 5, in terms of age profile, the social workers in the sample are broadly similar to the general population of social workers in Northern Ireland when compared to the NISCC Register. The sample, however, does include a slightly higher proportion of social workers in the 40-49 age category and the NISCC Register includes a higher proportion in the 60+ years category. The latter difference may be explained by the inclusion of a number of retired social workers on the NISCC Register.

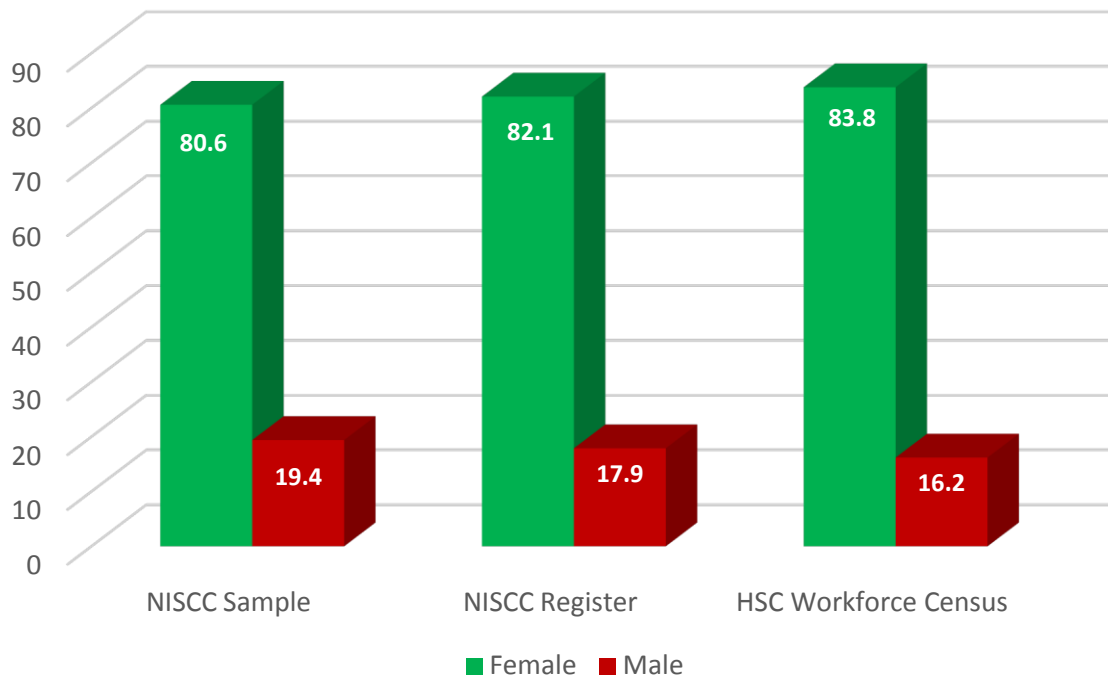


Figure 4: Comparison of Gender Breakdown of Social Workers in the NISCC Sample with the NISCC Register and the HSC Workforce Census

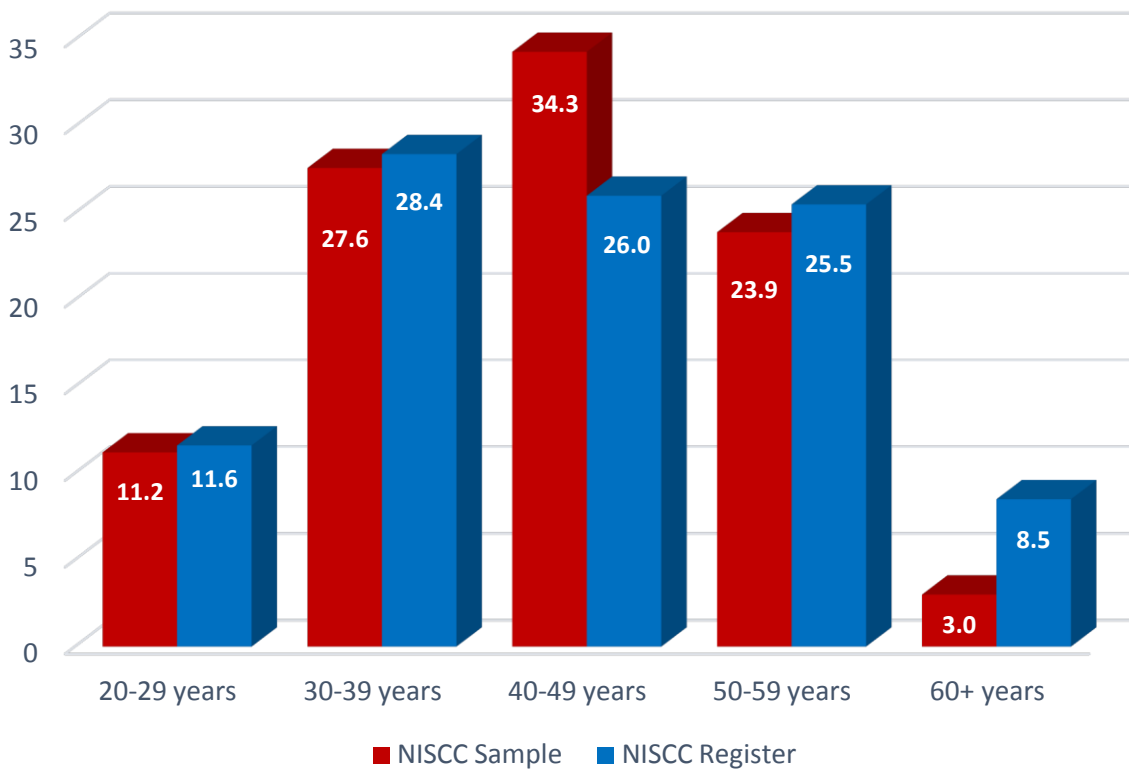


Figure 5: Comparison of Age Profile of Social Workers in the NISCC Sample with the NISCC Register

Direct comparison with the HSC Workforce Census is not as straightforward as a number of age categories have been merged in the data provided and, in order to prevent personal disclosure, cell counts of less than 4 have been suppressed and some totals and sub-totals have been changed. An analysis of the figures provided, however, suggests a broadly similar age distribution amongst social workers employed in the statutory HSC sector with 9.9% aged between 20 and 29 years, 27.9% aged 30-39 years, 29.2% aged 40-49 years, 28.0% aged 50-59 years, and 5.0% aged 60+ years.

EMPLOYMENT SECTOR

The vast majority of social workers in the sample (96.3%, n=129) are employed by one of the HSC Trusts with only 3.7% (n=5) employed in voluntary or private sector organisations. Analysis of the NISCC Register indicates that 65.3% (n=3,931) of all registered social workers are employed in the HSC Trusts and 15.8% (n=948) are employed in voluntary and private sector organisations. The remainder (11.9%, n=1,138) are either employed in other statutory sector organisations (such as the Health and Social Care Board, the Probation Board for Northern Ireland, the Youth Justice Agency, and the Northern Ireland Guardian Ad Litem Agency), or the education and training sector, or are unemployed, retired, or employed outside Northern Ireland. Social workers employed in HSC Trusts, therefore, are over-represented in the sample and those working in voluntary or private organisations are under-represented.

PROGRAMME OF CARE

Table 2 presents the breakdown of social workers in the sample by programme of care and employer demonstrating that the overwhelming majority (91.0%, n=122) are employed within Family and Child Care services. This includes 4 of the 5 social workers employed in voluntary and private sector organisations and 122 (94.6%) of the 129 employed in the HSC Trusts.

Programme of Care	Statutory Sector (HSC Trust)	Voluntary/ Private Sector	TOTAL
Family and Child Care	118	4	122 (91.0%)
Mental Health	5	-	5 (3.7%)
Older People	4	-	4 (3.0%)
Physical Health and Disability	1	-	1 (0.7%)
Learning Disability	1	1	2 (1.5%)
TOTAL	129	5	134 (100%)

Table 2: Social Workers in the NISCC Sample by Programme of Care and Employment

The NISCC Register indicates that, of the 4,240 registered social workers for whom ‘work setting’ is recorded, 49.5% (n=2,098) work in the broad area of children’s services. The Register does not, however, provide data on programme of care which would allow for direct comparison with the sample group. Given that the vast majority in the sample are employed in HSC Trusts, however, comparison with the HSC Workforce Census is possible. Figure 6 presents a comparison of the proportion of social workers in the sample employed in each programme of care with the HSC Workforce Census. As indicated, the number of social workers in the sample employed in Family and Child Care is disproportionately high when compared to the HSC Workforce Census whilst social workers in all other programmes of care are under-represented. In relation to the 122 social workers employed in Family and Child Care services, the NISCC complaint files did not routinely record the type of team that they are employed in. Analysis of the data contained in the files, however, indicates that whilst a small number are employed in areas such as adoption and fostering, early years, children with disabilities teams, and child and adolescent mental health services, the vast majority (92.0%, n=112) are employed in front-line teams such as Gateway, Family Intervention, and Looked After Children.

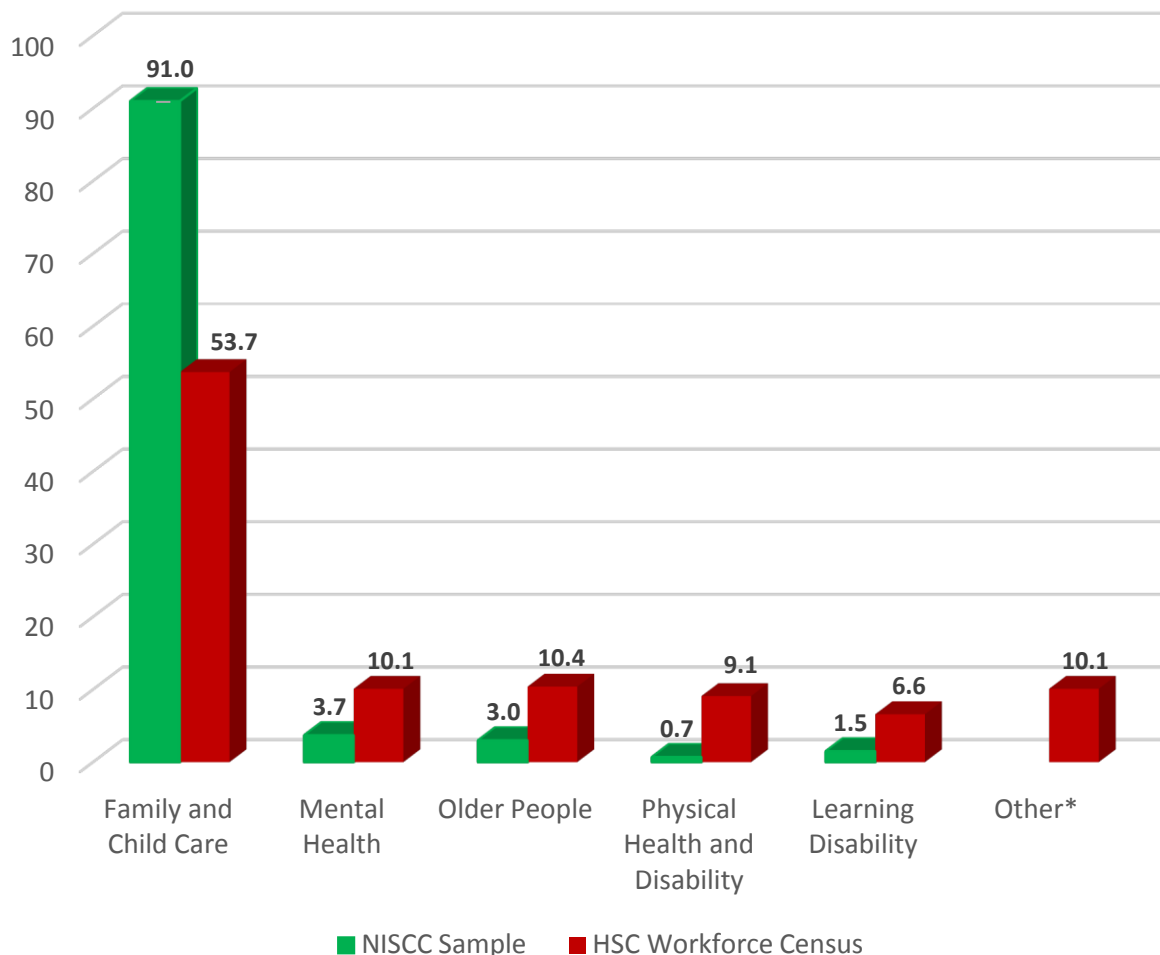


Figure 6: Comparison of the Proportion of Social Workers in the NISCC Sample by Programme of Care with the HSC Workforce Census

(*The ‘Other’ category includes training and education social workers, community development social workers, managers, and other social workers not linked to a specific Programme of Care)

EXPERIENCE

The majority of the social workers in the NISCC sample are practitioners (61.9%; n=83), with job titles such as ‘social worker’, ‘senior practitioner’, or ‘principal practitioner’. First line managers (‘senior social worker’, ‘team leader’, etc.) accounted for just under one-quarter of the sample (23.1%; n=31), and senior managers made up 14.9% of the sample (n=20). The NISCC Register contains an extensive list of job titles which it has not been possible to differentiate into these categories for comparative purposes.

In terms of number of years qualified, as displayed in Table 3, this ranged from 0-39 years with a mean of 13.23 years and a median of 11 years. The NISCC Register does not contain information on length of qualification so again comparison between the sample group and all social workers on the NISCC Register has not been possible. Although the mean number of years qualified for practitioners is 9.91 years (median=7.5 years), this ranged from 0-35 years and it is worth noting, as outlined in Table 4, that just over one-third (37.3%; n=31) had been qualified for 5 years or less at the time a complaint was made about them.

Job Role	Range	Mean	Median
Practitioner	0-35 years	9.91 years	7.5 years
First Line Manager	7-30 years	15.17 years	14.0 years
Senior Manager	10-39 years	23.35 years	24.0 years
TOTAL	0-39 years	13.23 years	11.0 years

Table 3: Comparison of Length of Qualification of Social Workers in the NISCC Sample by Job Role

No. of Years Qualified	Practitioner	First Line Manager	Senior Manager	TOTAL
0-2 years	9	-	-	9 (6.7%)
3-5 years	22	-	-	22 (16.4%)
6-8 years	12	4	-	16 (11.9%)
9-11 years	7	8	2	17 (12.7%)
12-14 years	10	6	-	16 (11.9%)
15-17 years	4	1	2	7 (5.2%)
18-20 years	6	3	1	10 (7.5%)
21-23 years	1	1	4	6 (4.5%)
24-26 years	2	3	5	10 (7.5%)
27-29 years	3	2	2	7 (5.2%)
30+ years	2	1	4	7 (5.2%)
Not Recorded	5	2	-	7 (5.2%)
TOTAL	83 (61.9%)	31 (23.1%)	20 (14.9%)	134 (100%)

Table 4: Social Workers in the NISCC Sample by Number of Years Qualified and Job Role

3.2: CHARACTERISTICS OF THE SOCIAL WORKERS IN THE PCC SAMPLE

GENDER

The PCC database does not contain information about the age of the social workers who were the subject of complaints. In terms of gender, however, as indicated in Figure 7 they are similar to the NISCC sample in that the majority are female (70.5%, n=72) and 18.6% (n=19) are male. These proportions are also broadly similar to the gender breakdown of all social workers in Northern Ireland with the NISCC Register indicating that 82.1% of all registered social workers are female and 17.9% are male and the HSC Workforce Census revealing a split of 83.8% female and 16.2% male.

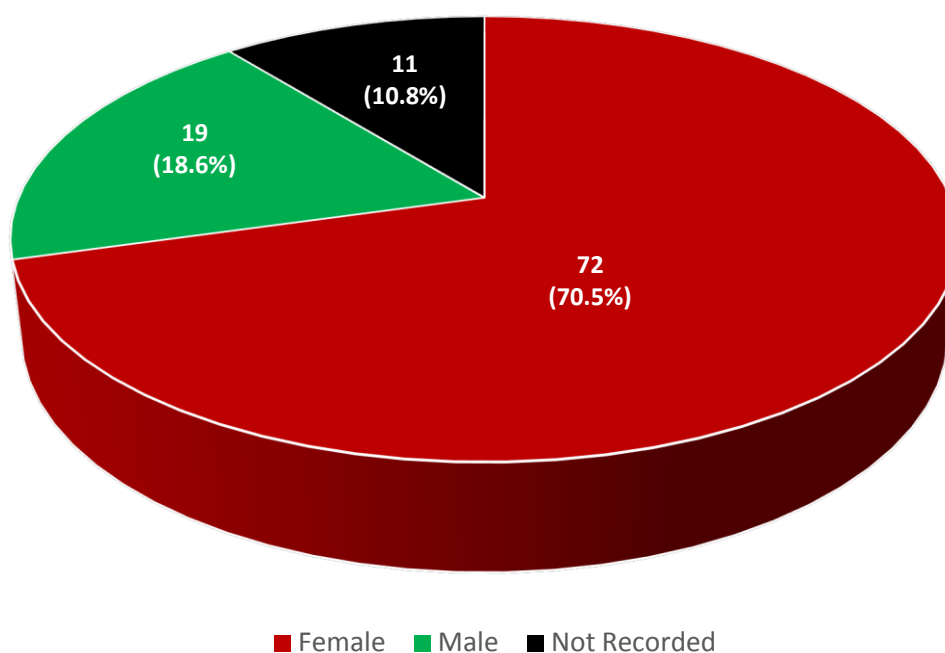


Figure 7: Social Workers in the PCC Sample by Gender

EMPLOYMENT SECTOR AND TEAM

All of the 102 social workers in the PCC sample are employed in the statutory sector in one of the five HSC Trusts. It was possible from the PCC database, unlike the NISCC complaint files, to ascertain the type of team that the majority of social workers in the sample are employed in. As outlined in Figure 8, similar to the indications from the NISCC data, the vast majority (77.5%; n=79) are employed in front-line teams such as Gateway, Family Intervention, and Looked After Children with just over half (56.9%; n=58) being employed in Family Intervention Teams, 15.7% (n=16) in Gateway Teams, and 4.9% (n=5) in Looked After Children Teams. The 'other' category includes social workers employed in court welfare and children with disabilities teams and, although the type of team was not recorded in relation to 18 social workers, analysis of the data contained in the records indicates that they are likely to be employed in one of the front-line teams referred to above.

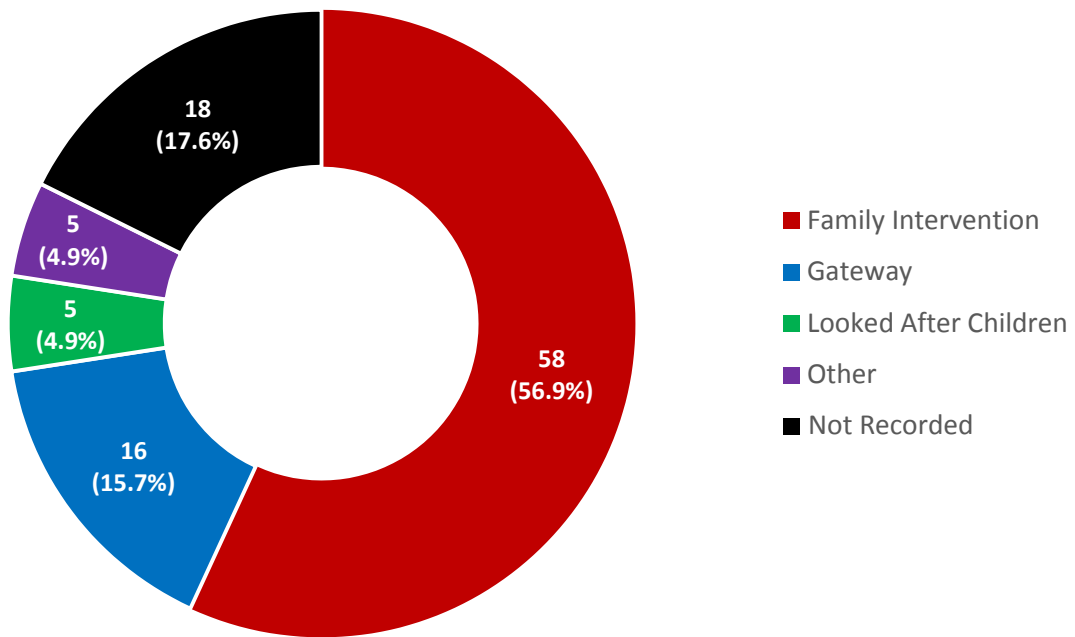


Figure 8: Social Workers in the PCC Sample by Type of Team

3.3: CHARACTERISTICS OF THE SERVICE USERS AND CARERS IN THE SAMPLE GROUPS

Very few details are recorded about service users and carers in both the NISCC and the PCC records. Age, for example is not recorded in the NISCC files and, although there is a field for it to be recorded in the PCC database, it was recorded infrequently in the cases examined and is, therefore, not reported here. In terms of gender, there is an almost equal split between males (49.3%; n=66) and females (50.7%; n=68) making complaints in the NISCC sample. In relation to the PCC sample, however, one-third of the service users and carers are male (33.9%; n=19) and two thirds are female (66.1%; n=37).

Table 5 presents data relating to the gender and status of the service users in both samples. As noted, of the 12 who made complaints in relation to adult services cases in the NISCC sample, 8 are relatives acting as carers for a family member and 4 are service users. In relation to the Family and Child Care cases, the majority of service users/carers in both samples are parents, representing 71.3% (n=87) of the service users/carers making complaints in the 122 NISCC Family and Child Care cases and 89.3% (n=50) of those in the 56 PCC cases. These parents' involvement with social workers is for one or more of a number of reasons including allegations made about the care of their child(ren), alleged abuse or neglect, child protection registration, child(ren) being removed into care or being looked after, domestic violence, substance misuse, behaviour management issues, separation and divorce, and family court proceedings relating to residence and contact issues.

Status	NISCC Sample		PCC Sample		TOTAL
	Male	Female	Male	Female	
A: ADULT SERVICES					
• Relative Carers	2	6	N/A	N/A	8
• Service Users	3	1	N/A	N/A	4
• TOTAL	5	7	N/A	N/A	12
B: FAMILY AND CHILD CARE					
• Parents	44	43	19	31	137
• Grandparents	0	7	0	6	13
• Other Relatives	5	2	0	0	7
• Young People	1	1	0	0	2
• Other*	11	8	0	0	19
• TOTAL	61	61	19	37	178
TOTAL (A+B)	66 (49.3%)	68 (50.7%)	19 (33.9%)	37 (66.1%)	190

Table 5: Service Users and Carers in the Sample Groups by Gender and Status

(*'Others' includes childminders, prospective adoptive parents, adult adoptees and partners of parents in contact with Social Services)

Both samples also include complaints from grandmothers who are either providing kinship care placements for their grandchild(ren) or attending meetings, such as child protection case conferences, as supporters for their own adult children. The NISCC sample also includes 'other relatives' such as aunts, uncles and older siblings who, similar to the grandmothers, are either providing kinship care or are acting as supporters or advocates for their family members who are involved with Social Services. Finally, the NISCC sample featured 2 complaints from young people about their treatment by social workers (one 14-year old girl living at home with her parents and one teenage boy who is looked after).

3.4: CASE PROCESSES AND OUTCOMES

Complaints to the NISCC are frequently preceded by complaints to the social worker's employer (87.3% of cases; n=117) and to the Police Service of Northern Ireland (PSNI) in 24 cases (17.9%). In addition, complaints are made to other agencies and individuals in 52 cases (38.8%) with, in 1 case, 6 other agencies/individuals being contacted in relation to the complaint prior to contact being made with the NISCC (see Table 6). Prior complaints are most frequently made to the Ombudsman (26 cases; 19.4%) and the PCC or one of its legacy bodies (17 cases; 12.7%) with smaller numbers of prior complaints made to a range of other agencies and individuals. These included, for example, the Regulation and Quality Improvement Authority (RQIA), the Health and Social Care Board (HSCB), the Children's Law Society, the Law Society, the Legal Services Commission, solicitors, Government Departments and Ministers, Members of Parliament (MPs), and Members of the Legislative Assembly (MLAs).

Agency/Individual	Number and %
Employer	117 (87.3%)
PSNI	24 (17.9%)
<ul style="list-style-type: none"> • 1 Other Agency/Individual • 2 Other Agencies/Individuals • 3 Other Agencies/Individuals • 4 Other Agencies/Individuals • 5 Other Agencies/Individuals • 6 Other Agencies/Individuals 	34 (25.4%) 11 (8.2%) 3 (2.2%) 1 (0.7%) 2 (1.5%) 1 (0.7%)
Total Other Agency/Individual	52 (38.8%)

Table 6: Number and Percentage of NISCC Cases Featuring Prior Complaints to Other Agencies and Individuals

In terms of case outcomes in relation to the NISCC cases, the vast majority (80.6%; n=108) closed following preliminary enquiries with the remaining 19.4% (n=26) being closed following a Preliminary Proceedings Committee (PCC). None of the 134 complaints made by service users/carers to the NISCC were referred to a Conduct Committee. The reasons for case closure were recorded as follows:

- No/insufficient evidence to substantiate the allegation(s) made – 72.4% of cases (n=97);
- Complaint did not call into question the social worker’s suitability to remain on the NISCC Register – 17.2% of cases (n=23);
- The NISCC could not become involved because the case was live before a Court – 6.7% of cases (n=9).

As outlined in Table 7, the mean duration of NISCC cases (from date of referral to date of closure) is 6.93 months (median=6 months) with, unsurprisingly, those cases closed following a Preliminary Proceedings Committee having a higher mean and median duration than those closed following preliminary enquiries.

Stage Closed	Range	Mean	Median
Preliminary Enquiries	1-20 months	6.33 months	4.00 months
Preliminary Proceedings Committee	3-34 months	9.42 months	7.00 months
TOTAL	1-34 months	6.93 months	6.00 months

Table 7: Comparison of Duration of Cases in the NISCC Sample by Stage Case Closed

As displayed in Table 8, just over half of the NISCC cases (56.7%; n=76) closed within 6 months of the date of referral. It is notable, however, that 14.9% of cases (n=20) remained open for over 1 year with 2 of these remaining open for nearly 3 years. It was apparent from the NISCC complaint files that, in a number of cases, significant delays occurred in employers providing details of the outcomes of their own investigations and enquiries into complaints and that this resulted in cases remaining open to the NISCC for longer than necessary.

Duration of Case	Preliminary Enquiries	Preliminary Proceedings Committee	TOTAL
1-6 months	67	9	76 (56.7%)
7-12 months	25	13	38 (28.4%)
13-18 months	14	2	16 (11.9%)
19-24 months	2	-	2 (1.5%)
25-30 months	-	-	-
31-34 months	-	2	2 (1.5%)
TOTAL	108 (80.6%)	26 (19.4%)	134 (100%)

Table 8: Duration of Cases in the NISCC Sample by Stage Case Closed

In terms of the PCC cases, at the time the records were reviewed, 52 of the cases were closed and 4 remained open with ongoing contact from one of the Complaint Support Officers. In 18 cases (32.1%), the service user/carer had made a complaint to the Trust prior to contacting the PCC and, in the remaining two-thirds of cases (67.9%; n=38), the service/user carer was provided with assistance in writing a letter of complaint to the Trust by a Complaints Support Officer.

In relation to the 4 cases that remained open at the time they were reviewed, 2 service users/carers had been assisted in writing a letter of complaint to the Trust and were noted to have received a response which they were dissatisfied with. The other 2 service users/carers had complained to the Trust prior to contacting the PCC. In 1 of these cases a response had been received from the Trust which the service user/carer was dissatisfied with and no response had been received in the other case.

In the remaining 52 cases that were closed, just over one-third (34.6%; n=18) had no clear outcome recorded as there was no further contact from the service user/carer. In the majority of these cases (n=13) the service user/carer had been given assistance in writing a letter of complaint to the Trust. In relation to the remaining 34 cases, the following outcomes could be ascertained from the records:

- In 25 cases the service user/carer was dissatisfied with the response they received from the Trust. In 5 of these cases, the service user/carer had attended a meeting, accompanied by a Complaint Support Officer, with Trust staff to discuss their complaint. In 6 cases reference was made to the service user/carer proceeding to the Ombudsman, in 2 cases the service user/carer was intending to make a complaint to the NISCC and, in 1 case, both the Ombudsman and the NISCC were going to be contacted.
- In 6 cases the service user/carer was satisfied with the response they received from the Trust. In 4 of these cases the service user/carer had attended a meeting with Trust staff, again accompanied by a Complaint Support Officer.
- In 3 cases the service user/carer had originally been dissatisfied with the response received from the Trust and had subsequently attended a meeting with Trust staff with the support of a Complaint Support Officer. There was, however, no further contact from the service users/carers following these meetings and no indication on the records as to whether they were satisfied or dissatisfied with the outcome.

The next section of the report outlines the nature of the complaints made by service users and carers to both the NISCC and the PCC.

SECTION 4: THE NATURE OF COMPLAINTS

This section of the report presents information on the nature of the complaints contained in both the NISCC and the PCC records. The detail contained in both sets of records, however, varied considerably; some were very brief whereas others were voluminous in nature, containing a large number of documents pertaining to the complainant's contact with social workers. Both of these issues presented challenges in terms of identifying, summarising and categorising the issues that service users and carers were complaining about.

As both Prior (2003) and Bryman (2015) note, such records are not 'fixed entities' but, rather, are affected both by those who produce them and by those who consume them as readers, and indeed researchers, impose their own interpretative framework on them. The conclusions drawn from the records analysed in this study, therefore, reflect my interpretation of the material contained within them which I have tried to set out in detail below.

The issues raised by service users and carers in both the NISCC and PCC records reflected four inter-linking categories as outlined in Figure 9:

- Concerns about the **honesty** of social workers, including in their compilation of reports and records but also direct allegations of lying or deliberately withholding information;
- Concerns that service users and carers were being treated **unequally**. These included allegations that social workers were biased against the service user/carer on the basis of gender or that they discriminated against them on the basis of factors such as age, religion, disability, or race/nationality;
- Concerns that social workers, through their attitudes and behaviours, failed to demonstrate **respect** in their interactions with service users and carers;
- Concerns about **technical** aspects of social workers' practice which spanned a broad range of issues such as social workers being unresponsive, breaching confidentiality, and not following, or explaining, established policies, procedures, protocols and processes.

The following quote from a mother whose children, following child protection concerns, had been placed in the care of their father, exemplifies each of these categories to a certain degree:

[Registrant's] nasty attitude and rudeness towards me...Her subsequent lie upon lie...Her very obvious prejudice and bias towards me from the outset...Her threatening behaviour towards me before a core group meeting...Her failure to report or act on information..."

(NISCC051 – Quote from Mother).

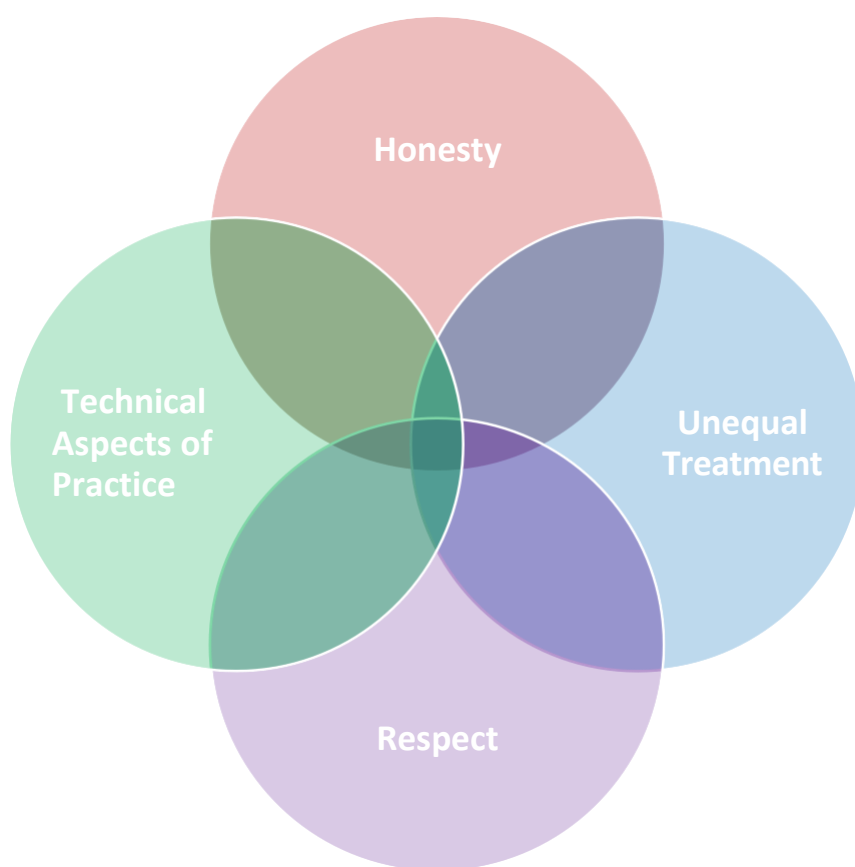


Figure 9: Categories of Complaints made by Service Users and Carers in the NISCC and PCC Samples

As outlined in Figure 10, the categories of complaint occur in the same rank order in both samples with concerns about technical aspects of social workers’ practice being ranked first (64.9%; n=87 of NISCC cases and 83.9%; n=47 of PCC cases). This is followed by concerns about respect (56.0%; n=75 of NISCC cases and 80.4%; n=45 of PCC cases) and then by concerns in relation to honesty (47.8%; n=64 of NISCC cases and 51.8%; n=29 of PCC cases). The smallest proportion of concerns in both samples related to unequal treatment of service users and carers by social workers (23.9%; n=32 of NISCC cases and 26.8%; n=15 of PCC cases). It is notable that, although the proportion of concerns relating to both honesty and unequal treatment are similar in both samples, there are much higher proportions of concerns relating to both respect and technical aspects of practice in the PCC cases compared to the NISCC cases.

As displayed in Table 9, service users and carers tended to raise issues relating to more than one of these categories with 85.7% (n=48) of the PCC cases and 64.2% (n=86) of the NISCC cases raising concerns spanning two or more of the categories. The remainder of this section of the report details each of the complaint categories identified.

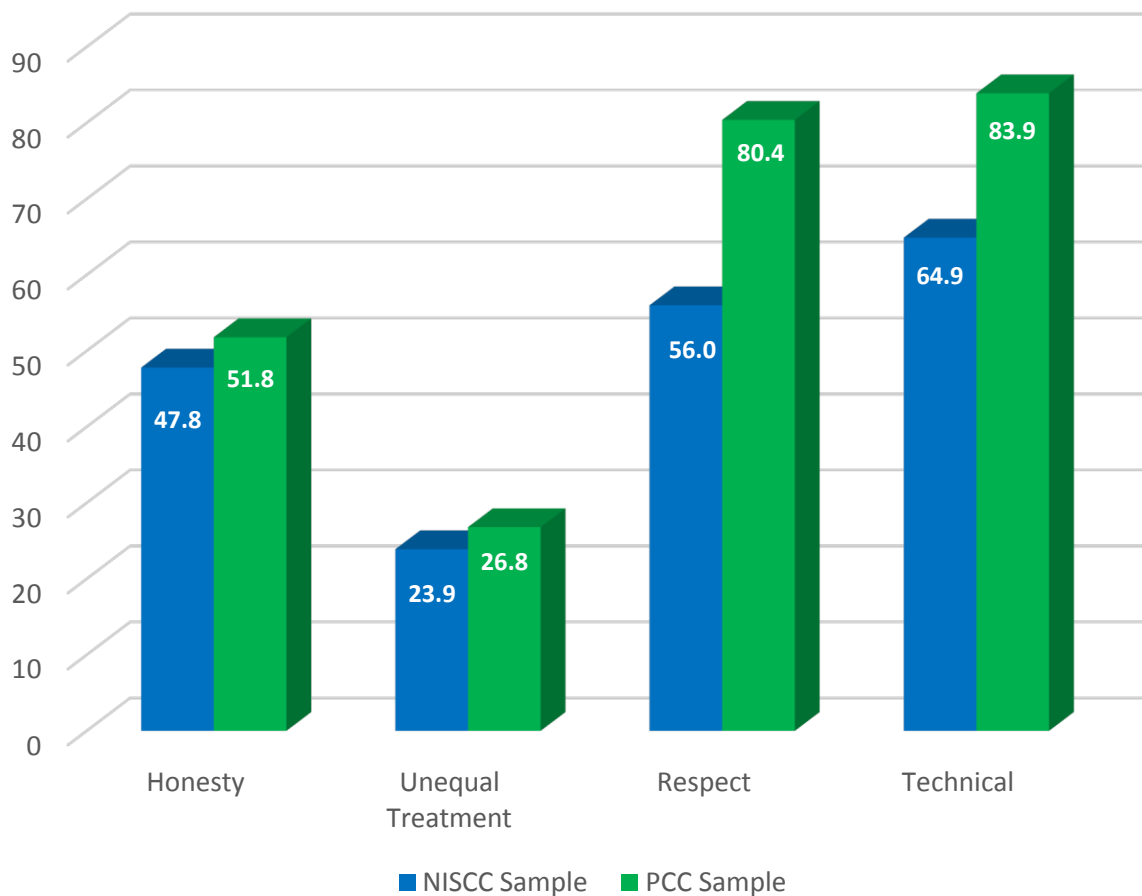


Figure 10: Comparison of the Proportion of Complaint Categories in the NISCC and PCC Samples

No. of Complaint Categories	NISCC Cases	PCC Cases	Total
1 Category	48 (35.8%)	8 (14.3%)	56 (29.5%)
2 Categories	55 (41.1%)	20 (35.7%)	75 (39.5%)
3 Categories	24 (17.9%)	24 (42.9%)	48 (25.3%)
4 Categories	7 (5.2%)	4 (7.1%)	11 (5.8%)
TOTAL	56 (100%)	134 (100%)	190 (100%)

Table 9: Comparison of the Number of Complaint Categories Featured in the NISCC and the PCC Samples

4.1: HONESTY

Concerns about the honesty of social workers featured in just under half (48.9%; n=93) of the cases included in this study, i.e. 47.8% (n=64) of the NISCC cases and 51.8% (n=29) of the PCC cases. As outlined in Figure 11, these concerns included allegations that social workers had produced reports or records that included lies and inaccuracies or false/untruthful information, had told lies, either to the service user or other professionals, in order to cover up their own poor practice, protect colleagues, or mislead, and that they had deliberately withheld information, either from the service user or from decision-making forums such as child protection case conferences or courts. In all of these cases, service users and carers alleged that social workers had been dishonest, either by commission or omission (Gallagher and Jago, 2017).

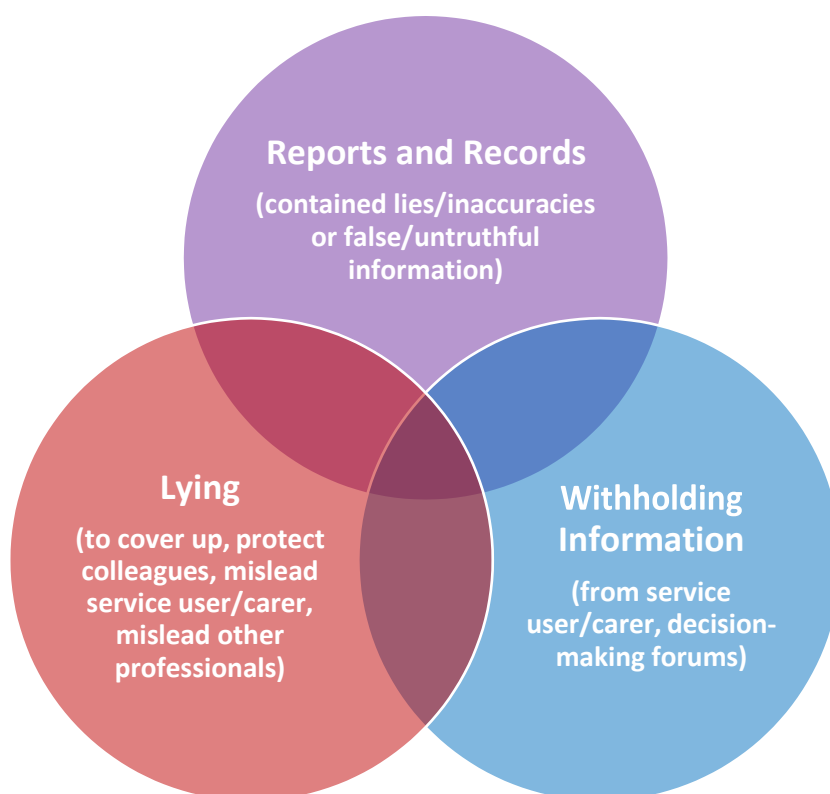


Figure 11: Honesty Concerns Expressed in the NISCC and the PCC Samples

The largest sub-category of honesty concerns contained allegations that social workers had included lies and inaccuracies in records or reports such as case conference reports, court reports and Looked After Children (LAC) review reports. These arose in 51.6% (n=33) of all the honesty concerns raised in the NISCC cases and in nearly three-quarters (72.4%; n=21) of those in the PCC cases. Whilst reference to ‘inaccurate’ information does not in itself imply dishonesty, references to inaccuracies in reports and recordings were frequently accompanied by words such as ‘false’, ‘lies’, or ‘untruthful’. It is clear from the records reviewed that service users/carers frequently challenged reports on this basis and some pointed to the serious consequences that it had for them. The following extracts from both the NISCC and PCC records help to illustrate this type of concern:

There was much corruption and false information handed into the court about me which these social workers were never cross-examined in the stand but apparently hearsay evidence stands to steal children on false information. (PCC24 – Quote from Mother).

Allegation that registrant provided false information in a Court report in relation to a Care Order in respect of the children. Alleges that registrant gave the Court false information in relation to the complainant's medical history and the history of the care of the children which led to the Court making a Care Order in respect of the two younger boys. (NISCC015 – Extract from NISCC Record).

...during their time as my social workers they wrote a number of reports with what I consider to be complete lies about myself. I also felt that the working relationship with me and these social workers had broken down. (PCC28 – Quote from Mother).

...[registrant] recorded selective information and presented this at future forums without including all relevant information...and shared information that was wholly inaccurate...I found this at the time and now totally unacceptable...The case conference report contained NUMEROUS inaccuracies and when challenged she [social worker] said it was up to me to prove such inaccuracies. (NISCC068 - Quote from Father).

...a damning report/biased report without evidence...Her report was not reflective of what had taken place between my husband and me and misrepresented the views of my children. (NISCC075 – Quote from Mother).

Allegation that registrant misrepresented the views of other professionals in a UNOCINI report and included inaccurate and false information. (NISCC094 – Extract from NISCC Record).

Allegation that [registrant] wrote a report which was 'based on lies, inaccuracies and a one-sided report that did not find any positive aspect...Biased reporting, unsubstantiated claims and lies.' (NISCC116 – Extract from NISCC Record).

Allegations that social workers had told lies, either to the service user or other professionals, arose in just under one-half of the honesty concerns raised in both the NISCC (48.4%; n=31) and the PCC cases (48.3%; n=14). As noted above, service users and carers alleged that social workers told lies for a variety of reasons, including to cover up their own poor practice (sometimes in response to a complaint made by the service user/carer), to protect their colleagues, or to mislead either the service user or other professionals:

[Social workers]...took a 10-year-old child from parental care into foster care without investigating the whole situation fully. [Social workers] then proceeded to lie about me to justify their position... (PCC01 – Quote from Father).

[Complainant] alleges that the above-named social workers have lied during a child protection case in which he was involved and have subsequently lied to ensure a cover-up of the facts... (NISCC039 – Letter to Trust Complaints Manager).

Allegation of dishonesty. Registrant claimed he had contacted complainant, which complainant denied, and when asked by his employers to produce documentation and evidence to support his actions in the case, registrant is alleged to have lied to cover up his omissions. Evidence to demonstrate that registrant had contacted complainant by telephone and letter? Registrant has maintained that he had contacted complainant to discuss the allegation made. No evidence to suggest that contact with complainant took place has been submitted. Trust confirms that no records of telephone conversations or copy correspondence on files could be located...The Council is of the opinion that the evidence suggests that no telephone call took place and no correspondence was sent to [complainant]. This suggests that [registrant] may have lied to cover up his omissions.
(NISCC029 – Extract from NISCC Record).

We were informed that the meeting would take place in court and that we shouldn't worry' that it was nothing to do with a Care Order. When we got to court that was precisely what it was about. We have found that this isn't the first time that we have been told one thing and then another is done... We have felt for some time that the social worker was continually misleading us and twisting things that we said. **(PCC10 – Quote from Father).**

Allegation that registrant told lies when addressing concerns raised by the complainant in her complaint to the Trust: [Registrant] was not truthful with regard to many of her replies...she cherry picked and made false statements...is prepared to deliberately tell lies and misconstrue the truth. **(NISCC075 – Quote from Mother).**

The only logical explanation I can come up with is that [social worker] was deliberately being dishonest and corroborating in the lies with [mother] and [Senior Social Worker]. This is not the only time I have been left questioning [social worker's] integrity...
(PCC20 – Quote from Father).

Allegation is that registrant was untruthful - told other professionals and social work staff that the service user and her husband were 'untrustworthy and aggressive' - this was untrue and set the wrong tone for the case conference. **(NISCC115 – Extract from NISCC Record).**

...she [social worker] said that she never had proposed [these services] and they were never agreed to at the meeting. (As we have no minutes from that meeting...we have no proof).
(PCC48 – Quote from Mother).

Allegation that the registrant told 'two blatant lies' ...which influenced the outcome of the child protection conference. **(NISCC117 – Extract from NISCC Record).**

She [social worker] lied to the GP claiming I was agreeable to this [i.e. release of medical information] but she did not have either written or verbal consent from me.
(NISCC126 – Quote from Mother).

[Registrant] set about to cover up for maladministration on the part of her colleagues at the expense of the welfare of the child. **(NISCC127 – Quote from Mother).**

Finally, there were a small number of allegations that social workers had deliberately withheld information, either from the service user/carer or from decision-making forums in order to mislead and/or influence the decisions made. These allegations arose in 10 (15.6%) of the NISCC cases featuring honesty concerns but in only 1 of the PCC cases where concerns about honesty were raised:

Allegation that [registrant] invited [complainant] to a meeting to discuss his wife's care but did not tell him that this was a safeguarding meeting to discuss possible verbal and physical abuse of his wife by him and that this was deceitful and dishonest of her.

(NISCC064 – Extract from NISCC Record).

...[registrant] behaved duplicitously by failing to advise me of events fully and accurately, by misleading and misinforming me about what was taking place, and by withholding information from me which I had a right to know. (NISCC076 – Quote from Complainant).

Allegation that [registrant] gave false information to court and to GP and withheld information from LAC meetings. (NISCC082 - Extract from NISCC Record).

Allegation that registrant knowingly withheld information from a child protection case conference. (NISCC087 – Extract from NISCC Record).

4.2: UNEQUAL TREATMENT

Concerns about unequal treatment by social workers arose in one-quarter (24.7%; n=47) of all the cases reviewed. This included 23.9% (n=32) of the NISCC cases and 26.8% (n=15) of the PCC cases. As displayed in Figure 12, allegations of unequal treatment fell into two main categories; firstly, that social workers were biased against the service user/carer on the basis of their gender and, secondly, that social workers discriminated against the service user/carer on the basis of factors such as age, religion, disability, race/nationality, and social class.

Allegations of bias on the basis of gender arose exclusively in the context of disputes between parents, frequently in the context of acrimonious separation and divorce, in relation to residence and contact issues. In these cases, the non-resident parent alleged that social workers dismissed their concerns and that the social worker unfairly favoured the parent with whom the child(ren) lived. These concerns were evident in 71.9% (n=23) of the NISCC cases in which unequal treatment was complained about and all of the PCC cases (n=15) where these concerns were outlined. These complaints were not exclusively raised by fathers but, in fact, there was a relatively even split between fathers and mothers who raised this as an issue (12 fathers and 11 mothers in the NISCC cases and 9 fathers and 6 mothers in the PCC cases). Some extracts from the records are presented below to illustrate this issue:

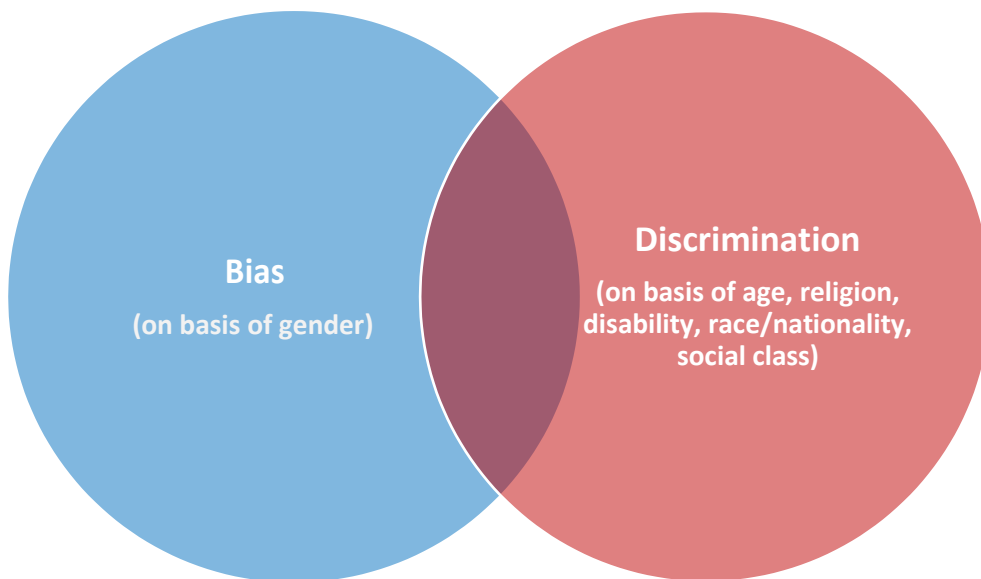


Figure 12: Unequal Treatment Concerns Expressed in the NISCC and the PCC Samples

I have found them to be very bias towards myself...They have treated me with no respect as a human being almost to the point like I am nothing more than a second-class citizen...Also, as a parent, I have rights in parental responsibility that I feel are not only being ignored but abused too...I have written letters to [Senior Social Worker] highlighting my concerns yet these have been dismissed and have gone unheard with little or no actions being taken...I am being totally alienated from my girls. Is this some sort of ploy social workers practice to bully fathers into breaking down and giving up on our role as fathers?"
(PCC09 – Quote from Father).

Father alleging that registrant is treating mother more favourably than him and states 'I am of the belief that this is because of the sexist view that the mother is always right.'
(NISCC062 – Extract from NISCC Record).

Unfortunately, I believe that Social Services failed to support me in promoting contact or as a mother, that they were very one sided on the part of my ex-partner and lured information out of me only to then use against me. **(PCC18 – Quote from Mother).**

I felt [registrant's] line of questioning was biased and accusing and formed an opinion on the incident without due recourse to circumstances...I had asked on MANY occasions to meet with [registrant] and her manager, these were rejected...This contrasts to the meetings that [registrant] had with my wife on the matter. I allege this lead to non-objectivity...
(NISCC068 - Quote from Father).

[Social worker] deliberately lied and manipulated reports to support [mother's] needs...in my eyes [social worker]...is blatantly biased, showing either willing collusion or ineptness...it shows a drastic need for an overhaul of procedures and ingrained institutionalised prejudices against fathers. To simply view men as guilty on the say so of a bitter ex isn't good enough in this day and age. **(PCC20 – Quote from Father).**

[Social worker] made me feel as though I was a bad parent. She was making comparisons between me and [son's father]. She was always negative towards me and positive toward him. (PCC43 – Quote from Mother).

[Registrant] was quite defensive and supportive of my wife - something she has portrayed throughout her engagement. (NISCC069 – Quote from Father).

Her practice towards me was prejudiced...It...became clear to me that [registrant] had lost all objectivity in her management of the case and took [father's] side. (NISCC107 – Quote from Mother)

In addition to these allegations of bias on the basis of gender, there were also, as noted above, a small number of allegations that social workers had discriminated against, or displayed discriminatory attitudes and behaviour towards, the service user/carer on the basis of other factors. These concerns were expressed in 9 of the 32 NISCC unequal treatment concern cases (28.1%) and in 2 of the 15 PCC cases in which unequal treatment was raised as an issue:

The following is a statement made by the Senior Social Worker to me – ‘Here we don’t hit our children’...The comment she made upset me for days – in particular the word ‘here’. I can only presume when she made this statement she was referring to my country of origin...In my opinion this was a racist comment. I felt they were focusing more on my culture and because of this I was being disadvantaged from the word go. (PCC25 – Comment from Mother).

The information received contains an allegation that you made an inappropriate sectarian comment to [complainant].

I consider her remarks to be sectarian and to be potentially discriminatory. (NISCC055 – Letter to Registrant and Quote from Father).

[Complainant] alleges that you acted in a manner that would not be expected of a qualified social worker. Specifically, [complainant] refers to terminology allegedly used by youyou unprofessionally referred to a disabled young person as 'it'... (NISCC070 – Letter to Registrant).

Allegation that the Gateway social workers were indirectly racially discriminatory in commenting that the family did not have a family support network. (NISCC112 – Extract from NISCC Record).

Allegation that registrant discriminated against service user/was dismissive of her during a home visit - allegation is that she was discriminated against on the basis of her nationality and because English is not her first language. (NISCC120 – Extract from NISCC Record).

[Registrant] displayed a lack of understanding of how someone on a low income cannot afford to live a certain way. This seems to be discrimination based on snobbery...I feel there could be an issue here of abuse of power. (NISCC121 – Quote from Complainant).

4.3: RESPECT

As displayed in Figure 13, concerns about a lack of respect centre on allegations relating to either the social worker’s attitude or behaviour, with a range of adjectives and phrases (frequency of use indicated in brackets) being used to describe these attitudes/behaviours or the feelings of the service user/carer. Allegations of this nature were made in 56.0% (n=75) of the NISCC cases and 80.4% (n=45) of the PCC cases.

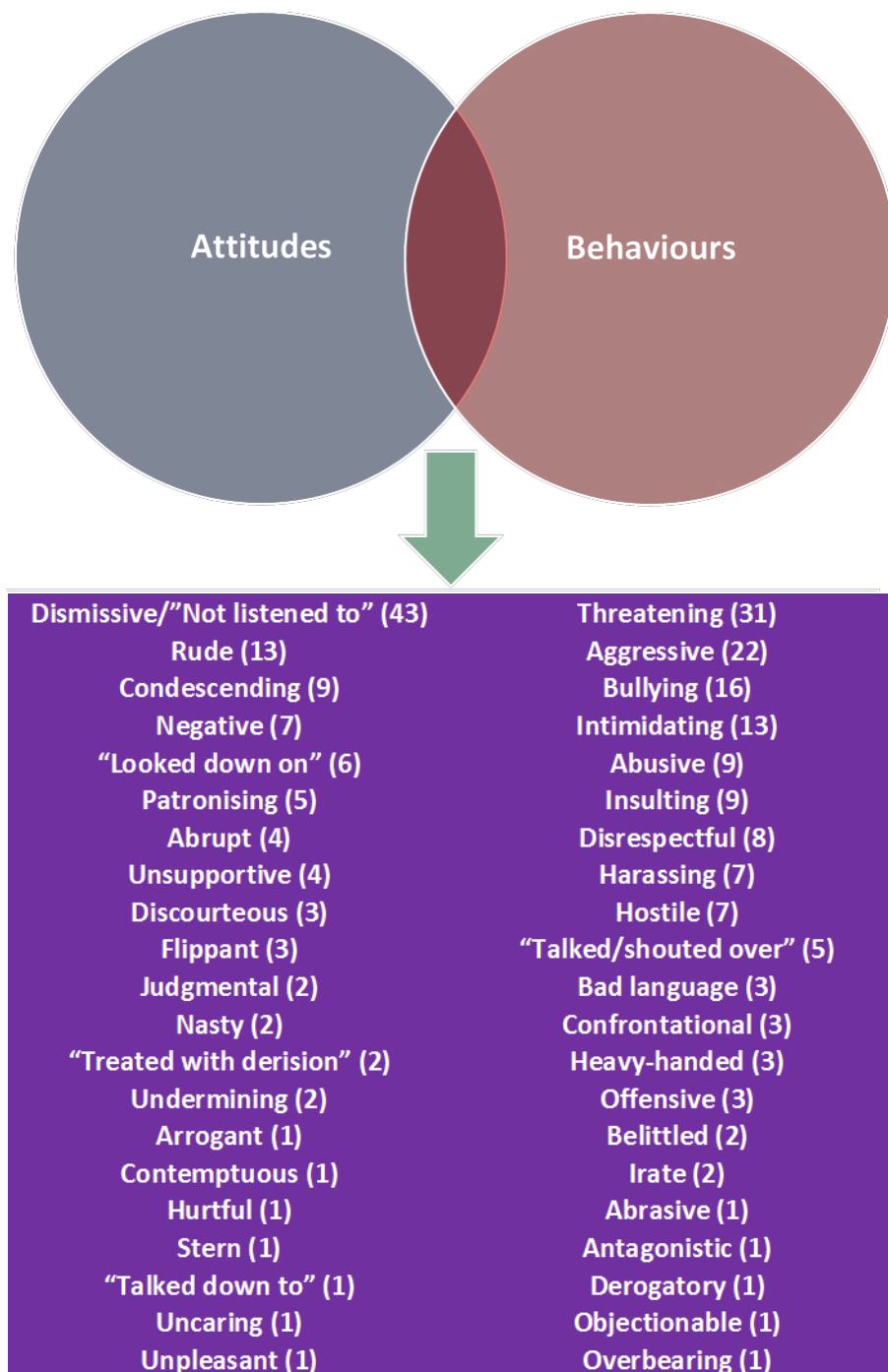


Figure 13: Respect Concerns Expressed in the NISCC and the PCC Samples

These allegations most frequently refer to social workers being ‘threatening’, ‘aggressive’, ‘bullying’ or ‘intimidating’ in their interactions with service users and carers. As some of the extracts below indicate, parents frequently alleged that their children were often implicated in threats made by social workers in terms of them either being removed from the care of their parent(s) or parents being denied contact with them:

Complainant alleges that registrant's conduct amounted to threats and bullying...Alleged that registrant made threats that [the two younger children] would be removed if complainant did not agree to [eldest child] being voluntarily accommodated and if she did not stop making complaints about Social Services. (NISCC015 – Extract from NISCC Record).

Allegation of use of threatening language, i.e. that registrant said she could have the complainant's grandchildren removed if she thought it was necessary. (NISCC024 – Extract from NISCC Record).

I have had social workers tell me in a threatening manner, ‘you will not see your daughter again if you do not do what we tell you’. This has left me distressed and upset... (PCC29 – Quote from Mother).

[Senior Social Worker] has been aggressive and rude to me from the very first time I met her. It has been a nightmare trying to deal with someone who is continually threatening you and using your family and children as part of their threats...On occasion [Senior Social Worker] has threatened that if I made a complaint I would never see my children again. I am making this complaint now as I feel there is nothing more they can do to me...These three social workers have continually demonised me and treated me with hostility. On another occasion I told [Assistant Principal Social Worker] and [Senior Social Worker] that I was going to make a complaint. Again they told me that if I made a complaint they would make sure that I would never see my children again. (PCC31 – Quote from Father).

Complainant was present at case conference as a supporter and alleges that she ‘witnessed serious professional misconduct by [registrant]. She abused her power and threatened my son and his wife that she would remove their three children into care that night if they did not agree with the decision of the case conference.’ (NISCC037 – Quote from Grandmother).

[Social worker] requested a meeting with me about allegations made...In this interview, [social worker] was very aggressive with me. He emotionally blackmailed me and threatened me that I would never see my daughter again if I didn't answer his questions...[Social worker] has in all of his contacts with me been very aggressive in his attitude towards me...I do not feel that the attitude and behaviour I have experienced from [social worker] are the way a social worker should behave...[He] has left me feeling frightened by his aggressive manner. I have not been treated fairly by him and I should not have to tolerate derogatory comments of the kind he has made to me. (PCC41 – Quote from Mother).

[Registrant] threatened me...that if I did not do as she told me to do she would put my children in care the next day... (NISCC063 – Quote from Father).

Allegations of threatening or intimidating behaviour were also often accompanied by claims that social workers had been 'rude' or 'discourteous' and that their attitude had been 'condescending' or 'patronising' which made service users/carers feel like they were being 'looked down on' or treated disrespectfully:

During this meeting [Senior Social Worker] was very rude to my daughter, shouted at her and told her to get out of the office. I told him that I felt he had been very offhand with her and that he should not speak to people in that manner. [He] then became verbally abusive towards me...laughed at me and was very dismissive... (PCC08 – Quote from Mother).

I feel like he looks down on my family; as if we were something he has stepped on. (NISCC016 – Quote from 14-year-old Girl).

They would look at us as if we were a piece of dirt on their shoes. (NISCC017 – Quote from Father).

On one occasion when I phoned the social worker for some information, she placed her hand over the mouth piece of the phone receiver, but I could hear her talking to others in the office about me and laughing... (PCC29 – Quote from Mother).

Alleged that [registrant] treated the service user with 'derision'. Allegation is that during a social work visit, during which service user had been in an 'advanced state of anxiety', registrant responded to her by telling her that all the staff who heard her telephone call the previous day 'had a good laugh'. (NISCC034 – Extract from NISCC Record).

The complainant has concerns about the manner in which the registrant has carried out her tasks and states that her 'attitude from the outset was confrontational and bullying' and that she was 'judgemental and highly offensive' making inappropriate remarks... [Complainant] states that 'she lacks compassion and skills.' (NISCC094 – Extract from NISCC Record).

[Complainant] describes registrant as 'bullying, arrogant, and dismissive' and states that she treated him and his partner as second class citizens. (NISCC095 – extract from NISCC Record).

Complainant...is raising concerns about the conduct of the registrant in terms of her professionalism and treatment of him...states that when he made a complaint to the Trust the registrant telephoned him and was 'very rude and angry' to him...It is alleged that she then hung up on the complainant. (NISCC123 – Extract from NISCC Record).

Another very common issue raised by service users and carers is a feeling that social workers do not listen to them and that their views and opinions are 'dismissed' and ignored. These allegations are also frequently accompanied by assertions of threatening or disrespectful behaviour with service users/carers sometimes alleging that they were actively prevented from speaking or that social workers continuously interrupted them, 'talked over the top of them', or 'shouted them down':

When I arrived at the meeting I was met by [Chairperson]...he assured me that I would be given the opportunity to defend myself and address the issues raised. This I was denied. He refused to allow me to speak...They then went on to decide that he [grandson] needed placed on an at risk register. My husband, myself, my daughter, her partner and the school head teacher were all ignored. (PCC12 – Quote from Grandmother).

When I have raised my concerns with my Social Worker she has played down my worries, believes them to be unfounded and has stated that I am being ridiculous – offering no reassurance or support of any kind. (PCC21 – Quote from Mother).

...they are unwilling to listen or take a balanced view of the situation. I feel that the needs of my child and me are being completely disregarded by the social workers. (PCC29 – Quote from Mother).

The aggressive, hostile nature in which [registrant] spoke to [us] was very unprofessional and indeed inhumane at times. {Registrant} at times pointed his finger when speaking very sternly...We were not allowed to express our views or opinions on the matter...I witnessed [registrant] being very stern and aggressive again towards my sister...I feel that [registrant] behaved towards us in a very unprofessional and undignified manner. (NISCC078 – Quote from Mother).

...his rushed and dismissive manner and his frequent interjections...I was...deeply upset by the tone used by [registrant] during his telephone conversation with me...took such an aggressive and dismissive tone with me...He spoke over me, interrupted me...I was deeply hurt. (NISCC096 – Quote from Grandmother).

[Registrant] treated me like I wasn't there and tried to avoid any conversation with me...she rolled her eyes...then abruptly turned away from me...ignore me...For me, such impudent behaviour is completely unprofessional and is absolutely not acceptable from a person who works for a public institution like the Social Services. (NISCC120 – Quote from Mother).

Allegation that registrant was 'unprofessional' during a home visit...i.e. use of foul language...the registrant advised her that contact would take place at the paternal grandparents' home. When the complainant objected, the registrant 'thumped the table and said 'it's happening at that's that.' The service user states that after this she was 'crying and shaking' because she felt 'bullied and humiliated'...the registrant dismissed what she told him and was aggressive...The registrant is alleged to have banged and slapped the desk on several occasions. (NISCC122 – Extract from NISCC Record).

[Registrant] talked over me while I was trying to explain...She did not listen to my concerns...This is not only rude but also did not pay attention to my opinions or concerns. (NISCC132 – Quote from Mother).

Allegation that registrant was 'aggressive and abusive' in her manner towards the complainant and her husband during a case conference...Examples included 'shouting them down, not letting them finish sentences, calling them liars, standing over them in an intimidating way'. (NISCC115 – Extract from NISCC Record).

It was clear [during home visit] that I was not being consulted...My concerns were brushed aside. I was in shock when she left...I have been totally disregarded.
(NISCC119 – Quote from Mother).

[Registrant] is rude and unreasonable...she can't communicate in an appropriate manner. She shouts down the phone to me which gets me strung up that she talks to me like I'm a child. She shouts over the top of me and never listens to my concerns...All that [registrant] has done and said to me is unacceptable behaviour for a professional.
(NISCC128 – Quote from Mother).

4.4: TECHNICAL ASPECTS OF PRACTICE

Complaints about technical aspects of social workers' practice made up the largest category of complaints in both the NISCC (64.9%; n=87) and PCC (83.9%; n=47) samples. As outlined in Figure 14, this category contained allegations of unresponsiveness on the part of social workers, concerns about breaches of confidentiality, and allegations that policies, procedures, protocols and processes were not followed properly or that they were not explained appropriately to the service user/carer.

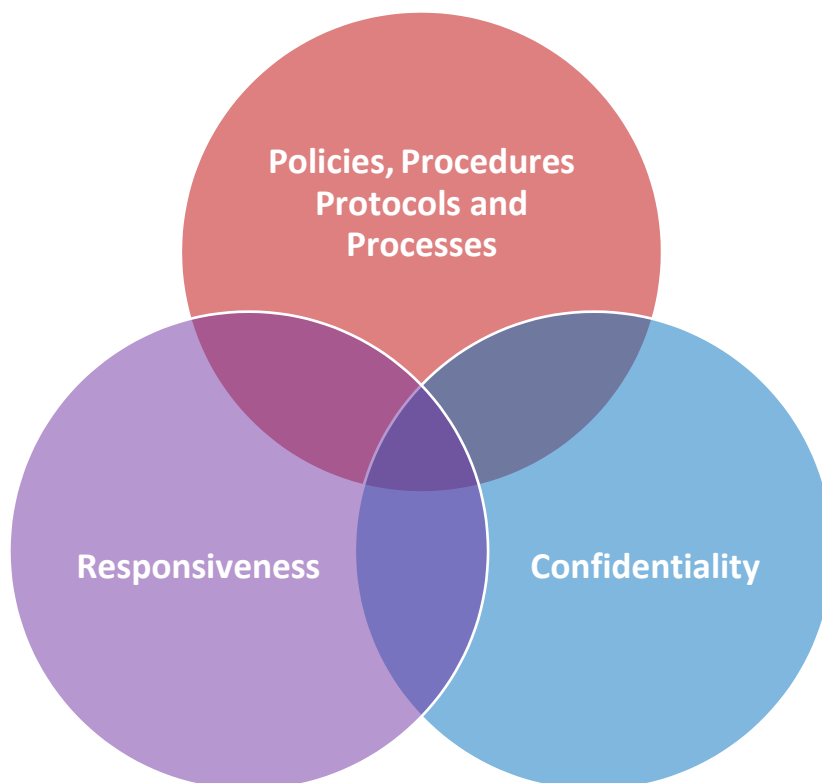


Figure 14: Concerns Expressed about Technical Aspects of Practice in the NISCC and the PCC Samples

A number of concerns in this category related to alleged breaches of confidentiality by social workers, with service users/carers claiming that confidential information about them had been passed on to other professionals, family members or others without their knowledge or consent. Allegations of this nature were contained in 20.7% (n=18) of the NISCC cases and 29.8% (n=14) of the PCC cases in which concerns relating to technical aspects of the social worker's practice were made:

Upon recently reviewing...social worker's last LAC report I have learned that he disclosed personal medical information about me to both my son's father and my son. I do not feel that it is acceptable that the social worker took it upon himself to inform my son that I had a mental health condition – my confidentiality should have been protected and it should have been my decision on whether or not to advise of such. (PCC19 – Quote from Mother).

It is alleged that you were untruthful...it is also alleged that you breached confidentiality by leaving sensitive details about [complainant's] family on someone else's voicemail. (NISCC113 – Letter to Registrant).

Allegation that registrant breached confidentiality. Complainant states that she asked the registrant to keep her address private from her ex-husband due to previous threats...The registrant sent a letter to her ex-husband disclosing her address. (NISCC122 – Extract from NISCC Record).

...[complainant] alleges that you have misrepresented [mother] in reports you have written, and also that you have breached her confidentiality by disclosing her medical history to her brother-in-law, a school vice principal, and in reports which her ex-partner had sight of. (NISCC124 – Letter to Registrant).

Service users and carers also complained about a lack of responsiveness on the part of social workers. Allegations of unresponsiveness included complaints that social workers were difficult to make contact with and did not respond to telephone messages or acknowledge or respond to correspondence seeking meetings or information. Allegations of this type featured in 13.8% (n=12) of the NISCC cases and 42.6% (n=20) of the PCC cases in which service users/carers raised issues about technical aspects of practice:

I had no response to telephone requests made by myself to [Senior Social Worker], nor response to or acknowledgement of my correspondence to him...I was advised by the Patients Council to allow up to four weeks for a response to my letter. I received no telephone or written response from [Senior Social Worker] within that timeframe. (PCC15 – Quote from Grandmother).

There have been consistent and persistent serious issues with the lack of communication and involvement of me with the case. I have had made many phone calls and sent many emails which have not been responded to. (PCC35 – Quote from Father).

I was never able to get in contact with [social worker]. She was never available when I called and when I left a message she never returned my calls. The reason I was calling was about issues I had about my son. I had on several occasions to go to the Health and Well-being centre to try and get to talk to her. On the very few occasions she did take my call she was very abrupt and always left me feeling very anxious about having to contact her again. She gave the impression she didn't want to hear what I was saying.

(PCC43 – Quote from Mother).

Finally, the largest proportion of complaints in this category related and allegations that policies, procedures, protocols and processes were not followed correctly by social workers or that they were not explained to the service user/carer. This type of concern featured in nearly three-quarters of the NISCC cases (72.4%; n=63) and just over two-thirds of the PCC cases (68.1%; n=32) in which concerns about technical aspects of practice were raised. The issue about policies, procedures, protocols and processes not being explained to service users/carers is an important one and will be returned to in Section 5 under the theme of 'opaqueness'. In general, however, allegations of this type covered a range of issues such as poor record keeping, proper procedures and processes not being followed (e.g. allegations/concerns not being addressed or investigated, assessments not being completed correctly, services not being provided, not consulting family members or keeping them informed, etc.) and, as stated, policies, procedures, protocols and processes not being explained to the service user in sufficient detail, if at all. In some instances, this type of allegation was accompanied by comments calling into question the social worker's knowledge and competence:

The Trust has not recorded two important meetings in your family home. This is below the standard expected by the Trust. **(PCC16 – Letter from Trust Senior Manager).**

Both social workers conducted an investigation into allegations made against me without involving me! They maintain they contacted me but absolutely did not! Furthermore, the Senior Social Worker announced the allegation to a packed family gathering...

(NISCC028 – Quote from Complainant).

"I feel he incompetently dealt with a disclosure of sexual abuse made by my daughter..."

(NISCC074 – Quote from Mother).

Practice issues. Allegation that registrant did not explain case conference process; support person was not allowed to speak at case conference; '...does not seem to fully understand the rules and guidelines she should follow.' **(NISCC080 – Extract from NISCC Record).**

The complaint relates to your alleged decision to exclude [complainant] from a case conference and make decisions/recommendations in his absence. [Complainant] alleges that you acted outside agreed policy and procedures. **(NISCC092 – Letter to Registrant).**

[Registrant's] practice with respect to my 4-year-old daughter was poor, incompetent, and negligent.... **(NISCC107 – Quote from Mother).**

Complainant's son was placed on CPR following case conference...The complainant alleges that registrant failed to monitor, support and protect the child thereafter. A case conference in...appears to suggest that chair also queried why social worker did not visit child in the intervening period. (NISCC127 – Extract from NISCC Record).

The complainant alleges that the registrant has failed to deliver the appropriate care service to his elderly frail mother and is concerned that she lacks competence in her role...alleged inaction of the registrant to put in place the required/requested services and support... (NISCC134 – Extract from NISCC Record).

Allegations about failings in technical aspects of social workers' practice, it should be noted, were often acknowledged and apologised for by Trust senior managers. Although they were not viewed as issues significant enough to merit the instigation of disciplinary or conduct proceedings, they were noted as issues from which the Trust had derived learning and that could be addressed through training or supervision. The following extracts from records provide some examples of such acknowledgements:

[Service Manager] has indicated that, unfortunately, social work practice fell short of the standard expected of our social workers and for this she sincerely apologises. She wishes to reassure you that she has met with [social worker] to share with her your concerns and to highlight the learning derived from your complaint. It was also conveyed to her that she should engage in appropriate training to develop her inter-personal skills. [Service Manager] acknowledges how upsetting this was for you, and indeed any parent, and that the language used in the report could have been more positive.

(PCC17 – Letter from Trust Senior Manager).

During the course of Council's consideration of this case...enquiries were made with Trust management which revealed an acceptance that the complainant's case could have been better handled - there was 'some practice that could have been better and situations that could have been avoided if different skills were used' but the Trust found no reason to refer the matter to NISCC or to instigate disciplinary proceedings.

(NISCC015 – Extract from NISCC Record).

There were some practice issues with regard to how the investigation was carried out which could have been dealt with more sensitively and the Trust has apologised for this...I wish it to be noted that there are no conduct issues with reference to [registrant]. This matter was fully investigated by the Trust and the learning from the complaint has been shared with staff. However, there is nothing...to concern me that would necessitate an investigation under the code of conduct in this case. (NISCC020 – Letter from Trust Chief Executive).

...there is no evidence to suggest that [registrant] was inaccurate, untruthful or prejudicial in her assessment of the concerns initially raised in this case...The Trust acknowledged that there were some difficulties in terms of communication between social work staff and [complainant]. He was not informed in a timely fashion of the outcome of investigations by social workers in relation to concerns he had raised. The Trust offered an apology to [complainant]... (NISCC056 – Letter from Trust Senior Manager).

[Registrant] should(have advised [complainant] that the issue was being investigated under the safeguarding procedures and she should have been open and transparent throughout the process...The complaint could have been avoided if [registrant] had maintained an open and honest relationship...provided a detailed explanation of the safeguarding process... Recommendations: [Registrant] will attend appropriate safeguarding training that will ensure she has the skills and knowledge to respond appropriately to safeguarding concerns...Any safeguarding work will be supervised by [registrant's] line manager. (NISCC064 - Letter from Trust Senior Manager).

...the Council is not satisfied that there is evidence of misconduct...The Trust has acknowledged poor practice on the part of the registrant and apologised accordingly. While the information received points to poor practice, the Council is not satisfied that [registrant's] actions meet the high threshold required to proceed further with your complaint. (NISCC072 – Letter to Complainant).

[Trust Senior Manager]...states that [registrant] recognises that she failed in regards to some aspects of her practice...It appears to the Council that the issues you have raised with us do reflect the stage that [registrant] was at in her learning and development as a social worker...It is acknowledged by all that [registrant] did not provide the level of service that the family was entitled to expect from her, however...the Council is not convinced that [registrant's] actions were such that her suitability to be registered is questionable. The comments that you make about [registrant's] use of language...appear to us to point to a level of immaturity and inexperience. [Trust Senior Manager] tells us that [registrant's] shortcomings have been addressed as training and learning issues and that her practice has since improved and developed. (NISCC094 – Letter to Complainant).

4.5: HURT

As illustrated in Figure 15, concerns about **honesty, unequal treatment, respect and technical aspects of practice** form the acronym HURT and, it is argued, the emotion of hurt may form part of the motivation for service users and carers to make complaints about social workers with whom they come into contact. Hurt is an emotion that people feel when they are in pain, either physically or emotionally, and can be caused either by the actions of the individual themselves or by the actions of another person. It is evident from the concerns outlined above how service users/carers may feel hurt if they feel that social workers have been dishonest, treated them unequally, been disrespectful, or have not carried out their practice effectively.

Equally, service users and carers may be feeling hurt by virtue of the actions of others, such as someone who makes allegations of abuse or neglect against them, or an ex-partner who denies them contact with their children or, indeed, through feelings of guilt, shame or embarrassment in relation to their own actions and the consequences of these. In these circumstances, the responsibility for the hurt service users and carers feel may be displaced on to the social workers who have become involved in their lives.



Figure 15: HURT – An Emotion Motivating Complaints

Hurt on its own, however, is not a sufficient motivator for making a complaint. When an individual feels hurt, they begin to experience the secondary emotion of anger and can use this as a way to express their hurt feelings and provide an outlet for them. In this sense, making a complaint may be motivated by a desire for justice or redress or, equally, it may be a way of seeking revenge:

Telephone call from complainant's estranged wife. She feels that his motive is spite and to get his own back on Social Services...wants to destroy people's careers and in her opinion this is not deserved. There are two social workers in particular that he took a real dislike to. (NISCC101 – Note of Telephone Call).

In the records reviewed in both the NISCC and the PCC, there are numerous statements made by service users and carers expressing hurt, or synonymous emotions and experiences, such as 'distress', 'pain', 'upset', 'stress', and 'trauma' which they allege have been caused by the actions of social workers:

My wife and I have suffered endless damage...and trauma due to Social Services' mismanagement and incompetence. (PCC01 – Quote from Father).

I would like an acknowledgement of the embarrassment and hurt caused to the family by the actions of Gateway Team. (PCC04 – Quote from Father).

We have been devastated and hurt by this. (NISCC010 – Quote from Complainant).

The whole process has been a highly disruptive and upsetting time for our family. (PCC13 – Quote from Mother).

My entire involvement with Social Services has been disastrous and caused immense upset and stress on me. (PCC46 – Quote from Mother).

...frankly [registrant] has caused me great personal stress and hurt. (NISCC068 - Quote from Father).

This has caused undue stress to the family as a whole...The catalogue of errors/failures has caused immense distress to the family. (NISCC090 – Quote from Complainant).

[Social worker's] conduct has caused upset, distress and offence and has destroyed any trust [we] had in Social Services. (NISCC094 – Quote from Father).

I hope this letter puts across the hurt we feel we have suffered at the hands of [registrant]. (NISCC116 – Quote from Mother).

[Registrant] has caused me a serious amount of pain and stress. (NISCC121 – Quote from Complainant).

I am in tears with the stress this department is putting me under and the total lack of respect they are showing me. (NISCC125 – Quote from Mother).

This has all caused me a lot of hurt and pain. (NISCC130 – Quote from Service User).

It is also apparent, from the NISCC records, that social workers can also feel hurt when complaints are made about them by service users and carers, questioning the motivation behind the complaint and, at times, venting their hurt through anger:

Telephone call from registrant...very upset by allegation. (NISCC038 – Telephone Call from Registrant).

[Voluntary Organisation] is increasingly of the opinion that [complainant's] complaints are vexatious and malicious...[registrant] is deeply distressed by this escalation in a pattern of sustained and, in our opinion, spurious complaints. (NISCC069 – Letter from Voluntary Organisation's Human Resources Department).

Telephone call from registrant - He has been very 'surprised and upset' to receive this letter from NISCC outlining a complaint...There was a previous complaint at NISCC which was 'an absolute nightmare' for him. (NISCC074 – Note of Telephone Call from Registrant).

Telephone call from registrant...has been very distressed by the whole process. (NISCC077 – Note of Telephone Call from Registrant).

Telephone call from registrant. Expressed her dissatisfaction at the negative tone of my [Conduct Officer's] letter, i.e. 'not satisfied that there is evidence of misconduct' - would prefer 'satisfied that there is no evidence' or something along those lines...feels that [complainant] is making her a scapegoat. (NISCC084 – Note of Telephone Call from Registrant).

I am writing to outline my dissatisfaction with the tone of the letter and subsequent inference regarding my practice...it infers that there is some concern about my practice and, although no further action is required, I am reminded of the NISCC Code of Practice...I find this hugely concerning...I pride myself on professional, respectful practice and am concerned that this recent NISCC correspondence does not portray me in this light.

(NISCC091 – Letter from Registrant).

Phonecall from registrant...quite distressed regarding this - she reports she is off work at present with stress...explained that she is 'very shocked and worried' about the letter she received. She considers this is a malicious complaint ...She has been off work...on sick leave...she is 'actually very angry' as she considers she did her best for [service user].

(NISCC123 – Extract from NISCC Record).

Telephone call from registrant...finds this [the complaint] hard to take, hurtful...The registrant states that she has reflected and learned from this...but she takes the complainant's comments personally. (NISCC107 – Record of Telephone Call).

The nature of the complaints made, as discussed above, indicates situations in which either a relationship has not been developed at all between the service user/carer and the social worker or cases in which the relationship has broken down. Having outlined the issues that service users and carers complain about, the next section moves on to consider some underlying themes regarding the context in which service users and carers make complaints about social workers.

SECTION 5: THE CONTEXT OF COMPLAINTS

This section of the report highlights some of the factors evident in both the NISCC and the PCC records that provide some context for the complaints that service users/carers make about social workers. Two sets of inter-related factors are outlined; stress and pressure and opaqueness, invisibility and feeling lost.

5.1: STRESS AND PRESSURE

In relation to stress and pressure, the records often indicated that the service users and carers who made complaints were under a significant amount of stress in their personal lives. Whilst these issues were not explicated in great detail in the records reviewed, there was frequent mention in them of parental separation and divorce, domestic violence, substance misuse, conflict between family members, mental health issues, and the pressures of caring for older family members or those with physical and intellectual disabilities. As noted in Section 4, service users and carers often stated that the intervention of social workers in their lives also caused a significant amount of stress, either because allegations of abuse or neglect had been made against them, they had been separated from their children, or they did not feel that they were receiving an appropriate service from the social worker(s) concerned.

In addition to the stress and pressures being experienced by service users and carers, there were also indications in the records of the stressful nature of the social work task. Social work is one of the most stressful professions in the UK (McFadden, 2015; Ravalier, 2017) with this being clearly associated with working conditions and, specifically, the sheer volume of work they are required to complete (high caseloads, the complexity of the work involved, and the associated paperwork and administrative tasks). A survey of 398 social workers in Northern Ireland (NIASW, 2016) found that 88% worked additional unpaid hours, half reported staffing vacancies within their teams, 44% stated that paperwork and lack of administrative support was the single or joint greatest challenge they faced, and, across all programmes of care, social workers raised the growing complexity of the cases they were involved in. In terms of the records reviewed, these issues were highlighted at times in response letters from Trust senior managers:

[Social worker] acknowledges that...was not completed...This was due to the volume of work in the team and a reduction in the number of staff available for a particular period due to sick leave and staffing changes. (PCC56 – Letter from Trust Senior Manager).

It is clear that [complainant] referred the situation...at a time that was of particular stress to her...I can find no evidence to suggest that [social work team] or [registrant] in particular, failed to take account of [complainant's] concerns...At the time of the referral, [social work team] were under significant pressure due to staffing deficits and [registrant] may not always have been available to take [complainant's] calls but she is clear that she did subsequently reply to her. Despite these staffing difficulties, it is clear that [registrant] allocated the case in a timely manner... (NISCC097 – Letter from Trust Senior Manager).

Another issue arising frequently in the records was the level of aggression and the potential for violence that social workers encounter in their day-to-day interactions with service users and carers and this is clearly a source of stress and pressure for them. A number of extracts from the records are presented below to illustrate this issue and the fears that social workers at times expressed in relation to their own personal safety:

I understand that [Senior Social Worker] did address...that aggressive behaviour towards Trust staff would not be tolerated given...reaction towards personnel when they were effecting the Emergency Protection Order...I do appreciate that when difficult matters need to be discussed this can be misinterpreted as hostility.

(PCC08 – Letter from Trust Senior Manager).

[Mother] stated that she was unable to guarantee if she could ensure that no further incidents of violence against her daughter occurred. She also outlined a history of emotional abuse, perpetrated by [complainant]...Both children outlined ongoing emotional abuse and the female child specifically expressed fear and anxiety about her father...it was agreed that [complainant] should be asked to leave the family home until a full investigation could be completed...[mother] advised that while she did not believe [complainant] would become violent when asked to leave she could not be sure of this. I was acutely aware that the home visit was taking place in the late evening hours, in a remote rural location, and that there was a significant potential risk to my safety and welfare. As such I contacted the PSNI...

(NISCC043 – Letter from Registrant).

...the relationship between [staff] and [father] in particular has been fraught, with some staff members feeling intimidated...the tone of the communications from [father] were antagonistic and scathing and in some instances made personal attacks on individual staff members...What was highly evident however was that some staff perceive [father] as intimidating, aggressive and threatening. Others describe him as challenging and disrespectful...despite their best efforts and commitment...they were criticised and met resistance from [father].

(NISCC063 – Independent Review Report).

[Consultant Psychiatrist] advised me that [complainant] is extremely angry at his wife and that he transferred a lot of his anger towards me. It seems that he is still doing this...I think I should also point out that I have been and remain afraid for my personal safety in regards to [complainant].

(NISCC068 – Email from Social Worker).

[Complainant] has never submitted a formal complaint to the [Trust]. She has, however, on many occasions, verbalised her dissatisfaction with the care plan for her children and been extremely verbally abusive and derogatory in relation to the staff involved...This is an extremely complex child care case with legal proceedings ongoing within the High Court. [Father] served a prison sentence earlier this year for making threats to kill the Service Manager involved...All of the above has been very challenging and at times upsetting for the staff involved. [Father] continues to present very aggressively to staff and make ongoing threats of harm...It is the view of the Trust that this [complaint to NISCC] is a further attempt by [parents] to intimidate the staff involved in the case.

(NISCC081 – Letter from Trust Senior Manager).

[Social worker] would totally deny that she raised her voice but rather would state that you got very agitated and challenging...She would contend that you got very annoyed ...she left your house because she felt under verbal attack.

(PCC48 – Letter from Trust Senior Manager).

The complainant has in the past posed a significant threat to [registrant]...

(NISCC099 – Letter from Trust Senior Manager).

The case conference...was particularly difficult. NISCC have been informed that the meeting was disrupted by the complainant and her husband to such a degree that the police were called on a 999 basis to manage their behaviour. At the pre-meeting, NISCC have been informed that complainant's husband became so threatening in his manner that he was not permitted to attend the case conference – he did, however, interrupt the meeting.

(NISCC115 – Extract from NISCC Record).

The importance of relationships in social work practice was noted in Section 1. There is, however, a recognition in the literature that relationships are often not easy to establish, especially in situations such as child protection which are likely to be highly conflictual, stressful and pressurised (Yatchmenoff, 2005; Dumbrill, 2006; De Boer and Coady, 2007). As noted by Parton (2014), social work with children and families in particular in the UK has become increasingly focused on child protection and this:

...has resulted in families having more involuntary engagements (when contact has not been sought by the family) with services. (Mellon, 2017: 4).

Throughout the records there were indications of conflict between service users/carers and social workers with terms such as 'confrontation', 'resistance', and 'uncooperative' referred to frequently in responses to complaints made:

...it is evident that Social Services staff have invested much time, energy, commitment and professionalism in trying to help you and your family. Despite this, you remain totally resistant to involvement with Social Services staff and this is reflected in the nature and tone of the complaints that have been received. [Principal Officer] is concerned that, without some constructive commitment from you to engage with Social Services, this pattern of complaints will continue which will undermine the morale of staff involved and create greater risk for all concerned. (PCC19 – Letter from Trust Senior Manager).

I understand you were reluctant to discuss the concerns identified within the assessment...you did not accept that the information around your lifestyle choices, or the allegations made, were accurate or true and this created conflict from the outset...the relationship between you and [social worker] has broken down...

(PCC21 – Letter from Trust Senior Manager).

This complaint is in context of a highly complex child protection case...relations between the Trust and the family were fraught and characterised by a marked lack of cooperation with Social Services in respect of the safeguarding plan.

(NISCC016 – Letter from Trust Senior Manager).

This is a complex case and the intervention continues to be overseen by the High Court... [Mother's] attitude to Social Services has been very uncooperative.

(NISCC051 – Letter from Trust Senior Manager).

In the course of professional visits Social Workers often have to broach difficult subjects in an attempt to help service users gain insight into the potential consequences of their own actions and thereby assist them in making the necessary changes to improve their situation. It would appear to date that [complainant] has been resistant to accepting advice that is contrary to her perception of circumstances and, I think, that this is at the heart of this matter. (NISCC083 – Letter from trust Senior Manager).

It is my view that this parent is a serial complainer...Throughout [Trust's] involvement with [complainant] there has been a very difficult working relationship.

(NISCC128 – Letter from Trust Senior Manager).

The complaints made are wide ranging, alleging bad practice, lack of professionalism and malevolent intent...[Complainant] and her partner are totally resistant to involvement with social services.. (NISCC124 – Letter from Trust Senior Manager).

5.2: OPAQUENESS, INVISIBILITY AND FEELING LOST

In Section 4 it was noted that a number of complaints related to service users and carers feeling that the ways social workers worked had not been explained clearly to them, if at all. This theme is a recurring one in the literature investigating parents' experiences of interactions with Family and Child Care social workers and the child protection system with a common view expressed that they are not given enough information on the process. Tosey (2000), for example, recounts his own experience of being a service user as like being a 'stranger in a strange land' and Wiffin (2010), reporting on interviews with family members, notes that:

...they did not understand the system they had been drawn into...This lack of knowledge created fear and a sense that anything could happen. (Wiffin, 2010: 12).

In a similar vein, Dale et al. (2005) refer to this as the 'opaque' nature of the child protection system and argue that families who experience it experience it feel lost and:

...inherently disadvantaged because they do not know how the system works. They have little idea what the key processes are...what the next steps are, or how to influence the course of events. (Dale et al., 2005: 90).

Service users and carers, therefore, may lack specific knowledge about the policies, procedures, protocols and processes that social workers adhere to, i.e. the way they do things. As Pithouse (1998) argues, these 'ways of doing' may be so natural to social workers that they do not think to explain them to others or, to put in another way, make them 'visible'. Throughout the records reviewed, and especially the PCC records, there were references to this opaqueness and the notion that service users/carers sometimes felt 'lost', claiming that policies, procedures, protocols and processes had not been adequately explained to them:

[Mother] cannot understand why things moved so quickly to child protection...she is unclear if she can still appeal against the decision [of the case conference] and Social Services have not been able to clarify...she was clear that children had been put on the register but not the reason for this. (PCC02 – Extract from PCC Record).

At the case conference we feel that our voices were not listened to and we were not given a full or proper chance to state our opinions. We were given no indication of what the case conference would entail and we felt that the tone used by Social Services throughout was threatening and condescending. (PCC13 – Quote from Mother).

[Father] has contacted the PCC in connection with concerns about the level of contact he has with his infant son. I understand from him that he is unhappy that contact is still supervised and at the limited nature of contact and how slowly this is progressing...he is unclear why Social Services feel that supervision is necessary and are not prepared to increase contact more quickly. He advises that he has attempted to discuss his concerns with Social Services directly and at LAC Reviews but feels that they have not been addressed. (PCC14 – Email to Trust Complaints Department).

[Head of Service] felt that it had not been explained thoroughly to [mother] what the Social Service role would be during her pathway with them and felt this could have been done better. (PCC16 – Extract from Note of Meeting).

[Mother] said her children are not even on the child protection list], she does not even understand the role of this social worker. When asked she was told it was for family support – [mother] said she [social worker] does not support her at all.

...given that none of my children are on the child protection list, I would also appreciate an explanation as to why I have a social worker, given that they provide no family support to me only criticism. If a Social Worker is deemed necessary, I wish to request that a different Social Worker take over my case. Furthermore, I would like clarification on what the recent Court Contact Order will mean for me and my son. (PCC21 – Extract from PCC Record and Quote from Mother).

...I had no clue, nothing was ever explained. No one had sat down with me and gone through anything. I feel like I was left completely in the dark as to what was going on. (PCC32 – Quote from Mother).

Linked to opaqueness and service users/carers feeling lost due to a lack of knowledge about social work processes and procedures, is the idea of 'invisibility'. The notion that social work is a largely 'invisible' activity was introduced by Pithouse (1998) who argued:

...social work is an inherently 'invisible' trade that cannot be 'seen' without engaging in the workers' own routines for understanding their complex occupational terrain...social workers who visit people in the privacy of their own homes or see them in the office usually do so free from observation and interference by their colleagues, who likewise pursue a similar form of intervention. (Pithouse, 1998: 4-5).

The fact that much social work activity occurs in private between the service user/carer and the social worker raises two possibilities. Firstly, it may be possible for social workers to behave in inappropriate ways towards service users/carers with no independent witnesses available to substantiate any subsequent complaint or allegation made. Secondly, it is equally possible that service users/carers may make spurious allegations about the conduct of social workers without any corroborating evidence being available.

In these situations, when complaints are made, it becomes the word of one person (the service user/carer) against another (the social worker). The NISCC records made frequent reference to this lack of corroborating evidence from other independent witnesses:

[Complainant] is the only witness to the allegations...The first limb of the complaint was almost wholly dependent on the word of the complainant against that of the registrant, and there was no evidence at all to support the second limb of the complaint...

(NISCC015 – Extract from NISCC Record).

Unfortunately, there was no one present who could corroborate your daughter's version of what was said and no other information is available to the Council to inform the Council regarding what actually occurred. Therefore, following careful consideration, it is the view of the Council that there is insufficient evidence to enable it to proceed further with your complaint. (NISCC031 – Letter to Complainant).

Unfortunately, these are difficult allegations to substantiate in the absence of other third party information being available to the Council to provide an objective view of what actually occurred. Following careful consideration, therefore, it is the view of the Council that there is insufficient evidence to meet the high threshold required to proceed further with your complaint. (NISCC032 – Letter to Father).

Unfortunately, this type of complaint is extremely difficult to substantiate as it is a case of one person's word against another's. (NISCC051 – Letter to Complainant).

The matter was investigated and the complaint was not upheld. [Registrant] was adamant that she had correctly recorded the conversation she had with [complainant], however, [complainant] continues to challenge this. It is therefore not possible, given [complainant] and [registrant] were the only two people involved in the meeting, to confirm which version of events is accurate. (NISCC095 – Letter from Trust Senior Manager).

It is clear to the Council that there is no independent evidence to substantiate the allegations made against [registrant]. It is essentially the complainant's account or that of the registrant. (NISCC114 – Extract from NISCC Record).

There is no independent evidence to provide an account of what took place during the home visit...There is no evidence to meet the high threshold to progress with this complaint. (NISCC121 – Extract from NISCC Record).

Letter from Trust Senior Manager...it is noted that there is conflicting information in terms of what the complainant has advised and the information provided by the social worker.

Report to Preliminary Proceedings Committee...The Council would suggest that in view of the opposing version of events, it is unlikely a Conduct Committee could make a finding of fact in relation to the allegations made against the registrant.'
(NISCC122 – Extracts from NISCC Record).

This lack of independent, corroborating evidence was also sometimes commented upon by the service users/carers making complaints:

There was no one else present to witness the interview...the only evidence is the reporting of this by me...How would a claim made by a mother in the home ever be substantiated when there are no others present? (PCC05 – Quote from Mother).

Telephone call from complainant...Regarding the incident...confirmed that there are no witnesses. She acknowledges that it is 'one word against another.'
(NISCC083 – Note of Telephone Call from Complainant].

I regret that I did not request to have someone else present.
(NISCC085 – Quote from Father).

Complaint regarding registrant's alleged 'intimidating and aggressive manner' during a telephone conversation. Complainant acknowledges, however, that 'no-one else heard the content of this telephone call.' **(NISCC096 – Extract from NISCC Record).**

The 'invisibility' of social work as described by Pithouse (1998), however, is diminished today by the widespread availability of recording devices including, for example, smart phones. Service users/carers recording of conversations between themselves and social workers did arise in a number of the records involved. It was not entirely clear whether this had been done covertly or not, although in some cases parents note that when they sought consent to record meetings this was denied and, in itself, this became a source of conflict. This issue is increasingly apparent in social work in the UK and guidance is needed in relation to when it is, and is not, appropriate for service users/carers to record the conversations they have with social workers (The Transparency Project, 2015):

We have on tape [Social Work Manager] coming into our house shouting at [mother] to 'grow up' and to 'stop with the silly complaints'. According to our solicitor this is a major breach of conduct, it shows total lack of respect and it also shows that this woman's mind is made up before she even works with us. How is it possible to get fairness?

(PCC19 – Quote from Father).

Service user complaint in relation to registrant's conduct and professionalism in dealings with her...Further evidence was reviewed, in particular a taped recording. The Council does not consider that the conversation that took place meets the threshold to refer the matter on.

(NISCC125 – Extract from NISCC Record).

The registrant did use inappropriate language during a conversation with the complainant [refers to audio-recording provided by mother] and the Council took into account the context it was used in and that it was not directed at an individual...it was decided that the complaint does not meet the threshold to progress through the conduct process. It was felt that a reminder of Code 2 (2.2) should be issued to the registrant...

(NISCC126 – Extract from NISCC Record).

[Social worker] did not take notes when we met. When I saw the level of detail in the reports...I began to suspect that she had recorded our conversations. I became convinced of this when, during an unplanned visit...her mobile phone went on to loudspeaker. When I confronted her at the last Child Protection meeting she did not deny it. I understand that consent should be sought before recording a meeting. [Social worker] did not seek my consent. I regard her actions as inappropriate and a breach of trust...Following this discovery I decided I too would record our meetings as there had been too many verbal and written inaccuracies and misrepresentations...When, at the last Child Protection Meeting, [social worker] denied telling me a week or two before that if I did not provide her with a family history/tree they would not even consider de-registration, I revealed that I had recorded the meeting. [Manager] demanded that I hand the recording over. I refused and put it to her that it was all right for a Social Worker to do it but not me. I wish you to clarify the Trust's policy / protocol on recording meetings in these circumstances.

(PCC22 – Quote from Mother).

*When we requested if we could record this conference, we were interrupted aggressively by [Principal Social Worker] and told 'it's not happening'. We were then verbally refused and not allowed to speak to enquire why and each time [Principal Social Worker] aggressively spoke over the top of us saying 'it's not happening'... We wish to request that the [policy and procedures] be amended to allow the use of mobile recording applications or devices at any Social Services meetings in order that all behaviour of participants can be recorded which will significantly reduce the opportunity for cover up. **(PCC33 – Quote from Mother).***

5.3 : SPOIL

As illustrated in Figure 16, the factors identified above; **s**tress, **p**ressure, **o**paqueness, **i**nvisibility and feeling **l**ost form the acronym SPOIL and, it is argued, these may present significant barriers to relationships being developed between service users/carers and social workers which, in turn, contributes to the likelihood of complaints being made about social workers.



Figure 16: SPOIL – Some Factors Acting as Barriers to Building Relationships

The conclusions of the review of the NISCC and the PCC records relating to complaints by service users and carers about social workers are presented in the next section of the report which draws out the main messages for the social work profession.

SECTION 6: CONCLUSION

This research study has examined complaints made by service users and carers to the NISCC, and coming to the attention of the PCC, about social workers in Northern Ireland. The complaints made were, in the majority, about Family and Child Care social workers who featured in 91% of the complaints made in the NISCC sample and, by design, in all of those in the PCC sample. It is important to acknowledge, however, that only a small proportion of social workers are actually complained about. The NISCC, for example, notes that between 2010/11 and 2014/15, the number of complaints received annually about social workers averaged just under 1% of all registered social workers in Northern Ireland (NISCC, 2015b). Similarly, complaints to the PCC Complaints Support Service about Family and Child Care services, which were the focus in this study, accounted for only about 6% of all cases managed by the service in 2015/16 and 2016/17 (PCC, 2017). Complaints do, nevertheless, present an opportunity for learning about, and reflecting on, social work practice and that has been a major impetus in carrying out this study.

The nature of the complaints outlined in Section 4 of the report indicate that the vast majority are not about decisions or actions taken by social workers, although these may be part of the motivation to complain. Complaints are, rather, mostly about relational factors with the acronym HURT being used to describe service user and carer concerns that social workers had not been honest, had treated them unequally, had failed, through their attitudes and behaviours, to demonstrate respect, or had not acted in a technically competent manner which included not explaining policies, procedures, protocols and processes to them. As noted in Section 1, there has been an increased emphasis in recent years on the importance of the relationship between social workers and service users/carers, especially in work with children and families, with Ferguson (2010: 28) noting that:

There is in many accounts of social work with children and families today a pervasive sense of loss, or at least of an absence, a sense that something is missing and doesn't feel right. There is little doubt from the social work literature that what is thought to be lacking or lost is relationships, and having the time, capacity and capability to relate to children and families.

This lack, or loss, of focus on relationships in social work practice with children and families is argued to have arisen as a consequence of increasing bureaucratisation, aimed at managing risk, which has been evident since the death of Maria Colwell in 1973 (Department of Health and Social Security, 1974). Ingram and Smith (2018: 4) argue that, within this climate, social work '...became a technical/rational rather than an ethical and relational endeavour...increasingly framed around following procedure and ensuring compliance.' As a reaction against this trend, a number of models of social work practice with children and families have been developed which seek to refocus on the relational aspects of the job (Turnell and Edwards, 1999; Turnell and Murphy, 2017; Goodman and Trowler, 2012). The 'Signs of Safety' model, for example, is now being implemented in over 100 jurisdictions in 18 countries including both Northern Ireland and the Republic of Ireland with research and evaluation studies consistently finding that it contributes to improvements in relationships

between parents and practitioners (Skrypek et al., 2012; Wheeler and Hogg, 2012; Bunn, 2013; Hayes et al., 2014). Bunn (2013: 68), for example, notes that studies report:

...relationships becoming more open and of better quality, parents/carers' feeling more 'understood' and respected by workers and not feeling blamed for issues with more positive perceptions of the caring skills of workers.

The fundamental importance of relationships in social work practice was highlighted in Section 1, and it is clear that relationships between service users/carers and social workers in Family and Child Care work matter for two main reasons. Firstly, as noted in Section 1, feedback from service users and carers indicates that they value practitioners who display qualities such as empathy, understanding, respectfulness, reliability and honesty. When service users and carers feel that the social worker does not possess or display these qualities, they are more likely to be dissatisfied and to express negative views about both the worker and the intervention. Secondly, there is now a significant body of research evidence suggesting that good working relationships between service users/carers and social workers lead to more positive outcomes (Howe, 2014; Trotter, 2015; Ruch et al., 2018). For these reasons, a number of authors argue that relationships should be at the 'heart' of practice (Trevithick, 2003; Ingram and Smith, 2018; Ruch et al., 2018). In terms of the 'recipe' for constructive working relationships between service users/carers, a number of 'ingredients' are required. Taking account of the characteristics of social workers identified by service users/carers as being both helpful and unhelpful in terms of building and maintaining relationships, it is argued that practitioners should display a number of qualities. These qualities, outlined in Figure 17 below, are as follows:

- **Honesty:** Social workers must be honest and trustworthy in all their dealings with service users and carers which includes keeping them fully informed at each stage of the intervention with them.
- **Empathy:** As Thompson (2009: 136-137) notes, empathy 'involves recognising, and responding to, the other person's feelings without necessarily having these feelings'. In essence it is about trying to understand the service user/carer's perspective and to acknowledge their thoughts and feelings.
- **Attentiveness:** One of the most effective ways of demonstrating empathy is to be attentive to service users and carers. This involves actively listening to them and demonstrating, through skills such as reflecting back feelings, paraphrasing, etc. that you have understood them. As Ferguson (2011: 174) argues this leads to service users and carers feeling 'that the worker wants to hear about their feelings and fears, which may clear the way for them to engage and contemplate trust.'
- **Respect:** The value of respect for persons is derived from Kantian moral philosophy (Shardlow, 2002) but, as Thompson (2009: 135) argues, 'the basic point is quite a simple one really, namely the importance of treating people with respect – not treating them in a way that you would object to if other people treated you like that.'
- **Technical competence:** Social workers must have the requisite knowledge and skills to practice competently – see the Standards of Practice outlined in NISCC (2015a).



Figure 17: HEART – Social Worker Qualities Promoting Positive Relationships

The ability of social workers to respond to service users and carers with HEART, however, may be compromised by a number of factors, identified in Section 5, in relation to the context in which complaints are made. These factors, it was noted, can ‘SPOIL’ the recipe for a successful and constructive working relationship or, indeed, prevent such a relationship being established at all. In relation to social workers, it was noted that the context of their practice is often characterised by stress and pressure. The issues highlighted in this study (such as high caseloads, complexity, bureaucracy in terms of paperwork and administrative tasks, conflict, aggression and violence) have all been highlighted in previous reports (NIASW, 2012; 2016; McFadden, 2015; Ravalier, 2017) and continue to be pertinent.

A survey by BASW NI (2018), for example, reported that 86% of respondents had experienced intimidation, including ‘...instances of verbal abuse, swearing, name calling...being subjected to sectarian or racist abuse...service users behaving in an aggressive and confrontational manner’ (BASW NI, 2018: 7-8). Threats of violence were reported to have been received by 75% of respondents and 50% stated that they had been subjected to actual physical violence, with some stating that they had been physically assaulted a number of times:

Particularly worrying is the occurrence of multiple physical assaults. Of all the social workers surveyed, 15% explained that they had experienced physical assault between two and five times during their career, 5%, six to ten times, and 10% reported being assaulted more than ten times. (BASW NI, 2018: 11).

Surveys carried out by BASW England and Community Care also note the continuing demands of bureaucracy, paperwork and administrative tasks on social workers' time and the impact this has on their ability to engage in direct work or contact with service users and carers. The BASW England survey of 350 children's services social workers, for example, reported that they spent only about 25% of their time (11 hours per week) in face-to-face contact with children and families (McNicoll, 2018). This reflects an earlier survey by NIASW (2012) in which over two-thirds of respondents reported that they spent less than 30% of their working week in direct contact with service users and carers. The Community Care survey of 815 children's social workers reported that 81% of respondents felt that their workload was not manageable with some reporting that they did not see a future for themselves in the profession if this situation did not improve (Stevenson, 2018).

It is, therefore, important to acknowledge and take into account the context in which the relationship between the social worker and service user/carer takes place. As Turnell and Murphy (2017: 6) argue:

Too often, proponents of relationship-grounded child protection practice have articulated visions of partnership with families...that are overly simplistic. To be meaningful, it is crucial that descriptions of child protection working relationships closely reflect the typically messy lived experience of the workers, parents, children and other professionals who are doing the difficult business of relating to each other in contested child protection contexts.

The notion of 'partnership' referred to in the above quote reflects the 'ideal' relationship that should exist between social workers and service users/carers. It is, however, a challenging concept to put into practice, especially in 'contested' areas such as child protection work where the contact of service users and carers with the social worker is likely to be involuntary in nature (Department of Health, 1995). Dale et al. (2005: 186) note that this ideal of partnership is reflected in situations where both parties to the relationship behave 'reasonably', drawing on the legal concept of 'reasonableness' which describes 'a fictional person who, in any given circumstances, behaves appropriately with regard to those circumstances.' If, however, either party behaves 'unreasonably' then partnership working is likely to be compromised and the relationship problematic. Unreasonable behaviour by service users and carers includes, for example, intimidating, threatening or being violent to social workers, being dishonest, being highly resistant and uncooperative, and making vexatious complaints. It is also possible for social workers to behave in unreasonable ways and the allegations made by service users and carers in this study of workers being dishonest, biased, disrespectful, and not explaining the policies, procedures, protocols and processes that they follow would fit into this category of behaviour.

As Dale et al. (2005: 188) note, a 'complex interactional dynamic arises' where the unreasonable behaviour of the service user/carer may cause the social worker to act or behave in unreasonable ways and vice-versa. Workers may also behave in unreasonable ways due to their pressurised work environment, which includes the hostility they may encounter from service users and carers but also refers to issues such as high caseloads and burdensome administrative tasks. Situations where both parties are behaving unreasonably, can develop into 'an impasse of intractable mutual hostility' (Dale et al., 2005: 194).

The challenging environment in which social workers operate means that they require a range of supports in order to devote the necessary time, and to develop the requisite skills and qualities, to form and maintain effective working relationships with service users and carers. These supports, skills and qualities are outlined in Figure 18 below and include:

- **Supervision:** Good quality, planned and regular supervision which, in addition to the management function, is also educative; enabling workers to develop their knowledge and practice, and supportive; helping the worker to deal with the emotional pressures and stresses encountered in their day-to-day (Donnellan and Jack, 2010).
- **Training:** Opportunities to access training (in-house and external), serving a range of purposes such as meeting the needs of service users and carers, contributing towards organisational goals, or meeting individual professional development needs (Horwath and Morrison, 1999).
- **Reflection:** The ability to think about practice critically, identifying the key aspects of the situation and the part the worker played in dealing with it, and to learn from this process in order to inform future practice. Houston's (2015) model of reflective practice was commissioned by the NISCC and provides a standardised framework for social workers in Northern Ireland. The model provides a vital tool for use in professional supervision but can also be used in other contexts such as practice teaching, mentoring, group supervision, or qualifying and post-qualifying training.
- **Emotional intelligence:** An understanding of both the worker's own, and the service user/carer's, emotions and how they affect 'behaviour, beliefs, perceptions, interpretations, thoughts and actions' (Howe, 2008: 11-12). It also involves the worker's ability to adjust, modify and regulate their own emotions in their interactions with service users and carers.
- **Negotiation skills:** The ability to maximise the service user/carer's contribution in relation to the work being undertaken and any plans being made rather than being directive. This involves being clear about what is not negotiable and also identifying areas where the service user/carer can exercise choice (Ferguson, 2011).
- **Growth:** Opportunities for professional growth through continuing professional development aimed at increasing the skills, confidence, resilience and competence of social workers. Such opportunities may be provided through supervision, training, or reflective practice.
- **Time:** Having the time to devote to face-to-face contact with service users and carers by virtue of a reduction in bureaucracy and administrative tasks and a manageable workload (NIASW, 2012; 2016).
- **Health:** Being supported to maintain good physical and mental health, both through a reduction in workplace stressors and organisational and management support in dealing with the emotional impacts of the work.
- **Safety:** Working in an environment where risk to workers is minimised as far as possible and intimidation, threats and violence by service users/carers is not tolerated (BASW NI, 2018).



Figure 18: STRENGTHS – Supports, Skills and Qualities Required by Social Workers

Many of these issues are addressed in the Strategy for Social Work in Northern Ireland 2012 – 2022, published by the Department of Health, Social Services and Public Safety (DHSSPS 2012; 2016) which committed to improving employer supports for social workers in carrying out their work stating:

Employers have a responsibility to ensure...social workers, have the right supports to practise effectively, to develop professionally and to discharge their duties safely to the required standards. With the right supports, social workers feel valued and confident in their role and more resilient to deal with the pressures and risks associated with their work. This is important as the work undertaken by social workers is challenging, emotionally distressing and on occasion can be dangerous. Ensuring access to professional supervision, providing opportunities for continuous professional development, creating time for reflection and de-briefing and supporting work-based audit and research are important professional supports. Supporting social workers requires employers to ensure social work time and skills are used to best effect and that there is administrative back-up to support them in the professional task. (DHSSPS, 2012: 13).

In relation to service users and carers, it was noted in Section 5 that those who made complaints were also under a significant amount of stress and pressure in their own personal lives due to issues such as separation and divorce, domestic violence, substance misuse, conflict between family members, mental health issues, and caring responsibilities. As Howe (2014: 83) notes, social workers meet service users and carers ‘who feel depressed, anxious, aggressive, phobic, agitated, ashamed, helpless.’ In relation to child protection work, they

may also be fearful of their children being removed from their care or of ‘restrictions to their freedom’ (Ferguson, 2011: 175) and these emotions and anxieties may cause them to behave in some of the unreasonable ways discussed earlier, especially if they encounter workers who they perceive to be lacking in some of the qualities required for promoting positive relationships.

Specific barriers identified to service users and carers building trusting relationships with social workers included issues related to opacity, invisibility and feeling lost in that they often lack knowledge and understanding in relation to the policies, procedures, protocols and processes that social workers adhere to and their own rights within the system. It would clearly be unreasonable if social workers did not explain these matters to service users and carers as keeping people fully informed (about services, the powers and duties of the social worker, the concerns and areas of work required, any likely action to be taken, the rights of the service user/carer, etc.) is a basic requirement of attempts to work in partnership (Thoburn et al., 1995). It is also possible that, given the stresses and anxieties service users and carers experience, they may be unable to fully take on board information they are given in the early stages of work and may need this to be repeated and reviewed with them on a number of occasions.

Clear written guidance for service users and carers in relation to these issues would be very useful and it is likely that a range of information leaflets, booklets, guidelines, etc. are already available from the Health and Social Care Trusts and, indeed, from other organisations and services in Northern Ireland which offer advice and support to service users and carers involved with social workers. It may be useful, however, if this information was consolidated into a single publication that could be disseminated to both service users and carers and to the organisations that provide advice and advocacy.

In relation to the latter point, the Family Rights Group, a charity which operates in England and Wales, provides a comprehensive, free and confidential telephone and digital advice service providing legal and practical advice to families involved with children’s Social Services which aims to ‘help families to understand the law and child welfare processes, as well as better understand the concerns of social workers’ (<http://www.frg.org.uk/need-help-or-advice>). In Northern Ireland, in the absence of this service, it is likely that service users and carers approach a range of organisations and services in order to access independent support and advice and it may be useful for a scoping exercise to take place with the aim of identifying which organisations currently provide such services and what they offer, including any written guides for service users and carers.

Finally, this report has outlined that the complaints process itself can be stressful and frustrating for both service users and carers and social workers. In relation to service users and carers, complaints to the NISCC were frequently preceded by complaints to the social worker’s employer and to a range of other agencies and individuals. This reflects a concern expressed by respondents in the research into complaints made to the Health and Care Professions Council (HCPC) about social workers in England (van der Gaag et al., 2017) about service users’ and carers’ understanding of the role of the regulator:

For some service users, complaining to the regulator was described as the end of the road, having exhausted all other complaints processes. (van der Gaag et al., 2017: 85).

The language of ‘complaint’, which was used to describe referrals to the NISCC during the period examined in this study, may have raised unrealistic expectations in that it suggested that service users and carers should get a resolution to the issues they raised. The NISCC, however, as the regulator, is not a complaints resolution body but deals with serious concerns about a worker’s fitness to practise and whether this has been impaired to such a degree that ‘they should not practise at all and should be removed from the Register, or that their practice should be restricted’ (NISCC, 2016a: 3). The NISCC has now removed the term ‘complaint’ from its guidance (NISCC, 2016a; 2016b; 2016c) although service users and carers may continue to require assistance in understanding the threshold for taking regulatory action against social workers.

In conclusion, a recent publication from the Department of Health (DoH) on the purpose of social work emphasises that:

Central to the effectiveness of social work practice is the quality of relationship between the social worker and those they work with. Social workers need to know how to connect with and communicate with people, be able to listen and discover what’s going on below the surface, show empathy, build trust and work creatively and flexibly with others to find solutions. They need to be able to balance managing risk alongside being supportive and enabling, to recognise and build on people’s strengths, head problems off before they become crises, and advocate and mediate on people’s behalf. (DoH, 2017: 3).

NEXT STEPS

Relationships matter in social work practice and, in order to ensure that positive and effective relationships are promoted, both parties to the relationship; social workers and service users and carers, require support. Social workers must be supported to devote the necessary time, and to develop the skills and qualities required, to build relationships in challenging circumstances and contested areas of practice. Service users and carers equally need to be supported in terms of their understanding of social work processes and practices and in having access to independent sources of advice.

The NISCC, as the statutory body responsible for the regulation of social work education and training, should continue to develop training materials and resources aimed at supporting social workers to develop and maintain the values and skills needed for relationship-based practice. These should be aimed at both qualifying (social work degree) and post-qualifying (Professional in Practice) levels.

BASW NI, as the professional association for social work and social workers in Northern Ireland, should continue to monitor and report on the stresses and pressures impacting on social workers and work closely with the Department of Health and social work employers in order to ensure that social workers have the supports, time and capacity to establish relationships and build trust with the service users and carers with whom they work.

The PCC, as the independent voice for patients, clients, carers and communities on health and social care issues in Northern Ireland should, on the basis of the information and advice needs of service users/carers involved with Family and Child Care Social Workers identified by this report, actively encourage the production of appropriate comprehensive written guidance and the provision of additional support for such service users/carers by service providers.

Finally, this report is based on an analysis of complaint records held by both the NISCC and the PCC. It would be important, moving forward, for the commissioners of this study (the NISCC, BASW NI, and the PCC) to consider how the findings can be disseminated effectively to both social workers and service users/carers and also to how both groups can be engaged in direct discussion of the findings in order to gather their views on the issues raised and how these might be addressed in the future.

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APPENDIX A

NISCC DATA COLLECTION SCHEDULE

RESEARCH IDENTIFICATION NUMBER:	
DATE COMPLAINT RECEIVED:	
SOURCE OF COMPLAINT:	<input type="checkbox"/> Service User <input type="checkbox"/> Friend/Relative/Carer of Service User (<i>give details below</i>) <input type="checkbox"/> Other (<i>give details below</i>)
GENDER OF COMPLAINANT:	<input type="checkbox"/> Female <input type="checkbox"/> Male
GENDER OF SERVICE USER:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Missing/Not Applicable
STATUS OF REGISTRANT:	<input type="checkbox"/> Qualified Social Worker <input type="checkbox"/> Degree in Social Work Student
REGISTRANT'S JOB TITLE (IF KNOWN):	
QUALIFICATION DATE:	
GENDER OF REGISTRANT:	<input type="checkbox"/> Female <input type="checkbox"/> Male
AGE OF REGISTRANT:	years
REGISTRANT'S EMPLOYER:	<input type="checkbox"/> Belfast HSCT <input type="checkbox"/> Northern HSCT <input type="checkbox"/> South Eastern HSCT <input type="checkbox"/> Southern HSCT <input type="checkbox"/> Western HSCT <input type="checkbox"/> Other (<i>give details below</i>)

PROGRAMME OF CARE:

- | | |
|--|--|
| <input type="checkbox"/> Family and Child Care | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Older People | <input type="checkbox"/> Physical Health and Disability |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Other (give details below) |

WORK SETTING:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Fieldwork/Community | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Day care | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Other (specify) | |

DETAILS OF COMPLAINT:

(record specific concerns and behaviours/attitudes complained about plus details re: location of incidents, witnesses, evidence, etc.)

IS COMPLAINT ABOUT MORE THAN ONE SOCIAL CARE WORKER?

- | |
|--|
| <input type="checkbox"/> No |
| <input type="checkbox"/> Yes (record Research Identification Numbers of linked cases) |

CONCERNS REPORTED TO:

- | |
|---|
| <input type="checkbox"/> Registrant's Employer |
| <input type="checkbox"/> PSNI |
| <input type="checkbox"/> Another Person/Organisation (give details below) |

STAGE CASE CLOSED AT:

- Preliminary Enquiries
- Following Council Solicitor Investigation
- PPC
- Conduct Committee

Date Case Closed:

Reasons for Case Closure:

SUMMARY OF PRELIMINARY ENQUIRIES STAGE (INCLUDING COUNCIL SOLICITOR INVESTIGATION):
(record details of contact with complainant, service user, registrant, registrant's employer, others)

Outcome of Preliminary Enquiries Stage:

- No Further Action
- Referred to Preliminary Proceedings Committee

Further Details

(e.g. letter sent to registrant reminding of Code of Practice, etc.):

SUMMARY OF PRELIMINARY PRELIMINARY PROCEEDINGS COMMITTEE STAGE:

Outcome of Preliminary Proceedings Committee:
(tick all that apply)

- Referred to Conduct Committee
- Interim Suspension Order Imposed
- Adjourned for Further Investigation
- No Further Action

Reasons for Outcome:

SUMMARY OF CONDUCT COMMITTEE STAGE:

(record brief details of preliminaries and findings of fact, misconduct, mitigation and sanction)

Outcome of Conduct Committee:

(tick all that apply)

- Case Dismissed (Facts Not Proved)
- Case Dismissed (Misconduct Not Found)
- Misconduct Found
- Admonishment
- Suspension Oder (for months)
- Removal Order
- Interim Suspension Order Revoked

Reasons for Outcome:

ADDITIONAL NOTES:

APPENDIX B PCC DATA COLLECTION SCHEDULE

REFERENCE No:
YEAR:
DATE OF INITIAL CONTACT:
SERVICE USER DETAILS: (Age; Gender; Circumstances; etc.)
WORKER DETAILS: (Employer; Designation; Setting; Team, etc.)

DETAILS OF CASE: (Detail Key Complaint Issues)

DETAILS OF CASE: (Continued)

ADDITIONAL NOTES:

DATE OF CLOSURE AND REASON:

