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How did Social Worker Registration in England Come About?

An Online Witness Seminar

27th March 2023



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Introduction

Social worker registration


Social workers in England were first required to register with a regulatory body following the Care Standards Act 2000 which led to the establishment of the General Social Care Council (GSCC) in 2001. This was followed by the closure in 2002 of the Central Council for Education and Training in Social Work (CCETSW), the regulator and awarding body for social work education programmes (then at diploma level) and awarding body for social care qualifications. This significant change followed a long campaign by the British Association of Social Workers (BASW) and others. The ambition of those who supported the innovation was to set out the principles and values of social work to inform the public and against which social workers could be held to account. The establishment of a regulatory body also put social work on an equal footing with many other professional groups. However, over the last two decades this has remained a contested area of policy marked by ongoing changes including to the regulatory body itself and the eventual creation of Social Work England in 2019.

Witness Seminars

Historical perspectives are vitally important to effective policymaking and the development of services for the public. A failure to learn from the past often leads to bold claims about ‘new’ ideas and ‘radical’ reforms which invariably just reinvent the wheel and fail to avoid past mistakes. Over recent years ‘witness seminars’ have provided an important means to try to improve our understanding of key events or a particular period of policy development within the bounds of living memory. Witness seminars typically bring together researchers, policymakers, people undertaking or affected by policies and other key individuals that have studied or played a more direct role in the development of particular policies, new social movements or service innovations. Contributors address a particular subject from their own perspective, drawing on their memories or records of the time.

The Supporting Innovation in Adult Social Care (SASCI) Project

Innovation or doing things differently is often seen as a solution to problems. Adult social care might seem to be an area where new approaches will naturally flourish (with competition between providers, different people paying, choice over types of care and provider and so on). Yet, while there are many innovations and good evidence that some benefit people using care services, they do not always spread rapidly and often do not become mainstream.



Compared to other parts of society, little is known about innovation in social care and why good ideas spread or otherwise. Many organisations and people offer to help with innovation but not much is known about what they do and how they do it, or what works. The [SASCI research programme](#) has been set up to draw together experiences of innovating or changing things in adult social care to let others know what might help.

As part of the Supporting Innovation in Adult Social Care (SASCI) research programme this webinar considered the key themes of how and why innovations spread and are sustained, the roles played by political leaders and other key influencers in the English context, and the role of evidence and values. Our first webinar of the series focussed on the innovation of the Care Certificate in adult social care. In this second webinar of the series we specifically examined:

- ♦ Why was the idea of social worker registration and regulation accepted by government?
- ♦ Who were the key influencers and what did they do?
- ♦ Why has the regulatory body continuously changed?
- ♦ Did registration and regulation have the impact that its original supporters hoped for?

Reflection from Joan Rapaport

I feel honoured to have been invited to reflect on these insightful witness accounts of the arduous journey towards social work registration that also identify areas for further development. Due to personal experiences as a returnee social worker in the 1990s, for the first time working in a mental health setting, I am deeply grateful to these social work experts for their perseverance in garnering support and battling formidable political obstacles that eventually won the day. With only a Home Office Letter of Recognition to my name, meaningless to my state registered mental health colleagues, I felt the need for similar professional recognition. My frustrations that the process of establishing social work registration seemed to take so long were clearly small compared with those reflected in the accounts of these seminar witnesses. Whilst much was achieved it is heartening to see areas for further work highlighted, not least the issue of whether investigations into social work practice should take into account the impact of the wider employment context.

Joan is a member of the Patient and Public Involvement and Engagement Advisory Group of the Policy Research Unit in Health and Social Care Workforce (HSCWRU) at King's College London. Joan worked as a social worker in children's and mental health during much of her working life. Since obtaining her PhD in 2002 she has remained active in health and social care research. Joan was a lay member of the Mental Health Review Tribunal for many years. She is now retired.



Participants

Lisa Trigg (Chair)

Lisa leads the Research, Data and Innovation team at Social Care Wales. Her team helps the social care sector in Wales use research and data to inform policy, service design and practice, and to support social care innovation. Social Care Wales is the Welsh Government-sponsored body that leads improvement, workforce development, and regulation of the social work and social care workforces. Before joining Social Care Wales, Lisa spent seven years at the London School of Economics and Political Science conducting comparative research on international long-term care systems. Her PhD research compared the government approaches in England and Australia to improving quality in residential care for older people. Before this, Lisa spent 17 years as a consultant and leader in customer relationship management in Australia and the UK, in sectors including utilities, IT, media, telecommunications, travel and health care.

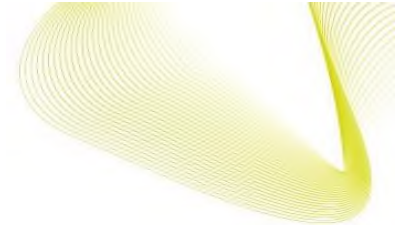
Carl Purcell (Organiser)

Carl is a Research Fellow in the NIHR Policy Research Unit in Health and Social Care Workforce, having previously worked in local government. His research interests include the development and implementation of health and social care policy across Children's and Adults' services. He is a committee member of the Social Work History Network. Carl leads the King's College London work in the SASCI project.

Witnesses

David N. Jones

David qualified as a social worker in 1974 and served as General Secretary of the British Association of Social Workers (BASW) (1985-94) during which time he was a member of the Central Council for Education and Training in Social Work (CCETSW). He led BASW's campaign for social work regulation and was actively involved in its implementation. He was awarded the Andrew Mouravieff-Apostol medal 'for an outstanding contribution to international social work' by International Federation of Social Workers in 2018. David is a Board Member of the Commonwealth Organisation for Social Work (COSW) and Chair of the Social Work History Network.



Daphne Statham

Daphne began her career working with children and families in Oxfordshire. In 1965 she moved to set up and run one of the new qualifying social work programmes for non-graduates before working for CCETSW in its early days. In the 1980s she returned to teaching non-graduate social work students at Ruskin College, Oxford. Her career ended as Director of the National Institute of Social Work (NISW). Subsequently, she contributed to projects in various parts of the UK on improving direct practice and its management, on developing standards for social care workers and in Russia on reforms to its welfare system.

Jennifer Bernard

Jennifer qualified as a social worker in 1978 and was the final chief executive of CCETSW. She was central to the move to degree level of social work as a qualification, and the introduction of workforce regulation. She set up, initially through CCETSW, the Training Organisation for Personal Social Services (TOPSS) (now Skills for Care) and later the Skills Academy for Social Care. As Director of Services for Children and Young People for the National Society for the Prevention of Cruelty to Children (NSPCC) she was one of the first social workers to be registered, as part of the pilot programme by the GSCC. She went on to manage all vocational qualifications for City & Guilds. She currently chairs the Board of Governors for the University of West London and Rightsnet, which provides services for welfare rights advisers and organisations.

Aidan Worsley

Aidan is Professor of Social Work and a qualified social worker. He is currently Research Lead for the School of Social Work, Care and Community at the University of Central Lancashire and also Speciality Research Lead for Social Care with the National Institute for Health and Care Research (NIHR) – covering the Northwest Coast region of England. Aidan has written extensively about social work regulation and related subjects and was seconded into the Department for Education to develop government policy options around education and training for Social Work England.

Audience participants came from adult social care stakeholders including providers and people using social care and support services.

Acknowledgment

The support of the Economic and Social Research Council (ESRC) is gratefully acknowledged (ES/T001364/1).



Seminar Transcript


How did Social Worker Registration in England Come About?

Online, 27th March 2023 (2pm-4pm)

Carl Purcell: My name's Carl Purcell, I'm part of the team working on the [SASCI](#), Supporting Adult Social Care Innovation project. In this our second witness webinar we are focusing on the innovation of Social Worker registration and regulation in England. I am passing over to Lisa Trigg who's kindly agreed to chair this event for us and who will introduce our speakers.

Lisa Trigg: Welcome everybody. I'm Lisa Trigg. I was formerly at the LSE but I now look after research data and innovation at Social Care Wales, where one of our jobs is regulating our social care and social work workforces. So I'm really excited to be chairing this, it's something different to look back at the history of why things have happened. Today we have the opportunity to discuss how the innovation of Social Worker registration in England came about. As Carl mentioned this event is part of the Supporting Adult Social Care Innovation (SASCI) programme based at the LSE, and it is also being held in association with the [Commonwealth Organisation for Social Work](#). The event is being recorded and transcribed.

Today three speakers are going to talk about the innovation of social work regulation in England: David Jones, Daphne Statham, and Jennifer Bernard, all from very strong social work traditions. And then we're going to hear from Don Brand, who also worked through all of this period of innovating social work regulation, who is going to talk about more recent history and possible alternative innovations, but also some of the implications for wider regulation, and for the other nations of the UK which I'm particularly interested in obviously. And we will hear from Aidan Worsley about some of the more recent and comparative work around social work which expose how an innovation such as regulation has possible unforeseen consequences. We will have time for questions, and I'll be keeping an eye on the chat for comments.



David N Jones: Thanks very much indeed, and it's really exciting to be here, and particularly to link in with the Commonwealth Organisation for Social Work, with which I'm involved and which will be running a series on regulation through the Commonwealth over the coming months of 2023. It is good to be talking with some colleagues, reflecting back on work that we did 30 and 20 years ago.

I'm setting the scene on the history, looking at England in particular, exploring the why, what and how of this innovation, what has been the impact of regulation and registration, the overall experience, and looking a bit at what happens next.

But first, why do we have regulation at all? This will be a theme that will run through a lot of this afternoon but needs just restating. Firstly, regulation provides a foundation of principles and values, whatever profession you are involved in. Secondly, there's an argument about public protection, that regulation enables transparency, and accountability, and that's important for users, and for the public, and for other professionals who can see and know what should be expected, and what to do if things go wrong. It provides predictability and consistency, because of that transparency, and enables sanctions to be taken against people who break those codes. For social work in particular there is an important argument about our comparable status with other professions like nursing and medicine, and of course there's accountancy and law and others, but there's a sense that if you're a profession (a distinct, accountable working group) there should be some structure of regulation, which has been a debate through the history of social work. This is all particularly important for social work because we work in areas of such contested values.

I'm not going to dwell on this, but my own involvement on this debate goes back to 1976. It's been a part of my DNA almost, running through my involvement in a number of organisations: the British Association of Social Workers (BASW), the National Institute for Social Work (NISW), the Central Council for Education and Training in Social Work (CCETSW), and then the General Social Care Council (GSCC), and there was also talk about a General Social Work Council at some stage. I have been involved in and with these different organisations at different times. And, just noting that around the Commonwealth a lot of countries have regulation already in different forms (see slide), other countries are actively exploring them, and others are looking. If we look at countries outside of the Commonwealth there are different sorts of structures, for example, the Napoleonic countries and elsewhere have a different approach to regulation, more controlled by the central state. So there are



all sorts of international comparisons that we could look at and learn from.


But the questions in this webinar are: why and how did the policy shift to enable this innovation in the UK happen? Because, as I will describe, policy did shift, and change did happen. Why did that happen, and how did it happen? Colleagues will talk about that later.

But there's also the big question: who is responsible for defining what constitutes the profession, whatever profession it is? Who are the people who define what the profession is and what those standards are? That is something that was also debated. But we can also look at what type of regulation is there, as there are many different types of regulation.

So we've talked about the why, but who is this for? A regulation of whom? Who are the people who should be included within this regulation? And what are you regulating? Is it behaviour, is it the organisational structures, is it the way that things are perceived? And who it is accountable to, is it accountable to government, is it accountable to others in the same profession, is it accountable to the public, what are the accountability structures? And, of course, a lot of these questions are linked, so if you look at accountability then that often defines who appoints the regulators.

But who appoints them, is it government, is it the profession itself, is it somebody else? And then who does the regulation and what are the consequences, and, really importantly, who pays? These different elements interrelate of course, but there are different solutions which could be chosen. So, in the UK, we had regulation of social work training and qualifications from the post-war period in the 1940s when there were different structures, and then in 1970 the Central Council for Education and Training in Social Work (CCETSW) was set up to regulate training and qualifications, but not the people, and not the agencies. The regulation of services and structures was done by inspection, and that's been separate from regulation of qualifications and indeed regulation of people, and this separation is itself a challenge. And then there's the regulation of individual practitioners, which is the innovation we're talking about today, the regulation of individual Social Workers and their practice and behaviour. But actually they all should link, and the fact that they don't link as effectively as they could do has been one of the challenges for us.

So let's get into the history, what is it that happened? Well this has been on the agenda from the start of formal social work in the early 20th Century when Medical Social Workers, and Psychiatric Social Workers



were regulating themselves from quite early on, and they had their separate organisations. But childcare and adult Social Workers were not regulated in the same way as far as individuals were concerned. Through the 1960s regulation became a key issue for Social Workers' organisations, there were many of them at that time, reflecting work with different client groups by and large. There was a lot of discussion about it, but by 1970 most of those organisations came together to form the British Association of Social Workers (BASW), and in the constitution of BASW there was reference to qualifications and regulation of qualifications, which actually was done by CCETSW rather than BASW. In Australia, the Australian Association of Social Workers regulates qualifications, but in the UK that has been a government agency function.

However, as BASW was being formed in the 1970s, we entered a phase of anti-professionalism, or you could say a phase of pro- service user involvement, and the whole debate about 'is social work a profession?' was very lively, and all the negatives of professionalism were exposed. I started practising social work after I qualified in 1974, at a time when the famous George Bernard Shaw comment that 'all professions are conspiracies against the laity' was widely acknowledged. So there was a really strong debate about the value of regulation, and even whether social work was a profession. In 1970 CCETSW was formed and from then until 2000 it was regulating the qualifications of social work, and increasingly of social care.

In 1976 BASW gave in principle approval (by a large majority) to proposals for a scheme of accreditation, which was like registration. It took the lead in forming a joint steering group, which involved various organisations coming together to discuss how social work itself should be regulated, with observers from government. But in 1979 a member of CCETSW staff did an analysis of the costs and benefits and this report was published (Malherbe, 1979) saying that the regulation of Social Workers would be disproportionate. In 1980 the Joint Steering Group (1980) issued a second and final report and more or less wound up at that point.

There was a lot of opposition to the idea of regulation of social work at that time. All political parties were opposed, the major employers were not convinced; they said, 'we regulate them, we employ them, we deal with bad behaviour'. The National Council of Voluntary Organisations (NCVO) didn't like it, and service users were ambivalent. There wasn't the same strength of service user movement at that time, the consumer movement was only just beginning. And Social Workers themselves were divided, often around that question of what is a profession, and did we wish to be a *profession* of Social Workers or not? There was more interest




in unionisation as a form of self-defence and also a concern that regulation would create unacceptable distance between social workers and service users and communities.

Then in 1982 the government set up the Barclay Committee (report published as Barclay 1982), on the Roles and Tasks of Social Workers. There was strong hope in some quarters that this would lead to a recommendation for regulation, but it came down saying, in effect, 'well there's some sympathy but the case has not yet been made'. The arguments against were, as I've already touched on, regulation was already done by employers, that it wouldn't be fair to staff, because they would face double jeopardy to employers and to a regulatory body. There were also arguments about elitism and the cost. BASW kept up the campaign and two people I worked with, both of whom have now died, kept that issue alive (Sylvia Woolfe and Terry Bamford). But by the late 1980s, the context was changing, there was outsourcing of services, there was an increasing diversity of employers, there was also evidence that local Councils were not very good at dealing with bad behaviour, indeed some bad behaviour and abuse was ignored, there were child abuse tragedies, and there was increasing concern about standards in general. And so the debate continued about what this implied for social work, and some of the arguments against regulation seemed to evaporate.

In 1987 the Rowntree Trust convened a consultation, to which I was invited. It did feel very strange to have this consultation for social work, at The Athenaeum Club in Pall Mall (London), but we were up in the attic and not in grand surroundings. There was a very lively conversation between key representatives of the main stakeholder groups; Bill (later Sir William) Utting¹ (the chief professional adviser of social services and social work at the Department of Health and Social Security (DHSS) and then the first Chief Inspector of Social Services for England up to 1991) was there and clearly playing a key role behind the scenes. There was agreement that we should begin to press again for a form of regulation of social work. Soon after, BASW (1987) published 'The case for a Social Work Council' and an action group was formed, based at NISW, which Daphne is going to talk about shortly. That brought together a number of organisations, including some that had been previously opposed but began to change their view; the Directors were involved, Association of Directors of Social Services (ADSS), the Association of Directors in Scotland, the Social Care Association, and


¹ Bill Utting was, from 1976 to 1991, chief professional adviser in the Department of Health and Social Security on social services and social work.



very crucially Bill Utting, as Chief Inspector, was involved and played a crucial behind the scenes' role. It was chaired by Peter Barclay, author of the Barclay Report.

That Group commissioned an independent report by Roy Parker who had been a member of the [Seebohm Committee \(1968\)](#) and had been very involved in looking at social work over a long period. His report 'Safeguarding Standards' (Parker, 1990) was a crucial moment. In it he recommended statutory protection of those who were vulnerable to harmful interaction with staff, in other words he was talking about those people who went into people's homes, who were providing personal care, and that of course would include social care staff, arguably more involved in personal care than Social Workers, although Social Workers were going into people's homes, but not themselves performing those personal and intimate caring tasks. So that recommendation was published and there was a positive response from all the stakeholders, by the employers, the unions, the Directors' organisations, the professional bodies. All said yes this is the right thing to do at this time. It is relevant to remember all the criticism there had been of social work and social services in the period running up to that report. So the Action Group formed itself into a Social Services Council Implementation Group which proposed regulation of those in social work and in social care, protection of title and a series of sanctions. Don Brand, who's talking later, was very involved in developing a working model of how that latter element would work. And that is what, in the end, was put into legislation.,

But other things happening elsewhere also influenced the process. European Economic Community (EEC, 1989; 1992) Directives on the mutual recognition of diplomas were significant, because by then UK was a member of the EEC, sadly no longer. Comparability of qualifications across Europe at a three-year minimum, when the UK had at that time a two-year minimum Diploma in Social Work (CQSW), was a real push factor. If the UK wished to be on a par with our European counterparts, we needed to move to the three-year qualification. There had been a long debate about social work becoming a degree level profession, on the same basis as nursing, for example, and other professions in our field. This implied benchmarks not only against other countries, but also against other professions; that has been a key part of this debate about regulation as far as social work is concerned, alongside public protection. The Conservative government procrastinated after the report from Roy Parker and was not at all enthusiastic, and then published in 1996 a consultation paper, *Obligations of Care* (Department of Health, 1996), on the setting of conduct and practice, that suggested a very different way forward, which the sector was very disappointed by.




In 1997 there was a general election and, in the run up to the general election, the Labour Party committed itself to legislation for a regulatory body, and I think Daphne has got some insights into some of the background to that. That was a crucial moment, and a year later the [Modernising Social Services](#) White Paper (Department of Health, 1998) was published, which proposed a General Council on a devolved model (the GSCC), in four countries. In 2000 a draft code of conduct for staff and a code of practice for agencies were published (Office for Public Management, 2000), which were really important. The newly established social work and social care regulators were the only regulators that had a code of practice for agencies and employers as well as a code of conduct for staff. This has persisted in Scotland, Wales, and Northern Ireland, but in England for a variety of reasons it was dropped when the GSCC was disbanded. The principle around the code of practice was that individuals could not be expected to keep to the code of conduct if their agency/employer was not providing the appropriate working environment to make it possible, which still remains as a relevant issue.

I am going to go through this next bit a little bit more quickly because Daphne and Jennifer are going to talk about it in more detail. [The Care Standards Act 2000](#) created four regulatory bodies in each of the countries of the UK sharing the codes of practice which came into force in 2002. There was consultation on the protection of title. The GSCC did not in the end implement the statutory power to regulate social care workers, although that did happen in the other three countries; that's something to debate elsewhere.

That wasn't the end of the story because in 2010 the GSCC was disbanded when the Labour government brought together a number of regulators in the Health and Care Professions Council (HCPC). This had no prior experience of regulating Social Workers, which became its biggest professional group and arguably had a very different context and political exposure than the other smaller professional groups, which proved a challenge for HCPC. Six years later in 2016 the government announced a new regulator, Social Work England, as enacted in the [Children and Social Work Act 2017](#). As all that was going, [BASW \(2018\)](#) published its UK wide principles for regulation, which I was involved in editing and in drafting, and this talk is mainly based on the research that was done for that (see [Jones, 2018](#); [2020](#); [2023](#))

Social Work England was launched in 2019. Thus, the history of the regulation of social work in the UK is a history of multiple innovations, as there were various changes through this short period. There was the role of CCETSW, there was the evolution of qualifications, there was an increasing number of qualifications in social care, the Bologna Process



was launched in Europe meaning higher education comparability has had a significant influence, and the tension between employers and universities has continued. But there's also been some very creative partnerships, and we're all so well aware of the continuing pressures on the social care workforce. Those working in the area of qualifications are probably wearily familiar with the frequency of structural change at national level. I believe this disruption must have contributed to the uneven development of both qualifications and practice, especially in England. It is sad that the government has not felt able to support consistency but I am hoping now that we are seeing a little bit more stability; that doesn't only apply of course to the social care sector. There have been constant disruptions since 2000. We did not get the stability that we wanted and needed. We have seen the exercise of growing power of central government and of employers. There has also been a significant shift of culture in higher education.

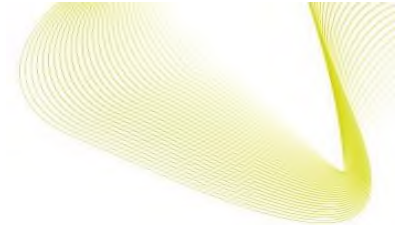
In my view, there is a need for an authoritative and confident professional voice. But, also the service user voice has become much more significant, and quite rightly is playing a significant role, although not as significant in Social Work England as I would like to see. We have seen a growing research base, and recognition of the key role of Social Workers. That ebbs and flows, but during the pandemic around the world we saw social work being recognised as more significant.

But when there are regulators there are inevitably tensions between the regulators and other actors, including the professional voice. A key concern has been the high proportion of disciplinary actions, which I know Aidan will talk about, compared with similar professions. Who defines the profession remains a core question, and you've seen through the history that different groups are seeking to do that.

Lisa, more by luck than judgement, I hand back to you as my time runs out. I hope that was a helpful rush through the history.

Lisa Trigg: Very impressive, David, 50 years of history into a jam-packed 20 minutes. I have already learnt a lot. I'm now going to hand over to Daphne Statham to delve further into some of the points that David raised.

Daphne Statham: I'm going to tell the story about how we got there, and first of all a few names, the term Council is used to refer to the various regulatory organisations, because titles have changed over time, and have always differed in the four countries of the UK. The host institution for the campaign was the National Institute for Social Work (NISW), and it's worth reminding ourselves that while children's and adult services in




England are separate, they were united both during the campaign and after regulations and we had only one central government Department to deal with then, that was the Department of Health. I'll identify seven key factors which contributed to the success of the campaign for registration and regulation.

First of all it's keeping an idea alive and persistence. We built on previous campaigns to keep the idea alive; so often this essential ground work by the people who've gone before us and refused to take no for an answer is forgotten. And the significance of these foundations is as true for social work and regulation as it is for universal suffrage or the liberation movement. We also needed persistence, the initial discussion about regulation began in 1987, and the decision to include it in the Labour party's manifesto was made public in 1997.

The second point is solid groundwork and building the alliance. In 1987 the [Joseph Rowntree Foundation](#), a major funder of projects and research in social policy, social provision and housing, saw the appointment of new people in key institutions as an opportunity to discuss the public safety implications of the Conservative government's welfare policy. For example, privatisation in social work and social care meant that anyone could set up as an agency, or describe them as a Social Worker, and potentially assume significant power over people's lives. The Foundation provided funding for the initial work after a proposal was submitted on behalf of the sector through NISW, which could fulfil this role because it's Board of Trustees drew from the different social work and social care interests and sectors including service user organisations.

We started with an action group, recruited from organisations representing different staff groups and service providers. It was crucial that the members were respected in their field and they were invited in an individual capacity, yet they had a channel of communication back to their organisations, observers from the four countries of the UK were present throughout. The action group subsequently became an intervention group when, as David said, Roy Parker produced the report that we had commissioned. He argued for regulation, even though starting out as a sceptic. He decided the case for regulation was based on the grounds of public safety and the protection of people who were vulnerable. Equally important, the Institute of Fiscal Studies completed the picture with a fully costed proposal.


My third point is the political climate, the campaign began under a Conservative government opposed to the power of professions, but as we proved we were not going away and registration and regulation are some of the hallmarks of professionalisation, government made clear it was



implacably opposed. It gave us the advantage of being ready to deal with the case against regulation and practicing answering difficult questions and taking them seriously. Fortunately, the case was ready before the 1997 general election campaign. We knew that the Labour party was committed to a reform agenda, and was unlikely to build on existing organisations, in addition two people in the Labour party were well known to the group, these were Tessa Jowell who became an MP in 1992, and was part of the Labour party's team preparing for the election, the other, John McTernan, was a policy advisor to another senior politician during and following election, more of these two next.

My fourth point is that we had a core team with established connections. The eventual success was the result of a group of people with experience and multiple talents. It included those who stayed with us after changing jobs, who understood networks needed to be nurtured and coordinated. Looking back, it's surprising how many of the people involved were around for the whole of the ten-year campaign and how solid the connections were between them.

For example, Tessa Jowell began her career as a Social Worker, had worked in MIND, a mental health charity with Jennifer Bernard who'll be talking next. Tessa had been a NISW Trustee who'd supported me as a woman new to senior management, she was known to, and was the constituency MP for Sir William (Bill) Utting, former chief inspector of the Department of Health, and previously government observer on NISW's Board of Trustees, later a Trustee and then its chair. He is an experienced, wise man, a very skilled senior civil servant, a Quaker who became a Trustee of the Joseph Rowntree Foundation. Peter Barclay, previously chair and then president of NISW's Board of Trustees, had chaired the independent government enquiry into the roles and tasks of Social Workers in 1982 (Barclay, 1982). Don Brand who's here today had been Deputy Chief Inspector of the Department of Health while Sir William was chief. Don joined NISW as staff on his retirement from the civil service. His knowledge, expertise and contacts, were absolutely vital to the campaign and later to some of the preparatory work required to limit the use of the title "social worker" and to identify their roles and tasks. When Jennifer Bernard joined in 1997 the three of us became a team which touched base every day before setting about our respective tasks. John McTernan was NISW's librarian before the 1997 election, having previously been the Labour party's librarian. He took leave of absence from NISW during the election campaign and, following the election, became policy advisor to the Secretary of State for Social Security and Minister for Women, he later worked in the Prime Minister's Office. Fully acquainted with the case for a Council to protect the public, he kept involved.



The Joseph Rowntree Foundation was absolutely key; it initiated the discussion, provided funding and stayed with us when the climb was becoming impossibly steep. After the Conservative government's opposition to regulation it gave us one last chance after an appeal by Sir William Utting. The Foundation had a long association with the work of NISW where over the years a number of Quakers were active. Without this financial support and backing, and the Foundation staying with what looked like a lost cause, we would never have had a case to present. These longstanding connections created a group with a solid record of working together, shared values, and a commitment to getting the best and safest possible support for people using services. Most were well established in their careers with a number retired, so able to speak truth to power without fear, but able to do so without alienating the listeners. Alongside this core group many others like David Jones and Richard Clough of the Social Care Association for Residential and Social Care Staff, were active in promoting the case in their respective spheres ([The SCA closed in 2012](#)).

My fifth point is coordination and communication, not control. I have absolutely no idea how the political decision was made to include regulation in the Labour party manifesto. Apart from attending a few meetings with politicians and eventually being informed, as NISW was a charity and needed to be visibly unaligned politically. I was happy to stand back and know a lot more had gone on behind the scenes by other members of the group and the wider alliance.

The core group surrendered tight control of the process, letting other people use their expertise in their spheres of influence. The press was obviously important, but most were not interested, and some were opposed. The key publications were [Community Care](#), a weekly journal for the wider social care and social work sector, and The Guardian newspaper; both sought briefings and regularly promoted information.

My sixth point is a safe and neutral place in which to convene the action group, NISW had a history of providing an independent forum across the sectors and services. It was used as such by the Department of Health to host independent inquiries. I think in the late 1960s the commission funded by government which set up a local authority social service department met there (Seebohm, 1968), its chair, Lord Seebohm was a NISW Trustee and later its President. In the 1980s the Barclay (1982) enquiry into the roles and tasks of Social Workers was hosted by NISW, and the independent review of residential care in 1988 had a similar origin ([Wagner 1988](#)), so there were precedents for collective working being based at NISW.




My seventh point is keeping the future in mind, the campaign included the regulation of social care workers, they are an essential part of protecting the public and their associations were significant supporters. However, the political decision was not to register them at that point and put it into the 'too difficult to solve box' in England. Initially the Chief Executive of the Social Care Association managed to keep the door open with the English Council being called the General Social Care Council. But including only Social Workers was a major loss and significantly reduced the number of people a Council would cover to some 80,000. Don Brand has already established there were potential pathways to a closer association with health professionals. Service users and black and minority organisations were not involved in the campaign. Given their limited resources their decision was against participation because of other pressing priorities. This changed when the Councils were established, and I'm proud that the first chair of the Social Care Institute for Excellence was Dame Jane Campbell, a NISW Trustee and now Baroness Campbell. Now this is my version of the story and others will place emphasis in different places, and a range of other people are witnesses, but that is a story that has to be told by them, thank you.

Lisa Trigg: Thank you Daphne, it's really inspiring to hear about the sheer perseverance and tenacity, and definitely really interesting about how much of this was about forging really effective relationships and knowing when to let go and knowing when to include other people. And thank you for your honesty about having no idea about how it got into the Labour party manifesto in 1997. So Jennifer Bernard you're going to take us a bit more through what happened next as part of the innovation journey, how did some of these bodies get set up?

Jennifer Bernard: Daphne and I did a lot of wonderful collaboration in preparation for this webinar, it was just like the old days. We agreed that she would talk principally about the people and the principles behind it the regulatory process, and I would talk particularly about how some of the new organisations came into being. But we are both very aware that it was people that did it, and consistent and persistent activity that achieved real positive change but finally resulted in the not very satisfactory solution we now have.

I qualified as a Social Worker in 1978, and from 1997 was the final Chief Executive of the Central Council for Education and Training in Social Work (CCETSW). I'm not an academic, and I was a Director of Social Services before I took on the role at CCETSW. This was the regulatory and awarding body for Social Work Education Programmes, then as




we've heard at diploma level, and was also an awarding body for social care qualifications. It was most importantly at that point a UK wide non-departmental public body, or a quango, with offices in Edinburgh, in Cardiff, in Belfast, and across England. Social work qualifications as then awarded covered work with both children and adults, and local authority social services departments also held responsibility for social work and social care for their whole populations. It was a later move which separated within local authorities and within social work education services for adults and services for children and families. A move I still regret.

The election of a Labour government in 1997 signalled change for all the organisational structures which supported social work, but the important thing was that successive ministers were determined to do things differently. I was reflecting myself when preparing this presentation, that it is important to remember how very exciting it was at the time. We were in the process of getting over what was a dismal Conservative government, as I'm allowed to be political now I am an entirely independent person. Everything seemed as though it just might be possible again, and that was an important dynamic.

However, the first change the incoming government made that directly affected social work education was the move away from social work training and qualifications for Probation Officers, those who work in the criminal justice system, because they were seen as unsuitable for work with offenders. Too soft, too much understanding, and not enough condemnation seemed to be behind it. Subsequent struggles of the probation service may lead us to question this move, but it did mean that when regulatory changes happened qualified staff in the probation service were not formally part of it, so were left in a rather ambiguous position.

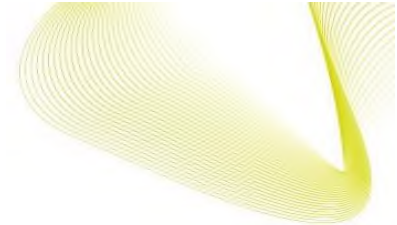
The devolution debate in Scotland and Wales added to the pressure for change with the support for national autonomy. Scotland voted for more independence in 1998 and legislation followed, so UK wide models were being increasingly questioned. The regulation of social care services was also changing, with the transfer of that function from local authorities who regulated services, both their own and those of the independent sector, which I did as a Director of Social Services. A new national service, now the Care Quality Commission (after two predecessor national bodies) took this over. A further shift of emphasis towards local authorities as commissioners and not necessarily providers of services was also beginning to make a difference.

In 1998 the end of CCETSW was announced and work began to move all of its functions to successor bodies. It was evident that resistance to



change would be counterproductive, and there was explicit or covert agreement between those of us with responsibilities for the key organisations that shaping the future pattern of regulation and policy for social work would require more subtlety. Influencing officials, so that politicians could claim credit for the new pattern of organisations, became the required skillset. More vocal advocates for a set direction of travel such as the professors of social work had to be persuaded to step back from campaigning and allow ministers to believe that all the ideas were their own, not least because New Labour was deeply resistant to what was seen as lobbying and professional self-interest. It was helpful that because of renewed investment in public services by New Labour that there was no planning which required the now ubiquitous 'savings'. The return of a Labour government at the 2024 general election may bring the same desire for change without the same ability or intention to invest in it properly, which I think is a serious warning for the future.


I have very fond memories of an informal meeting with David Gilroy, who was part of the inspectorate at the Department of Health, where Daphne, Don and I talked him through a sketch of how the future organisational map might look, which he actually drew on the flipchart. And that organisational map included a body for regulating social work education plus the social work and the social care workforce; a body for promoting the development of the wider social care workforce; and a body for advancing and supporting the knowledge base for health and social care to match the one which was in existence for health services (now the National Institute for Health and Care Excellence, usually called NICE). We gave them all names in the firm belief that they needed to feel real and aspirational and not theoretical, so the Training Organisation for Personal Social Services, or TOPSS for the social care workforce, and SCIE, the Social Care Institute for Excellence, were conceived and eventually appeared as planned in ministerial announcements, crucially of course all ministers' own work. Nothing to do with the rest of us, we were having it imposed on us. This presentation is concerned with England, where CCETSW was deliberately excluded from the development of the third new Council, which became the General Social Care Council. In Scotland, Wales and Northern Ireland the Council staff and national committee became the core of the new regulatory bodies for both social work education and workforce regulation. Hard work in maintaining professional relationships proved essential, particularly with officials in the Department of Health in England and the Audit Commission, as the Audit Commission regulated whether your quango was spending your money properly, so was very important. Their agreement that CCETSW could be trusted to maintain and then move its functions professionally without government micromanagement, and their willingness and ability to sustain core



funding, enabled all the transfers to be made and staff futures to be managed, there was no loss of service. Thank you David Gilroy and thank you Stephen Mitchell who made that possible. Stephen Mitchell was the senior civil servant with responsibility for CCETSW and social care more widely.

Some key moves included the end of CCETSW as an awarding body for social care qualifications, with approved centres moved to other awarding bodies; in England, Wales and Northern Ireland, mainly to City & Guilds, in Scotland the Scottish Qualification Authority. The promotion and development of training for social care workers transferred to the newly created TOPSS, the Training Organisation for Personal Social Services, now Skills for Care, which was hosted by CCETSW initially and then operated independently in each country but worked collectively. While all the work continued on the organisational infrastructure, social work as a discipline required attention, and NISW developed the national standards for social work as it was then necessary to define the roles and tasks of Social Workers as a precursor to the registration of the social work role. These were later incorporated into codes of practice by the new regulator. This most helpfully allowed me to convince officials and them to convince ministers that the social work qualifications should be at degree level, as was announced shortly before CCETSW ceased regulation. I can remember cheering up and down the corridor when I heard that was going to be announced. This level of specificity for social care roles could not be done to a standard which convinced ministers that it could support their registration in England. The absence of a required qualification for social care staff other than service managers was also a major obstacle to registration and very deeply flawed still. We then lost a potential group of registrants as the initial decision to register social work students provisionally, at the start of their degree programme, was rescinded, another flawed decision. CCETSW was abolished formally in 2002, and NISW ended its life with dignity to make way for the Social Care Institute for Excellence. When the new constellation of organisations began, the regulator and SCIE were housed very respectably in offices on the South Bank of the Thames. There was a real desire to give social work and social care a similar visible status to that of the health service, although this did not last very long.

I was asked to talk about the regulatory journey so this next bit may also be interesting because I took up the post of Director of Services for Children and Young People at the NSPCC, the National Society for the Prevention of Cruelty to Children. As a big provider of social work services, when registration was possible the NSPCC volunteered to pilot the scheme and agreed that all NSPCC Social Workers and social work managers were to be registered with their registration paid for by the



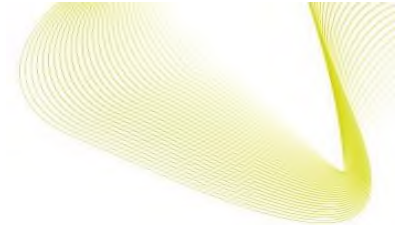
NSPCC as a sign of support for regulatory standards. I dug out my registration certificate and it's actually number 608, so apparently although I was the first registered Social Worker, they didn't want to start the regulatory process at number 1, so arbitrarily decided to start at 608. I'm still very proud of the fact that that this was the regulatory position that we took, and when I went on to look after qualifications for City & Guilds where we also employed Social Workers, working on social care programmes, we also expected them to be registered. So I remained registered when I worked for City & Guilds. That is a bit of my social work story, and hopefully a small contribution to this part of the innovative history of social work.

Lisa Trigg: Jennifer, thank you, can I just ask you to clarify something you said when everybody was co-located, the regulator and SCIE, there was a real desire to give social work and social care a similar visible status to that of the health service. I think we all know that it didn't last long, but what changed first?

Jennifer Bernard: The offices were deliberately co-located to make a kind of focus for social work, TOPSS was based in Leeds because that was where most of the staff were based, but the offices on the South Bank (of the Thames) were really nice, they were made properly accessible, they were very high quality. What I think happened was that money got tight, interest moved on, there was less concern about visible status, a very key staff member left the Department of Health, and the Department's interest in social work and the social care workforce just got diverted and diluted. I did a piece of work for the Department of Health about the social care workforce and it was evident that at the most senior levels of the Department of Health they simply didn't understand it. As the funding got tighter and there was redevelopment on the South Bank the organisations eventually had to move out of the co-located offices and find somewhere less expensive. I think the focus shifted, and the misplaced idea, and I'm speaking very personally of course here, not for any organisation, that the health service (NHS) can be trusted with social work and social care, began to take root. It can't, doesn't understand it, it's never understood it, and it doesn't understand the workforce either.

Lisa Trigg: And you can say things that maybe other people on the call can't.

Jennifer Bernard: I probably can. I think health are very good at fixing you if you're physically broken but they are not as good at helping people live any kind of fulfilled life, or helping people who may be in some kind of long term personal crisis. And I shall say that forever, and I helped to close a lot of long-stay hospitals where people had mental health problems and



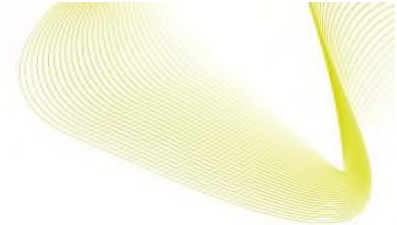
learning disabilities and had none of the opportunities to lead an ordinary life.

Lisa Trigg: Thank you Jennifer for your candour, and honesty, I'm sure you've hit a nerve with very many of us there. I'm going to hand over to Don Brand who's also featured heavily in the descriptions of how this all came about. Don is going to offer more of a view of how this fits within the wider regulatory picture, and also as I said earlier, very excitingly for someone working in social care regulation in Wales, is going to give us a bit more insight into the work of the four nations that he was involved with.

Don Brand: It's been fascinating listening to the three accounts we've had, and that one of the many sorts of connections it makes for me is we've just had three gospels according to three different parties, all of whom have brought their own sort of editorial approach to the same period of history. I'm interested in the meaning behind a lot of this stuff, also interested and it came through a number of times, in the way individuals have affected elements.


One only very quietly mentioned connections across a number of the developments that David, Daphne and Jennifer were describing — is that of the Society of Friends, the Quakers, and a number of the key players who were Quakers first, before they were in their roles in government, or in the parliamentary processes, or in The Athenaeum Club for instance. But that thread of Quaker connections and Quaker values is one of the bits of history that hasn't yet been fully drawn out and is worth having a look at.

Now I want to note one or two of the individuals who have played sort of small but significant parts, Jennifer talked about Probation Officers being taken out of the remit of social work in England, but they were always central to the remit of social work in Scotland, the reason that they were taken out in England was down to a Minister of the government in the Lords, Norman Warner. I think Lord Warner hated Social Workers having anything to do with government. He had been a civil servant, and many civil servants subscribe to the view that you can't trust professions because they've got divided loyalties, although they aren't able to recognise that actually the civil service is about the most powerful profession in the country in terms of its impact in government. But they don't regard themselves as professionals, they regard themselves as entirely neutral, objective, servants of the elected government, and not to be confused in any way with the professions like doctors or Social Workers or otherwise.



One of the other things that hasn't I think been spelled out explicitly so far is that there are several different models of regulation and registration. David Jones touched on this, but one model is the self-regulating profession, and that's the deal which doctors managed to secure with successive governments, that, in return for promising to adhere to a set of principles of good behaviour, they are allowed to regulate themselves. There's another model, which is a model which says, as Roy Parker said, actually the public, particularly the more dependent and more vulnerable groups of members of the public, are just as liable to harm from the 90% of the social care workforce who aren't Social Workers, as they are arguably more so than the 10% of the social care workforce who are Social Workers. Now that second model runs in conflict with the thread that was running through David's argument, which is actually there's a special group called Social Workers and if you start diluting that by muddying the water with social care workers, with people who go into other people's houses, and change their dirty pants and put clean pants on them, then what you do is detract from the professional status of Social Workers. It's literally a question of do you get your hands dirty, or not.

Now for my money there's a natural experiment been set up as a result of the ways England, on the one hand, and the other three nations on the other have gone about this, so we've got both models in operation, but Scotland, Wales and Northern Ireland who were of a size where everyone knows everyone else anyway, so it was a bit artificial, trying to divide the Social Workers from social care staff. Northern Ireland had always required a social work qualification for childcare, for residential childcare workers for instance, and but they were small enough in scale that they could operate their Councils in a way that was manageable. My understanding is that in Scotland, Wales, Northern Ireland, each differs from the other two in some ways, but that the common thread is that they regard this as one workforce, amongst whom there are Social Workers, social care staff, in some cases foster parents, in some cases residential childcare workers, and so on. They regard this as an integrated workforce. In England that didn't happen, and it didn't happen for several political reasons, political with both a large and a small 'P'. England is too large and too diverse and has too many different interest groups for central government to be able to get its head around an integrated workforce of the size of social care - around a million people. It's stuck with an integrated workforce in the NHS, of around another million people, but the NHS is a national religion of England, and no politician would dare try and unpick that. So I want to suggest is that somebody gets hold of that natural experiment in innovation in the other parts of the UK and looks at which of the two models in existence might be doing a better job.



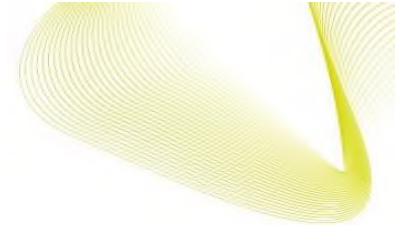
Lisa Trigg: Thanks Don, one of our colleagues, Martin Elliot at Cardiff University and a team from King's College London is doing part of that, trying to compare [the impact of regulation on residential childcare workers in England and Wales](#), which is a registered workforce and a non-registered workforce, and I know there's lots of interest from the regulators about doing more work to draw out those differences, so thank you, that was helpful.

Don Brand: Can I just add one other point. If you look more widely across society, the notion of self-regulation is getting less politically and economically acceptable, it's beginning to come apart in the BBC, clearly come apart in the Metropolitan Police for instance. Now all of these are signs that self-regulation has had its day, I believe, and we've got to find something which is more credible and up-to-date and more likely to survive into the future. And that goes back to Daphne's point that service users have got to be central to any future form of regulation, both of the behaviour of the workforce, and the training and qualifications that they are required to hold.

Lisa Trigg: Thank you Don, I think Aidan you might be expanding on that point.

Aidan Worsley: It's a bit frightening to follow such fantastic speakers. I don't have any particular answers, but I come around to Don's last point towards the end, about how self-regulation might shift the balance in some ways. I'm going to talk about the recent past, but I need to say I do some work still for Social Work England, I'm a lay inspector for the university courses and I work in that function, but I'm not talking today from a Social Work England perspective. I'm talking from the perspective of someone who's written several research articles about social work regulation, which will become a PhD by publication. I'm going to draw on some of this research, so there are some references at the end of my slides.

Going back, the Health and Care Professions Council (HCPC) took over in August 2012, from the GSCC, as part of the then Prime Minister David Cameron's 'bonfire of the quangos'. The HCPC was very short lived in terms of a regulatory body for social work, as by January 2016 it had already been announced by government that it was going, meaning we had three different regulators over seven years. When I've been looking at this shift backwards and forwards around, profession specific versus generic sort of qualifications and regulators, I've also touched on ideas from the sociology of professions, where there are trait theorists and professionalisation theorists who talk about 'journey' and how professions are occupations that exchange protection of title, self-regulation for



control over their own ends. Obviously around social work, protection of public is a big idea, how that gets constructed is interesting, who is the public, what are we protecting people from and where does public interest get defined? You can't escape how regulation generally has grown, and this whole idea of the risk society and modern society's view about risk is important. I really like ideas from Christopher's Hood's writing, not a social work background, more general public policy ([Hood et al, 2001](#)). Thinking about the government's interest in having structures which allow them to offer institutional mitigation when things go wrong, so it's not government's fault, it's the regulator's fault, Hood has this beautiful phrase called 'blame prevention, re-engineering'. Another interesting feature is how, and it's another Hood one, is around risk regulation regimes, and how they can develop regulators generally into businesses, who are interested in their own growth and income and the rest of those things. And so they develop regimes that support and deliver that. I think it was the dentists who recently got taken to task by their members for funding through registrant subscriptions, undercover operations to uncover 'dodgy dentists', for example ([British Dental Association, 2021](#)). We can see how the extension of reach of the regulators in different areas is happening. When you look at registration bodies' budgets it's fascinating how much money is spent on fitness to practice proceedings.

I was involved in the early days of Social Work England, on the Social Work England implementation group, which was most emphatically located within the Department for Education (DfE). I was seconded into that, into the DfE to develop education and training policy options for Social Work England, to do with entry into the register and looking at how that should happen. And that's what I did for several months and wrote a long report suggesting options and providing evidence around things like user involvement and strengthening that. I was promoting the use of Lead Social Workers on each social work course to represent the professional role, which I nicked from midwives. I was also looking at employer involvement, numbers around entry onto courses and other issues around that, and around statutory placements and experiences. I also did a large section of work on moving from the HCPC to a new regulator and how would that work, in terms of its education and training options, the need for new inspectors, and I went into detail about the training they might receive, and the rollout such as how many university programmes would get inspected each year. And if you're going to develop new standards what's the lead in if you're saying to university programmes you need to fall in under these standards, you've got Competition and Marketing Authorities type of timeframes, so that students can make proper choices, etc. It's interesting with the new standards that although Social Work England went live on 2nd December




2019, the main approach to this innovation was what was called a ‘lift and shift’ operation, as was common parlance in the DfE, to lift and shift HCPC approaches and standards largely, with a few exceptions around things like user involvement into Social Work England, and so the new Social Work England standards only came in in September 2021.

But there is a lot of complex professional activity in social work, so how can you regulate that, in a meaningful sense? Does regulation produce conformity to an established set of norms, there’s quite a lot of research that says it does, but that doesn’t necessarily help. It becomes reductionist, tick box procedures, there’s not great evidence that regulation improves standards of practice. As I was saying there are other agendas about regulation that we need to be aware of, it’s a complex picture, with elements of all sorts of things. I’m particularly interested in how it is individually organised and orientated rather than organisationally. For example, if I’m a Social Worker with a high workload who can’t manage it and therefore end up in a fitness to practice investigation nothing particularly happens to my employer for dumping loads of cases onto me.

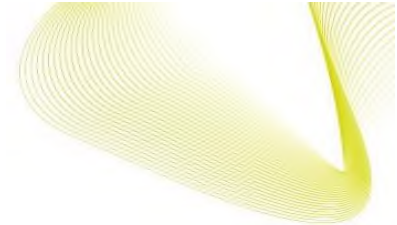
When looking at what’s specific to social work most of my research has been around the HCPC, rather than Social Work England, but it has broadly applicable concerns and challenges. Don and others mentioned this volatility, but there is some observable sort of link with child protection, high profile cases, and shifts in regulator, it’s not exact, but you’d be foolish to think there was no connection. When we look specifically at fitness to practice, where people have been investigated or they’re just entering the proceedings, compared to other professions Social Workers seem to get dealt with more punitively. Social Workers have sometimes raised questions about the credibility of the panels that are assessing them. There’s evidence around how damaging emotionally the fitness to practice proceedings can be. In one study ([Worsley et al. 2017](#)) I interviewed eight people who’d been through fitness to practice proceedings, seven of whom talked about suicidal feelings, and that included people for whom no further action was taken on their fitness to practice. Social work has much higher referral rates from the public and much higher referral rates from employers than comparable HCPC covered professions. It also has very high ‘no further action’ rates, so lots of people are being fed in, and lots of people are getting triaged out of the system, so some elements are good and some elements are bad.

We also looked at panel decision making and there was a lot of evidence that if you said ‘it’s my fault, I’m really sorry’, a panel would give you a lesser outcome than if you said ‘well you know, there was, I had a high workload or my manager was bullying’, or any of those things. It was seen



quite negatively by a social work panel if you stood up for yourself in that setting at that time. Another real problem with the HCPC was about time to process, so it could be a couple of years to get from a referral into fitness to practice, through to a decision. I know Social Work England is currently doing work to bring that down, but that's quite a feature, because often you'll be suspended from work, often you'll be told not to speak to your colleagues, and that can take its toll. Accepted outcomes was a new initiative with Social Work England where to avoid going through lengthy fitness to practice it could say 'well you know you've done this, you've falsified your diary and you didn't make that visit, we will give you a suspension for this length of time, and if you accept that we won't go through with it'. The Professional Standards Authority (PSA) was not very happy with Social Work England doing this so I think it needs a bit of work as a system, although it's the right idea in my view, but I think the PSA is obviously concerned about how empowered the registrant is to make that choice when they're not represented. The other thing to mention about challenges is around financial independence, the HCPC ran on subscriptions, it was not dependent on central government funding. However, Social Work England is currently running on around 50% income as a grant from the Department for Education (DfE), so the DfE is a very important element of our understanding of social work regulation at the moment.


I think what a lot of people would be familiar with is that we get inundated as a profession with soft regulation such as the Knowledge and Skills Statement, Professional Capabilities Framework, another dose of regulation around Teaching Partnerships, Assessed and Supported Year in Employment (ASYE) and National Accreditation schemes. It just goes on with social work, and they've all got regulatory elements that are quite soft, and numerous. One of the points of our research was seeing what social work looks like compared to others (see slide). Fitness to practice proceedings, very emotive issues, are also very revealing about how people are experiencing and seeing elements of regulation around the boundaries. so we looked at what's happening with it, and we went through the stages of our method with six professional bodies (see slides). So for social work 66% of the fitness to practice cases were women, third male, very different with doctors, 88% male, and a fairly similar split with nurses and midwives, so the question is how does that square up to the register as a total. But there's obviously quite a gender split there. The next thing to know is about attendance (at the hearing), because this gives an indicator into how invested is the registrant with the fitness to practice process, or how useful do they see it in terms of turning up. So, did Social Workers turn up?, No, 93% did not. Compared to doctors 70% of whom turned up, and it's a bit more sort of more even with the nurses and midwives. Were they legally represented?, No, 90% of social



workers were not represented, with more of a sort of even split with the doctors, and again 39% with nurses and midwives, so in both doctors and nurses and midwifery cases, far more people were represented.

If you go down to whether that makes a difference, the main outcome for Social Workers in fitness to practice cases was being struck off. The main outcome for everybody else was a suspension of some sort, so that's a very big difference, and the reasons for that, given this is in the minutes of the fitness to practice on the website of the regulator, are that the central focus of social work's regulation was around the seriousness of what they've done. The main reason given for the outcomes for doctors and nurses was about evidence of remediation and insight. I think it's really interesting that when we read them line-by-line and evaluated them, doctors and nurses were seen more as a public investment, and needed to be shepherded through whatever was going on, while Social Workers didn't seem to get that feedback from their fitness to practice panels. (see slides). Let's have a quick look at these registers, as I come to a close, for all the Social Workers in the UK on a register, versus the fitness to practice cases. If we look at men first, in terms of social work registrants, 16% were men, but they accounted for 34% of fitness to practice cases. For the NMC, it was 11% up to 30%; for the doctors, men represent 54% but actually 88% of all the fitness to practice cases, so a big difference there, and a really interesting gender divide. We were looking at the literature about why would this be, what does it mean about men in professions, is it in men in particular types of professions, such as caring professions, and how they do fit in, but there's nothing really conclusive in that. So it's a subject for further research, as is the question for about race, and ethnicity, as yet figures for that are not available publicly. What can Social Work England, the new regulator, do to move things forward, what can we do to address these issues?

McKinley (1979; 1986) writing about public health, talked about health services dealing with people who've fallen in the river, and they're floating down and you help pull them out of the river, and his idea of upstreaming was simply that you prevent people from falling in the river in the first place. That makes a lot of sense, to prevent people from falling into fitness to practice proceedings. How do we do that? This is where we drew on some other ideas around formative spaces, as [Fischer \(2012\)](#) developed from his social work background, not public health, from research on a community mental health team in Leeds. He talked about organisational turbulence, and what organisations needed to do to orientate themselves best to adapt, is to develop formative spaces, basically places where professionals can come together to talk about stuff, and come to shared views and decisions about how to move things forward. This seemed very interesting, what about if we did that with

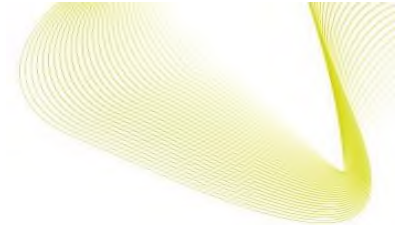


social work regulation? I talked to 10 Social Workers about how that might be implemented in practice, and I specifically asked people who had some sort of role, not who'd been in fitness to practice proceedings, the exact opposite, it was people who worked in organisations like a local authority or NHS who had links with the regulator ([Worsley, 2022](#)). It surprised me that they didn't have a very positive view of Social Work England. I suspect that's because it is new and this turbulence hasn't really helped Social Work England gain a foothold yet. Everyone seemed to think upstreaming was a great idea, but the thing that surprised me the most, was that practically everybody was already doing some of this formative activity, they had learning circles in place where people who had issues were coming together to develop their own practice, and one place had a whole scheme called Helping Team Members Succeed. Basically, that operated by team managers saying, 'Joe or Jane Bloggs is struggling a bit, can you intervene, provide support and develop this person and just move them forward, make sure they don't fall in the river'. So that was working really well in that organisation, and I thought it was a fantastic scheme (see slides). This seemed a really interesting example, that organisations are moving into soft regulatory activity not under a regulatory gaze.

It is great to see Social Work England embarking on a whole range of innovations, it sees itself as a modern regulator, it's trying to be different. But, it's coming at the end of quite a lot of volatility, and it needs to steady the ship. It is doing experiments and some pilot projects such as formative regulation, and it is doing work to shorten the length of time to process fitness to practice processes. I think it's working hard and we need to see if the data backs up the changes. I think there's a real need though to shift the balance of that regulatory activity around practice issues, more upstream. We'll always need downstream endeavours, there will always be people who need to go through a proper full regulatory process because the issues are such, such a concern. But what we don't want is just to have employers referring into those systems, as a performance management system, and there's too much evidence that they used to do that, certainly under the HCPC. I would argue to finish off, if regulation is about protecting the public, surely we are better served by more formative activity in the sanction spaces where the regulator can say 'yeah I know that local authority's doing that, that's all thumbs up by us, because that will stop people's practice getting worse'.

Lisa Trigg:

Thanks that was really interesting. June Thorburn has a question in the chat, and I'd also be interested in how the high dependence on DfE funding affects independence and what about the Department of Health and Social Care (DHSC)? Aidan, given that you've talked about your work with Social Work England, you'll have a unique insight.




Aidan Worsley: Well I think the first thing to say is that June Thorburn was my tutor on my social work course, so it is lovely to see you again. I think that's the \$64,000 question, and there's a real problem that Social Work England is having to manage about how to assert itself away from the DfE. I don't think DHSC pays an equal proportion. It'd be interesting if anyone does know that. I did work at the DfE, and I did see Isobel Trowler (DfE Chief Social Worker) and had a chat with her about Social Work England, but it's hard to tell how influential it is. If Social Work England moves towards independence it would have to put its subscriptions up quite a bit in terms of the scale of its operation, and I'm not sure how much appetite there is to do this, so I think it's a really tricky question.

David N Jones: I'd like to start by paying tribute to the work that Daphne, Don and Jennifer did, right back at the beginning, and it was really interesting to hear more of the detail of that. Clearly one of the things that we discussed is, as I touched on in my presentation at the beginning, who controls this whole process. The reality is that for social work the government is always going to have a powerful hand. I don't think it's possible to conceive of any situation where it doesn't. So the question is: how do the different institutions balance themselves out; that's government, the profession, the employers and the service users - a key issue. We know in practice the people who use the service, despite all the rhetoric, usually come at the bottom of the influence chain, and it shouldn't be like that. That is why BASW made a policy decision after Roy Parker's report to say it fully supported the principle of regulating the wider workforce, as Jennifer and Daphne were describing it. There was clearly not any chance that it would go in any other direction. If we were going to be successful, the most powerful arguments politically and indeed morally were those about vulnerability, which inevitably draws in care worker, and therefore BASW made a conscious decision that there were consequences to that. I could unpack them in different ways.

I totally agree with the comments that were made that self-regulation is never going to be a runner, so the issue challenging social work is, as a largely government employed service, how does one establish a degree of independence from government and what are the institutional structures that can help that? That's a constant process of negotiating using all the skills that Jennifer, Daphne and Don described.

That also applies to money, clearly if the regulator in England had got the bigger workforce to regulate, would that have produced more money? June, in her comment, touched on how much can you ask low paid staff - on a basic minimum wage, as many social care workers are, - how much




can you ask them to contribute? There's another argument that employers should make a contribution, but that still comes out of the same pot. I don't know whether Jennifer or Don have got any insights that can help unravel that, but it feels to me that that is the reality and we have to find institutional structures that enable that debate to take place in a constructive way.

Jennifer Bernard: No, well when the question was first raised about whether it was reasonable to charge social care workers for registration, I looked at the cost of being a registered childminder, hardly the most highly paid persons in the childcare workforce, and they were paying far more for their registration than anyone was thinking about asking social care workers to pay, so I think the argument is a tricky one. And I appreciate that low payers are a really serious issue for the social care workforce, and I don't think a relatively modest cost of regulation and registration, should be a deterrent from that, and should be looked at again.

Lisa Trigg: That's very interesting, for you Jennifer, because in Wales we're doing some research about attraction and recruitment and how people recruit care workers, and we're coming back to the idea that we're trying to professionalise the workforce through regulation and qualifications, and but actually if you look at the characteristics of good care workers, sometimes there's dissonance between, the sort of people who want to spend ten hours a day talking to older people with dementia, and the people who want to do qualifications and do the tests and the exams, and it's a much starker issue than you'd like to believe. Also, that the subscription is problematic. Not that we don't think it's a good idea, but I think that goes back to Don's really important point about we've got these natural experiments, so you don't need to take the risk, you can actually find out what happens when you do it.

Don Brand: Could I add one other factor, which is you can't ever generalise about government, so the attitudes inside DfE for instance, are coloured by the fact that they regard teachers as being represented by their unions, they don't regard teachers as professionals, in the sense that we want to regard Social Workers as professionals. That's to do with the culture inside the DfE, and when Ed Balls MP was the Secretary of State for Children, Schools and Families (2007-10) and discussions were going on about regulation of Social Workers, one of his reported comments was Social Workers didn't come and bang on his door the way teachers did. Now that was his model of the relationship between his department of government, and the major professional grouping for which it was responsible. Yes, there were different attitudes in the Home Office, and my professional qualification as a Social Worker was a Home Office Recognition in Childcare. You'll find that in each government



department the culture of the department is a major but unspoken factor, colouring the way the people inside that department operate. You then get the change of government structure, so suddenly there's a Department for Levelling Up, we're not told what they're levelling up, or up to where, or how they're levelling up, but there's a department that all of a sudden exists to level up. And the part of the divide and rule phenomenon that I was talking about, was that central government in the UK/England operates on the basis of keeping one step ahead of the rest of the pack, they don't expect to be in charge for ever, they just expect to be able to survive until the next election.

Lisa Trigg: I certainly have learnt a vast amount about the history of registration and regulation this afternoon I'd like to thank all our speakers. I'm just so impressed at the richness of the descriptions and analysis, and understanding of how we got to where we are with this innovation. If anybody wants to do further research on regulation, I would be very happy to talk to you. Thank you again to David, Daphne, Jennifer, Don, Aidan and to Carl and Jill for doing the organisation in the background.

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Appendix 1 – Slides used by David N. Jones

How did social worker registration in England come about?

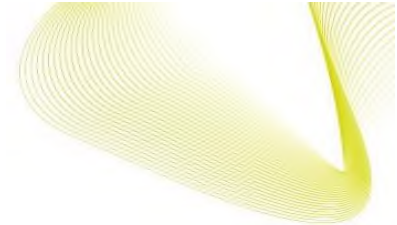
David N Jones

27 March 2023

People Need People
Realising the potential in human services

The UK history of regulation

- Why? What? How? Impact?
- UK experience and experience of others – the history
- What next?

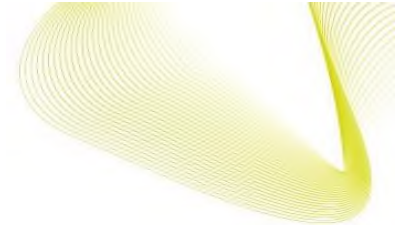


Why regulation?

- Foundation of principles and values
- Transparency and accountability – users, public & peers
- Predictability and consistency - sanctions
- Comparable status with other professions
- Important for social work – contested values

Regulation in the Commonwealth

- Australia, Canada, New Zealand, Nigeria
South Africa, United Kingdom, Zambia,
Zimbabwe
- India, Kenya, Malaysia, Trinidad & Tobago
- Others?
- COSW planning a webinar series on
developments in regulation during 2022/3

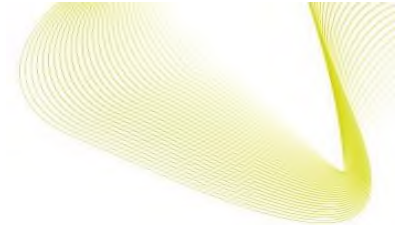


Core questions

Why and how shift policy?
Who defines the
profession?

What type of regulation?

- Why Regulation?
- Regulation for whom?
- Regulation of whom?
- Regulation of what?
- Accountable to whom?
- Regulators appointed by whom?
- Regulation by whom?
- Consequences of regulation?
- Paid for by whom?



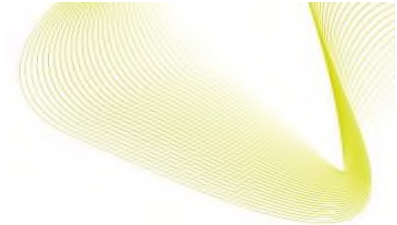
How - Regulation of what?

- Regulation of social work training and qualifications
- Regulation of services and structures
- Regulation of social workers – practice and behaviour

Regulating social work in the UK How did we get here? (pre 1970)

- On the agenda from the start of formal social work in early 20th century
- MSWs and PSWs regulated qualifications
- 1960s key issue for social workers' organisations
- 1970 BASW constitution - qualifications
- As BASW formed, entered phase of anti-professionalism

'All professions are conspiracies against the laity'
George Bernard Shaw – *Doctor's Dilemma* 1906

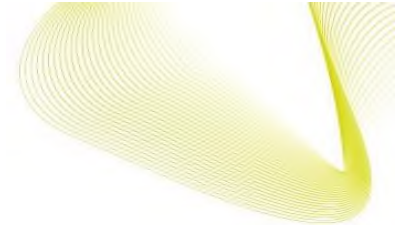


How did we get here? (1970-80)

- 1970 Central Council for Education and Training in Social Work (CCETSW) (until 2000)
- 1976 BASW AGM - 'approved in principle proposals for a scheme of accreditation' – large majority (Nottingham)
- Joint Steering Group – several organisations of directors and social workers (ADSS, ADSW, BASW, CCPO and RCA), with observers from government

How did we get here? (1980)

- 1980 CCETSW analysis - costs and effort involved would be 'disproportionate'
- 1980 Joint Steering Group 2nd & final report
- All political parties opposed
- Major employers not convinced – local government, NCVO
- Service users ambivalent – not really interested – consumer movement just beginning
- Social workers divided – unions opposed



How did we get here? (1980-83)

- 1982 Barclay Committee on roles of social workers – some sympathy but ‘case not made’
- Arguments against - ‘Regulated by employers’, ‘double jeopardy’, ‘elitism’, ‘expensive’,
- BASW launched a further campaign – Sylvia Woolfe and Terry Bamford – kept issue alive

How did we get here? (1983-87)

1980s

- Context changing – out-sourcing services, increasing diversity of employers, evidence of poor decisions by local councils, child abuse tragedies, increasing concern about standards

1987

- Rowntree Trust consultation – Athenaeum
- ‘The case for a social work council’ BASW
- General Social Services Council **Action** Group – local government, professions, directors, regulators (ACC, AMA, COSLA, TUC (NALGO), ADSS, ADCS, BASW, SCA, CCETSW, NISW, Barclay & Utting)
- Commissioned independent study – Roy Parker



How did we get here? (1987-90)

1990

- *Safeguarding Standards* – Roy Parker - recommended statutory protection of those vulnerable to harmful interaction with staff – i.e. social care staff as much as, if not more than professionally qualified social workers
- Positive response from stakeholders led to
- General Social Services Council **Implementation** Group
- Proposing regulation of those in social work & social care, protection of title, sanctions – developed working model

How did we get here? (1990-96)

- 1989, 1992 European Union Directives on Mutual Recognition of Diplomas – issue of European comparability – 3 year minimum
- Implied benchmarks against other professions and other countries
- Conservative government procrastinated – not enthusiastic
- 1996 'Obligations of care: a consultation paper on the setting of conduct and practice standards for social services staff'

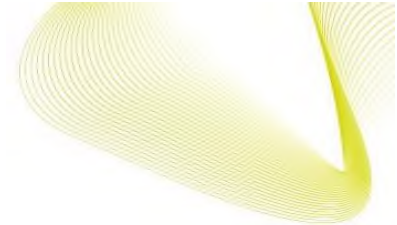


How did we get here? (1997-2000)

- 1997 General election – Labour manifesto commitment to legislate for a regulatory body
- 1998 'Modernising Social Services' White Paper
- 2000 'Draft code of conduct for staff **and code of practice for agencies** for the General Social Care Council'

How did we get here? (2000-15)

- 2000 Care Standards Act
- 2001 GSCC, SSSC, CCW, NISCC formed
- 2002 Codes of practice for social care workers and employers – implemented across UK
- 2002 consultation on protection of title
- GSCC (England) - only body NOT regulating social care workers

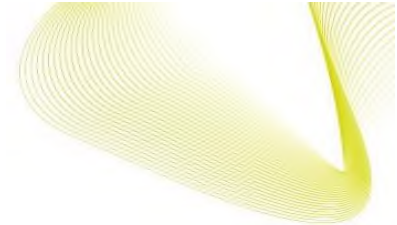


How did we get here (2009-19)?

- 2010 GSCC disbanded without consultation – move to Health & Care Professions Council (HCPC) – **no employers code in England** - social work biggest group within HCPC - no prior experience of social work environment
- 2016 Government - announced new regulator for social work in England
- 2017 Children and Social Work Act – Social Work England
- 2018 BASW published UK-wide principles for regulation & expectations of Social Work England
- 2019 Social Work England is launched – no social workers on Board (except CEO and staff – now 2 social workers on the Board)

Workforce challenges

- Before 1970 - fragmented
- 1971-2001 CCETSW – UK-wide, continuum of qualifications, practice learning award
- Evolution of qualifications - CQSW, CSS, DipSW, social work degree, PQA, NVQs
- 1999 Bologna Process launched – Higher Education comparability across Europe
- Constant tension between employers and universities – but also creative partnerships
- Pressures on the social care workforce (unregulated in England)

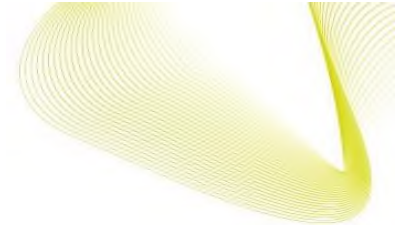


Social care workforce

- 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, not only in the social care sector.

Reflections

- Constant disruption since 2000 – no consistency in England – more positive partnerships in the rest of UK
- Power of government and employers
- Employment and higher education
- Need for authoritative & confident professional voice to work alongside service users – with employers and academics
- Growing research evidence base
- Recognition of key role of social workers and need for positive working environment
- Tensions with regulators – including higher proportion of disciplinary actions than similar professions



Key questions remain

Why and how shift
policy?

Who defines the
profession?

**How did social worker
registration in England come
about?**

David N Jones

27 March 2023

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<https://www.basw.co.uk/system/files/resources/Social%20Work%20R%20egulation%20-%20Contexts%20and%20Questions.pdf>

Appendix 2 – Slides used by Aidan Worsley

Challenges and Choices in social work regulation:

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Social Work England

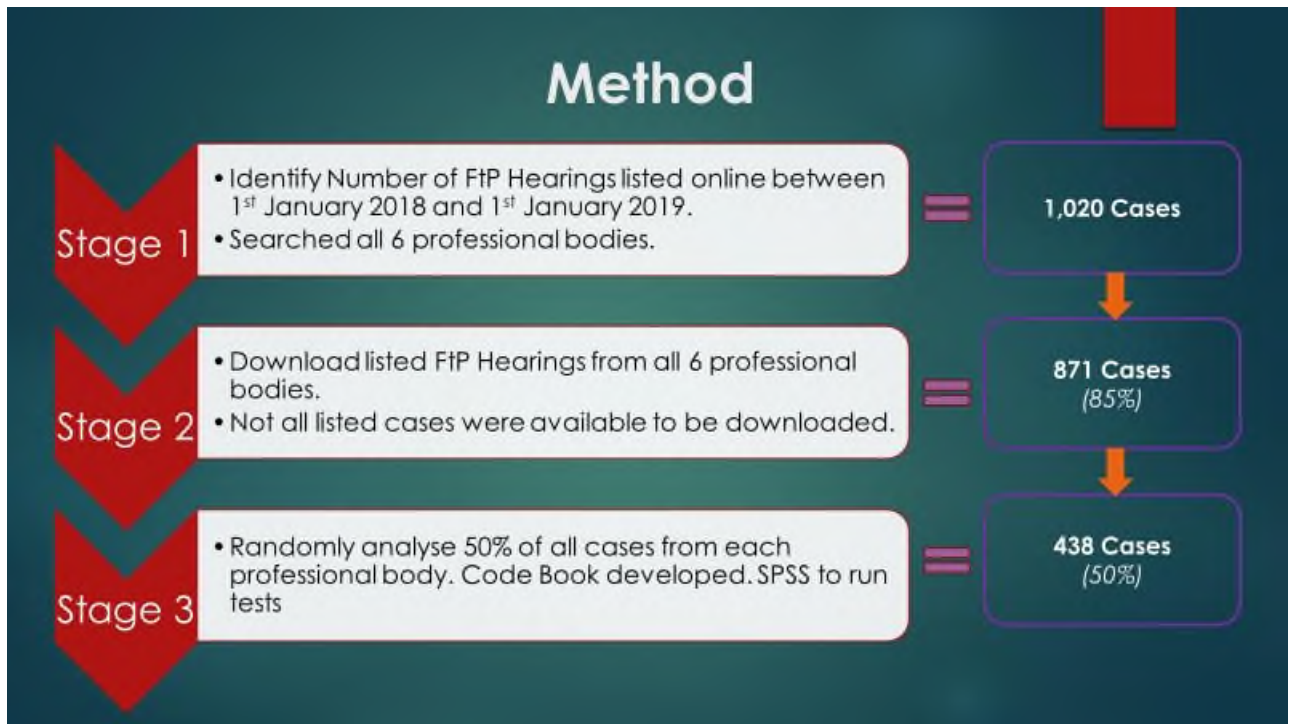
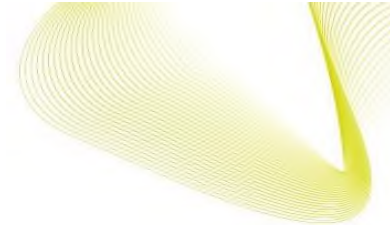
- ▶ Why SWE?
 - ▶ HCPC took over Aug 2012 – by Jan 2016 SWE announced
 - ▶ Generic to specific, sociology of professions, 'protection of the public', 'risk society' (Giddens)
 - ▶ 'blame prevention re-engineering' and 'risk regulation regimes' (Hood) e.g. FTP = approx. 50% of spend)
- ▶ Social Work England Implementation group
 - ▶ Mysecondment into DiE (2018-19) – Education & Training policy options
 - ▶ Options adopted included; user involvement, lead social workers, employer involvement, numbers, stat placement definition, EE's on register etc.
 - ▶ Options: Inspectors, roll out, lead ins for new standards (CMA), workload and reapproval cycles etc.
- ▶ Going 'live' on 2/12/19
- ▶ 'Lift and shift' – new Standards September 21.

Challenges?

- ▶ General – how to regulate complex activity, regulation produces conformity, reductionist (tick box) procedures, limited evidence for regulation improving standards, individual not organisational emphasis (e.g. workload)
- ▶ Specific to social work – broadly applicable to HCPC & SWE
 - ▶ Volatility, government mitigation CP
 - ▶ Fitness to Practice
 - ▶ Apparently more punitive, panels credibility questioned, emotionally damaging (recent Osted case), high referral rates (from public and employers), but high NFA rates at triage, mea culpa preferred, time to process.
 - ▶ 'Accepted outcomes' - PSA
 - ▶ Financial independence (HCPC run on subs, SWE depends on 50% DfE)
 - ▶ Abundance of 'soft' regulation: Knowledge and Skills statements, PCF, Teaching Partnerships, ASYE etc etc
- ▶ Are other professions like this? how does Social Work compare?

UK Regulators – size of total registers 2019





Preliminary Findings – All Cases

**p< .001, *p< .05, ^Unknown cases removed

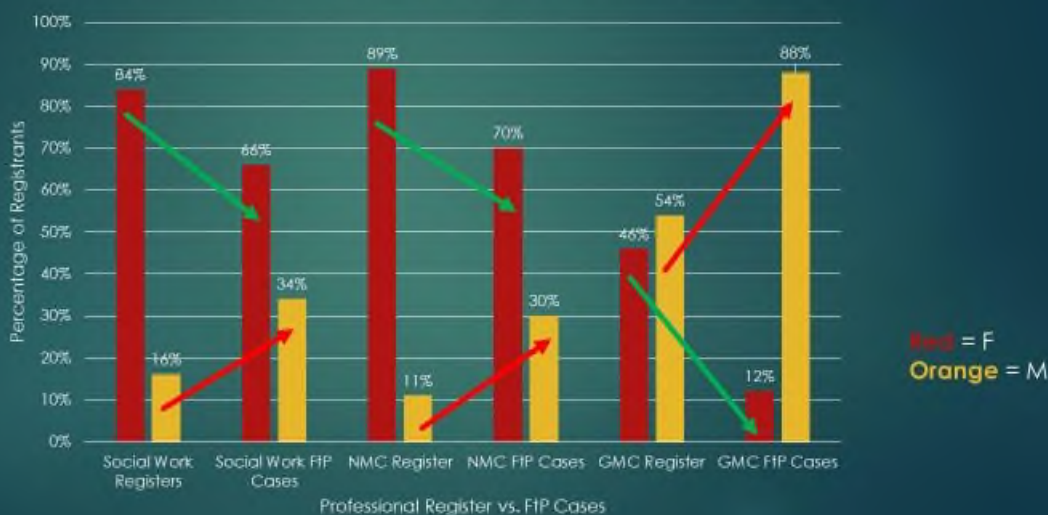
Factor	Social Work		Doctors		Nurses/Midwives	
	n	%	n	%	n	%
Number of Registrants (n=438)	178	41%	160	37%	100	23%
Gender**	N=178		N=160		N=100	
Female	118	66%	20	12%	70	70%
Male	60	34%	140	88%	30	30%
Registrant Attended**	N=58		N=160		N=98	
Yes	4	7%	111	70%	44	45%
No	54	93%	47	29%	53	54%
Registrant Legally Represented**	N=29		N=160		N=92	
Yes	3	10%	93	58%	36	39%
No	26	90%	67	42%	56	61%
Mean Number of Allegations^*	10 (SD=10.82)		14 (SD=17.26)		10 (SD=8.54)	
Main Allegation Type^*	Misconduct (n=125, 71%)		Misconduct (n=114, 72%)		Misconduct (n=40, 63%)	
Main Outcome^**	Struck Off (n=71, 40%)		Suspension (n=60, 38%)		Suspension (n=34, 34%)	
Reason for Outcome^**	Seriousness of Allegation (n=55, 35%)		Evidence of Remediation/Insight (n=51, 32%)		Time for Remediation/Insight (n=13, 20%)	

Preliminary Findings – Struck Off Cases **p<.001, *p<.05, #Unknown cases removed

Factor	Social Work		Doctors		Nurses/Midwives	
Number of Registrants (n=138)	71	52%	38	28%	29	21%
Gender**	N=71		N=38		N=29	
Female	50	70%	3	8%	21	78%
Male	21	30%	35	92%	8	8%
Registrant Attended*	N=33		N=38		N=28	
Yes	1	1%	12	32%	8	29%
No	32	97%	26	68%	20	71%
Registrant Legally Represented*	N=17		N=38		N=27	
Yes	-	-	11	29%	7	26%
No	17	100%	27	71%	20	74%
Mean Number of Allegations***	7 (SD=5.62)		23 (SD=25.04)		9 (SD=9.34)	
Main Allegation Type**	Misconduct (n=43, 60%)		Misconduct (n=30, 81%)		Misconduct (n=16, 55%)	
Reason for Outcome**	Seriousness of Allegation (n=31, 45%)		Failure to Evidence Remediation/Insight (n=15, 39%)		Failure to Evidence Remediation/Insight (n=10, 36%)	

**p<.001, *p<.05, #Unknown cases removed

Gender: Professional Registers vs. FIP Cases





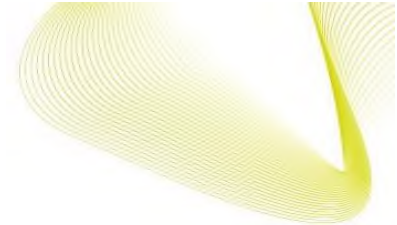
Choices

- ▶ What can we do to address these issues?
- ▶ Upstreaming
 - ▶ Notion drawn from Public Health (McKinley) – preventing people from failing in the river
- ▶ Formative Spaces
 - ▶ In turbulent times, need organisationally approved spaces to discuss practice issues to best adapt (Fischer)
- ▶ Reality
 - ▶ Interviewed a dozen senior practitioners (with regulatory facing roles)
 - ▶ Not very positive view of SWE
 - ▶ All in favour of meaningful upstreaming information – not just data
 - ▶ All had examples of 'formative' activity – learning circles etc, including 'Helping Team Members Succeed' programme at one LA:

[...we are] trying to create a climate where it's OK to make mistakes, but it's how we learn and how we move forward from that...how we can see that change rather than just always staying the same and always doing things the same way...

Conclusion

- ▶ SWE embarking on range of 'new' interventions – including formative regulation, trying to bring down length of time to process etc – sees itself as a 'modern regulator'
- ▶ Need to shift balance more upstream – we will always need downstream endeavours
- ▶ If regulation is about 'protecting the public' then surely they are better served by more formative activity in regulator sanctioned spaces...



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