



# REGULATION OF SOCIAL WORK AND SOCIAL WORKERS IN THE UNITED KINGDOM

David N Jones (Editor)

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**Social Work Regulation: Contexts and Questions**  
Reflections on the Development of Regulations of  
Social Work and Social Workers in the United Kingdom

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# SOCIAL WORK REGULATION IN THE UNITED KINGDOM

## Introduction and Acknowledgements

**Fran Fuller and Ruth Allen<sup>1</sup>**

- 1.1** BASW is pleased to contribute these policy proposals and substantial background papers to the debate about the future of the regulation of social workers across the United Kingdom. The Children and Social Work Act (2017) will result in yet another change to the regulation of social workers in England. BASW expects to be involved in shaping the new regulator, to be known as Social Work England. BASW is involved in the different debates about improving regulation of social workers in all four countries of the United Kingdom and is an active contributor to the European and global debates.
- 1.2** BASW aims to agree common principles of regulation which can apply throughout the UK, taking account of international experience. We aim to reach agreement about these principles with the key stakeholder groups, including government, and to feed these ideas and principles into the debate about the shape of the new regulator in England and the arrangements for regulation in the other countries.
- 1.4** This paper is the third stage in that process, identifying the key questions to be addressed and proposing a set of principles and arrangements which flow from the questions. The questions had been tested with a number of BASW colleagues in the first round of consultation. BASW national committees and officers were then invited to join the policy discussion. BASW also facilitated a wide-ranging debate in the UK Social Work Standing Conference on 19 June 2017 about the future of regulation and the validity of the identified questions; the participants were supportive of the approach being taken whilst acknowledging the need for time to reflect on the appropriate way forward. BASW is represented on the Advisory Group on the creation of Social Work England convened by the Department for Education.
- 1.5** This paper was commissioned by the BASW Policy, Ethics and Human Rights Committee from David N Jones, one of its members, who has been involved in the development and management of national policy in these areas since 1985 in a number of roles. He has been assisted by former members of the regulatory bodies, several BASW members and BASW staff, including the National Officers. The Association is grateful to David and all members and staff who have shared their knowledge and experience generously and voluntarily.
- 1.6** We call on social workers to engage with the debate about the future of our regulators and trust these papers will help to shape that process.

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<sup>1</sup> Fran Fuller is BASW Vice Chair and Chair of the BASW Policy, Ethics and Human Rights Committee  
Ruth Allen is BASW Chief Executive

# **PART 1:**

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## **SOCIAL WORK REGULATION IN THE UNITED KINGDOM: CONTEXT AND QUESTIONS**

**BASW POLICY, ETHICS AND HUMAN RIGHTS COMMITTEE**

# 1. CONTEXT OF SOCIAL WORK REGULATION

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## Introduction

- 1.1 This study examines the history and structures of the regulation of social work and social workers in the United Kingdom from 1970 until the present, with some references to earlier developments. Social work (and social care) are devolved matters across the four countries of United Kingdom (UK) and their respective parliaments and assemblies. Whilst there is a shared commitment to sustaining some consistency in the approach to social work across the UK, as evidenced in the portability of (most) UK social work qualifications, there has inevitably and inexorably been growing divergence in practices, policies and regulatory arrangements as a result of devolution.
- 1.2 Uniquely in the UK, England is in the midst of the major third reform in regulation in 16 years (Gove 2012; Jones 2016; McNicoll 2016b; Morgan 2016; 2017a). There are ongoing developments in Scotland, Wales and Northern Ireland; all have different elements but these are occurring within more stable institutional structures that have been in existence since 2003.
- 1.3 Approaches to the regulation of health and care professions have also been the subject of review and new proposals (Law Commission 2014; Professional Standards Authority 2015a; Schraer 2015). The recently announced government review of regulators' roles and powers across the UK (Law Commission 2014; Department of Health 2017) is the very latest development. Social work is now distinctive in the public professions regulatory landscape being the only profession regulated at country level.
- 1.4 This is, therefore, a crucial moment for the social work profession in the UK and an appropriate time to reflect on the purpose and nature of the regulation across the UK – what the implications are of increasing divergence across the four countries, what can be learnt across borders, what can be done to ensure future developments in England are effective and are not yet another 'false dawn', and the implications of all this for the definition of social work in international context.

## Historical context

- 1.5 The British Association of Social Workers (BASW) and its predecessor bodies have been at the forefront of the campaign to achieve statutory regulation of the social work profession, a campaign lasting well over 50 years (Payne 2002, Bamford 2015). One of the first decisions of the newly formed BASW (1975 Annual Meeting), building on work of some of the predecessor bodies (McLaughlin, Leigh et al. 2016), was to initiate work on 'accreditation' (the term then used for a national system of registration or regulation) and the following year the General Meeting resolved 'BASW approves in principle the proposals for a scheme of accreditation in social work, published in BASW News on 24 June 1976, and instructs Council to proceed accordingly' (Bamford 2015). BASW has been actively involved in sustaining the case for professional regulation ever since (General Social Services Council Action Group 1993; General Social Services Council Implementation Group 1997; Jones 1998b; Jones 1998a; Jones 1999a; Jones 1999c; Jones 1999b; Professional Social Work 1999; Bamford 2000; Jones 2000; British Association of Social Workers 2004; Bamford 2015) and was a leading contributor to the development of statutory regulation since the start of the legislative process creating the first regulatory bodies announced in the White Paper *Modernising Social Services* (Department of Health 1998; Philpot 1998) and subsequently in *Aiming for excellence: modernising social work services in Scotland* (Scottish Office 1999).

- 1.6** In 2003, the regulators for Scotland (Scottish Social Care Council (SSSC)), Wales (Care Council for Wales (CCW)) and Northern Ireland (Northern Ireland Social Care Council (NISCC)) were created and have persisted and further developed ever since. In England, the General Social Care Council (GSCC) was created at the same time but disestablished in 2012, with social work regulation being transferred to the renamed Health and Care Professions Council (HCPC). A further change was announced in 2016 leading to a process to create a separate regulator, Social Work England (SWE). The lack of stability and consistency in the regulatory structures of social work in England (GSCC, HCPC and now SWE) has arguably disrupted the development of social work. The unavoidable distractions from the core business of upholding and improving regulatory standards – and the costs – arising from the process of dismantling one body and creating another should not be underestimated.
- 1.7** The reasons for these two changes in England are different, but are both related to concerns about the quality of social work practice and the performance of the regulator, both of which created public and political concern. They also illustrate the policy tension between the Department of Health, which had the lead on policy relating to the social work workforce, and the Department for Education, which was leading on child protection policy and practice, where most social workers were employed.
- 1.8** A major factor behind the 2012 changes was the trend to amalgamation of regulators, driven primarily by cost-saving considerations: ‘bonfire of the quangos’. This trend is driven by the Department of Health and continues in the health service. Regulators which cover larger numbers of professionals are seen as more economic, bringing economies of scale, whilst combining the regulators of differing professional groups is seen as potentially encouraging multi-professional working to benefit service users whilst weakening the arguably negative consequences of narrow professional identifications which restrict flexible working (Professional Standards Authority 2015a). These objectives did not take into account the more specific agenda relating to social work improvement led by the Social Work Reform Board (see below) and the core role of the General Social Services Council in the improvement programme.
- 1.9** The political concern about social work regulation and the quality of social work practice is driven firstly by the regular publication of Serious Case Reviews into child deaths and other child protection cases (Rawlings 2014, Jones 2015) and secondly by a series of critical Ofsted inspection reports. An overview of inspection outcomes for local authority Children’s Services inspections from November 2013, covering all inspections published by 30 April 2017, shows that, of 127 inspected LAs, ‘37 (29%) were judged to be good or outstanding and 30 (24%) were judged to be inadequate’ (Ofsted 2017). This negative publicity was reflected in public perceptions of social work which seemed to recognise the value of the task but reflected concerns about apparent failures and inconsistent quality of the service (Penhale and Young 2015).
- 1.10** These two elements both created a perception that there were frequent failings in social work management and practice and therefore, by implication, failures in social work education and training and in regulation. It is also evident that the Department of Health’s interest in streamlining regulation of health care professions and making it more cost effective was in tension with the Department for Education’s concern to improve the management and practice of children and family social work through a specific focus on the regulation of social work education and social workers.
- 1.11** Concern about the performance of the regulators can be seen in criticism of the performance of the newly formed GSCC (Council for Healthcare Regulatory Excellence 2009), although there is clear evidence of significant improvements under new leadership (discussed below). Purely anecdotal evidence also suggests that the HCPC took time to adapt to its role in social work regulation, and

to the very different political and professional environment of children's social work from the much smaller and less high profile health service professions which formed the core of its activity before the reforms.

- 1.12** Whatever the rationale for the two change processes, the lack of consultation with the profession or any other stakeholder in England prior to the announcement of structural upheavals in both July 2010 (Dunning 2010; Truby 2011; General Social Care Council 2012) and January 2016 is baffling and quite shocking (Truby 2011; General Social Care Council 2012; McNicoll 2016b). The most recent regulatory changes proposed by the government were challenged by the House of Commons Select Committee on Education (2016): 'we are unclear as to why a change of regulator is needed, and call on the Government to rethink its plans. The Government has already spent too much money changing regulatory bodies. Another change will either require further injection of significant public funds or place an unfair financial burden on individual social workers'. The proposed creation of a new regulator was also criticised by the Professional Standards Authority (2017). The proposals were not amended in the original Bill presented to Parliament and were fiercely debated. The Children and Social Work Bill (2016), was significantly amended following challenge within and outside of Westminster (e.g. House of Lords 2016). The initial plan to create a regulator which was an executive arm of the Secretary of State (of one or more departments) was over-turned in Parliament. A Non-Departmental Public Body (NDPB) structure was eventually agreed, reflecting the same organisational form as SSSC, SCW and NISCC.
- 1.13** The social work regulatory and policy environment in England has also been complicated by the involvement of several government departments, not only the Department of Health (adult social care) and Department for Education (children's social care) but also the former Department of Business, Innovation and Skills (skills policy later moving back to the Department for Education) as well as the Department for Local Government and interaction with the devolved administrations. This multiplicity of political and strategic responsibilities and the involvement of such a range of bodies may be seen as undermining the coherent development of the profession as a unified whole in England. It has caused considerable confusion for all parts of the social work landscape – amongst employers, educationalists and partners such as the NHS and local government. The production of two, very different reports on the future of social work education commissioned by the Department of Health (Croisdale-Appleby 2014) and the Department for Education (Narey 2014) illustrates the tension. The government-funded creation and dissolution of The College of Social Work for England is also part of this picture of turbulence (Brindle 2015), although the value and potency of BASW as the independent and well established professional body for social work has properly come to the fore since its demise.
- 1.14** The lack of recognition and formal consultation with professional bodies, including BASW, is striking and unlikely to be found with other professional groups. There needs to be more coherent and informed advocacy of the professional voice in government, through BASW and other relevant bodies, and also advocacy of the voice of people who experience social work services (House of Commons Select Committee on Education (2016). This is essential if the wisdom of practice and experience is to be taken forward from one generation of practitioners to the next. It is also necessary if the profession is ultimately to take responsibility for its own development and evidence base, and to be the activated and self-assured profession it needs to be.
- 1.15** The different organisational context and scale of social work regulation in Scotland, Wales and Northern Ireland has resulted in a more coherent and significantly more consultative and inclusive approach in those countries, which inevitably prompts reflection on what, if anything, is different about the national contexts apart from scale, and whether a more inclusive engagement should be the objective in England. It is frequently argued that each of the four countries has something to



learn from the others. This paper hopes to stimulate some of that debate and exchange. Clarifying and exploring the key questions to be resolved by regulation offers one way to do that.

- 1.16** It is self-evident that any successful regulator must command the commitment and respect not only of the public but also of the profession it is regulating. Given the disruption caused by the various government decisions to change the regulatory arrangements in England, which involved no prior consultation with the regulators nor involvement of the profession, that confidence has been undermined. It is therefore essential that the profession now plays a significant role, with others, in building new and sustainable arrangements in England, as noted by the House of Commons Select Committee on Education (2016), and as can be observed elsewhere in the UK.

## **An international profession**

- 1.17** Governments and the profession also need to take account of the growing experience of the regulation of social work around the world. International standards for social work qualifications have been approved by the global bodies and explored against some national standards (Jones and Sewpaul 2004; International Association of Schools of Social Work and International Federation of Social Workers 2005; Sewpaul 2005; Sewpaul and Jones 2005; Barretta-Herman 2008; Sewpaul, Noble et al. 2014; Akintayo, Hämäläinen et al. 2016; McNabb and Connolly 2017). Statutory social work regulators now exist or are being actively explored in several countries (Palattiyil, Sidhva et al. 2015), including United States of America and Canada (American Association of State Social Work Boards 1998; Kentucky Legislative Research Commission 2012; Diedrich and Spivak 2015), New Zealand (McNabb 1988; Orme and Rennie 2006; Heugten 2011), Zimbabwe (Sachiti 2012), Finland (Talentia (Finland) 2016), Nigeria (Okoye 2013; 2017b), Japan (Iwasaki 2001), Hong Kong (Leung 2001; Jones 2007), Malaysia (Jones 2007) and Australia (Nayor 2001). In some countries the profession is more directly regulated by government (Hussein 2011).
- 1.18** Social work is a global profession, with significant movement of professionals between countries (e.g. Fouché, Beddoe et al. 2013, Bartley and Beddoe 2018). The UK has probably the most diverse social work workforce of any country in terms of the national origins of social workers (Improvement and Development Agency 2006; Rayner, Volz et al. 2012). Its international character and global developments have to be taken into account in the review of statutory regulation in England, not least because of the large number of overseas social workers needed and recruited to work in the UK (Hayes 2004).
- 1.19** A seemingly consistent experience, which is slowly emerging in many countries, is increasing conflict between the regulator and the professional body about their respective roles in defining the profession and its standards. This issue and the experience of regulation in other countries will be developed in a separate paper.

## **A stable future for social work regulation?**

- 1.20** This narrative demonstrates clearly that there has been an almost constant state of upheaval in the structures for workforce development in the social care and social services sector, particularly in England, including the three changes in structures of regulation and changes in related organisational arrangements. This has affected all the organisational structures involved with the regulation and inspection of social work qualifications and practice in England since the demise of CCETSW in 2001. The way in which the profession and government have shaped and changed the regulatory environment has had a significant impact on policy and practice, on the debate about future arrangements and importantly on self-perceptions of social work leaders and of social workers themselves and their identity. Interventions by government have not always shown a



sufficient awareness neither of this history, nor of the impact of previous decisions by government and the implications for the future.

- 1.21** This paper explores the options for regulation given this historical context, takes account of international experience and makes proposals for future arrangements. It was offered initially as a basis for discussion within BASW membership and for wider consultation with other stakeholders. BASW has subsequently approved a formal Position Statement, drawing on evidence from this paper, discussions within the Association and with the UK Standing Conference of Social Work and Social Workers, government and others.
- 1.22** What follows starts with a statement of principles and expectations for effective regulation. A detailed description of the evolution of the regulation of social work across the UK forms part II of the paper, highlighting a number of differences between the four countries. The arrangements which have emerged across the UK since 2010 are also examined. A substantial bibliography illustrates the extensive debate about these matters in this country and abroad, awareness of which has not always been evident in the evolution of the UK arrangements.
- 1.23** BASW and social work in England would not have chosen to be in the current situation but BASW now appears determined to ensure that, working with government and partners, the new arrangements in England and throughout the UK reflect best practice and the highest international and professional standards and they are robust and sustainable. Only then will the arrangements attract the support of the profession and the confidence of the public.

## 2. HOW TO REGULATE SOCIAL WORK: THE KEY QUESTIONS

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This section explores some basic questions about the nature and operation of regulation which are generic to all regulatory environments. Policy 'positions' relating specifically to social work regulation are suggested, in response to those questions. This section was drafted to assist BASW to develop its own Position Statement, which has been approved by the BASW Council after consultation and is published separately.

### 2.1 Why regulation?

- 2.1.1** Formal regulation is designed to serve a number of functions, foremost of which is public protection – including service user protection as a core element. This can be achieved by regulating the qualification and by protecting the title so that everybody can know immediately who is qualified and expected to be competent, making sure only the 'right' people undertake skilled functions. Regulating to promote competent practice can also help to prevent service failure, including abuse and ill-treatment of service users.
- 2.1.2** Regulation of a profession such as social work, which operates in highly contested legal and ethical environments, provides the public, other professions and all stakeholders with clarity about the standards of practice and behaviour and of professional ethics which can reasonably be expected.
- 2.1.3** Regulation may also define the scope of the work (roles, tasks, ethics and practice approaches) that fall within the remit of a registered social worker. This inevitably begs the question about who controls the definition of 'professional social work' – what it is and what it is not – which in turn influences the judgements on which decisions about fitness to practice are based. Social workers are employed primarily in the statutory sectors – such as local government, CAF/CASS, criminal justice and health service – but an increasing number are employed in the voluntary (NGO) sector or are self-employed. The diversity of employment settings is a significant justification for regulation, although some have criticised the Department for Education for sometimes appearing to wish to define social work exclusively as child protection work (Jones 2016; McNicoll 2016a; Education Committee 2017). An effective regulatory regime will encourage service improvement and continuous professional development (CPD) for individuals.
- 2.1.4** Regulation can also serve the different interests of stakeholders. Defining standards for qualifications and work environments can protect social workers, and therefore service users, from unreasonable employer expectations. Regulation can also protect the government and public bodies by specifying the competencies required of staff so they have confidence in their employees. Protection of the status and position of the regulated professionals can be a means to attract and retain professionals. Regulation also facilitates control of entry to the profession; in other sectors this has been seen to sustain unhelpful, monopolistic practices, such as unjustified enhancement of salaries, a trend not found in social work.
- 2.1.5** Clarity about roles and responsibilities is especially important in complex, multi-professional, multi-agency environments, which is typical of the context for social work practice in the most contentious fields, usually involving judgements and decisions about human rights to freedom and family life. Social workers are rarely making judgements on their own. It is essential that the social workers and their colleagues in other agencies have a shared understanding of their respective roles. Regulation can assist in that process of clarification.

**2.1.6** The GSSC Implementation Group (1997) argued that a regulatory council was needed to enhance the status and recognition of social work. It was envisaged that this would follow from the creation of a prestigious regulatory body which demonstrated to the public that the profession set high standards and that those who failed those standards would be removed from practice. After the GSCC was created, some expected that it would actively promote social work and campaign to support social workers. This reflected a confusion of roles and expectations. A public regulatory body exists primarily to protect the public and not the profession. It would therefore be inappropriate for the regulator to campaign on behalf of the profession, although it should defend itself and the profession from unfair criticism. The role of advocate for the profession rests primarily with other social work stakeholders and bodies, in particular with BASW.

**2.1.7** Given the range of potential functions and benefits of regulation, and the contested environment within which social work is undertaken, the government will have a close interest in the quality and outcomes of social work practice and therefore in the training and qualifications of social workers and the regulation of the profession. This has been evident throughout the history of social work, and especially since the creation of Social Services Departments in 1970. It is equally self-evident that, to sustain public and professional confidence, the regulator must be seen to operate with independence from the government of the day to ensure it promotes practice standards based on research and evidence, practitioner knowledge and the experience of people using services and their families.

**POSITION 1** Regulation defines and promotes the standards for good professional practice, conduct and education, which must be upheld by social workers with registered status. Effective regulation protects and supports the credibility of social workers and the profession by ensuring social workers demonstrate practice in line with the standards set. It also provides a robust process for dealing with poor practice, thereby enhancing public confidence in the social work profession and services and promoting good practice.

**POSITION 2** Professional regulators must operate with independence from the government of the day to ensure they promote practice standards based on research and evidence, practitioner knowledge and the experience of people using services and their families. Social work regulators are no different and BASW will work to uphold the principle of social work regulatory independence across the UK.

**POSITION 3** A statutory regulator cannot act as the voice for or of social work and social workers. It has an important role in raising the standing of - and confidence in - the profession and can support the confidence and self-assurance of practitioners. The voice of the profession is the proper responsibility of a strong, independent professional body. BASW has that role across the UK and works with others to promote social work and social workers, through partnerships and collaborations, including with other social work organisations and those representing people who use services and their families.

## **2.2 Regulation for whom?**

**2.2.1** It is clear that the primary focus of regulation can only be the public and service users, although regulation also serves functions for the profession, employers, government and other professions. Regulation, appropriately structured, can also benefit the profession, government and employers and provide assurance to other professions. This has implications for the structure of regulation.

**POSITION 4** Regulation is primarily for protection of the public. Regulation can also protect and support social workers by setting and enabling social workers to demonstrate credible professional standards. It can also provide a robust process for dealing with poor practice, thereby enhancing public confidence in the social work profession and services and promoting good practice.

## 2.3 Regulation of whom?

**2.3.1** In principle, registration can embrace one or all of the following: all in a professional group(s), all qualified, all practitioners (whether qualified or not), all working in the sector, those who choose to register or those working in specialist roles. There can also be regulation of services and agencies which is separate from individual regulation.

**2.3.2** BASW is primarily concerned with registration of qualified social workers. BASW was a founding member of the GSSC Action Group (General Social Services Council Action Group 1993) which campaigned for the formation of a regulatory body. That group recommended, and Parliament agreed, that the regulator should register qualified social workers and others working in the social care sector, bearing in mind that some staff with little or no qualifications providing social care in domiciliary and residential settings presented potentially the greatest risk to service users (Parker 1990; General Social Services Council Implementation Group 1997). However the government in England never implemented registration of social care staff, unlike the regulators in other parts of the UK.

**2.3.3** There is evidence in all professions of people seeking to avoid disciplinary action by resigning from the register and their job. There may also be instances where former registrants commit offences or demonstrate that they could be a risk to the public and sometime later seek to return to the profession. The regulator must have procedures to protect the public from such risks.

**POSITION 5** Anyone with a social work qualification wishing to use the title must register, whether or not the designation 'social worker' is in their formal job description. Those with a social work qualification who do not have that title in their job description and who do not use the designation 'social worker' should still consider registration if they are working in related people services as registering shows commitment to the ethics and standards of public service.

**POSITION 6** The title of registered social worker should remain restricted to people who have a relevant professional qualification and are registered with the relevant body within the UK.

**POSITION 7** Some people with a social work qualification who are not in employment, and in particular those who have retired, still see themselves as members of the profession, even if not working in a formal role and/or not registered with the regulator. Ensuring those with experience of practice can share relevant knowledge with next generations, and can continue to contribute, is a crucial aspect of professional identity and continuity. While people who hold a social work qualification that makes them eligible for registration may not be currently registered with a UK regulator, BASW welcomes them into defined categories of membership.

**POSITION 8** Those studying for a social work qualification should be required to register in a separate category on the register, at least once they are undertaking practice placements. This would prepare the next generation for being a regulated profession and support social work educators in their promotion of public interest standards and codes of conduct. Practice in relation to this is evolving very differently around the UK and evaluation of the 'best' models would be beneficial.

## **2.4 Regulation of what?**

- 2.4.1** Regulation can cover qualifications, training, practice standards, behaviour within the professional role (which may include behaviour outside work which brings the profession into disrepute) and ethics.
- 2.4.2** The model of regulation adopted in the legislation and delivered by the GSCC and HCPC involves oversight of the basic qualification (Health and Care Professions Council 2014) in social work and specification of a code of practice (the standards (Health and Care Professions Council 2016a) which determine registrants' 'fitness to practise'). The HCPC standards are generic to all the professions it regulates and relate to i) conduct, performance and ethics, ii) proficiency, iii) continuing professional development, iv) character and v) health.
- 2.4.3** BASW recognises that professional behaviour relates not only to conduct within the professional role but also in some circumstances to personal behaviour outside the employment sphere when this brings the individual or the profession into 'disrepute'.
- 2.4.4** The consultation prior to the formation of the GSCC recognised that the practice of social workers is strongly influenced by the working environment and employment arrangements. Social workers rarely work alone, forming isolated, individual judgements outside of an agency structure. The four regulatory bodies therefore promoted codes of practice for both registrants and employers (e.g. General Social Care Council 2002b). The code for employers did not have statutory force but could be taken into account when evaluating 'fitness to practice'. In other words, it was recognised that the quality of social work practice can be significantly undermined by poor management practice or agency policies and the individual social worker should not be held solely accountable in such a situation. In practice, the code for employers did not gain much traction in England where it was not used, for instance, as a point of reference by the inspectorates in England. The approach in England changed following the transfer to the HCPC which does not have a similar code, whilst the other three regulators continued to promote and revise the code for employers and there has been more progress over the years. The work environment remains crucially significant, not only for the evaluation of the performance of individual social workers but also in Serious Case Reviews and other processes which review practice concerns (Brandon, Sidebotham et al. 2012; Butler 2014; Rawlings, Paliokosta et al. 2014). It is not possible to fully and fairly evaluate the performance of most social workers without reference to their work environment.
- 2.4.5** The work environment of many social workers is regulated, especially in children's services, through registration and inspection regimes. Those processes provide a judgement on the capacity of agencies to deliver effective services and can give pointers to improvement.
- 2.4.6** The mechanisms for ensuring that professional social work concerns are appropriately recognised and addressed, especially in the large, hierarchical local authority and other statutory settings, have attracted significant attention in all four countries, in the light of evidence that political and



managerial concerns can block and negate legitimate, professional perspectives. This has led to the creation of statutory leadership roles such as the Principal Social Worker (PSW) in England (Department of Health 2014) and specific guidance on the role of Chief Social Work Officers in Scotland (Scottish Government 2016). These roles include responsibility for ensuring that statutory guidance on values and ethical practice are upheld within the agency. The development of the Practice Supervisor and Practice Leader roles in children's services in England is another indicator of government attention to the difficulty of ensuring professional practice leadership in statutory contexts in England. This attention and, for instance, the creation of the PSW role was prompted by the publication of the systems-informed review by Munro (2011) which recognised this area of weakness in many work settings.

- 2.4.7** The suggestion that regulation should have a direct role in ongoing practice improvement and continuing professional development, for example in areas of specialism or in leadership, is contentious, especially in England. Some argue that giving advice on improvement is not a proper role of regulators and inspectorates and can detract from core tasks and even compromise the regulator or inspectorate. Workforce improvement is, however, a statutory function of regulators in other countries and the Children and Social Work Act (2017) gives Social Work England the power to set improvement standards for individual registrants.
- 2.4.8** The oversight of professional specialisms and continuing professional development (CPD) is a core element of most professional regulatory systems, but is not usually done by the regulator. Rather, it is more commonly done by a professional body or college. In social work, the involvement of regulatory bodies in post qualifying CPD varies by country across the UK; in Northern Ireland, and to some extent in Scotland, the regulators are involved in post qualifying frameworks. In England, the proposed new regulator has been established with legislation that enables the Secretary of State to set post qualifying improvement standards, a mechanism which is not found in any other profession. This means social work may evolve in a very different way to other professions in health and care. BASW is concerned by the serious risk that this could result in CPD being determined by the political agendas of the government of the day, rather than based on research, evidence and professional expertise.
- 2.4.9** Service improvement is distinct from personal development of individual practitioners but is clearly linked; people deliver services through service delivery structures. Service improvement has NOT been formally regulated but is heavily influenced by government guidance and sponsorship of improvement agencies, such as the Social Care Institute for Excellence and Skills for Care. These agencies have themselves been frequently restructured and reorganised so it has been difficult to see a clear and consistent approach. Improvement in practice across a large, national system inevitably takes time and requires consistency if it is to have any lasting impact.
- 2.4.10** The source of improvement knowledge is research and inspection. University research is not regulated and there remains a degree of randomness in the outcomes of research which become championed by government and other agencies and implemented. Government commissioning of research frequently reflects priorities identified by providers and the profession. This area does not require formal regulation, apart from the oversight of research standards by academic bodies. This is nevertheless a key element in developing the policies which underpin formal regulation and the arrangements need to be coordinated at least and integrated at best.
- 2.4.11** The registration and inspection of service agencies has been undertaken separately from the registration and support of practitioners. They are clearly inter-connected but have not been sufficiently integrated operationally, especially in England; structural arrangements are being put in place in other countries to facilitate operational co-ordination and consistency (see the sections



on individual countries below). Inspection reports often confirm that poor management and leadership can create an impossible working environment for social workers.

- 2.4.12** Individual social workers still have personal responsibility in such situations, not least to challenge poor management, and in the final analysis to refuse to implement unsafe instructions and ultimately to resign. However, the real world is less clear cut than this. Further thought is needed about the inter-face between the different regulatory structures and how they can best work consistently together. At their best, one would expect organisational and system inspection to pay close attention to the conditions needed for excellent social work practice and to be a key source of intelligence on what promotes the best practice and outcomes.
- 2.4.13** It is notable that in England, statutory social work with adults is not directly regulated and this is increasingly being seen as detrimental to monitoring quality and the impact of rising thresholds for support under austerity, as well as rendering good practice and improvement less visible than in children's services which are (sometimes uncomfortably) under a much brighter spotlight.

**POSITION 9** The regulation of social workers and the standards of social work practice is an appropriate statutory function, but cannot be seen in isolation from the context of that work.

**POSITION 10** Social workers have to take personal responsibility for their practice and personal development but the employment environment is hugely influential and has to be taken into account.

**POSITION 11** A code for employers is an essential element of the regulatory framework. The significance given to codes for employers in Scotland, Wales and Northern Ireland is welcome. The HCPC decision not to take on the UK-wide employer code within its framework in England is regrettable. A code for employers should have strong, statutory force and be taken into account by inspectorates and other agents of regulation. BASW supports the voluntary Employer Standards for England developed and upheld by the Local Government Association (Local Government Association 2014) but recognises this has not been sufficient to date to ensure good practice conditions across all employment contexts.

**POSITION 12** BASW supports the existence of specific roles within agencies with the remit to ensure that the agency implements the ethical and regulatory codes for social work and social workers.

**POSITION 13** The regulators of social workers and regulators of agencies (inspectorates) must be consistent in their approach and mutually reinforcing, ensuring that relevant learning from both aspects of regulation are taken into account by respective agencies. Regulators and inspectorates must work effectively together to improve standards of practice and create the context for more stable, effective workforces.

**POSITION 14** Further thought is needed about the role of government in driving service improvements. BASW recognises that this is a legitimate interest of government but in an increasingly contentious political environment, it is essential that service improvement is informed primarily by research and experience and not wholly driven by short-term political agendas, whatever the party in power.

**POSITION 15** BASW is planning and working to become the UK-wide professional body with oversight of CPD and setting post qualifying standards. It is strengthening its contribution to CPD provision and expects to work closely with the regulators in all four nations in developing this role, including agreeing areas of overlap and differentiation and confirming the role of the professional association as a setter and upholder of standards as well as a provider of learning and development opportunities.

## **2.5 Accountable to whom?**

- 2.5.1** The earliest forms of regulation were self-regulation established by craft and professional groups for self and public protection. Individuals were accountable to their profession – to each other - on the assumption that the collective would have an interest in assuring reliable standards to protect the good name of them all and therefore to protect the public. Self-regulation which restricts entry to a profession can also serve to create a quasi-monopoly and to enhance the status and financial position of the members. This form of self-regulation persists in various forms and has been the subject of a number of critiques of professionalism (Jones and Woolfe 1987; Schorr 1992; Cubbon 1993; Hargreaves 1994; Jeffrey and Woods 1996; Harris 1998; Foster and Wilding 2000; Barry and Dent 2001; McLeish 2001; Cox 2004; Healy and Meagher 2004; Kirkpatrick, Ackroyd et al. 2004; Lorenz 2004; Asquith, Clark et al. 2005; Gleeson, Davies et al. 2005; Craig 2006; Friedman 2006; Thompson 2006; Ackroyd, Kirkpatrick et al. 2007; Nettleton, Burrows et al. 2008; Fenton 2016; Robaey, Ewijk et al. 2016).
- 2.5.2** The GSSC Implementation Group, of which BASW was a core member, concluded that self-regulation was not consistent with current views of accountability and transparency (General Social Services Council Implementation Group 1997). If the primary purpose is to protect the public, then the primary accountability through regulation is to the public, including service users. It therefore follows that the public and service users should have a role on the governing body of the regulator alongside professionals (see below).
- 2.5.3** There is a significant literature examining social work accountability (Davies 2000; Malin, Wilmot et al. 2002; Munro 2004; Thompson 2005; Coulshed, Mullender et al. 2006; Gummerson 2006; Davis and Martin 2008; Munro 2010; Ofsted 2015). Many professionals can trace a neat line of accountability to the client: the client gives instructions, evaluates performance and pays for the work. Professions generally recognise the wider accountability to society in some form as well.
- 2.5.4** Social workers often do not have that neat line of accountability. Most social workers are directly employed and therefore primarily accountable to their employer or contractor, who determines policy and service arrangements. Parliament has given statutory social workers specific powers and duties to intervene in highly sensitive areas of human rights, such as intervention in personal liberty and break-up of family life. Issues of human rights and ‘social control’ also arise in non-statutory work. There is therefore accountability to Parliament for the discharge of those functions. In all cases, social workers have to recognise the impact of their work with individuals, families and groups on other family members and the wider community, to whom there is an ethical accountability. Professional bodies require their members to uphold ethical standards, and some have disciplinary procedures to deal with individuals who are thought to have breached those standards, which implies that social workers have some accountability to their peers and to agreed ethical principles. Social workers, in common with some other professional groups, therefore have multiple accountabilities - to the service user, their employer, Parliament and government, other

people affected by the behaviour and circumstances of the primary 'client' as well as to the wider community.

- 2.5.5 It can therefore be argued that all of these different interests have a claim on accountability and could argue a case for being involved in exercising oversight to ensure 'fitness to practice'.
- 2.5.6 The issues raised in this section again underline the importance of the independence from direct government control of both the regulator and the professional body (and other improvement organisations) with reliance on well-evidenced sources of standards of good practice. This includes recognition of international evidence and ethical frameworks for social work.

**POSITION 16** The primary accountability in the regulation of the profession is to people who use services and/or are affected by social work and to the wider public. Social workers are also accountable to their peers and professional colleagues, to their employers through contractual arrangements and to tax payers, funders and national policy makers. These multiple accountabilities must be recognised in the structure of regulation and the professional standards to be upheld. The nature of accountability differs according to the employment status and area of work of the social worker.

**POSITION 17** Whatever their situation, social workers cannot be required by their employer or any other body to ignore or override regulatory standards or their professional code of ethics, as defined by national regulators and BASW, the UK-wide professional association.

## 2.6 Regulators appointed by whom?

- 2.6.1 The process for appointing regulators may be overseen by Government, Parliament, the profession, the public or a mix of stakeholders.
- 2.6.2 There are multiple stakeholders with an interest in the quality of social work practice and a review of past policy illustrates the problem in deciding how best to involve them all in the regulatory framework.
- 2.6.3 The Central Council for Education and Training in Social Work (CCETSW) was the first national, statutory regulator of generic social work qualifications. It was established on 1 October 1971 under the Health Visiting and Social Work (Training) Act 1962. It replaced the Central Training Council in Child Care, the Council for Training in Social Work and the Recruitment and Training Committee of the Advisory Council for Probation and After-Care, and also took over the regulation of qualifications functions of the Association of Psychiatric Social Workers and the Institute for Medical Social Work. CCETSW was funded by government which inevitably resulted in a close working relationship with government which had very significant influence, for example on the various reviews of social work qualifications.
- 2.6.4 CCETSW was abolished on 1 October 2001 and its functions taken over by the General Social Care Council (GSCC), the Scottish Social Services Council (SSSC), the Care Council for Wales (CCW), and the Northern Ireland Social Care Council (NISCC).
- 2.6.5 The membership of the Council in 1971 was allocated between the stakeholders who each had a number of seats. BASW had eight seats on the Council (see Appendix II). This created a Council of

around 60 members which was soon judged to be too cumbersome. The Government amended the legislation to create a Council of around 25 members, all appointed directly by the Privy Council, but there was an informal understanding that the Government would ensure that representatives of the main stakeholder groups were appointed.

- 2.6.6** The GSCC members were likewise appointed by the Privy Council, with an informal understanding that they would reflect the stakeholder interests although appointed in their own right. The GSCC included service users as Board members and developed a significant dialogue with service user groups.
- 2.6.7** The HCPC Council Members are appointed by the Privy Council and consist of six registrant members, drawn from the professions regulated by HCPC, including one social worker, and 'six lay members drawn from a variety of walks of life' (HCPC website). The lay members all have professional backgrounds.

The Board, Chair and CEO of a regulator, especially one being developed from scratch, need to have all the requisite organisational and start-up skills and experience and/or knowledge of regulation to establish a competent, credible regulator. The composition of the leadership and the Board from the outset sets the tone and culture of the organisation and has a powerful symbolic and representational function for the profession. It is therefore essential for the credibility and competence of the leadership from the outset that the most senior leadership of the regulator includes social work expertise and develops with professional social work and service user perspectives and voice becoming further embedded.

**POSITION 18** It is essential that social workers have a direct role in shaping and influencing the regulatory framework, alongside people who use services and representatives of the public interest. This promotes professional ownership of regulation and recognition of its importance, and enables the regulator to respond effectively to experience from the field. A credible and informed regulatory body will be wanted and valued by the profession. The involvement of leading representatives of the profession is established practice in effective regulatory models in other disciplines, such as medicine and nursing, and should be replicated in social work regulation.

**POSITION 19** A transparent and accountable process of appointment of the Chair, CEO and Board of all regulators is essential to ensure competence, confidence and credibility. Transparency of process also requires independence from direct governmental control and the involvement of respected professional leaders.

**POSITION 20** A significant proportion of the Board members and key officials must be social workers who will be involved in setting and upholding standards alongside service users, lay members and regulation specialists.

**POSITION 21** Community representatives (lay members) and service users must be represented on the Boards of the social work regulators.

**POSITION 22** BASW wishes to explore with other stakeholders what mechanisms can be introduced to ensure the appropriate balance of membership from a variety of backgrounds and with a variety of skills, and to encourage the involvement of social workers on the Board of the regulator.

## 2.7 Regulation by whom?

- 2.7.1** The previous section explores who should appoint the regulator and who the individuals on the Board should be, recognising the need to involve representatives of the public, service users and the profession itself. That body undertakes and oversees the process of regulation.
- 2.7.2** The reasons for social worker involvement in the heart of the regulatory body are several, including the need for the regulator to be informed by the current context of social work practice and the importance of the profession shaping and owning ethical and effective regulation for the long term.

**POSITION 23** There must always be at least one qualified social worker on any disciplinary panel, able to understand the practice environment and interpret the practice issues.

## 2.8 Consequences of regulation?

- 2.8.1** Effective regulation may award qualifications, a licence to practice and/or a licence to provide services. The licence to practice and/or provide services can be withdrawn under defined circumstances when standards of practice or service have fallen below that defined as acceptable. Lesser sanctions may also apply subject to proportionality.

Regulation sets basic standards but also points to the long road of improvement and higher quality. Regulation and quality improvement are generally different things. Evidence from the Professional Standards Authority is that long term improvement comes from professions owning and developing improvement, leadership and innovation initiatives, creating a rich diversity of specialisms and a research and evidence base which is respected and embedded in the profession (Professional Standards Authority 2015a).

With four country, government-led regulation and government moves into post-qualifying setting of standards across all countries of the UK, social work is at risk of standing out from all other professions through **not** having control over the development of post-qualifying pathways and the evidence of 'what works' within direct practice and service models. It is not in the public interest that this is left as a matter for government alone.

**POSITION 24** Regulatory arrangements must exist to provide sanctions if standards have been breached and ultimately to withdraw the right to practice. The procedures must respect the rights and expectations of service users and the public and ensure natural justice and fair protection for the professionals.

**POSITION 25** As the professional association for social work, BASW will work closely with government departments, whenever possible. BASW will also pursue robustly the development of profession-led, post-qualifying CPD and an evidence base that comes from research, practice and our value base, working from a position of professional independence and collaboration with multiple stakeholders across the sector.



## 2.9 Who pays for regulation?

**2.9.1** Government has provided significant funds for regulation of social work and, in England, has stated that it will not expect individual registrants to bear the full cost of the new Social Work England (Department for Education and Department of Health 2016). One of the reasons for abolishing the GSCC and moving social work to the HCPC (see below) was to save costs. As a multi-profession regulator with a larger base of registrants to make a financial contribution, HCPC was seen as more cost effective. The more restricted role of HCPC, excluding the GSCC remit for practice improvement and continuous professional development, also reduced costs. However those functions were required elsewhere.

**2.9.2** The registration fees for social workers are as follows at the time of writing:

- **HCPC England**            £90.00 per year
- **SSCC Scotland**        £80.00 per year
- **NISCC N. Ireland**     £65.00 per year
- **SCW Wales**             £30.00 per year

**POSITION 26** The independence of the regulator is essential for both public and professional confidence. Therefore, it cannot be entirely dependent on government funding. However, there is a realistic limit to the amount which an individual social worker is willing and able to pay for registration; social work practitioners are not on the whole highly paid professionals and this has to be taken into account. There are good reasons not to expect social workers to pay individually for the full cost of developing and delivering the work of the regulator.

**POSITION 27** There are good reasons not to expect social workers to pay individually for the full cost of development work undertaken by the regulator, unless they can claim this from their employer.

**POSITION 28** It is evident that the professional and financial circumstances of the regulator are different in each of the four UK countries and therefore BASW does not consider it appropriate to adopt a UK-wide policy on the level of fees.

## 2.10 Working across borders

**2.10.1** This overview has not explored the implications for practitioners of the devolution of responsibility for social work to the four countries of the UK, including the creation of separate regulators. There are agreements about the mutual recognition of qualifications and registrations within the UK, although there are barriers to the ability to work across borders. These administrative arrangements present particular challenges to independent social workers and consultants who work across the regulatory borders. The implications need to be kept under review.



# **PART 2:**

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## **REFLECTIONS ON THE DEVELOPMENT OF REGULATION OF SOCIAL WORK AND SOCIAL WORKERS IN THE UNITED KINGDOM**

**DAVID N JONES (EDITOR)**

### 3. THE CAMPAIGN TO ACHIEVE REGULATION OF SOCIAL WORKERS, SOCIAL WORK QUALIFICATIONS AND PRACTICE IN THE UNITED KINGDOM

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- 3.1** The first statutory regulation of UK social workers was the centrepiece of the Care Standards Act, 2000; four separate regulatory bodies were established in the four countries of the UK. The regulatory body for England, the General Social Care Council (GSCC), came into being in 2001. The former UK-wide Central Council for Education and Training in Social Work (CCETSW) was disbanded and its functions transferred to the GSCC and equivalent regulatory bodies in Scotland, Wales and Northern Ireland.
- 3.2** These changes followed a decades long campaign by professional bodies, especially BASW and its predecessor bodies (Association of Social Workers 1954; Bilton 1998; Utting 2002; Thoburn, Tunstill et al. 2008; Bamford 2015). The arguments in favour of a regulatory body are that a profession needs a foundation of principles and values to provide transparency and coherence to the task so that practitioners can be held to account and the wider public knows what it as a right to expect, something which is especially important for social work which operates in areas of contested values (Shardlow 1989; Payne 1996; Payne 1999; Thompson 2006; Banks, Hugman et al. 2008; Banks and Nøhr 2011; Payne 2012; Parker and Doel 2013; Reamer 2013; Truell and Jones 2015; Professional Standards Authority for Health and Social Care 2016). It is argued that a regulatory body provides the institutional framework for that process. A regulatory body for social work also puts the profession on an equal footing with other professional groups with which it has to work every day.
- 3.3** The 1976 BASW AGM passed overwhelmingly a resolution which ‘approved in principle proposals for a scheme of accreditation’, providing the basis for the continued campaign to form a regulatory body. A Joint Steering Group was formed including the ADSS, ADSW, BASW, CCPO and RCA, with observers from DHSS, CCETSW and SSWS (Joint Steering Group 1980). A CCETSW analysis of the arguments noted that social work was alone among the health and welfare professions in not having statutory regulation of training and practice, but concluded that the costs and effort involved in creating a regulator system was disproportionate (Malherbe 1980). The Committee on the Roles and Tasks of Social Workers (Barclay Committee 1982), established by government in 1980 and hosted by NISW, was encouraged by BASW to consider the case for a regulatory body. It concluded that there was not sufficient support at that time but that further consideration was merited. BASW subsequently launched a campaign, led at different times by Sylvia Woolfe and Terry Bamford, which continued to build support for the case.
- 3.4** Significant resistance to the case for a regulator came from the local government bodies (Association of County Councils and Association of Metropolitan Authorities), supported by the main local government trades union (NALGO)(Reed 1987), arguing that as employers of most social workers they already regulated employment. The National Council of Voluntary Organisations was also opposed. Resistance also came from within the profession, some arguing that a regulatory body was elitist and against the values of social work and in particular the value of partnership with service users. The arguments began to change as an increasing diversity of service providers emerged, meaning that local authorities could no longer claim that they were regulating the profession through employment and highlighting their need to have mechanisms to monitor consistency of standards in the agencies they were commissioning to deliver services. Examples of poor decisions by local councillors in dealing with some cases of unacceptable practice also began to emerge.

- 3.5** The Joseph Rowntree Trust invited key leaders in the sector from government, management, practice and academia to a private consultation held at The Athenaeum Club in London in 1987. Sir William Utting, then Chief Inspector of Social Services in the Department of Health, played an active role in the meeting and in subsequent developments. The discussion identified renewed interest in the concept among a number of key individuals and organisations. The Fund then financed a project, hosted by NISW, to explore the idea further (Brand 1999). NISW initially convened a small group with similar membership to the former Joint Steering Group (see above). This soon agreed to expand its membership.
- 3.6** The formation of the General Social Services Council Action Group, under the aegis of the National Institute for Social Work (chaired by Sir Peter Barclay) and with BASW (represented by General Secretary David N Jones) as a founding member, marked the start of a determined campaign which eventually resulted in the Care Standards Act, 2000 (General Social Services Council Action Group 1993). The Action Group was UK wide and included the local government bodies, directors associations (ADSW and ADSS), professional bodies (BASW and SCA) and the Trades Union Congress, with representatives from CCETSW and the Department of Health. Sir William Utting is recorded as a member representing NISW; he was also a member of the NISW Board.
- 3.7** The Group commissioned Professor Roy Parker to undertake a study of the strength of the case for a regulatory body. His report reviewed the arguments and concluded in favour of regulation (Parker 1990). It was extremely influential. The final report lists a broad range of individuals and organisations which submitted evidence. Significantly, Parker and the Action Group recommended a statutory regulator for the whole social care sector, of which social work would be a small element. Once all the key stakeholders were aligned in supporting the case, it became easier to lobby the political parties. BASW supported this inclusive approach but some in the association and elsewhere were concerned that including the much larger body of social care workers would dominate the work of the regulator and detract from the focus on social work, a debate which continues in different forms in each of the countries.
- 3.8** The case for professional regulation was further reinforced by European Union decisions about the mutual recognition of regulated qualifications across the Member States. The First Directive on Mutual Recognition of Diplomas related to higher diplomas and required Member States to recognise qualifications awarded in other countries provided that the period of study was 3 years or more and that the occupation was 'regulated' (European Economic Community 1989). The Second Directive related to other occupations and required a minimum of 6 months of study as well as formal regulation of the occupation (European Economic Community 1992). Social work in the UK was not considered to be regulated under either directive, given that the minimum length of social work training was 2 years (although around one third of students study for longer) and the occupation was not regulated. It was seen as likely that UK social work would satisfy the requirements of the First Directive if the length of training was extended to 3 years, which happened, and the occupation was regulated under the General Councils, which occurred. Whilst mobility of the workforce, and the ability to recruit from overseas, were important factors, probably more significant was the reality that these directives established comparators or benchmarks not only between qualifications in different countries but also between professional groups. The risk of social work becoming out-of-step not only with other countries but also with other professions within the UK (such as nursing and other health professions) was seen as something to be avoided (Jones and Pierce 1990; Jones 1999c; Lyons and Lawrence 2006; Lyons and Littlechild 2006).

**3.9** The Conservative government was sceptical about the idea of a regulatory body and procrastinated over its response to the Action Group proposals, eventually published in 1996 (Department of Health 1996). However Labour committed itself in the 1997 election manifesto to creating a social care regulator and once elected quickly did so (Philpot 2000; Pitkeathley 2000a; Willis 2006). The specific functions and outline constitution of the GSCC in England were set out in a government White Paper 'Modernising Social Services' (Department of Health 1998) and the Office for Public Management (OPM) was commissioned to consult on a code of conduct for staff. As a result of those consultations, OPM recommended that there should also be a code of practice for agencies, since the quality of social work practice was so linked with the capacity of the agency within which it was delivered (Jones and Corrigan 2000b; Jones and Corrigan 2000a; Office for Public Management 2000). It was generally agreed that the 'paramount general duty is to secure the interests and the welfare of service users and the confidence of the public'.

**3.10** The national representative bodies, including CCETSW, had all supported the creation of statutory regulators, so the new regulators in the four countries were welcomed, but their creation gave rise to new challenges (Orme 2001). The government in England decided to implement registration of qualified social workers and protection of the social work title in the first instance, leaving a decision about registration of the wider and more numerous social care workforce until later (Department of Health 1998). As is seen below, the devolved administrations adopted different approaches to this issue. In England, this meant that the non-social work activities of CCETSW could not be absorbed into the GSCC and so had to be moved elsewhere or disbanded. Skills for Care took on a number of those functions, which continue until the present. CCETSW had gradually built up a workforce strategy which covered all staff working in social services and social care, including a qualifications framework from NVQ2 to post-qualifying doctoral level and covering family and adult services. This was broken up by the reforms and although continued by different agencies, the coherence of a social services and social care workforce strategy was arguably lost, at least in England. The differential approach across the UK has created continuing tension and operational challenges.

## 4. REGULATING UK SOCIAL WORK QUALIFICATIONS IN THE CONTEXT OF THE SOCIAL SERVICES WORKFORCE 1971-2001

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- 4.1** Between 1971 and 2001 the statutory responsibility for standards of education, training in social work and social care throughout the United Kingdom (and for most of that time also in the Republic of Ireland) lay with CCETSW (Central Council for Education and Training in Social Work 1995; Pierce 2000a; Pierce 2000b). There was no formal regulation of social workers. Universities and colleges were approved by CCETSW to provide social work courses leading to the formal qualification (Certificate of Qualification in Social Work), which was usually awarded alongside an academic qualification, which could be at any level from a two year high education diploma to a masters degree. Around a third of those achieving the CQSW did so alongside a master's degree. CCETSW monitored the output of academic institutions and formally awarded the professional qualification which had been assessed by the academic institution. The responsibility for standards of practice after qualification, and therefore for dealing with poor and unacceptable practice, rested solely with employers, with an informal national mechanism aiming to protect the public from people whose practice had been proved to have been dangerous, for example following a conviction. There was no formal requirement that people doing 'social work' should be trained or qualified, although by 2000 the vast majority of people doing social work jobs had a social work qualification and a framework of post qualifying awards was developing. There was also a continuum of social care qualifications.
- 4.2** Throughout the whole period there was an edgy dialogue between universities and colleges, which awarded qualifications and therefore effectively controlled entry to the qualified workforce, and employers, who were frequently critical of the competence of newly qualified social workers (Webb 1996). This dialogue was played out in the CCETSW Council, which included members from both sectors, and resulted in various government inspired reviews of the social work qualification requirements (e.g. Barclay Committee 1982; J M Consulting 1999) as well as the 1997 government quinquennial review of CCETSW itself (Jay 1997; Rowlings 1998). The CCETSW led campaign to achieve a graduate level entry to social work was disappointingly rebuffed, following the direct intervention of Prime Minister Margaret Thatcher<sup>2</sup>, and not finally achieved until 2002 (Batty 2002; Humphrey 2006).
- 4.3** There was also a tension between the concern for improving the performance of the social care workforce as a whole and that of social workers specifically, who constituted around 10% of the workforce but who absorbed the largest share of the 'training' budget, whilst most social care employees had little or no training at all (Rai 1994). The introduction by CCETSW of the Certificate in Social Service in 1977 can be seen, in part, as a response to both pressures, being delivered through an employment based route intended for staff who had not traditionally had access to formal qualifications, especially residential and daycare staff. The CSS was subsequently recognised as a social work qualification and, together with the CQSW, were both merged into the Diploma in Social

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<sup>2</sup> David N Jones was a member of a delegation led by Baroness Lucy Faithfull in around 1988 which met Margaret Thatcher at 10 Downing Street to discuss coordination of children and family services. The question of a 3 year graduate qualification was specifically raised by Anne Parker, then Honorary Secretary of ADSS, on behalf of the delegation. The Prime Minister responded forcefully that she had regretted the decision to make nursing a graduate profession and would never make the same mistake for social workers. Graduate status, she argued, encouraged professionals to become aloof from people and more interested in their own status than providing a flexible service.



Work (Central Council for Education and Training in Social Work 1987; Central Council for Education and Training in Social Work 1989) which could be undertaken through a number of different routes including employment based.

- 4.4** Government became more actively involved in shaping qualifications and training requirements across the economy during the 1980s, in response to adverse international comparisons revealing the low skills base of the UK workforce (Manpower Services Commission 1981; Finegold and Soskice 1988). In response, the government set out a new economy-wide strategy giving a leading role to employers (H. M. Government 1986). The UK-wide Care Sector Consortium was formed in 1987, under the aegis of the Department for Education and Employment, with CCETSW as a member, to hold statutory responsibility for health and social care sector competency statements and the development of the S/NVQ framework. The partnership between employers and training providers implicit in the CCETSW structure enabled the Council to respond quickly with a new vision for the whole social services workforce, including the launch of Scottish and National Vocational Qualifications and the creation of the social services qualifications continuum (Central Council for Education and Training in Social Work 1987), including a range of social care S/NVQs as well as qualifying and post-qualifying awards in social work. S/NVQs were competency based, relying on a portfolio of assessments in the employment context.
- 4.5** The first meeting of the Social Care Forum of the Care Sector Consortium (CSC) was held on 12 July 1993 and had responsibility, among others, for defining social work competencies; a parallel Health Forum was also established. The DfEE and Department of Health subsequently agreed to separate the health and social care structures when the Training Organisations were formed (see below). The joint CCETSW/CSC Steering Group for the review of the competencies for professionally qualified social workers for the award of the DipSW was formed in 1994 leading to the approval of revised rules for the Diploma in Social Work in 1995.
- 4.6** The Conservative government later launched an economy-wide strategy to give employers a leading role in shaping qualifications for employment, proposing the creation of National Training Organisations to oversee arrangements for qualifications in each sector. The Labour government in 1997 affirmed the decision of its predecessor to form National Training Organisations (Department for Education and Employment 1998) and, after considerable negotiation, CCETSW received Department for Education and Employment (DfEE) recognition as hosting the Training Organisation for the Personal Social Services (TOPSS) in June 1998; the TOPSS Board sat alongside the CCETSW Council with some shared membership (Training Organisation for the Personal Social Services England 1997; Training Organisation for Personal Social Services 2000). A launch conference for England followed later that year (Training Organisation for the Personal Social Services England 1998)<sup>3</sup>. This had demanded careful negotiation with the rapidly growing and increasingly vociferous private sector interests, taking account of their frustrations at what they saw as the discrimination against their sector by public sector bodies. TOPSS replaced the Care Sector Consortium. Under the agreement, the CCETSW structure and staff in England were later divided into TOPSS and the continuing CCETSW, which retained responsibility for awarding qualifying and post-qualifying awards in social work.
- 4.7** TOPSS was launched as a UK-wide body, with a UK Chair and four national committees. The growing impact of devolution and the devolved structures of social care and social work rendered this UK-based structure superfluous and a new model based on an equal partnership between the four national bodies was later agreed.

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<sup>3</sup> David N Jones was Director of Operations for CCETSW and lead officer for CCETSW England at the time and therefore had lead staff responsibility for the launch of TOPSS England and negotiations with stakeholders.



- 4.8** The NTOs were soon replaced by UK Sector Skills Councils. The new regulatory bodies in Scotland, Wales and Northern Ireland (see below) took on this function. In England, the GSCC remit was restricted to registration of social workers so a different structure was required for social care. Skills for Care was formally incorporated in 1999 for adult services in England and the Children's Workforce Development Council (England) (CWDC) was formed in 2005. An overarching UK-body was required by the government's skills policy and so Skills for Care and Development was created, consisting of Skills for Care (England) and the three care councils with GSCC, later somewhat reluctantly joined by the Children's Workforce Development Council. It is responsible for the occupational standards which underpinned the qualifications continuum, including the UK social work degree standards. This arrangement was enforced through a Memorandum of Understanding between all the organisations – which was revised when the government abolished the GSCC and transferred most of its functions to the HCPC.
- 4.9** By the time CCETSW was wound up, a continuum of social care qualifications had been created, including a range of National Vocation Qualifications at levels 1-4, the Diploma in Social Work and Post-Qualifying Awards in Social Work (effectively at masters and doctoral levels) as well as a PQ qualification for Practice Teaching and Approved Social Worker training in mental health (Central Council for Education and Training in Social Work 1995; Pierce and Weinstein 2000; Slater 2007).
- 4.10** Major changes in the structure of Sector Skills bodies were implemented in 2017. Skills for Care and Development continues with senior representations from the regulatory bodies and Skills for Care. The national occupational standards framework has been formally discontinued in England, but is still used in the other three countries with modifications.
- 4.11** The Care Standards Act 2000 made social work a protected title, requiring both a recognised social work qualification and registration with one of the Councils (General Social Care Council 2002b; Humphrey 2003). The GSCC (and regulators in the other countries of the UK) set standards for education and training (General Social Care Council 2002a) and regulated the practice of social workers; it published a code of practice which specified ethical standards. They had the power to consider cases of malpractice which breached the statutory code and to impose sanctions, including removal from the register which in effect prevented the individual from working in the social work field.
- 4.12** The four regulators worked closely together across the UK, pioneered new approaches to regulation, were pioneers in the involvement of service users and the public in regulation, built on the pre-existing qualifications framework, established professional credibility and developed an approach to practice standards.
- 4.13** Those working in the arena of qualifications are wearily familiar with the frequency of structural change at national level. The disruption of these changes must have contributed to the uneven development of qualifications and workforce standards, not only in the social care sector.

## 5. REGULATION OF SOCIAL WORK IN SCOTLAND SINCE 2001

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- 5.1** The Scottish Social Services Council (SSSC) – [www.sssc.uk.com](http://www.sssc.uk.com) – was proposed in a 1999 White Paper (Scottish Office 1999) and created under the Regulation of Care (Scotland) Act 2001 by the then Scottish Executive to protect people who use services, raise standards of practice and strengthen and support the professionalism of the workforce (McLeish 2001). It was launched at the same time as equivalent bodies in England, Wales and Northern Ireland. From the outset its remit included the responsibility to promote high standards of conduct and practice among social service workers in general, including social workers, and their education and training and to maintain a register of social workers, social services workers and social work students.
- 5.2** The SSSC Register of Social Service Workers (Register) was opened on 1 April 2003, with social workers being the first group of workers to register. Since then the Register has grown to include:
- social work students
  - Care Inspectorate officers
  - workers in residential child care services
  - managers in adult day care services
  - workers in care home services for adults
  - workers in day care of children services
  - workers in school hostels, residential special schools and independent boarding schools
  - workers in housing support services
  - workers in care at home services.
- 5.3** The SSSC has a key role in service improvement through its regulation of social work qualifications and leadership of the post-qualifying award structure. A debate is emerging in Scotland about the respective roles of the different organisations in supporting service improvement, particularly the respective roles of statutory and professional bodies.
- 5.4** In 2014 there were over 60,000 workers on the SSSC Register; qualified social workers are a minority group.
- 5.5** The Scottish Care Inspectorate (CI) ‘regulates and inspects care services in Scotland to make sure that they meet the right standards’, including local authority services. The CI adopted a Human Rights Approach to its services in 2016, and the new Health and Care Standards, launched on 9 June 2017, widely welcomed, are rights based and outcomes focused. ‘The Standards are underpinned by five principles: dignity and respect, compassion, be included, responsive care, and support and wellbeing. The principles themselves are not standards or outcomes but rather reflect the way that everyone should expect to be treated’ (Care Inspectorate 2017; Scottish Government 2017). The Inspectorate is located in the same building as the SSSC, in Dundee, signalling the recognition of the need for both regulators to support consistency of approach through coordinated working.
- 5.6** The Scottish Executive undertook a fundamental review of social work in Scotland which reported in 2006 (Scottish Executive 2006b). The report, *Changing Lives: Report of the 21st Century Social Work Review* (Scottish Executive 2006b) included consideration of the qualifications and regulatory arrangements for social workers. The review commissioned several working papers which have wider UK relevance (e.g. Asquith, Clark et al. 2005; Brand, Reith et al. 2005; Davidson and King

2005; National Workforce Group's Education Training and Development Sub-Group 2005). It delivered three main messages and challenges:

- Social work doesn't have all the answers. So we need to build capacity to deliver personalised services.
- We don't make best use of social work skills. So we need to build the capacity of the workforce.
- Doing more of the same won't work. So we need to build capacity for sustainable change.

**5.7** The response of the Scottish Executive welcomed the review and mapped out an implementation plan (Scottish Executive 2006c; Scottish Executive 2006a). This committed the Scottish government, among other things, to:

- embed national priorities and performance improvement arrangements, ensuring that services are focused on the right outcomes, backed by a culture of performance improvement;
- set out new governance arrangements for social work, which ensure a proactive, systematic approach to managing risk and promoting excellence;
- enshrine the role of service users and carers in the design and delivery of services, through the development of citizen leadership programmes;
- regulate to protect the functions of the registered social workers.

**5.8** The Scottish Government and service providers, alongside others in the UK, have recognised the need to strengthen 'professional governance' of social work in local authorities, by issuing guidance in 2009 on the role of the Chief Social Work Officer to fulfil this function, revised in 2016 (Scottish Government 2016); 'as a matter of good practice it is expected that the CSWO will undertake the role across the full range of a local authority's social work functions to provide a focus for professional leadership and governance in regard to these functions'. This extends to Joint Integration Boards and aims to strengthen the professional voice within the hierarchical and political structures of local government and health services.

**5.9** Among other roles, the CSWO should:

- promote values and standards of professional practice, including all relevant national Standards and Guidance, and ensure adherence with the Codes of Practice issued by the Scottish Social Services Council for social service employers
- work with Human Resources (or equivalent function) and responsible senior managers to ensure that all social service workers practice in line with the SSSC's Code of Practice and that all registered social service workers meet the requirements of the regulatory body;
- establish a Practice Governance Group or link with relevant Clinical and Care Governance arrangements designed to support and advise managers in maintaining and developing high standards of practice and supervision in line with relevant guidance;
- ensure that the values and standards of professional practice are communicated on a regular basis and adhered to and that local guidance is reviewed and updated periodically

**5.10** The Social Work Services Strategic Forum, convened in 2013 and involving all the major stakeholders in Scotland, published a vision and strategy paper for social services (including social work) in Scotland (Social Work Services Strategic Forum 2015), building on the Changing Lives report (see above). 'The Forum partners and their wider set of stakeholders recognise that many of the current challenges are difficult issues for which solutions will not be easy to find and that the system and culture change required are in themselves not simple. However they are all committed to working in partnership towards ensuring delivery of the vision for social services and to doing everything they can to mitigate and manage the impacts of some of the current challenges (p6).'

- 5.11** Scotland has faced some of the same practice challenges as the other parts of the UK, including concerns about safeguarding children and failures in adult social care (Vincent, Smith et al. 2007; Vincent 2009; Vincent, Daniel et al. 2010; Vincent 2012; Vincent and Petch 2012; Vincent 2014).
- 5.12** All four regulatory bodies promoted UK-wide Codes of Practice for Social Service Workers and Employers when they were established. This consensus was broken when the GSCC was disbanded and social work in England came under the arrangements of the HCPC, which had a different approach. The revised SSSC codes for workers and employers came into effect on 1 November 2016. The Codes set out the standards of practice and behaviour expected of social service workers and their employers. The Codes were updated' to reflect current social service policy and practice' following wide consultation and engagement with the sector; they have been well received (Scottish Social Services Council 2016a).
- 5.13** The SSSC has completed a consultation on the standards in social work education (Scottish Social Services Council (SSSC) 2016). Draft revised Standards in Social Work Education in Scotland were published in 2016 (Scottish Social Services Council 2016b) and reflected in the *Learning Strategy 2017-2020* (Scottish Social Services Council 2017). This was informed by and also prompted a wider debate about the place of social work in Scottish life (e.g. Whyte 2016).

## 6. REGULATION OF SOCIAL WORK IN WALES SINCE 2001

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- 6.1** The Care Council for Wales (CCW) had been created by the Care Standards Act (2000) as the regulatory body for regulating the social care workforce. Its functions included: setting codes of conduct and practice for employees and employers; registering individual practitioners and taking action where professional standards had not been met; and regulating qualifying and post qualifying social work training. The remit was therefore similar to the Scottish arrangements. The CCW was replaced by Social Care Wales in 2017 with an expanded remit to include social services improvement, which contrasts with the arrangements in England where the government is proposing to hold responsibility for service improvement to itself. An overview of the final period of the CCW was published as *Raising standards in social care* (Care Council for Wales 2017).
- 6.2** The Welsh government has developed an increasingly distinctive approach to social services and social work. *Sustainable Social Services for Wales: a framework for action* (Welsh Assembly Government 2011) was a review of social services (including social work) undertaken by The Welsh Assembly. This was followed by a review of regulation (Welsh Government 2013) and the Social Services and Well-being (Wales) Act 2014 which resulted, among other changes, in the creation of Social Care Wales. This is the first legislation relating to social care and social work, across all age groups, enacted specifically for Wales. The legislation is based on the following principles:
- A strong voice and real control (for people)
  - Supporting each other
  - Safety
  - Respect
  - Recovery and restoration
  - Adjusting to new circumstances
  - Stability
  - Simplicity
  - Professionalism
- 6.3** Social Care Wales – <https://socialcare.wales> – was launched in 2017, combining the functions of the former Care Council for Wales and the Social Services Improvement Agency. Social Care Wales:
- sets standards for the care and support workforce, making them accountable for their work
  - develops the workforce so they have the knowledge and skills to provide the best care and support
  - works with others to improve services for areas seen as a priority, such as care and support in people's homes
  - sets priorities for research to collect evidence of what works well
  - shares good practice with the workforce so they can provide the best care
  - provides information on care and support for the public, the workforce and other organisations.
- 6.4** The Regulation and Inspection of Social Care (Wales) Act (2016) is intended to provide a revised, streamlined framework in Wales. The Act aims to improve the quality of care and support by strengthening protection, increasing accountability of those who provide services and giving a stronger voice to people who use care and support services. It also embeds the aims of the Social Services and Well-being (Wales) Act (2014) and the Well-being of Future Generations (Wales) Act (2015). Taken together, these changes are designed to create an integrated approach to the improvement of the well-being of the people of Wales, being described as the most significant legal change to social care in Wales since devolution.



- 6.5** Prior to these reforms, the system of regulation was predominately focused on compliance with minimum standards. The new approach is intended to take greater account of the impact which care and support services have on people's lives and well-being. The aim is also to reduce the complexity of the law and provide greater flexibility for providers, and to enable new models of care to develop. For example, nine sets of regulations and 14 sets of minimum standards will be replaced by just two sets of regulations and guidance on compliance with those regulations.
- 6.6** The Act also includes requirements for the regulation of the social care workforce (including social work) to ensure that everyone who works in the sector is skilled, appropriately qualified and trained to an agreed set of standards.
- 6.7** The regulators will have duties to involve citizens in their work and report on how this is done annually. Providers will have a duty to produce and publish annual returns that give objective information for the public. Greater transparency and public awareness, it is hoped, will lead to greater public confidence in how regulation works.
- 6.8** There are five main elements that the Act changes:
1. Establishment of Social Care Wales (the new regulator)
  2. Regulation of the workforce across all care and support provision in Wales
  3. Regulation of social care service providers: care homes, domiciliary care agencies, etc (regulated services)
  4. Inspection of and reporting by local authorities
  5. Market stability reports and market oversight
- 6.9** The Act is also concerned with:
- How organisations share information and work together
  - Being consistent with changes delivered by the Social Services and Well-being (Wales) Act 2014
- 6.10** Social Care Wales is designed to be at the heart of the new social care landscape, bringing together workforce development, workforce regulation, service improvement and research in one organisation. It will build on the functions of the former Care Council and SSIA by registering more groups of social care workers; agreeing priorities for funding social care training and regulating that training; setting priorities for research; working to improve specific care services; providing an information hub for the sector; and having a public information giving role. It is intended that this broader remit will help Social Care Wales, its partners and people using services to address effectively the priorities for service improvement. Social Care Wales and the Care and Social Services Inspectorate Wales (CSSIW) will have a duty to co-operate. Regulators will need to share information to monitor the sector and to collaborate to identify improvement issues and to support improvement. This implies the need to work differently to ensure seamless operations and reduce burdens on providers.
- 6.11** Under the former arrangements, social workers, social work students, residential child care workers and managers, and adult care home and home care managers were required to register with the Care Council for Wales. Domiciliary care workers and adult care home workers could choose voluntarily to register. Under the new legislation, registration for domiciliary care workers will be mandatory from 2020 and for care home workers from 2022. The existing requirements relating to the Disclosure and Barring Service (DBS) checks remain in force. New staff groups may have to register in future; staff who provide advocacy services and early years staff have been highlighted as examples.



- 6.12** Whilst training and qualifications for social workers have been regulated for many years (see above), training for the rest of the social care workforce has not. Social Care Wales will also have responsibility for regulation of care worker training from April 2017.
- 6.13** The new workforce regulations came into force in April 2017. Current service regulations and National Minimum Standards remain in force until services are registered under the Regulation and Inspection of Social Care (Wales) Act 2016.
- 6.14** CSSIW has been testing a new local authority social services inspection framework during 2016-17. Lessons learned from this testing will inform the development of the requirements of local authorities, including market stability, that come into force in April 2018.
- 6.15** The rest of the regulations – requirements and standards of service providers and responsible individuals, offences arising from these requirements, requirements of local authorities, regulated advocacy services – are being consulted upon and the final draft service regulations are planned to come into force in April 2018.
- 6.16** In summary, the Act is being introduced to continuously improve the quality of care and support in Wales. The Act emphasises:
- Improving well-being by assessing the impact of services on people’s lives
  - Giving a stronger voice to people who use services
  - Strengthening protection through regulatory powers and greater transparency and comparability across services in Wales
  - Increasing accountability of service providers by ensuring a clear alignment between leadership, culture and well-being
- 6.17** The relevance of regulation and its place in the future landscape of health and social care has been emphasised in the final report of the Parliamentary Review of Health and Social Care in Wales, published in January (2018). As part of its work to support the implementation of the Social Services and Well-being (Wales) Act 2014, Social Care Wales has invited the public and professionals to share ‘real-life stories about the positive ways in which the Act has helped people’; this could include examples about the impact of the regulation of social workers (<https://socialcare.wales/hub/news-stories/share-your-stories-about-the-act>). A consultation has also been launched into a number of aspects of the work of SCW, including the employer code, fee levels and qualification requirements (Social Care Wales 2017).

## 7. REGULATION OF SOCIAL WORK IN ENGLAND SINCE 2001

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- 7.1** The GSCC was created in 2001 with responsibility for the regulation of social workers and social work practice and the basic qualification for social work in England (Jones 2001; McClimont 2001), chaired by Baroness Jill Pitkeathley with Lynne Berry as the first Chief Executive (Pitkeathley 2000b; Jerrom 2001). There was a positive start with social workers willingly (if slowly) registering (Brindle 2004) and activity to implement the new degree in social work (Connect Research and Consultancy 2006), whilst service users were concerned as to whether there would be sufficient resources to implement the new codes in the context of tightening eligibility criteria (Gilbert 2001; National Institute for Social Work 2001). The regulators initiated the consultation about implementation of the statutory protection of the title of social worker in 2003 (General Social Care Council 2003) and the GSCC published a review of the roles and tasks of social workers (Blewett 2007).
- 7.2** Following the recommendations emerging from the consultations by the Office for Public Management (Office for Public Management 2000), the GSCC and its sister regulators endorsed UK-wide codes of practice for social care workers and employers (General Social Care Council 2002b). The code for social workers was crucial to the practice of social work and the disciplinary processes when there were allegations of poor practice, so has real force, but the code for employers in England did not have statutory force, was not referenced by inspectorates and other regulators and therefore had little impact. The HCPC never adopted the code for employers although it has been retained by the other UK regulators.
- 7.3** The first disciplinary hearings into allegations against registered social workers in England took place in 2006 (Devo 2006; General Social Care Council 2006; Brindle 2007).
- 7.4** The GSCC faced growing criticism from some within the profession who felt that it was not doing enough to stand up for and to advocate for social work whilst others criticised the focus of disciplinary hearings which some argued were more involved with examination of personal misbehaviour and less on the quality of practice (McLaughlin 2007; Lombard 2010; McLaughlin 2010). Long delays in holding conduct hearings built up, which was blamed variously on insufficient funding, poor administration and use of an inappropriate regulatory model. A critical report by the Council for Healthcare Regulatory Excellence identified weaknesses in management and the procedures for hearing complaints against registrants (Council for Healthcare Regulatory Excellence 2009). Adverse comparisons of the general approach and procedures adopted by the GSCC in comparison with other health service regulators were made (Masters 2003). Changes followed under a new Chair, Rosie Varley, and new Chief Executive, Penny Thompson, and a new momentum and credibility was established (Professional Social Work 2009). The GSCC commissioned a report comparing models of regulating social work education, which was not published (Meleyal and Wallace 2009; Saks 2009).
- 7.5** The coalition government announced in 2010, without prior warning, that the GSCC was to be wound up in the 'bonfire of QUANGOs' after the election and the functions transferred to the Health Professions Council (HPC), which was renamed the Health and Care Professions Council (Health and Care Professions Council (HCPC) 2016). As discussed in the first section above (see 1.7-1.11), it appears that this was primarily a cost-saving measure aiming to simplify and consolidated regulation of healthcare professions but without regard to the impact on the development of the social work qualifications framework and the arrangements, only recently established, for sustaining practice standards. Questions have been raised about the extent to which this decision by the Department of Health (DH), which had the policy lead regarding the social work and social care

workforce, had involved consultation with the Department for Education (DfE), given that most social workers were employed in Children's Services, and the devolved administrations. The DfE had significant concerns about the outcome of children's services inspections and the number of Serious Case Reviews which criticised social work practice and therefore about the training and regulation of social workers, but it is not immediately obvious why those concerns would be better addressed by a body which was arguably dominated by adult health concerns and had no experience of regulating social services. Nevertheless, social work in England was moved into that multi-disciplinary structure whilst it remained distinct in the other three countries. The GSCC published a closure report summarising a decade of achievements (General Social Care Council 2012).

- 7.6** The HPC was a multi-professional regulator over-seeing a number of professions working in the health sector, excluding doctors and nurses. The inclusion of social work significantly changed the balance of its work, social work being by far the largest of the professional groups in the new arrangements. As usually happens when social work is merged into structures designed for other professions and purposes, the transition threw up numerous challenges given the very different working arrangements and language of social work, which is not a health profession although working closely with health professionals. HCPC staff and committees had to come to terms with the different environment and ethos of social work and this took time; there was only one qualified social worker on the HCPC governing board. HCPC rejected the GSCC policy on registration of student social workers (Rowland 2012) and withdrew from some areas of work undertaken by the GSCC, such as an active role alongside other stakeholders in service development.
- 7.7** The Professional Standards Authority was established under the NHS Reform and Health Care Professions Act (2002), amended by the Health and Social Care Act (2012), to oversee regulatory bodies in health and social care. The regulators pay a compulsory levy to the Authority. Whilst its focus is primarily on health related professions, it also has a remit to monitor social work/care regulators. It published a highly critical review of the approach to health and social work regulation in 2015, arguing that registrants are 'frightened into compliance' (Professional Standards Authority 2015a; Schraer 2015).
- 7.8** This paper is primarily concerned with the regulation of social work and social workers. However this cannot be considered without reference to related developments designed to strengthen social work practice. The Social Work Task Force (2009) (in England) was established by the Labour government and continued under the Coalition Government as an expert group, jointly appointed by the Secretaries of State for Health, and for Children, Schools and Families, to advise the Government on social work reform. The final report argued that 'the quality of social work practice now needs to be raised significantly, through comprehensive, ambitious reform'. It made 15 recommendations covering better training, improved working conditions, stronger leadership and independence, more long-term skill at the frontline, greater public understanding of the role and more use of research. The Social Work Reform Board (2012) (SWRB) was set up in 2009 to carry out the recommendations of the Social Work Task Force. It was disbanded in September 2013 when Isabelle Trowler and Lyn Romeo took up their posts as Chief Social Workers. Among other activities, the Task Force worked closely on regulation issues with the GSCC. The Task Force also supported the creation of The College of Social Work (TCSW) as a united professional body to represent the profession. This is not the place to rehearse the history of TCSW (see for example House of Commons Select Committee on Education 2011, Philpot 2011, Dawson 2012, Brindle 2015). BASW has always supported the case for a strong, credible and united professional voice for social work and is continuing to do so through its membership and support of the UK Social Work Standing Conference.

- 7.9** Throughout this period, there was a continuing and lively debate within government in England about whether social work should be seen and regulated as a single profession or whether it should be separated into adult and children’s social work. The Department of Health (adult social work) and Department for Education (children’s social work) did not always appear to have the same approach and aspirations (see for example Croisdale-Appleby 2014, Narey 2014). The Department for Education was particularly exercised by the need to strengthen standards of practice and regulation of social work with children and families, including child protection, as reporting of cases of apparent child abuse tragedies continued. All the professional stakeholders, including BASW and the directors associations, supported the need for regulation of social work as a single profession. These debates, and especially the concern about standards of child protection practice (see for example National Audit Office 2016), appear to have contributed to the precipitate decision to remove social work from the HCPC and re-create a specific social work regulator. The legislative process to create the new regulator, called Social Work England, provoked lively debate and the government revised its original intentions regarding the statutory basis for SWE (Department for Education and Department of Health 2016). Key stakeholders have been invited to contribute to an advisory board on the creation of the new regulator.
- 7.10** The government has announced ‘an ambitious timetable’ to deliver the new body by September 2018. ‘We believe that this is challenging, but achievable. In order to support delivery, we anticipate that the body will phase in new standards over a period of time. This will ensure that it has the space to properly establish its core functions of holding the register and running fitness to practice hearings and ensure that it is able to fully consult the sector on changes. We are still developing the detail of this timetable, but expect that changes will begin with initial education and training standards as the new body starts, moving to professional standards and continuous professional development in due course’ (Department for Education and Department of Health 2016 p7).
- 7.10** The decision to create this new, exclusively social work regulator was one of the factors contributing to the decision to develop this paper.
- 7.11** Regulation takes several forms within the current arrangements, with different elements allocated to different bodies, some with statutory authority and others operating on a less formal basis. The future arrangements need not be rigidly structured in the same way. A different allocation of the different regulatory processes could make sense. It is clearly crucial for practitioners and service users that the different regulators of professionals and services work consistently and constructively together to secure service improvements.

## 8. REGULATION OF SOCIAL WORK IN NORTHERN IRELAND SINCE 2001

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### Background

**8.1** The Northern Ireland Social Care Council (NISCC) was proposed in the policy paper 'Regulating the Social Services Workforce' (2000) and created under the Health and Personal Social Services Act (Northern Ireland) 2001 to protect people who use services, raise standards of practice and strengthen and support the professionalism of the workforce. NISCC is a non-departmental public body (NDPB); accountable to the Northern Ireland Assembly and sponsored by the Department of Health (NI) (Office of Social Services). It was launched at the same time as equivalent bodies in England, Wales and Scotland. From the outset its remit included the responsibility to promote high standards of conduct and practice among social care workers in general, including social workers, high standards in their education and training, and to maintain a register of social workers, social care workers and social work students.

### The Register

**8.2** The NISCC Register of Social Care Workers (Register) was opened on 1 April 2003. The first groups to register included social workers, care workers in children's homes, managers of residential homes, managers of domiciliary care and managers of day care. NISCC was the first Council in the UK to register social care workers.

**8.3** Since then the Register has grown to include:

- Social work students
- Social care workers working in:
  - adult residential homes
  - domiciliary care
  - supported living
  - day care

**8.4** Regulations are currently being developed to register domiciliary care, day care and supported living workers on a compulsory basis. All other groups of registrants cited above are subject to compulsory registration.

**8.5** There are 35,775 registrants of which 5978 are social workers (July 2017).

### Social Work Education and Training

**8.6** NISCC has the statutory responsibility to set the standards for and to regulate social work education and training at qualifying and post qualifying levels. NISCC is also an Awarding Body for social work awards and provides professional awards in social work at post-qualifying level:

**8.7** *Degree in Social Work* – In 2004 NISCC introduced a new degree in social work to replace the DipSW. This coincided with similar developments in England, Scotland and Wales – moving social work to a graduate level profession and recognising the degree as the entry qualification to the register. The degree continues to be delivered as a generic qualification recognising the diversity of social work in Northern Ireland and the need for a mobile and agile workforce.



- 8.8** *Professional in Practice (PiP)* – NISCC has developed the original CCETSW post-qualifying framework (Central Council for Education and Training in Social Work 1995) into a Continuous Professional Development framework for social workers. The framework has retained the professional social work awards at consolidation, specialist and leadership levels, continues to support both training through taught courses and the Individual Assessment route, and has added a credit based system for recognition of other learning and development – which is based on reflection of learning and can be used to build credit towards awards.
- 8.9** The roles carried out in respect of PiP are not universal among workforce regulators. NISCC sees its role as more than the sum of registration and fitness to practise. Regulation in Northern Ireland is about improving and developing the workforce and the Social Care Councils were established upon that premise. Engaging with the social work workforce on their CPD framework means that regulation is viewed as a positive enabler.
- 8.10** The PiP framework is delivered in partnership with employers and education bodies (Northern Ireland Social Care Council (NISCC) 2017). The *PiP Partnership* is a committee of the Council with representatives from employers (statutory and independent sectors), education bodies, the Commissioner (Health and Social Care Board) and the Northern Ireland Association of Social Workers (NIASW). This partnership ensures that the provision of post-qualifying training arrangements meets employer and workforce needs and was instrumental in broadening the scope of the framework - from an awards based framework to a CPD framework - to include the new credit system. The most recent awards ceremony (2017) included the full range of social workers achieving professional awards – from social workers at consolidation level through to Directors of Social Work and Chief Executives (from NISCC and the Probation Board) receiving the professional PiP award in Leadership, achieved by completing a social work led executive level leadership programme funded by the social work strategy.

## Newly Qualified Social Workers

- 8.11** *Assessed year in Employment* - in 2006 NISCC implemented a mandatory Assessed Year in Employment (AYE) for newly qualified social workers. The AYE is well embedded and is supported by Employers (<https://nisc.info/assessed-year-in-employment-aye>).
- 8.12** *Post AYE* – In the first three year registration period following AYE social workers are required to achieve two requirements of the Consolidation Award. This achievement is largely met by the three year renewal point and a number of social workers complete the full award.

## Standards

- 8.13** *Standards of Conduct and Practice* – the standards for social workers and social care workers were revised in 2015. The Standards of Conduct and Practice for Social Workers were developed to reflect a move to a ‘fitness to practise’ model of regulation. They contain standards of conduct and separate standards of practice which outline the knowledge and skills required for competent social work practice. A similar document has been developed for social care workers.
- 8.14** *Standards for Employers of Social Workers and Social Care Workers* – the Code of Practice for Employers was revised in 2017, in collaboration with the service regulator – the Regulation and Quality Improvement Authority (RQIA). The two regulators jointly produced the revised version, formally launched in September 2017. The standards align with the inspection standards used by RQIA, meaning that the two elements of regulation are mutually reinforcing.

**8.15** NISCC and RQIA work in close collaboration, within the framework of a formal memorandum of understanding, for example sharing information on fitness to practise matters and ‘failure to comply’ notices. Senior officials meet on a quarterly basis and are exploring how best to share and use joint intelligence about the sector and the workforce in order to better inform workforce standards and service improvement.

## **Social Work Strategy**

**8.16** The Northern Ireland Department of Health launched a ten year strategy for social work – *‘Improving and Safeguarding Social Wellbeing’* in 2012 (Department of Health 2012). The strategy has framed the context for quality improvement in social work and employers are working with the Department to take forward specific actions. A recent focus has been placed on increasing the leadership capacity within social work, developing a research strategy, developing capacity to undertake quality improvement initiatives and developing an outcomes approach to measuring the impact of social work. The regulation of the workforce is clearly significant within that strategy.

## 9. REGULATION OF SOCIAL WORK IN THE REPUBLIC OF IRELAND

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- 9.1** The Republic of Ireland has a distinct health and social work service delivery structure which has evolved in a very different way than services in the UK, although sharing some of the same history. There are close links between social work and related services in the Republic and in Northern Ireland in particular. The Health & Social Care Professionals Council (CORU) – [www.coru.ie](http://www.coru.ie) – is the regulator of social workers in the Republic of Ireland. It is a multi-professional regulator, similar in scope to the Health and Care Professions Council (HCPC) in England, regulating a number of health professions alongside social work and social care. In common with HCPC but in contrast to NISCC, it does not have a role in professional development and service improvement.
- 9.2** The social care worker Registration Board has been recently formed by CORU to develop plans for the registration of social care workers.
- 9.3** NISCC and CORU have an active programme of joint working; for example, a joint meeting of the NISCC Council and the CORU social work and social care worker Registration Boards was held in 2017. The NISCC Head of Workforce Development sits on the CORU education and training committee in an observer/advisory capacity.
- 9.4** CORU took over responsibility for social worker regulation and qualifications in 2007 from the former National Social Work Qualifications Board (Ireland) (Skehill 2003; Christie, Featherstone et al. 2015). Social work qualifications in the Republic had been awarded by the UK Central Council for Education and Training of Social Workers (Kearney 1987; Skehill 1999) until it became clear that developments in the UK, particularly relating to partnerships between educational institutions and social work agencies, were not appropriate for the Irish context. At that point, legal advice also suggested that CCETSW did not have the formal power to operate outside the UK and therefore that its work in Ireland was ultra vires. The NSWQB (National Social Work Qualification Board 2007) was established to take over the responsibility for awarding and quality assuring qualifications in the Republic; it was NOT responsible for regulation of social workers.
- 9.5** Social work in Ireland is delivered in a different organisational and cultural context from the UK. Social work practice in recent years has faced a number of challenges, in common with the UK and other European countries, especially in relation to social work in child protection and the care and protection of children in care. This has resulted in formal inquiries (Murphy 2005; Commission to inquire into child abuse 2009; Gaughan and Garrett 2012; Powell, Geoghegan et al. 2012) and structural reorganisations, including the creation of a national children's services agency, TUSLA (Gartland 2015b; Gartland 2015a; Irish Times 2015), all of which influence the context for social work qualifications and practice.

# APPENDIX I

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## Professional Standards Authority for Health and Social Care

### 1 VALUES

- Our values act as a framework for our decision-making. They are at the heart of who we are and how we would like to be seen by our partners. We are committed to being:
- Focused on the public interest
- Independent
- Fair
- Transparent
- Proportionate

[www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-of-good-regulation.pdf?sfvrsn=6](http://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-of-good-regulation.pdf?sfvrsn=6)

### 2 ELEMENTS OF A REGULATORY FRAMEWORK

#### Guidance and standards

How does good regulation through standards and guidance promote and protect the health, safety and well-being of patients, service users and other members of the public and maintain public confidence in the profession?

#### Education and Training

How does good regulation through education and training promote and protect the health, safety and well-being of patients, service users and other members of the public and maintain public confidence in the profession?

#### Registration

How does good regulation through registration promote and protect the health, safety and well-being of patients, service users and other members of the public and maintain public confidence in the profession?

#### Fitness to Practise

How does good regulation through fitness to practise promote and protect the health, safety and well-being of patients, service users and other members of the public and maintain public confidence in the profession?

[www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-of-good-regulation.pdf?sfvrsn=6](http://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-of-good-regulation.pdf?sfvrsn=6)

### 3 RIGHT-TOUCH REGULATION

Right-touch regulation means always asking what risk we are trying to regulate, being proportionate and targeted in regulating that risk or finding ways other than regulation to promote good practice and high-quality healthcare. Right-touch regulation means using the minimum regulatory force required to achieve the desired result.

The principles state that regulation should aim to be:

- Proportionate: regulators should only intervene when necessary. Remedies should be appropriate to the risk posed, and costs identified and minimised
- Consistent: rules and standards must be joined up and implemented fairly
- Targeted: regulation should be focused on the problem, and minimise side effects
- Transparent: regulators should be open, and keep regulations simple and user friendly
- Accountable: regulators must be able to justify decisions, and be subject to public scrutiny
- Agile: regulation must look forward and be able to adapt to anticipate change.

Right-touch regulation in practice

- Identify the problem before the solution
- Quantify the risks
- Get as close to the problem as possible
- Focus on the outcome
- Use regulation only when necessary
- Keep it simple
- Check for unintended consequences
- Review and respond to change.

[Right-touch appears to be a concept developed in response to the concept of 'light-touch regulation'.]

[www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf](http://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf)

**David N Jones (BASW)**

Taken from the PSA website on 9 June 2017



## APPENDIX II

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### Original Membership of Central Council for Education and Training in Social Work (CCETSW)

The original membership of CCETSW at its formation in 1971 was made up as follows:

- British Government – 11
- British Association of Social Workers – 8
- Association of County Councils – 5
- Association of Metropolitan Authorities – 4
- Association of Teachers in Social Work Education – 3
- Association of Directors of Social Services in England and Wales – 2
- Committee of Vice-Chancellors and Principals – 2
- Convention of Scottish Local Authorities – 2
- National Association of Probation Officers – 2
- Residential Care Association – 2
- Advisory Council for Probation and After-Care – 1
- Advisory Council on Social Work in Scotland – 1
- Association of Directors of Social Work (Scotland) – 1
- Association of Principals of Technical Institutions  
Association of Colleges of Further and Higher Education – 1
- Association of Teachers in Technical Institutions – 1
- British Medical Association – 1
- Central Council of Probation and After-Care Committees – 1
- Committee of the Directors of Polytechnics – 1
- Conference of Chief Probation Officers – 1
- Council for National Academic Awards – 1
- General Nursing Council – 1
- Joint Consultants' Committee – 1
- Joint University Council for Social and Public Administration – 1
- Local Government Training Board – 1
- National Association of Chief Education Welfare Officers – 1
- National Institute for Social Work – 1
- Personal Social Services Council – 1
- Regional Health Authority – 1
- Society of Community Medicine – 1

This list illustrates the complexity involved in seeking to ensure the involvement of all relevant stakeholders in the governance of a professional regulatory body. This became unworkable and a new, smaller Council was created. In consequence, all appointments were made by the Privy Council, in effect by the government, usually after taking soundings from key stakeholders.

## APPENDIX III

### Timeline of Regulation of Social Workers in England

	Pre 1970	1970s	1980s	1990s	2000s	2010s		
Statutory regulator England	APSW CTCCC CTSW IMSC	CCETSW			CCETSW/GSCC	GSCC	HPCP	SWE
Statutory regulator Scotland					CCETSW/SSCC	CCETSW/SSSC		
Statutory regulator Wales					CCETSW/CCW	CCW/SCW		
Statutory regulator Northern Ireland					CCETSW/NISCC	CCETSW/NISCC		
Probation training England & Wales	Home Office	CCETSW	CCETSW	CCETSW/ Home Office	Home Office	Home Office		

Professional Bodies	Pre 1970	1970s	1980s	1990s	2000s	2010s
	ACCO, AFCS, APSW, ASW, IMSC, MWWA, SMWO NAPO SCA	BASW ADSS ADSW NAPO SCA	BASW ADSS ADSW NAPO SCA	BASW ADSS ADSW NAPO SCA	BASW ADSS/ADCS/ ADASS/ADSSC ADSW/SWS NAPO SCA	BASW ADSS/ADCS/ ADASS/ADSSC SWS NAPO SCA

Other groups or structures	Pre 1970	1970s	1980s	1990s	2000s	2010s
	Youngusband Reports NISW Seebohm Committee	NISW Birch Report Joint Steering Group	NISW Barclay Committee Athenaeum meeting GSCCAG	NISW GSCCAG Parker Report	NISW/SCIE SWTF/SWRB	SCIE SWRB TCSW

### Key to abbreviations

ACCO – Association of Child Care Officers (merged into BASW 1970)  
 ADASS – Association of Directors for Adult Social Services (England) (2007–present)  
 ADCS – Association for Directors of Children’s Services (England) (2007–present)  
 ADSS – Association of Directors of Social Services (1970-2007)  
 ADSS Cymru – Association of Directors of Social Services Cymru (Wales) (2007-present)  
 ADSW – Association of Directors of Social Work (1969-2014) became Social Work Scotland  
 AFCW – Association of Family Case Workers (merged into BASW 1970)  
 APSW – Association of Psychiatric Social Workers (merged into BASW 1970)  
 ASW – Association of Social Workers (merged into BASW 1970)  
 Athenaeum meeting convened by Joseph Rowntree Trust to consider case for regulation of social workers (1987)  
 Barclay Committee – Social workers: their role and tasks (1982)  
 Birch Report – Manpower and Training for the Social Services (1976)  
 BASW – British Association of Social Workers (1970-present)  
 CCETSW – Central Council for Education and Training in Social Work (1971-2001)  
 CCW – Care Council for Wales (2001-2017)  
 CTCCC – Central Training Council in Child Care (abolished 1971)  
 CTSW – Council for Training in Social Work (abolished 1971)  
 GSCC – General Social Care Council (2001-2012)  
 GSCCAG – General Social Services Council Action/Implementation Group (1997-1993)  
 HPCP – Health and Care Professions Council (2012-present)  
 IMSW – Institute for Medical Social Work (merged into BASW 1970)  
 Joint Steering Group – included professional bodies involved with social workers and government observers on regulation of social work (reported 1980)  
 MWWA – Moral Welfare Workers’ Association (merged into BASW 1970)  
 NAPO – National Association of Probation Officers (decided not to merge into BASW) (1912-present)  
 NISW – National Institute for Social Work Training/ National Institute for Social Work (1961-2003)  
 NISCC – Northern Ireland Social Care Council (2001-present)  
 Parker Report Safeguarding Standards (1990)  
 R&TC of the ACPAC - and the Recruitment and Training Committee of the Advisory Council for Probation and After-Care (abolished 1971)  
 SCA – Social Care Association (1949-2012)  
 SCIE – Social Care Institute for Excellence (2013-present)  
 SCW – Social Care Wales (2017-present)  
 Seebohm Committee – Committee on Local Authority Personal Social Services (1965-1968)  
 SMWO – Society of Mental Welfare Officers (merged into BASW 1970)  
 SSSC – Scottish Social Services Council (2001-present)  
 SWE – Social Work England (to be created)  
 SWRB – Social Work Reform Board (2010-2015)  
 SWTF – Social Work Task Force (2009-2010)  
 TCSW – The College of Social Work (2012-2015)  
 Youngusband Report (1947) Report on the employment and training of social workers  
 Youngusband Committee (1959) Report of the Working Party on Social Workers in the Local Authority Health and Welfare Services

David N Jones – 7 February 2018

See also Edinburgh University social work history website for a more detailed timeline (1583-2017)  
[www.socialwork.ed.ac.uk/centenary/timeline](http://www.socialwork.ed.ac.uk/centenary/timeline)

## APPENDIX IV

### Glossary of Organisations

<b>ACC</b>	Association of County Councils
<b>ADSS</b>	Association of Directors of Social Services
<b>ADSW</b>	Association of Directors of Social Work (Scotland)
<b>AMA</b>	Association of Metropolitan Authorities
<b>BASW</b>	British Association of Social Workers
<b>BASW Cymru</b>	British Association of Social Workers in Wales (a nation within BASW)
<b>CCETSW</b>	Central Council for Education and Training in Social Work (UK)
<b>CCPO</b>	Conference of Chief Probation Officers
<b>CCW</b>	Care Council for Wales
<b>CORU</b>	Health & Social Care Professionals Council (Republic of Ireland)
<b>CSCI</b>	Commission for Social Care Inspection (England)
<b>DHSS</b>	Department of Health and Social Security
<b>GSCC</b>	General Social Care Council
<b>GSSC</b>	General Social Services Council Action Group / Implementation Group
<b>HCPC</b>	Health and Care Professions Council
<b>LGA</b>	Local Government Association
<b>NALGO</b>	National and Local Government Officers Association (later merged into Unison) (the main local government trades union for social workers)
<b>NIASW</b>	Northern Ireland Association of Social Workers (a nation within BASW)
<b>NSWQB</b>	National Social Work Qualifications Board (Republic of Ireland)
<b>SASW</b>	Scottish Association of Social Workers (a nation within BASW)
<b>Ofsted</b>	Office for Standards in Education, Children's Services and Skills (England)
<b>SCA</b>	Social Care Association (formerly Residential Care Association)
<b>SCSW</b>	UK Standing Conference of Social Work and Social Workers
<b>SSI</b>	Social Services Inspectorate (England)
<b>SWRB</b>	Social Work Reform Board
<b>SWTF</b>	Social Work Task Force
<b>SCW</b>	Social Care Wales
<b>TCSW</b>	The College of Social Work
<b>UNISON</b>	Trades union for people working in the public sector

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