

## Welfare and social work in the UK

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The British welfare system of recent decades has been categorised as liberal (Esping-Andersen) or residual (Lorenz, 1994), characterised by divisiveness rather than universality, with state social work focussing “almost exclusively on poor families” (Lorenz, 1994, 24), with a strong control function, whilst the voluntary sector, and other professional groups engaging in more “caring”, universal and proactive work. Dominant tendencies in welfare delivery, particularly over recent years, have been the activation of the workforce (often through creation of less-skilled, low-wage jobs, and through the reduction of benefits to the unemployed), as well as the marketisation / commodification of welfare, in combination with cost-cutting measures (Ginsburg and Lawrence, 2006). These features, also found across other European countries, are associated with societal and political changes particularly from the 1980s onwards (marketisation being a major strategy of the Thatcher government), and have been further advanced through the respective New Labour governments’ modernisation agendas, increasingly seeking to include the non-profit sector, or creating new forms of corporate involvement in welfare delivery (ibid., 21), combining strategies to tackle social exclusion with an increased focus on civil responsibilities, and measures of compulsory intervention alongside ‘therapeutic’ help support towards independence and choice (Blewett et al., 2007, 12).

Some argue that the residual model of welfare delivery, and its associated approach to social services, has been a characteristic in Britain since the 19<sup>th</sup> century (Dustin, 2007), the period which is seen as marking the emergence of social work as a professional and organised activity in Britain (Payne, 2005). Historically, three influences are viewed as significant in this context: the centralised system of - controlling and stigmatising - poverty relief introduced by the *Poor Law Amendment Act* of 1834; the approach to charitable donations being distributed to the ‘deserving’ in a systematic way promoted by the *Charity Organisation Society*, and the focus on moral education and social development advanced by the *Settlements movement*, first established in London’s poor East End in 1884 (Payne, 2005, 33-38). Whilst ideologically diverse, these three early developments contributed to key themes in establishing the social work profession in the UK – by establishing a paid workforce with a “social control through caring” role (Payne, 2005, 33), by introducing the concept of ‘assessment’ of the needs of potential recipients of assistance, and by initiating community- and development- based models of support. A key phase of development for the

systems of welfare and social work in Britain was the period between the 1940s and the 1970s, when the concept of a universal and comprehensive welfare state founded in the ideology of collectivism was introduced and promoted (Wilkinson and Frost, 2004), and in this context, social work developed as “state social work” (Payne, 2005, 55). The late 1960s saw a move towards localisation and community-orientation of social services, through the establishment of social services departments in local authorities in 1971, integrating services for adults and children, and promoting a generic model of social work practice and education (Glasby, 2005; Wilkinson and Frost, 2004, Payne, 2005). Dustin (2007, 34) describes the period of the post-war British welfare state as an “aberration from the historical Poor Law norm of means-tested, residualized, stigmatized service delivery”. One significant effect of the increased state welfare provision in post-war years was that the voluntary sector declined significantly during this period.

The shift of political power with the Thatcher government in 1979 is seen as marking a radical change in welfare provision with strong implications for social work, curtailing services in favour of more informal solutions to care and support, and introducing an individualist model of care management as a dominant approach in which the role of many social workers in local authority employment moved to purchasing and commissioning services, and voluntary and private sector organisations were encouraged to become providers of support (Dustin, 2007; Blewett et al., 2007, Payne, 2005).

A recently published **statement of social work roles and tasks for the 21<sup>st</sup> century**, authored by the General Social Care Council (GSCC, 2008c, 4) summarises the nature of social work as follows:

*Social work is an established professional discipline with a distinctive part to play in promoting and securing the wellbeing of children, adults, families and communities. It operates within a framework of legislation and government policy, set out in Putting People First and the Children’s Plan, and contributes to the development of social policy, practice and service provision. It collaborates with other social care, health, education and related services to ensure people receive integrated support. It is a profession regulated by law. (original emphasis)*

The reference to adult social care on the one hand and children’s services on the other, and the emphasis on integrated working, reflect recent developments in Government policy.

The British Association of Social Work (BASW) has adopted the international definition of social work (IFSW / IASSW, 2004):

*The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being.*

*Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.*

The **organisation of services** has been subject to debate and discussion in social work over past decades. The Seebohm report of the late 1960s significantly integrated various services for adults and children in community-based social services departments, but since the turn of the millennium, major reorganisations, dividing services for children and adults, have taken place as a result of government strategy papers (*Independence, Well-being and Choice*, 2005, for adults; *Every Child Matters*, 2003, for children). These developments have been criticised as failing to recognise the realisation that “children live in families and communities” and that services need to address problems affecting both children and their parents (Munro, 2003), and that the rationale for this development is far from clear (Glasby, 2005). The reorganisation means that the remits for social services now rest with different departments, the Department of Health for adult social care services, and the Department for Children, Schools and Families for children’s services.

Within each sector, the desire to promote more integrated working among different professional approaches has led to two organisations tasked with workforce development, the *Children’s Workforce Development Council* (CWDC) and *Skills for Care*. Although there is some joint working, it is very likely that this will influence the development of the social work profession overall (one noticeable implication in the context of researching material for this study is that data on the workforce is now collected and published separately by the two bodies).

In terms of the focus of social work services, Blewett et al. (2007) find that for adults, there has been an emphasis on age or impairment as signifying categories, rather than a reflection of the complex needs and situations within which vulnerable people find themselves. Similarly, a dominant theme in recent child care practice found is “the increasing dominance of a very narrow model of child protection work, which has been seen by service users, policy makers and social workers alike in a very negative light” (Blewett et al., 2007, 29).

The General Social Care Council role and tasks statement places an emphasis on the “personalisation” of social care services, as well as on working in partnership with other professionals. The statement lists key contributions made by “social work at its best” in relation to the following groups: older people; disabled people; people with mental health problems; children in care; vulnerable children; children at risk of delinquency or self-harm

and their parents; children and adults who engage in antisocial behaviour; communities which are deprived and disadvantaged; migrant, refugee and asylum-seeking children, adults and families (GSCC, 2008c 7-8).

Blewett et al. (2007, 4) find that there has been a historic tendency for social workers to be defined by whom they worked for - “For many years *being a social worker* has tended to be synonymous with *working for a local authority social services department*”.

Although the GSCC statement suggests that social workers are currently employed in a variety of settings, a clear emphasis continues to be on local authority adult social care and children’s services and National Health Service (NHS) or inter-agency services.

### **Professional status**

The Barclay Report (1982) on the role and tasks of social workers, described as the “last *holistic* attempt (in the sense of not separating work with different groups of service users)” (Blewett et al., 2007, 3) stated that expectations on social workers were often unrealistic, and as a result they were blamed by the media:

*They operate uneasily on the frontier between what appears to be almost limitless needs on the one hand and an inadequate pool of resources to satisfy those needs on the other.” (Barclay 1982 p.vii, cited in Blewett et al, 2007, 3).*

Over the 1980s and 1990s, the professional status of social work suffered as a result of various developments - including prominent failures in child protection services, cuts in social welfare expenditure, growing managerialism, as well as accusations that social work was overly bureaucratic and concerned with union interests (Lymberry et al., 2000; Dustin, 2007; Payne, 2005).

Dustin (2007) describes the process of transformation social work has undergone through the implementation of care management as “McDonaldization” in research concerning the consequences, in terms of consequences for professional practice and status:

*The features of care management in work with children as well as adults are the deskilling of the social work role, highly prescriptive procedures, dependence on technology and cost containment (Dustin, 2007, 6).*

A low professional status over several decades was one of the rationales in the movement, which sought to create a national social work organisation. Shardlow (2001) argues that this was historically a difficult process: The British Association of Social Workers (BASW) never developed into a full professional organisation, partly because membership is not compulsory

to practice social work, and because it does not have the status of a trade union and is therefore perceived as less powerful to influence working conditions (Payne, 2005). Initial calls for regulation from within social work met with resistance, labelled as “premature and elitist” by the Barclay report (cited in Shardlow, 2001, 44). Only a shift in public perception, i.e. the undermining of confidence in social work through perceived ‘failings’ in child protection and adult care, and the resulting change in government attitude towards regulation led to the establishment of a regulatory body, the General Social Care Council, in 2001 (Shardlow, 2001; Payne, 2005). Main regulatory features introduced by the General Social Care Council (GSCC) include a code of practice for social care workers and employers, the introduction of a social care register dependant on adherence to the conduct, and legal protection of the title “social worker” to include only those on the register. The suggested aim of regulation was to increase professional accountability, and this is part of a continuous process: social workers must re-register every 3 years, and need to demonstrate that they have engaged in at least 90 hours of training since the point of their last registration (GSCC, 2007b).

Regulation has been ambiguous for social work’s professional status: on the one hand, the increase in training from 2 to 3 years through the new social work degree, and the registration of social workers brings the profession in line with European Union requirements - on the other hand, social workers are subsumed under a wider group of social care workers in terms of the General Social Care Council’s code of practice (Payne, 2005, 196). In this context it is significant that “the proposal to register social workers was not initiated by a strong professional body to promote its own interests as in the prototypical professions, law and medicine, but has been accomplished through increased surveillance of social workers’ activities” (Dustin, 2007, 101).

Whilst individual social workers can be investigated and removed from the GSCC register if they fail to act in accordance with the code of practice, the code for employers is not mandatory, despite the fact that individual social workers’ practice is influenced by the conditions in which they operate (Lombard, 2008). Dustin (2007, 54) argues that the emphasis on individual accountability of social workers, as part of the social care register and code of conduct, has made the profession more risk-averse, and led to conservative approaches to practice, avoiding steps which might be necessary to facilitate change. Some argue that a strongly regulatory approach, where accompanied by a dominance of managerial influences on social work practice, inhibits the profession’s endeavours to counter oppression and be led by the needs of service users (Lymberry et al, 2000).

The GSCC announced in May 2008 that they have commissioned the Social Care Workforce Research Unit at King's College, London to carry out a study on the use of the codes of practice by social care employers and workers, and on the level of knowledge and views of the codes among people who use services and their carers – i.e. the implementation of the codes in everyday practice, training, supervision, recruitment and appraisal.

### **Workforce**

According to available data, 76,313 social workers were registered with the General Social Care Council at 27.03.07, who were employed in 91,169 job contexts. Of these, local authorities (social services departments and other local authority services) made up just over 70%, around 6% were in the independent sector (including 4% in charities / the voluntary sector), and 5.9% through employment agencies (Eborall and Griffiths, 2008, p. 47). The same study, based on data from the Labour Force Survey, also indicates that the number of social workers increased by over 30% between 2003 and 2006 (although this is partly attributed to an increase in social work students funded through secondments) (ibid., p. 49). The workforce is largely made up by women (82%), although slightly less so than in some other social care professions (care assistants and home carers - 87%; occupational therapists – 88%); a large proportion are in their 30s or 40s, and around 20% have a non-white ethnic background (a higher rate among social workers in children's services). In terms of payment, social workers fare less well than many other professions, earning only 84% of the national average among professional occupations overall, but this number is higher (92%) within the group of female professionals.

**Recruitment concerns** within social services have been reported since the late 1980s (Lyons, 2006). Hill (2007) makes reference to the ongoing recruitment problems in British social work, particularly in children's social services, with ongoing tendencies of local authorities to be consider both local or national, and "international" responses, such as local authority officials travelling abroad to recruit staff. Another response has been encouraging the education of more 'home-grown' social workers (Lyons and Lawrence, 2006), and data from the latest workforce survey suggests that this continues to be a strategy used by local authorities (although there are also indications that the way in which support is provided to staff studying towards a social work qualification by employers is changing, possibly as a response to the new, longer period of education) (Eborall and Griffiths, 2008, 109/110).

Between January and June 2007, 5,555 social work vacancies were reported in England to the Job Centre (compared to 70,576 vacancies for care assistants and home carers) (Eborall and

Griffiths, 2007, p. 68) – however, this figure is unlikely to include all vacancies for social workers in children’s social services. Within the period from July 2003 to June 2007, the number of vacancies has largely remained within a similar scope – fluctuating up to 6,465 (January-June 2004), and down to 4,424 (July-December 2006) (ibid.). In adult services, vacancies seem to be highest in London and the South East of England, and recruitment appears to be particularly difficult in adult mental health services, where 35% of councils surveyed by the Commission for Social Care Inspection in 2007 reported difficulties in recruiting field social workers (Eborall and Griffiths, 2008, pp. 73-74). There are suggestions that the problem of turnover of staff has decreased slightly over the past years (ibid.)

### **Education and Training**

Lymberry et al. (2000) argue that for some time, social work education has been more regulated in the UK than in other European countries, with a more influential position held by agencies employing social workers. The competence-based approach of the Diploma of Social Work (DipSW), the qualification held currently by most social workers in the UK, has been criticised as emphasising technical skills rather than critical professional understanding and judgement, fragmenting complex, multi-actor processes into individualistic actions and behaviour (Lymberry et al., 2000).

Social work education underwent major reforms when the Diploma of Social Work – which could be achieved through either undergraduate, postgraduate or non-graduate academic routes – was replaced by a 3-year Social Work degree in 2003 / 2004 (Lymberry et al., 2000). In 2006/2007, 226 social work degree courses were offered at 68 accredited universities and 10 related teaching institutions in England (GSCC 2007b, p.17), and 47 universities had been approved to offer post-qualifying courses. Among the 91,530 social work professionals included in the GSCC social care register at 01.04.07, 14,934 were counted as social work students (GSCC, 2007b, p.13). Workforce survey data suggests that the number of applications to social work courses has increased rapidly between 2003 (around 3,600) and 2006 (over 10,600), as well as the number of students accepted onto courses (Eborall and Griffiths, 2008, 104). Trends point towards a changing age profile of social work students as a result of the new degree being introduced, with the registration of students under 25 increasing from 20% in 2003/2004 to 33% in 2006/2007 (Eborall and Griffiths, 2008, 108). This is perhaps a reflection of the difficulties mature students experience under a more demanding programme of study. There are also indications that less social workers now train through an employment-based route, although some employers seem to sponsor their employees to undertake full-time study at a college or university instead (Eborall and Griffiths, 2008, 06).

## **Recognition of social work qualifications**

Since 2005, it has become compulsory for social workers in England to register within the General Social Care Council's (GSCC) register. For internationally qualified social workers, this involves going through a so-called "equivalency procedure" to establish whether their qualification, training and experience meets the criteria of the British Diploma in Social Work (DipSW) (GSCC, 2008a). In the light of criticism towards the 'narrow', competence-based nature of the DipSW programme (Lymberry et al., 2000), it is interesting that this forms the criteria to assess social workers trained (generally through a much longer qualification process) abroad. The GSCC has announced that it plans to adopt standards in line with the new social work degree in the near future (Berry, 2006).

Reflecting the backgrounds of overseas qualified social workers, the GSCC has developed guidelines for international social workers applying for registration from 12 countries (Australia, Canada, Germany, Hungary, India, Ireland, New Zealand, Romania, South Africa, The Philippines, USA and Zimbabwe) (GSCC, 2008b).

Wanless et al (2006) suggest that the UK social care workforce is now more than ever operating within an international market, and that changes in national immigration policy, along with the emigration of some of the UK's social workforce to other countries, could have a significant impact on the delivery of social care.

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## **Social Work in UK – useful web links.**

Social work and social work education and training in UK is very highly regulated – more so than in other EU countries. The Government body that regulates social work in the UK is the General Social Care Council (GSCC). Below are some links to web sites that give information about different aspects of regulation of social workers and social work education.

National Occupational Standards for Social Work in England:  
[http://www.skillsforcare.org.uk/developing\\_skills/National\\_Occupational\\_Standards/social\\_work.aspx?](http://www.skillsforcare.org.uk/developing_skills/National_Occupational_Standards/social_work.aspx?)

GSCC – Degree resources and regulations:  
<http://www.gsc.org.uk/For+course+providers/Degree+resources/>

The professional association for social workers in UK is the British Association of Social Work (BASW), which has a Code of Ethics for social workers, including a section on social work research ethics:  
<http://www.basw.co.uk/Default.aspx?tabid=64>

Some useful examples of publishers that produce useful text books for social workers are:

Learning Matters:

<http://www.learningmatters.co.uk/social/index.asp>

Palgrave

<http://www.palgrave.com/socialworkpolicy/index.asp>

Policy Press

<https://www.policypress.org.uk/catalog/default.php?cPath=10099>

Routledge

<http://www.routledge.com/books/browse/Social-Policy-SW050000/>

A link to an example of a collaborative European Masters course for qualified social workers, between UK and The Netherlands, the MA Comparative European Social Studies (MACCESS) can be found at:

<http://www.maccess.nl/>

A new Professional Doctorate in International Social Work has been developed at London Metropolitan University and can be found at:

[http://www.londonmet.ac.uk/research/the-graduate-school/research-degrees/international-social-work/international-social-work\\_home.cfm](http://www.londonmet.ac.uk/research/the-graduate-school/research-degrees/international-social-work/international-social-work_home.cfm)