Inquiry into the State of Social Work report

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Social workers are among the most essential yet maligned of public servants. They are criticised to such an extent that their work is often discussed and their profession roundly disparaged by the public at large.

In contrast, little, if anything, is ever heard of their successes. The reality, however, of social work in the United Kingdom, is far from the commonly held public perception.

Social work is one of those rare professions where, if you make a mistake, vulnerable children and people suffer, even die. And tragically it happens.

But social work is difficult, complicated and time consuming. It is about as far from an exact science as it is possible to get. There is no formula and there are an infinite number of variables compounding the difficulty of every task.

While this report does not seek to excuse bad practice or downplay serious errors and mistakes made by practitioners, it does seek to stand up for social workers and look, on their behalf and on behalf of the vulnerable people they serve, at finding ways of improving practice, reducing failings and ensuring everyone can be better served.

Reports suggest there are presently three serious case reviews every week in this country. This means social workers and their managers are increasingly spending their time looking backwards, instead of focussing on the vulnerable people they are trained and committed to protecting and assisting.

The British Association of Social Workers (BASW) and Members of Parliament from the All Party Parliamentary Group on Social Work conducted an inquiry drawing on the experiences of social work professionals from a range of different fields.

In doing so we are seeking to allow for reflection on the broader practices and procedures social workers follow. We seek to offer an objective, informed and constructive insight into social work, but to do so beyond the bounds of individual cases, which sadly is often the only context in which social workers reflect on their practice.

We want to enable local authorities, their social services departments and the practitioners themselves to move forward and improve the vital service they provide to the most vulnerable people in our society.

At a time of unprecedented cuts to public spending and massive reductions in the funds available to local authorities, the work done by social services departments is more than ever under pressure. This is on top of the more natural, the more usual, pressures that exist within such departments.

One witness who gave evidence at our inquiry spoke of new social workers being “cannon fodder” with a shelf life of “six months before they burn out”.

It is the hope of MPs on the All Party Parliamentary Group (APPG) on Social Work that this report can demonstrate to social workers, and the public at large, that not only is their work valuable and valued, but that there is a recognition, within every strata of our society, that where there are better, more effective ways of working and serving vulnerable people, that social workers have support and should have the confidence to embrace this and improve the state of social work for the benefit of everyone.

As officers of the APPG and members of the inquiry panel we are confident that this report can be a first step forward in enhancing the role and reputation of social workers.
A British Association of Social Workers (BASW) survey of over 1,000 social workers published in May 2012 revealed enormous challenges facing the profession. Too many social work respondents to the poll indicated they were being stretched to breaking point, with 77% reporting unmanageable caseloads as demand for services escalates.

The number of children referred to local authority children’s services teams continues to rise and care applications have soared by 70% since 2007, the year Baby Peter Connelly died at the hands of those responsible for his care. Increased pressures on services for adults were reflected in 69% of social workers reporting a rise in thresholds before they are able to offer preventative support to vulnerable older people. Too often, the end result is admission, or readmission, to critical, and costly, NHS care.

The survey’s findings prompted an inquiry by the All Party Parliamentary Group (APPG) on Social Work, which began in November 2012. The aim of the inquiry was to hear from frontline social workers and social work managers about their current experiences of practice, including the challenges they face in maintaining or establishing an effective service. The inquiry was also keen to establish the extent to which the current reform agenda for social work in England is impacting on the profession.

Four evidence sessions took testimony from frontline social workers to identify the issues that have left social work in such a condition, focused on social work in the following areas: child protection, adoption, adult social care, mental health, and hospital-based practice.

The evidence largely focused social work practice on the reform agenda in England, since responsibility for social work and social care is devolved in Northern Ireland, Scotland and Wales.
Six years on from the tragic death of Baby Peter Connolly in Haringey, serious concerns persist that we are still failing some of our most vulnerable children.

A quarter of the 79 councils inspected under Ofsted’s new safeguarding children framework have been rated “inadequate” by Ofsted and stories continue to emerge in our courts and in our media of young people known to social services being kept in risky situations for too long.

Ministers, including the Secretary of State for Education, repeatedly assert their view that those at the forefront of keeping young people safe – social workers – need to do better, with innovations such as Frontline, aimed at attracting ‘high fliers’ into the profession, reflective of a view that standards are insufficiently high.

No child protection social worker would suggest that abuse or neglect can ever be eradicated. What should be possible, however, is to greatly reduce the likelihood of children known to social workers from coming to harm; to minimise the chances of avoidable tragedies such as that of Baby Peter in 2007.

Significant time and resources have been invested in the reform of the social work profession since that time. The recommendations of the Social Work Task Force, and the subsequent implementation efforts of the Social Work Reform Board, were important steps toward better supporting those professionals charged with keeping vulnerable children safe from harm.

Yet the evidence given by witnesses to this inquiry indicates that those charged with raising practice standards and ensuring better and more consistent support for social workers continue to face an enormous challenge. The picture painted by social workers is one of deteriorating, not improving, children’s services departments, stymying these professionals in their daily efforts to improve the lives of children and their families.

**The challenges that persist**

Excessive bureaucracy continues to work against, not in support of, practitioners. ICT systems remain not fit for purpose. Dangerously high caseloads for too many social workers mean serious risks for the people who need their assistance.

Low morale is not unique to social workers but if it is endemic across the profession, as some witnesses describe, then the ability of these practitioners to provide high quality services to families themselves confronting depression, poor self-esteem and even despair, must be questioned.
Baby Peter’s death should have been a watershed for safeguarding children but the subsequent reform agenda appears disconnected from the needs of those people who rely on social work services. If social workers on the frontline of practice are not feeling the difference, then how can we hope for improved outcomes for the vulnerable children and families they work alongside?

The state of the reform agenda

There are visible indications of the Government’s determination to tackle some of the longstanding challenges confronting social work.

The implementation of the Social Work Reform Board’s programme for change is on-going. The Government commissioned review of child protection led by Professor Eileen Munro was widely welcomed when published in 2011 and continues to offer the potential to impact positively on practice. Indeed, it is of note that the Government has already drastically reduced what many viewed as the overly-prescriptive guidance governing social work practice with children and families, contained in Working Together.

A College of Social Work has been established with the aim of raising standards across the profession in England.

Resource constraints are a factor in a challenging economic climate, for social work as for the rest of the public sector. For social work, however, there is a concern that the profession is in the midst of a once-in-a-generation opportunity to overhaul itself and improve the quality of service that people receive. Without the use of targeted – possibly ringfenced – funding, this chance may be lost.

The risk is that the continuing efforts of the Social Work Reform Board, and implementation of Munro’s recommendations, will come to nothing. With additional reforms now underway, including the Frontline training initiative and the appointment of two Chief Social Workers for England, it is imperative that the profession can see the impact of previous reforms and retain a belief that strongly identified concerns, and prescriptions for improvement, are followed through with real change. Instead, however, the inquiry heard evidence to support fears that the solutions of 2010 and 2011 are already old news, with witnesses indicating that the pace of implementing Munro’s recommendations is painfully slow and that the bulk of her recommendations for revitalising child protection work are being sidelined.

Munro suggests more preventative services, yet social workers report closures of community facilities. New Government policies, most notably in relation to adoption, may be well intentioned but their effect is to negate Munro’s onus on diminishing targets and bureaucracy. Instead, they risk placing more expectation and higher workloads on already struggling teams. Any new resources come with new obligations, while all the time the previous demands on social worker time persist, merely upping the pressure but not the relief.

Adult social work at the margins

Social work with adults appears similarly challenged but with an even greater crisis in status than their children and families counterparts. Often working in multi-disciplinary settings, social workers supporting older people, those with learning disabilities or mental health issues, among other groups, are too often marginalised, their roles little respected or even fully understood.
A concerted strategy is needed to identify the distinctive role of social workers in supporting adult users of care services. Success in this may necessitate finding ways of measuring social work effectiveness in more tangible ways than are currently available – for example, the role these professionals can play in preventing costly readmissions to hospital, or keeping people away from critical and acute services.

The profession’s effectiveness must also be linked to its availability, however. Medical professionals, for example, need to be able to refer applicable cases to social services, yet evidence heard by the inquiry indicated that thresholds for referrals are rising. The consequence is to reduce the ability of social workers to effect change before a person’s situation reaches the point of crisis and undermine any sense of cohesion between health and social care.

**New Chief Social Workers**

Adult social work, as with children’s practice, is set to benefit from the advent of a dedicated Chief Social Worker, located within the Department of Health and Department of Education respectively. The latest in a series of reforms introduced over the past three years, these senior appointments offer a real opportunity for the profession in England.

They must recognise, however, the frustration of many social workers with the impact of the reform agenda to date. The inquiry heard evidence of a profession being macro-managed from above rather than driven by a solution-led focus located closer to where practice takes place.

Six years on from Baby Peter’s death and four years since the commencement of the reform agenda, it was worrying that witnesses confirmed, rather than disproved, the picture painted by members of the British Association of Social Workers (BASW) in its poll of members last year.

**Lessons from excellence**

Despite the many challenges facing social work, the evidence heard by the inquiry recounted solid and inspiring examples of extremely good practice that continues to take place on the ground, even in places where Ofsted has highlighted real concerns, such as Birmingham City Council.

There is clearly a deep understanding among experienced practitioners about what makes a good service and how to work effectively in securing positive change for people in need. There is also a clear grasp of what newcomers to social work require to be able to practise effectively and of how to balance the proper recording of cases – witnesses repeatedly acknowledged the importance of being accountable for their work – with spending time alongside the children, families and adults who are, ultimately, the reason the profession exists.

There is scant evidence, however, that this expertise is sufficiently central to policy development and to the allocation of resources.

Too often social workers told us about how they endeavour to practise effectively despite, not because, of the system in which they operate.

The aim of the reform agenda was to secure higher standards through better supervision, less bureaucracy, manageable caseloads, better professional development and more space for reflective practice, yet difficulties for social workers are multiplying and the services on offer to the people who need them are not showing the improvements hoped for after such a high profile tragedy in 2007.
SUMMARY OF RECOMMENDATIONS

- A separation of social worker’s electronic records and data collection; the Integrated Children’s System (ICS) is unnecessarily time-consuming for social workers, taking them away from frontline social work. Any new system should be designed involving social workers, helping create an efficient system which works for the profession.

- An end to unpaid overtime. Paid overtime would make management think about the work social workers are expected to do and put them on a par with other professionals.

- Exploration of improved caseload management strategies to prevent any one social worker or social work team facing unmanageable and unsafe caseloads.

- A restoration of local authority car allowances for social workers.

- An end to the ‘hot desking’ culture favoured by increasing numbers of local authorities.

- Serious consideration should be given to a proper recognition of the highly restrictive and bureaucratic working conditions currently preventing too many social workers from practising to best effect, by the following measures:
  
  a) Taking the best elements of social work practices, proven to be successful through pilots in both children’s and adult services in England, and deploying them more widely.

  b) Widening efforts to locate social workers within the community through pilot studies such as those many local police forces are currently negotiating that would see police officers working from former Post Offices. Locating social workers in GP surgeries and schools, something that already happens but usually in isolated examples, should also feature more strategically as part of intensive efforts to get social workers into the communities they serve.

- Protection of role for social workers as part of identifying and strengthening social work’s unique role in multi-disciplinary teams.

- Exploration of how to record social worker input and achievements in multi-disciplinary settings.

- Guidance to encourage social work involvement in NHS patient management decisions.

- The employer health check should be reviewed and a more rigorous system introduced for determining the well-being of the social work workforce.

- Government should liaise with the Association of Chief Police Officers (ACPO) on taking action against those behind websites inciting hatred towards social workers.
Section One

CHILD PROTECTION SOCIAL WORK
The reform agenda

The inquiry heard evidence to indicate that attempts by the previous Government and the current Coalition to reform social work have not yet had a notable impact on the frontline. An array of initiatives are underway or have already reached maturity but the concerns expressed by social workers raise questions over both the implementation process and, more widely, whether the solutions proffered are the right ones. Aspects of the work of the Social Work Reform Board (SWRB), Professor Eileen Munro’s Review of Child Protection and the establishment of The College of Social Work were all brought into question by those submitting evidence.

Karen Goodman, an independent social worker currently employed as an interim manager in a local authority, told the inquiry: “The Social Work Reform Board – is the work it has done translating onto the frontline? No it isn’t. I ask my staff if they know what’s happening with the Social Work Reform Board or The College of Social Work (TCSW) and it is clear it is completely irrelevant to them – there is a complete disconnect between what’s happening on the frontline and what’s going on elsewhere.”

BASW’s Chief Executive Bridget Robb said that Government attention has been on imposing structures and systems in isolation from concerns about the working conditions facing social workers; instead, she argued, the pace should be set by the profession.

Ms Robb emphasised that excellent social work practice continues to take place across the country every day but that political initiatives too often fail to reflect practitioners’ expert insight into what works. “There is knowledge about what makes a good service and how to improve education. But the reality at the moment is that this is just a really difficult time – politics at a national and local level are making effective practice very hard.”

Is the child protection system fit for purpose?

Witnesses to the inquiry highlighted the difficult, and even risky, conditions in which child protection social workers have to operate. They indicated disturbingly high caseloads, excessive paperwork, insufficient – and declining – levels of administrative support, inadequate IT systems and, above all, how good practice all too often happens despite the system and not because of its support.

One witness, using the pseudonym ‘Frank Green’ to protect his anonymity, works in a local authority safeguarding team. He reported nine departmental restructurings during the course of his 30 year career across three local authorities.

Frank acknowledged that child protection social work is an inherently difficult job, regardless of the political or financial context in which it takes place. However, he was clear that the job is made significantly harder by having to operate within a tightly regulated statutory framework with scant resources and government imposed processes.

He told the inquiry: “I try to encourage people to do social work in between the cracks, to do social work in spite of the system rather than through it. For experienced workers like me that’s easier than for a newly qualified social worker (NQSW) for whom that is really difficult.”

“I have niggling concerns about the mum and her two children but I don’t have the time to go back frequently to tease out the situation – we don’t have any substantial allegations so that is a more cursory assessment. I’m not 100% happy about it but I don’t have any more to go on about what’s happening behind closed doors.”
Social work versus bureaucracy – how IT systems and administration are hampering practice

Whereas technology is supposed to make our working lives easier, more automated, the inquiry heard evidence indicating that social workers are being pulled away from work with children and families by the time spent grappling with IT that does not support their work.

Witnesses echoed the findings of the Social Work Taskforce in its 2009 report recommending solutions to the problems facing the profession. The Taskforce was clear that the Integrated Children’s System, a computer programme that social workers use to record data about children’s welfare, was failing practitioners. It is therefore regrettable that four years on social workers continue to have to express serious frustration at this same system. The inquiry repeatedly heard how despite attempts to address ICS failings, long acknowledged as part of the on-going reform agenda, social workers continue to find themselves chained to their desks by this unwieldy IT system.

The consequence can only be a poorer service for children and young people in need of support. Technology must aid social work in reaching out to communities and cannot be allowed to distance these supposedly ‘social’ professionals from understanding the nuances of people’s lives, or securing the detailed insight necessary to make safe judgements.

Practitioners giving evidence to the inquiry did recognise the need to be accountable for their work – to the people who use their services, to taxpayers and to political decision-makers. They also acknowledged the necessity for case histories to be appropriately recorded. However, they expressed concerns that the current approach to detailing cases appears born out of a need to ensure social workers and managers are protected from blame in case something goes wrong, such as a child death or injury, rather than to achieve the most effective model for practitioners and aid the best outcomes for service users.

A combination of the current emphasis on unnecessarily repetitive and mechanistic recording and an inefficient IT system is producing the worst possible end result – social workers spending more time in the office and less with the people who need them. This point was emphasised by Karen Goodman, who described a 70/30 split in her work; 70% of time spent in front of a computer and 30% with service users.

Local authority social worker Janet Foulds told the inquiry: “The IT systems are an absolute nightmare. We were told the other day there will probably be a tender for a new system in 2014 – how long do people have to wait? Workers feel they’re serving a computer system rather than computers serving them.”

Frank claimed that the Integrated Children’s System reduces social work to a series of hoops through which professionals are expected to pass: “A lot of social workers feel social work is like a computer game – you have to complete stage one to move to stage two – you feel as though you are following a computer rather than using your own discretion.”
Frank said he was already having to consider how to overcome the limitations of new IT systems set to be introduced in his local authority next year, using his personal computer at work, then driving to the local McDonalds to access Wi-Fi in order to email information to himself.

**A better way of working**

Significant work was undertaken on remodelling IT systems by the then Department for Children Schools and Families in 2009, though despite positive engagement from a range of social work and IT professionals little progress appears to have been made.

The evidence suggested an urgent need for an overhaul of IT systems to move away from an over-structured data-keeping exercise and towards reports that explain a child's circumstances.

Instead of acting as audits of accountability when things go wrong, IT should be employed to accurately describe a case, based on the time spent with a child or family and on discussions with the people who know a child.

Frank described how “a lot of the records we write are completely meaningless to families. If we give them a form with all these boxes and the information isn't structured in a narrative fashion we lose all that impact. Social workers should be involved in designing these things, not bureaucrats. Data should be a separate process”.

He said ICS should be abolished in favour of a system where data inputting is the responsibility of administrative staff, who would also collate information to be interrogated for statistical purposes. This would be completely separate to the work that social workers are trained to undertake with children. Evidence suggested that some local authorities have done just this already, with positive results for practitioners, successes that should be explored in detail for potential deployment more widely.

**Ever-increasing pressures on children's services social workers**

The testimonies heard by the inquiry strongly support statistical evidence of rising pressures on social workers working with children and families, as a combination of increasing numbers of referrals and assessments make greater demands on service providers.

Cafcass (The Children and Family Court Advisory and Support Service) dealt with 11,055 care order applications between April 2012 and March 2013, 8% up on the 2011/12 financial year. The 998 applications received in February 2013 were the highest ever recorded for a single month.

This follows figures for 2011/12, where care order applications exceeded 10,000 for the first time ever, and shows an enormous contrast with 2007/2008, shortly before three people were convicted for their parts in the death of Baby Peter Connelly, when Cafcass received just 6,241 applications.

The case is widely believed to have heightened awareness of child protection issues and contributed towards increased referrals as more people raise concerns about a child's welfare to social services.
Karen Goodman told the inquiry: “We have very dedicated staff who don’t go home on a Friday night until 8pm, and even then they are taking work home – I have to kick them out, that’s not unusual. I haven’t taken a lunch break in three months. The one overriding statement my team want me to make is ‘capacity’; there’s just not the capacity in the system and I’ve never known it like it is now – just impossible.”

Social workers giving evidence did agree with MPs when it was suggested to them that heightened awareness of child protection issues among the general public is a positive development, but they urged the need for more flexibility in how referrals are dealt with. The children and young people involved in child protection referrals typically live in chaotic, distressing and sometimes dangerous situations, so it is crucial that the social workers charged with assessing their safety and well-being are able to make well informed decisions, in a timely manner and with every confidence that the necessary support will be on hand if it is necessary to remove them into the care of the state.

Too much of the evidence heard indicated that, instead, decisions are rushed and assessments less thorough than necessary for this crucial work.

**Difficult decisions and unmanageable caseloads**

Frank Green said: “If more people are making referrals, we need to be able to deal with them. There have been a lot of reorganisations and the latest reorganisation means there are fewer of us on the ground dealing with more referrals – that’s the main issue I’ve been dealing with over the past year.

“For me it’s a matter of looking at the numbers. The more cases we have, the more corners we have to cut, and the more corners we have to cut the more we have significant numbers of children for whom we haven’t had the time to do a thorough assessment. We have to make a decision on which cases to prioritise. We have to go out and see every child within ten days and produce a written report – there is no autonomy – the pressure of that means sometimes we have to make cursory assessments of the situation. The more pressure we’re under, the higher proportion of cases we make a cursory assessment of.”

“Some cases are self-evidently serious. I had a case recently where a child had been shaken to the point where they had a nose bleed. My assessment of that case is that immediately it is a child protection concern. In another case, I have niggling concerns about the mum and her two children but I don’t have the time to go back frequently to tease out the situation – we don’t have any substantial allegations so that is a more cursory assessment. I’m not 100% happy about it but I don’t have any more to go on about what’s happening behind closed doors.”

Janet Foulds said that giving social workers time to build relationships is a crucial aspect of effective and safe social work practice: “If you know the children and know the families you can make far better and far safer assessments. To speak to children about abuse you need time to build trust – it’s no good asking after ten minutes acquaintance, ‘are you alright?’ It could require sitting on the floor with artwork, getting them to draw about how they feel, or going out and kicking a ball around … committed workers are making assessments without the real information they require.”

Social workers told the inquiry that rising referrals has led to increased caseloads, stretching the capacity of each practitioner to unsafe levels. The evidence reinforced BASW’s findings in May 2012, when 77% of respondents to its State of Social Work survey said caseloads were unmanageable.

Frank cited examples of caseloads numbering up to 60 children at any one time and explained how he had worked far more than his contracted hours over a prolonged period to drive down his figures to a more manageable level.

“In the last 13 months I’ve dealt with 121 families; that is roughly 250 children, around 19-20 children a month. There is

We accept that it takes at least nine months to prepare to be a birth parent, and ‘responsible adults’ start planning before conception but now we’re saying that you can take on our most traumatised children and make that journey in four months? I think that’s reckless.
a perception among a lot of people that when we get a referral a social worker is allocated to them and that’s it, but in truth we have to cross our fingers that we have picked the right cases to focus on and not ignored some of the more dangerous ones, based on what little we can find out in the time we have. We need to be in more control of that process rather than have that governed by more procedures and regulations, and pressure to push cases through the system.”

The difficulties presented to social workers from rising numbers of children entering the child protection system was also in evidence from testimony provided by adoption social workers. The inquiry heard figures provided by the British Association of Adoption and Fostering that the number of children placed for adoption has until recent years numbered around the 3,000 mark each year, but that this is now closer to 7,000 as care orders increase and this, in turn, leads to more demand for adoptive services.

Judith Acreman told the inquiry: “Twice as many children to place, twice as many adopters, so our work has gone up fourfold. Yet I’ve had no increase in bodies to be able to do that work. I have social workers working until 8pm each night, and weekends, because they are very dedicated. They keep adding a bit more and a bit more – it’s become crazy.”

**The impact of cuts on child protection services**

The state’s statutory role in safeguarding its most vulnerable people – children and adults – is among its foremost responsibilities. Guaranteeing the safety and well-being of all those who might at some point face some risk of harm is, as social workers giving evidence to the inquiry made quite clear; an impossibility. No amount of resourcing can hope to abolish child abuse or neglect, or ensure an adult is able to live safely in the family home or a residential care setting.

However, the issue of funding is never far from any debate about the capacity of social workers to safeguard children and adults. Financial pressures were a constant refrain from those giving evidence, with frequent assertions that professionals are being asked, in effect, to practise in unsafe conditions – unsafe for social workers whose careers might be on the line should a tragedy occur but, above all, unsafe for the children at risk of harm.

The state of the nation’s finances imposes a clear need to rebalance public spending but every effort must be made to ensure that, in doing so, our most vulnerable children are given every possible protection.

**The impact on children**

The inquiry heard evidence of how tighter local authority budgets are impacting on service provision. Janet Foulds said the combination of cuts and increased spending on children in care presented a twin threat to local authority budgets, with consequent pressures impacting on the ability of social workers to make decisions in the best interests of a child. “We’ve got workers in the middle who see the need but can’t react; that’s why we have children being taken out of care too soon and others not coming into care when they should be.

“We have been learning lessons from tragedies over the decades since I first came into the profession – when I first started social work I don’t think we knew much at all about abuse. We’ve learned about how to work effectively with families and the critical importance of child-centred practice. But the conditions for child-centred practice and safe working are being eroded.

“Twice as many children to place, twice as many adopters, so our work has gone up fourfold. Yet I’ve had no increase in bodies to be able to do that work. I have social workers working until 8pm each night, and weekends, because they are very dedicated. They keep adding a bit more and a bit more – it’s become crazy.”

**Judith Acreman**
“It takes children sometimes a year or two to tell you what’s happened to them. I see good placements, foster carers going the extra ten miles to give children a good life; I see children who do recover, who go on to lead good lives, but they needed the help when they needed it because at the point they first see you they can’t even look you in the eye, as a result of the abuse they’ve suffered.”

**Better supporting new entrants to the profession**

Securing better outcomes for children and families over the long-term requires a sustained commitment to investing in the next generation of social workers, so the introduction in September 2012, across many local authority areas, of the Assessed Year in Employment (ASYE) scheme for England was welcome. Affording new practitioners more protection from excessive caseloads and a more structured learning path into the profession, the ASYE programme is a positive step that should aid the development of new social workers and those about to commence their careers.

Its necessity was emphasised by evidence heard by the inquiry that many newly qualified social workers (NQSWs) are quickly disillusioned by the reality of the workplace, and report being unable to undertake the sort of work they came into the profession to do.

The impact on morale was picked up by Judith Acreman, who told the inquiry: “In the past I could sell social work to anyone, I’ve always enjoyed it and encouraged people to think about it as a career, but not now – morale is low, youngsters coming in are cannon fodder, burnt out after six months. I wouldn’t recommend the profession now and would no longer suggest to my children that they consider a career in the profession.”

The inquiry heard from social workers about the crucial importance of supervision and of managers setting aside adequate time to robustly scrutinise the way cases are handled and decisions made about critical child protection issues. Growing pressure on time and resources, as overstretched teams attempt to cope with rising referrals and commensurate demand for services means, perhaps inevitably, less scope for detailed case analysis.

**The end of the beginning**

The social work reform agenda for England, notably the Professional Capabilities Framework, the ASYE scheme and the development of the role of Principal Social Worker in local authorities – keeping experienced practitioners close to the frontline rather than promoted into management positions – indicate a recognition within Government and non departmental bodies of several important principles. It is clearly understood that social workers arriving in the profession are not at the end of their formal training but merely the end of the beginning, with post-graduate learning and improvement an on-going part of their careers.

Once again, however, the evidence points to a challenge in translating a serious and appropriate reform agenda into cogent action on the ground. Whether because of the remoteness of a perceived ‘top down’ implementation process, the pressures on hard-pressed children’s services teams or the inevitable difficulties presented by a financially straitened public sector, the reform agenda is emerging far too slowly for it to adequately serve the interests of the people who rely on social work services.

Janet Foulds articulated neatly the current reality and the hope for better: “I go into universities and the final year students are clearly frightened about the prospect of entering social work practice.

“They say ‘how do you do it when you knock on the door and the dog is barking and the parent tells you to clear off?’ And the point is that, actually, children are protected by the art and craft of the profession, by knowing how to respond to difficult situations because of the experience accumulated over years. Yet when social workers are tired and stressed, as so many are at the moment, that’s when the craft becomes harder and the protection diminishes.”

“We need managers to be freed up to say to workers, how about you, what’s going on with you, how are you doing? We need enough people in place, we need more support systems in place, and we need to recognise the job we do – we need ministers and others to tell the public what a difficult job being a social worker is.”
Adoption reforms and securing the best result for children

The Government has made the issue of adoption in England among its key priorities during the first three years of this parliament. Measures have included: revised adoption guidance to reduce the emphasis on racial identity when placing a child; scorecards to measure local authority effectiveness in getting children from long-term care and into permanent family homes; and six-month time limits for care proceedings to reduce the amount of time children might spend in the system before being placed with new adoptive parents.

The policies have been accompanied by a concerted effort to encourage more potential adoptive parents to come forward and to provide more and better information for prospective adopters. Children must not be allowed to languish in care if legitimate alternatives are available and speed can be an important factor in minimising the damage inflicted on young children whose early years, and long-term well-being, can be blighted by the absence of a caring family environment.

The range of initiatives have come at a time of increasing numbers of children in care and greater demands on adoption social workers. The inquiry heard about rising pressure to assess increasing numbers of potential adopters for their suitability to be parents, as well as more children for their suitability to be placed into new homes.

It also heard in some detail from one social worker, Judith Acreman, about how the increased pressures, coupled with new demands to speed up the adoption process, risk undermining the quality of assessments and heightening the risk of adoption breakdowns. Ms Acreman also explained how despite the merits of a more rapid timetable this more intensive approach could actually work against the interest of adopters, rather than in their favour, as potential parents often need time to prepare for the enormous responsibilities they are taking on.

“Only a tiny amount of the adopters assessment process is information gathering; most of it is therapeutic, counselling. There is a lot to process, practically and emotionally. We accept that it takes at least nine months to prepare to be a birth parent, and ‘responsible adults’ start planning before conception but now we’re saying that you can take on our most traumatised children and make that journey in four months? I think that’s reckless. We also have to get to know them, to be confident what kind of child they could manage.”

Ms Acreman’s evidence emphasised the importance of detailed scrutiny of potential adopters in screening out those unsuitable for the role or, worse, would-be abusers who might look to exploit more hurried, ‘lighter touch’ assessments.

The Government’s aim of encouraging local authorities to speed up the adoption process appears well intentioned, and there is a clear case against any system that results in unnecessary delays and leaves children in care. Questions persist for the time being, however, based on the evidence provided, about quite how systemic improvements are to be achieved while practitioners attempt to simply keep up with existing demand for their time.

It should also be noted that the second report of the House of Lords Select Committee on Adoption Legislation, published in March 2013, emphasised a range of other aspects currently less prominent in the Government’s agenda, including the urgent need for improved post-adoption support, better data on the realities of adoption breakdown and that adoption is not necessarily suitable for all children – alternatives such as Special Guardianship Orders can be more appropriate in some instances, a point BASW’s Ruth Cartwright made to the inquiry.

It was notable that Ms Acreman felt her local authority was performing far better than the adoption scorecard outcome suggested. She told the inquiry: “The thing crippling my team, and this has been the case for the past two years, is sheer volume.”
Section Two

SOCIAL WORK WITH ADULTS
Social work’s status

Respect is a recurring theme of testimonies to the inquiry. Social workers in all settings consistently offered the view that theirs is a low status profession compared with counterparts in other sectors and that all too often social work is marginalised within multi-disciplinary settings.

The benefits of multi-disciplinary working

Many social workers who work with adult service users do so as part of multi-disciplinary teams, often within health settings and frequently offering service users better, more integrated and holistic provision. The benefits of multi-disciplinary working were highlighted from hospital social workers and those based in the Youth Justice Service. Within hospitals the close inter-working of social workers with acute medical professionals, psychologists, occupational health practitioners, health visitors and others, means the people who use services can be spared the need to provide repetitious information, can receive all the support they need in one location and can be confident that their various complex needs are being considered in full, rather than in isolation.

In youth justice, the close interaction of health, education, the police and social services was cited by one contributor to the inquiry as central to the success of work with young offenders over the past decade. The witness, Iain Brown, works for a youth offending team. He told the inquiry: “We have psychologists, teachers, mental health workers and probation officers, as well as social workers, all working together. This approach is one reason why we have achieved ten years of good outcomes, a fall in crime, fewer first time entrants to criminality among young people from ten to 18, and a reduction in reoffending.”

Social work – the poor relation?

In most instances of multi-disciplinary working, social workers are in the minority. In a hospital setting for instance there might be a small team of social work professionals, sometimes just one person, compared with a sizable workforce of medical staff. The challenge for social work lies in proving their worth, gaining parity of esteem and emphasising their distinctive contribution.

The inquiry heard from social workers who felt either under-valued and marginalised in comparison with their health colleagues. Evidence indicated that social workers are able to make a distinctive contribution to outcomes for patients or service users in health settings – for example, in promoting the needs of patients above the managerial interests of the NHS – but that too often these professionals lack the status to maximise their potential influence.

Uppermost among concerns expressed by witnesses is the perceived dominance of a medical model within NHS settings, as well as the exclusion of social work managers from key decision making forums in multi-disciplinary workplaces.

Pauline Ross is a Senior Social Worker for liver and renal transplant services at the Royal Free Hospital, where she provides support for patients and their families through the varying stages of their treatment. Describing the elevated status of medical professionals in NHS decision-making, she pointed to the advantages that could be secured from having social work input, at the highest levels, to patient strategy. In particular, Ms Ross cited more joined up thinking about post-discharge support for people, in part to prevent rapid and costly readmissions.

Ms Ross said: “I would like to see more senior social work managers involved in some of the planning within the NHS. I don’t think clinical lead people understand all the social needs. We need someone at that senior level to say what is available in the community and give cohesive care as well as health care for patients.”

Social work’s contribution

The inability of social work to prove its worth appears a key factor underpinning the lack of professional respect felt by many
practitioners. The marginalisation of social work input appears connected to a lack of clarity about the role of social workers and the effectiveness of their contribution. There appears to be two main reasons for the inability of social work to prove its worth:

- That the positive outcomes social workers are able to secure in working with patients/service users in a health setting are particularly difficult to evidence.
- A failure of practitioners and sector leaders to articulate the vitally important social work function, especially in multi-disciplinary settings. This failure stymies the potential for social worker influence to be elevated within, for example, NHS teams.

Patti Simonson is Head of Social Work at the Royal Hospital for Neuro-disability in London which provides specialist care for adults with complex neurological disabilities. She is a member of the Brain Injury Social Work Group and a founding member of the International Network of Social Workers for Acquired Brain Injury.

She told the inquiry about the unique contribution social work can make and pointed to one consequence of the profession's low relative esteem: “The budget holders need to be the people who understand the problem. Because we are the only member of the multi-disciplinary team that is not treating the patient, we are outside the team and we take them forward in moving that person into the next phase.

“We have to just keep selling ourselves and have to keep being very positive. Sometimes I don’t describe myself as a social worker to clinicians because of the stigma and associations. Sometimes you just have to play it in a different way.”

**Demonstrating social work value**

Contributors suggested, however, that the social work profession was in part responsible for the way it is perceived, failing sometimes to ‘sell itself’, as Ms Simonson suggests, and to articulate its role effectively. Testimonies indicate an urgent need for social work to make a concerted effort to build on its still relatively new status as a profession – formally defined only in the past decade following the introduction of ‘protection of title’ and a formal registration system.

Mary O’Reardon has worked in England as a mental health social worker for three years, currently with a mental health home treatment team in North London but previously in the Home Counties. She offered a damning portrait of how social workers were perceived in her previous role: “There was absolutely no respect for social workers. We were seen as the dregs of the system, we were a drag on the whole hospital, we weren’t adding any value and if we weren’t there things would be more efficient.

“We just didn’t seem to be able to fight for ourselves and communicate what we were doing there. In some ways it became obvious we were part of the problem. We couldn’t articulate what our profession was and what our purpose was. We are the add-on that sits on top of what seems a perfectly well functioning system; it is as if it’s nice if we have social work but if we don’t it is not going to cause any real problems. These are the challenges we are facing.”

The evidence highlighted a powerful need for social work to become more hard-headed about its value. Operating predominantly in local authorities where the effectiveness and performance of
services such as bin collections and recycling rates are relatively straightforward to record, or in the NHS where waiting times and discharges are similarly quantifiable, social workers face a challenge.

A social worker’s input may prevent a service user from an expensive admission to an NHS ward for an overnight admission but such savings aren’t currently measured and may be difficult in practice to ever record with any accuracy. Witnesses outlined other examples too, such as how a social work input can prevent service users becoming disengaged from preventative health and care professionals which, in turn, could make them more likely to come into contact with the more costly criminal justice system or acute NHS services.

Equally, as people fall outside of the system and lose touch with supportive services, so the risks grow of vulnerable people becoming desperate, even suicidal; again presenting the likelihood of higher long-term costs to the taxpayer. These preventative interventions, however, are currently not measured, meaning that social work’s input is unrecorded and difficult to prove.

**Referrals**

In children’s services we have seen the advent of adoption scorecards, placing an obligation on local authorities, and in turn practising social workers, to move children through the system more quickly. Equally, there are targets for limiting care proceedings to six months, to carry out assessments on referrals within ten days.

By comparison, measuring successes in supporting older people in the community or keeping people with mental health issues outside of long stay care facilities remains fraught with difficulty.

Anna Ribas Gonzalez qualified as a social worker in 2009. Currently she works in a community mental health multi-disciplinary team. She explains: “You are dealing with people's lives and events in their lives that are very difficult to put a figure on. They may have a history of six years of social and personal difficulties which they haven't dealt with and now you are supposed to go there and deal with it quickly. It is not going to happen. Just getting into their house and having a conversation with them – that may be the outcome. It is not measured, but it is an outcome. They have developed some trust with a professional and in the future they will think ‘I had a good experience so my experience of contacting mental health services can be positive’.”

**Protection of the social work role**

Despite the challenges in recording and measuring social work effectiveness, it is clear that some means of recognising social worker input is essential in multi-disciplinary settings if, over time, the profession is to be afforded the respect social work input so often deserves. Clearly cited achievements or contributions from social work professionals operating in a hospital setting would enshrine the often threatened place of social work in this sector and, in turn, allow social workers themselves to be clearer about their role, their effectiveness and status.

Developments such as The College of Social Work were intended to form part of the solution to boosting the status and standing of the profession, and still might have an effect over time. However, given that so much of the challenge lies in problems of perception on the ground where different professionals interact, it is clear that simply creating new structures is less the solution than tangible policies aimed at recognising the social work role.

The British Association of Social Workers has called for a statutory protection of role to accompany the protection of title secured in 2001. This would have the effect of clarifying the role and unique contribution of social work in all settings and should be considered by the Government at the earliest opportunity.

Separately, the health sector must be encouraged, through clear guidance, to ensure the presence of a social work representative in management discussions around patient well-being – notably in decisions about discharges from hospitals and plans aimed at preventing a patient’s rapid readmission. Evidence to the inquiry made it clear that some social workers do have a recognition of their role in
medical settings but that this is hard won over time. This cannot be right when the role and input of other professions in the same settings are so widely understood. It must become possible for any social worker entering a health setting to have instant recognition of their potential input among their multi-disciplinary colleagues, instead of having to beat the door down to be heard.

Rising thresholds and increased risk

The Government has recently made welcome announcements on support for adult social care, contained in the Care and Support Bill introduced earlier this year. This focused particular and necessary attention on the long-term funding for adults in residential care.

Yet access to care services in the community appears to be becoming more difficult. Witnesses report less scope for early intervention work and higher thresholds for accessing social work support, creating the potential for more critical – and more costly – emergency cases at a later stage, whether these emerge in the health, criminal justice or social services arena.

Supporting those who have been patients in the health care system once they leave hospitals and resume life in the wider community or at home is a key part of social working with adults. However, the inquiry heard evidence from a specialist social worker with brain injured patients – often people previously not seen by social services but who suddenly require long-term community support. Social workers can play a vital role in aiding their transition from hospital to the community, and serious concerns were expressed that current service cuts present a threat to the capacity to assist such people. This can include preventing readmissions to hospital, homelessness or ensuring previously law abiding citizens do not become embroiled in the criminal justice system – all too common among those dealing with the consequences of brain injury, the inquiry heard.

Patti Simonson reported increasing challenges in securing a local authority referral for patients discharged from her specialist hospital for brain injured patients. Ms Simonson offers social work services for the patient while they are in hospital but then seeks to pass their case to the relevant local authority to aid their reintroduction to the community. However, where previously it was possible for her to hand over a patient to an allocated local authority social worker, in most instances this is not now possible. “Getting a social worker allocated is a major event,” she told the inquiry.

“People with aggravated brain injury typically suffer from social isolation. They lose friends. They can’t make new ones. They are quite lost. With no social grouping out there for them it can put them in further isolation. These services are reducing now and I think we are probably losing people to the streets who otherwise wouldn’t be there.”

Margaret Lougher has 30 years’ experience in mental health, including 20 years working with mentally disordered offenders in secure settings. She told the inquiry: “In the last six years thresholds have moved. Access to services is not early enough and people have to hit quite distressing thresholds to access care. Families are holding on to far too much and they are desperate by the time you meet them.”

Rising thresholds, tighter eligibility criteria and the inability of people in need to access services until faced with critical life circumstances was evident from BASW’s 2012 State of Social Work survey findings. Social workers in local authority and health settings reported diminishing levels of preventative work and increased rationing of support, both creating additional pressure for more costly emergency responses at a later stage.

BASW’s Professional Officer Joe Godden, an experienced social worker with adults, said: “The Government’s policy is that we should be doing prevention and early intervention work but the reality in the local authorities is that pressure on ‘the critical’ is such that preventative work simply isn’t happening. People are struggling.”

Evidence to the inquiry revealed concerns about the consequences of people employing their own care staff who are often unregistered and unregulated. This threatens to open a new front in concerns about adult safeguarding and may require further consideration of the kind of regulatory framework most appropriate for such a divergent care workforce.
Elder abuse

The pressure on early intervention and community support services has inevitable consequences for adult safeguarding, an often overlooked subject compared with the more considerable attention given to child protection. As such, it is notable that the Care Bill places the safeguarding of adults on a statutory footing for the first time, strengthening the 2000 No Secrets guidance and suggesting a welcome recognition of the need to address an under-reported problem. Despite this progress, however, the revisions to the No Secrets guidance fall short of giving social workers and other professionals the power to enter homes where they have serious concerns about an adult’s well-being.

This revision must be observed closely for evidence of greater effectiveness in safeguarding those adults who have capacity but who are deemed vulnerable because of the circumstances in which they live, ostensibly by choice. A failure to improve the protection afforded to such individuals may require a future Government to follow the lead of legislators in Scotland and change the law to give social workers power of entry.

The increasing trend towards personalisation, in the form of direct payments and individual budgets for those receiving services to purchase their own care, will also need careful monitoring. Evidence to the inquiry revealed concerns about the consequences of care service recipients employing their own care staff who are often unregistered and unregulated. This threatens to open a new front in concerns about adult safeguarding and may require further consideration of the kind of regulatory framework most appropriate for such a divergent care workforce.

Independent Living Fund

The inquiry heard concerns expressed at plans to end the Independent Living Fund (ILF), in its current form, in 2015. Offering discretionary cash payments to allow disabled people to purchase services to help them live independently, the scheme will be transferred to local authorities where it will not be ring-fenced.

Social workers giving evidence were clear that the Independent Living Fund has had a positive impact on vulnerable users of social work services and that its absence could prove harmful. Patti Simonson described ILF as “a wonderful service which will be very sadly missed by many people”.

Mental health legislation

The inquiry heard evidence of the impact of the 2007 Mental Health Act and how the legislation was impacting on the way social workers are able to work with and support service users in the community.

One witness said the legislative changes can entrench the funding and eligibility challenges currently facing the provision of social work services in the public sector. Crucially, it was argued that the legislation places a higher onus on medical models of support than that contained in the 1983 Mental Health Act, once again putting pressure on service providers to offer less in the way of preventative, therapeutic interventions, and a greater focus on prescriptive approaches.

The witness, Margaret Lougher, also called for the views of service users to be acknowledged by policymakers in developing and refining mental health legislation. She said: “What social work can and should offer is that bio psychosocial approach, instead of the biomedical model which is what dominates now. The more you talk to service users and families, the more you find they want timely access to psychological therapies. It is that proactive involvement that makes a difference.

“It’s about helping people take control of their lives, not just at the point where they are suicidal. Certainly in the 90s and up to 2001 we could still do that. The world has changed but the need for a relationship-based systemic approach hasn’t gone away; in fact the need for it is as strong as ever.”

“We are definitely dealing with more crisis situations than we used to. People should listen to what is being said by service users and their families through advocacy agencies. They are very clear they want access to psychological services.”
Section Three

WIDER CULTURAL AND WORKPLACE CHALLENGES
Hot desking

The service pressures widely described by witnesses to the inquiry, and which appear to be diminishing the profession’s potential to support vulnerable children and adults in their lives, are largely attributed to high caseloads, funding challenges or ineffectual systems. However, changes to the working environment in which social workers operate was a further, growing, feature of note. Witnesses described working in faceless call centres and being increasingly remote from the people who use their services. They even described being increasingly remote from their own colleagues – sources of support and advice in a positive workplace – through the advent of ‘hot desking’.

Witnesses highlighted the benefits of being able to work closely with a group of colleagues, sharing the same space and interacting closely on caseloads, indicating that hot-desking – finding a spare desk wherever that may be within an office – is particularly unsuitable for social workers. One social worker described the use of hot desking within a local authority children’s services department as “ridiculous, with everyone cramped in, typing away. They are like battery hen houses”.

Another social worker was stunned on arriving to work in England after practising abroad: “I had never seen anything like it. It was like a call centre office. There was a vast number of unqualified staff and an oppressive culture. A vast volume of work. It got to the stage in that office whereby if someone didn’t cry on any given day it was an achievement.”

Car allowances

Another frequently repeated concern that appears to be adding to the pressures on already overstretched professionals is local authorities removing car allowances from social workers. Almost all practitioners need transportation to visit users of services yet the trend appears to be resulting in delayed or less frequent visits to individuals or families in need of support. Anything that could prevent social workers getting out into the community and spending time, face-to-face with potentially vulnerable people must be closely scrutinised by employers.

Social workers giving evidence to the inquiry and sharing their experiences in the State of Social Work survey, report being out of pocket by more than £1,000 a year and having to book a pool car instead of using their own vehicles. This is hampering those wishing to add an extra home visit on their way home – since they have to bring the car back to the office – and resulting in delays as people wait for a car to become available. It must be questioned whether this is securing the cost savings that make the upheaval and complexity worthwhile.

Restructuring and service closures

The inquiry heard evidence from BASW of how the newly introduced Standards for Employers and Supervision Framework – detailing the support social workers should expect from their employers and managers in order to do their jobs effectively – offer the potential for positive change. Far too many serious case reviews highlight the lack of employer support afforded to social work professionals in situations where mistakes lead to tragedies.

A recently completed survey of employers suggests, however, that despite awareness of the new standards among a minority of social work employees there is enormous progress still to be made in ensuring that employers are introducing the support frontline practitioners require, further to the development of a series of measures by the Social Work Reform Board.
The survey, published in June 2013 and co-ordinated by the Employers Standards Group, polled more than 2,000 social workers. It revealed a number of worrying findings:

- That only 12% worked for an employer that had ‘completed and published an annual “health check” using feedback from social workers about practice conditions and the working environment’.

- Only 22% agreed fully or partly that their employer uses ‘an effective workforce planning system and work with the education sector to ensure that enough social workers will be available’.

- Only 13% said that when ‘workload demands in your team exceed staffing capacity’ their employer operates a contingency plan to resolve the situation. Among the respondents, 28% said their employer ‘sometimes’ manages this, and 48% said it never happens in their workplace.

- Four in ten said there employer does not have ‘transparent systems for allocating, assessing and reviewing your workload – taking account of your capacity, and giving you enough time for supervision and Continuing Professional Development activity’.

The Employers Standards Group, overseen by the Local Government Association but also including The College of Social Work, BASW and Unison among its members, emphasised the inevitable impact of public spending constraints on the effectiveness of the reform agenda, an issue social workers offering evidence to the inquiry universally described as imposing additional challenges on their work. Most had experienced, or were anticipating, workplace restructuring, resulting either in job losses or provoking fears of service cuts and axed posts. One witness explained how she was in the midst of a 30-day consultation over the future of the service. Another spoke about being uncertain whether her specialist sexual abuse unit would survive anticipated deep cuts to local authority funding.

Few areas of the public sector have been spared the consequences of the ongoing period of austerity, and social work cannot expect to be completely untouched by the deep cuts experienced by local authority budgets. With a rising demand for services and, relative to health and education, a longer period without notable injections of real terms spending increases, social work appears to face marked challenges.

Equally, the social work role presents particular emotional issues for its practitioners, who are required to effectively interact on a daily basis with vulnerable people facing often complex and distressing situations. It is, therefore, a serious concern to receive repeated evidence that many practitioners are themselves struggling to cope in the work they do, in part because of the difficult working environment and overstretched services in which they operate. This can only have a negative impact on the capacity of social work professionals to offer an effective service.

Future central government local authority funding settlements must consider how much more social work services can be cut and whether an element of ring-fencing is required to safeguard those who safeguard others.

**Terms and conditions of service**

The inquiry heard evidence of local authority employees, including social workers, receiving revised terms and conditions of employment, including diminished holiday and sick leave/sick
pay, and some having to sign new contracts for lower salaries. While recognising the need to address the imbalance in public spending there is a real concern that the erosion of terms and conditions presents a notable challenge to social work morale and staff retention given the particularly extreme stresses facing children’s and adults’ services at the current time.

**Social worker hate sites**

The inquiry heard that the Government’s ambitious, though contentious, reforms of the adoption system are having the unintended consequence of creating more anxiety for birth families and more verbal attacks and physical threats aimed at professionals involved in family law cases.

Cuts to early intervention and preventative services have left families fearful their children might be put up for adoption and become reluctant to engage with any social work intervention aimed at helping them.

The British Association of Social Workers gave evidence into how parents who have had children removed for adoption are often behind virulent websites posting details of particular social workers – including their photos, place of work and home address – and encouraging others to join in with threats and intimidation.

Those behind the sites are using the adoption reform agenda to heighten fears that social workers will continue what they believe to be a concerted campaign to ‘steal’ children and have them adopted to new families. BASW said it deals with virulent social work hate sites on a weekly basis.

BASW’s Chief Executive Bridget Robb said: “People are very vulnerable in the present climate. It is creating a really uncomfortable working environment. The sense of lives being at risk ... it’s a constant threat.”

Social workers must be able to practise free from the risk of such intimidation and it is recommended that the Government seeks to raise this matter with the Association of Chief Police Officers (ACPO) to consider whether current police guidance is sufficiently robust to monitor and address those situations when legitimate online campaigning crosses into unacceptable threatening behaviour.
LIST OF WITNESSES

Janet Foulds
Janet Foulds has 38 years’ experience in child protection and sexual abuse work with children. She manages a small unit specialising in therapeutic support for sexually abused children and is a former Chair of the British Association of Social Workers (BASW).

Karen Goodman
Karen Goodman is an experienced independent social worker currently employed as an interim manager in a local authority.

‘Frank Green’
Speaking with his identity protected, ‘Frank’ has over 30 years experience in child protection social work and currently works in a local authority safeguarding team.

Margaret Lougher
Margaret Lougher has 30 years’ experience in mental health, including 20 years working with mentally disordered offenders in secure settings.

Mary O’Reardon
Mary O’Reardon is from Ireland and has been a Mental Health Social Worker for three years in England, working first in Essex and currently with a mental health home treatment team in Brent, North London.

Anna Ribas Gonzalez
Anna Ribas Gonzalez is originally from Spain and qualified as a Social Worker in 2009. Currently she works in a community mental health multidisciplinary team.

Pauline Ross
Pauline Ross is a Senior Social Worker for liver and renal transplant services at the Royal Free Hospital, where she provides support for patients and their families through the varying stages of their treatment.

Patti Simonson
Patti Simonson is Head of Social Work at the Royal Hospital for Neuro-disability in London which provides specialist care for adults with complex neurological disabilities. She is a member of the Brain Injury Social Working Group and a founding member of the International Network of Social Workers for Acquired Brain Injury.
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- Ofsted – Official statistics: Local authority children’s services inspections and outcomes (May 2013)
- Statutory Guidance on Adoption. This guidance is issued under section 7 of the Local Authority Social Services Act 1970, requiring local authorities in their social services functions to act under the general guidance of the Secretary of State. As such, the document does not have the full force of statute, but should be complied with unless local circumstances indicate exceptional reasons which justify a variation.
- Voices from the Frontline (May 2012) – www.basw.co.uk/resource/?id=499
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