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The tasks and roles of social workers: a focused overview of research evidence

Prepared for *Options for Excellence* Task Group 3

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Introduction

Options for Excellence is a joint DfES and DH-funded review of the social care workforce. Four task groups have been set up, each dealing with different aspects of social care. Task Group 3 is considering the roles and tasks of social workers. In order to inform the work of this group, the Thomas Coram Research Unit (TCRU) was asked to provide, within our responsive programme of work for DfES, an overview of relevant research and data in three main areas: the effective deployment of social worker time and tasks, improving cross-professional working, and attitudes to take-up of post-qualifying qualifications. It was decided to structure the review around the following five questions:

- How do social workers spend their time?
- How *should* they spend their time?
- What sort of social work tasks add most value to service users?
- What promotes cross-professional working from a social work perspective?
- What information is available on the take-up of post-qualifying training by social workers?

There is a significant overlap between the questions. For example, how social workers allocate their time is affected by views about what their role should be, and this in turn is (or should be) influenced by what users want from social work services. The question for which there is least evidence is how social workers *should* spend their time. We have included in this section information on the roles and tasks that are seen as appropriate for social workers to undertake, but this literature tends to focus on the values underpinning the practice of social work, rather than on investigating which aspects of social work practice contribute to good outcomes for users.

This review was carried out over a very short time scale in late February/early March 2006, and does not claim to be a comprehensive review of all available evidence. The aim was to draw together in one place relevant information from a variety of sources, including searches of bibliographic databases and key journals for selected topics, following up references provided by DfES, summarising findings from a recent comprehensive review of social work in Scotland, drawing on evidence gathered to inform the development of the children's National Service Framework and studies undertaken by TCRU researchers, and personal contact with researchers working in relevant fields to identify unpublished material. Details of data sources are given at the start of each section.

Although the review aims to cover social work in different settings, there is a bias towards social work with children and families, since this is the area where TCRU researchers have particular knowledge and expertise.

Question 1. How do social workers spend their time?

Introduction
One reason for the interest shown in recent years in how social workers spend their time, is the perception that too much of their work is taken up with form filling and paperwork leaving insufficient time for direct client contact. We therefore begin with a brief overview of evidence on the proportion of time social workers across settings spend on direct work with clients, followed by a more detailed consideration of time use in social work with children and families. Sources of information include work undertaken by DfES several years ago to inform the *Every Child Matters* Green Paper (Took, 2003; Holmes and Ward, 2004); email contact with researchers known to have undertaken work in this field; findings from selected studies within the DfES 'Costs and Effectiveness' research initiative; and other material identified through desk research.

Direct and indirect work with clients
A survey in 2005 by the magazine *Community Care* of over two thousand social care professionals (not all social workers) found that 95% agreed that social work had become more bureaucratic and less client-focused over the past five years (Samuel, 2005). Reasons for this perceived increase included:

- the number of new initiatives and polices
- duplication of information
- compilation of performance data
- inadequate IT systems and
- reporting requirements for ring-fenced funding.

More than half of the respondents to the *Community Care* survey reported spending at least 60% of their time on administrative work as opposed to direct client contact. Reducing the administrative burden was cited as a priority for the government's workforce review by a greater proportion of respondents (80%) than was increased pay (65%) or improved training and management (60%).

Although the *Community Care* survey provides little information about the representativeness of respondents, or the proportion who are social workers, its figures are in line with those of other studies using more robust methods such as time diaries to assess how social workers use their time. An unpublished review undertaken to inform the Children at Risk Green Paper (Took, 2003) identified nine research studies, covering social work with children and with adults, which showed that face-to-face work with service users usually accounted for between a quarter and a third of social workers' time (e.g. Levin and Webb, 1997; Rachman,1995; Audit Commission, 1999). A more recent study which included job diaries completed by 237 mental health social workers in England and Wales (Evans et al., 2006) produced a slightly higher figure of 39% for face-to-face contact with service users, and 29% of time spent on administration. Another study, this time of care managers in services for older people was based on time diaries completed by 34 managers and reported a particularly low figure of 15% for time spent on face-to-face contact (Weinberg et al., 2003). This study used a particularly detailed breakdown of tasks which were then grouped into five broad categories. The researchers suggest that what has changed over time is not the overall balance between types of work,

but the nature of direct contact with the service user. A greater proportion of that time is now accounted for by assessment activities and less on ongoing contact, counselling and support. They suggest this might explain why emotional and psychological needs are often missed in assessments (Department of Health, 1997).

Subjective impressions by staff of the amount of time spent on admin work appear to be consistently negative. However, it is important to distinguish between indirect work which is part of improving outcomes for clients, and unnecessary bureaucracy. This point is also made in the analysis by the Personal Social Services Research Unit of the 'Children in Need' survey (see below), which defines direct work as work 'with or on behalf of' children and their families.

There is much debate in the literature about the optimum balance of time between 'direct' and 'indirect' work with service users, but there appears to be little hard evidence to demonstrate which aspects of the social work role are linked to better outcomes. One study cited by Weinberg et al (2003) concluded that more time spent on indirect work on behalf of clients resulted in better outcomes (Bjorkman and Hansson, 2000). This was a Swedish study involving 153 severely mentally ill clients assessed on admission to the service and 18 months later. Case managers made weekly reports about whether different types of activity occurred during that week (but not how often or for how long). The researchers reported that more assessment interventions and more weeks involving indirect contacts on behalf of the client predicted a lower level of symptoms at follow-up. However, there are serious methodological flaws in this study, including the fact that there was no actual measure of time spent.

Social work with children and families
Some information about social workers in Child and Adolescent Mental Health Service teams is provided by the annual CAMHS mapping exercise (Barnes et al., 2005). The latest available figures, for 2004, record nearly 600 FTE social workers working in CAMHS local teams, making up 9% of their total staffing. A small number of social workers also worked in specialist tier 4 units. There was an increase in the number of CAMHS teams targeted on looked after children (42), and 16 teams included a dedicated worker focused on social services work. The average amount of time spent by social workers in CAMHS settings in supporting tier 1 work (for example providing advice and consultation to those promoting children's mental health in universal settings such as schools) was 6.5%. This compared to 10.5% of the time of clinical psychologists, 4.5% of the time of doctors and a national average of 7.5% for all CAMHS staff. The mapping exercise does not, however, provide information on the relative merits of different ways of using social workers within mental health teams.

A recent survey commissioned by DfES to gauge the impact of *Every Child Matters* on working practices (Deakin and Kelly, 2006) interviewed over 4,000 workers in children's services, including 134 children's social workers. Questions included the amount of time spent working directly with children in a typical day, and how long they spent finding out which other organisations were working with a particular child or family. Over half (58%) of children's social workers said they spent 'less than half' of their working day working with children. Apart from probation officers, all of the other 25 categories of staff in the survey spent half or more of their time in direct work with children. In

response to the information sharing question, children's social workers were one of only three groups (the others were YOT workers and school nurses) to say they spent more than one hour finding out which organisations were working with a particular case. Again, the issue of whether this counts as 'effective deployment' of their time is not addressed, but it may suggest that social workers have a particular role to play in taking an overview of the contribution that different agencies are making to support for a child.

The Personal Social Services Research Unit (PSSRU) undertook secondary analysis of data on staffing from the 2001 Children in Need Census, an exercise which collects information on all children in contact with social services in England during a specified week (Bebbington et al., 2003). This found that social workers spent on average two thirds of their time directly helping children, young people and their families. The definition of direct work adopted in the census was far broader than just face to face contact, and included writing reports for courts, contacting people to make arrangements, evaluating assessment information and so on. The authors argue that such work is as important to promoting child welfare as direct contact. The time not attributed to direct work included leave, management meetings, sickness, training and an 'other' category (not specified) which accounted for the greatest proportion of non-child time recorded in the census.

A number of studies commissioned within the DfES Costs and Effectiveness (C&E) research initiative provide information on the time social workers spend on child-related tasks for specific groups (such as children who are being adopted or who are looked after) or on particular processes such as core assessments. Because the focus is on particular processes or children, the studies can tell us little about how individual social workers apportion their time, but they do illustrate some of the tasks involved and the relative amount of time allocated to them. It needs to be noted that sample size in some of these studies is fairly small.

One study (Cleaver et al., 2004) assessed the time it took social workers to complete a core (detailed) assessment of a child. This was based on time diaries kept by 17 social workers in four different authorities, and the average was around 23 hours. Taking into account travelling time, missed appointments, team meetings and other activities, the researchers calculated that each assessment involved almost a full working week for a social worker. The breakdown of tasks is given in Table 1.

Table 1: Breakdown of Social Worker's time to complete a core assessment

	Hours
Discussion with parent	5:58
Completing assessment forms	4:26
Undertaking assessment	3.50
Discussion with child	2:05
Consulting files	1:49
Consulting school	1:26
Discussion with supervisor	1:20
Consulting other health profs	1:13
Other	2.43
Total	22.9

Another study in the C&E initiative (Selwyn et al., 2004) took the child as the unit of analysis, and looked at the input of hours by social workers and other staff during the process of setting up adoptive placements and post-placement support until an Adoption Order is made. It covered 96 children over a one-year period.

Table 2: Time spent on adoption process and post-placement support

	Adoption process Total input (hrs)	Post-placement support Total input per year (hrs)
Child's social worker	162	820
Family placement worker	144	726
Team managers	40	840
Adoption planning manager	12	768

A third study in the C&E research initiative does provide some insights into the factors that contribute to ineffective use of social workers' time. This study investigated social work processes with looked after children (Ward et al., 2004; Holmes and Ward, 2004). Information about the time needed to undertake eight different processes involved in supporting looked after children (such as care planning, monitoring the placement, obtaining a care order) was obtained from front line social workers, managers and team administrators through 17 focus groups held in six different authorities. The activities within each of these processes were broken down according to who completed them and whether or not they involved direct contact with clients. Although the exercise was based on staff reporting the time needed for different tasks rather than on time diaries, the methodology appeared robust as there was a high level of agreement between workers in different authorities. Key findings from this study were that:

- Social workers and managers all reported that it was not possible to complete their work within their contracted hours and many did additional hours or completed paperwork at home
- Field social workers in all authorities raised concerns about the small amount of direct work they were able to carry out with children and families, estimating that a quarter or less of their time was spent on this and that it was mostly in response to crises
- A large proportion of social workers' time when working with looked after children was taken up with tasks such as finding suitable placements, repeating assessments for residential placements and travelling to and from placements where children were placed outside the authority. All of these activities were closely related to shortages of suitable placements and/or resources to fund the more expensive ones
- The level of administrative support that social workers received and the adequacy of IT systems had a significant impact on the number of indirect client-related tasks they were required to complete. In teams with poor computer systems, social workers had to copy out duplicated information by hand from one form to another; and where there was minimal admin support, social workers were having to undertake tasks such as room booking and organization of meetings which was not a cost effective use of their time

Conclusions
Most time use studies find that direct work with service users accounts for a relatively small proportion (between a quarter and a third) of social workers' time. However, the reliability of this information is affected by lack of consistency in how activities are defined (for example what counts as 'direct' and 'indirect' work), differences in how data on time use is collected, and the typically small sample sizes. The national Children in Need survey, which adopts a broader definition of direct work that includes activities such as writing reports for courts, liaising with other professionals and evaluating assessment information, found that two thirds of social workers' time was spent directly helping children, young people and their families. There is very little evidence that addresses the issue of effective deployment of social workers' time by considering outcomes for service users.

Question 2. How *should* social workers spend their time?

Introduction
Evidence about the tasks that social workers alone should do is much harder to find. Many of the pieces of work commissioned by the Scottish Executive Social Work Review Group to look at effective practice concluded that the current evidence base was weak, which reflected a lack of research in social work practice (Scottish Executive, 2006). For example, Munro (2004) argues that social work interventions need controlled trials or large-scale correlation studies in order to establish the influence of any one variable and the need to take account of the long-term goals often associated with social work. Weinberg and colleagues (2003) raise the difficulties associated with measuring staff activity, such as the different ways in which activities are categorised across studies, and the retrospective completion of diaries, which inevitably leads to the under-reporting of some activities. Effectiveness in terms of time spent on different tasks is also influenced by case difficulty: cases in the early phase of intervention and those with more complex and/or multiple problems take more time (Weinberg et al., 2003).

To address how social workers should spend their time we drew on the 21st Century Social Work Review (Scottish Executive, 2006); the work commissioned to support this review, particularly the literature review on the role of the social worker (Asquith et al., 2005); relevant research carried out at TCRU; and other material found during desk research. Email contact was also used to obtain as yet unpublished information, for example early findings from an analysis of responses to a national consultation on the social work contribution to mental health services. A search of bibliographical databases[1] using a range of search terms found very little of direct relevance to this area.

Social workers' roles and effectiveness
The literature review for the Scottish Executive identified a number of social worker roles including the social worker as advocate, counsellor, caseworker, partner, risk assessor, care manager and agent of social control, though the combination and priority of these roles will vary depending on client needs and setting (Asquith et al. 2005). The review draws attention to the fact that many social workers and commentators believe that the mix may have moved away from the casework or counselling role involving direct work with clients towards more care management, risk assessment and control. According to the authors of this review: 'Much of the comment on the disillusionment expressed by social workers is because of this shift away from direct work with clients – a feature of the expected social work which may have underpinned motivation to become a social worker in the first place' (p20).

Services for older people: According to a review on effective social work with older people (Kerr et al., 2005) social work is more effective when:
- its intended outcomes are identified during assessment and built into care planning;
- it focuses on the key tasks of assessment, intensive care management and review for people with complex needs as distinct from the provision of social services to the majority of older people who have relatively straightforward need;.

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[1] ASSIA, SSA, BERI, SSCI, IBSS, ZETOC, SCIE

- social worker's capacity to develop relationships and use their full range of skills in an holistic way is not reduced by the pressure of managing budgets and establishing eligibility criteria;
- draws on unique aspects of the social work role including sensitive communication, moving at the individual's pace, starting where the client is, supporting the person through crisis, challenging poor practice, engaging with the individual's biography and promoting strengths and resilience.

Because of the range of situations in which social workers can find themselves a mix of both practical skills (e.g. securing resources, co-ordinating care packages) and 'people' skills (e.g. sensitive communication and listening, taking time, support) is called for.

There is some evidence about the effectiveness of social work in different settings. For example, it has been found that deploying social workers in Accident and Emergency wards is of benefit to older patients, and that multi disciplinary teams led by social workers in health care setting are particularly effective in matching individual needs to services (quoted in Kerr et al., 2005).

Services for people with mental health problems: A discussion paper on the contribution that social workers can make to the support and recovery of people of all ages who are experiencing mental health difficulties has been issued for consultation by a range of agencies led by the National Institute for Mental Health in England (NIMHE, 2006). A national conference on the subject is planned for April 2006. The paper describes the distinctive strengths of the contribution of mental health social work as:

- an emphasis on the preferences and choices of service users and carers, grounded within anti-oppressive practice
- working in partnership with service users and carers and promoting their involvement
- advocates of a 'strengths' approach, working within the context of families and wider communities to promote inclusion
- positive record on anti-discriminatory services, promoting the needs of ethnic minority communities and disabled people
- explicit value base embracing human dignity and worth, respect and social justice, integrity, partnership and equality
- strong tradition of staff supervision and training

Approved social workers (ASWs) within mental health services have specific roles and responsibilities in relation to applications for compulsory detention (although non social workers will also be able to perform these functions when new mental health legislation is enacted, as Advanced Mental Health Practitioners - AMHPs). The discussion paper argues that an essential aspect of the ASW role is offering a perspective independent of the medical practitioner, and ensuring the option chosen is the best possible for the person being 'sectioned'. It suggests that a possible new role that social workers within community mental health teams where AMHPs do not have a social work background might be that of 'clinical supervisor', but further detail is not provided.

Initial feedback from the NIMHE consultation exercise in relation to the roles and competences of social workers working in community mental health teams suggests widespread support for a 'holistic, recovery orientated, values based social care/inclusion model that is able to challenge the dominant task orientated medical model'[2].

Services for children and families: Although the studies in the Children Act overview were not commissioned to study the impact of management on the organisation and delivery of services, the consistent finding across many was that the manager's role at every level was influential on service delivery (Aldgate and Statham, 2001). The key message was that 'managers can effect positive change, but they need to develop effective systems to support their aims and objectives' (p135).

With respect to the role of social workers, research on looked after children, the courts and children in the community all give a similar message: 'skilled social work combines evidence-based decision-making with sophisticated direct work and the effective use of other services' (Aldgate and Statham, 2001:136). Although an important part of social work is the management and organisation of cases, of equal importance are the relationships with children and families, referred to as the processes of psycho-social casework. Findings from some studies in this overview revealed the lack of knowledge of child development, of expertise in direct work with children, and of methods of working in partnership with families in child maltreatment cases. The reviewers conclude that social work activity that has psycho-social casework as its corner stone is likely to bring about a positive difference to children in need and their families.

Therapeutic relationships
Two reviews commissioned by the 21st Century Social Work Review Group looking at the skills required in criminal justice social work (McNeill et al., 2005) and with older people (Kerr et al., 2005) conclude that the quality of the therapeutic relationship between social worker and service user is crucial to achieving successful outcomes. Common elements in successful interventions resulting in behaviour change or a reduction in problem behaviours included:

- 'accurate empathy, respect or warmth and therapeutic genuiness (sometimes referred to as *therapist factors* and at other times described as *relationship variables*)
- establishing a 'therapeutic relationship' or 'working alliance' (mutual understanding and agreement about the nature and purpose of intervention) and
- an approach that is person centred, or collaborative and client driven (taking the client's perspective and using the client's concepts)' McNeill et al., 2005: 3.

Although the research suggests the importance of therapeutic relationships, the 21st Century Social Work Review Group were consistently told by social workers that over recent years it was this aspect of their work that had been eroded and devalued due in their view to workload pressures, increased bureaucracy and a more mechanistic and technical approach to delivering services (Scottish Executive, 2006). A study identifying and comparing the attitudes of graduating social workers at the point of qualification in

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[2] Personal communication, John Allcock, Associate Director of National Workforce Programme, NIMHE

ten countries (Woodcock and Dixon, 2005) found that UK students were unhappy about the limited extent to which they were able to utilise their therapeutic skills in statutory social work settings. Many expressed a preference to work in the independent sector for this reason.

Could some social work tasks be undertaken by others?
One way in which social workers could potentially be freed up to engage in more face-to-face work might be to train administrative staff to undertake more of the 'paperwork'. A pilot authority participating in the first national evaluation of the Integrated Children's System (ICS) has taken this approach. A conscious decision was made in this authority, in response to severe difficulties in social worker recruitment, to have as much data recording as possible undertaken by administrative staff in order to free social work practitioners to work directly with their clients (Cleaver et al,. 2006). Early findings suggest that this redistribution of tasks has been relatively successful, although it has depended on putting a high level of resources into admin staffing and management, and on providing training for such staff to enable them to be responsible for data quality and information management as well as data entry. Others, however, have argued that while good administrative support is vital, the recording and use of information is an integral part of the social work task rather than an add-on role that should be delegated to others (Gatehouse et al. 2004, see below).

Another study investigated reception and initial contact arrangements in children's social services, through a telephone survey of service managers in 28 local authorities (Cameron and Statham, 2006). Most used some kind of screening service before callers had access to a qualified social worker. Respondents tended to see the advantages of whichever system they had in place: having a screening service was judged to save valuable social work time, while those who provided more direct access to social workers thought that this was more effective in establishing the status of a referral. The study did not collect evidence on the effectiveness of different organizational arrangements, but there was a general view among the managers interviewed that screening staff, even when well trained, could not substitute for qualified social workers.

Direct and indirect contact with clients
It has been argued that the tasks required to safeguard and promote the welfare of vulnerable children and adults do not consist solely of direct contact with clients, but encompass a range of desk-based tasks such as assessment, recording and consultation with other professionals (Bebbington et al., 2003). Time spent liaising with other professionals, both within social services and from other agencies, takes up a 'substantial' proportion of the time of social workers working with looked after children, but should be seen as a useful and necessary aspect of the work (Holmes and Ward, 2004).

Although social workers typically complain that they spend too much time on paperwork or data input and not enough on face to face work, this may depend on how the task of recording information is perceived and how well information management systems support social workers in carrying out their daily tasks (Gatehouse et al., 2004). When recording is seen as a bureaucratic exercise, it is regarded as a chore and rarely completed accurately, which in turn reduces its usefulness. When data recording is an integral part of social work processes, and provides information that social workers need to do their

job properly, it can be viewed quite differently. For example, a study within the DH/DfES *Costs and Effectiveness* research initiative, which investigated social work processes with looked after children, found a large difference in the way field social workers approached care planning for those leaving care compared to the care planning process for children in other situations. The following extract is taken from a report on one aspect of this study, focusing on how social work practitioners spend their time, which was produced at the request of DfES in 2004:

> Overall, the level of activity for the care planning process was very low; on average one hour of the allocated social worker's time to develop or update care plans; two and a half hours for Personal Education Plans and a further hour for a health assessment. These were regarded as office-based activities, necessary to meet regulatory requirements, though informed by contact with the child. Constructing and updating care plans and managing the review process were all perceived as largely administrative tasks, that added to the bureaucratic burden of social workers and took practitioners away from their central task of undertaking direct work with the child and family.

> The perception of the process of completing leaving care plans was very different. Leaving care social workers from the two authorities consulted estimated that they spent on average of 39 hours completing a pathway plan. This activity was usually undertaken over a three month time period, and practitioners spent approximately three to four hours a week working on the plan. *The fundamental difference was that the leaving care workers approached the pathway plan as an assessment that was completed in consultation with the young person; completing the paperwork for the pathway plan and meeting with the young person were not viewed as discrete tasks* [our emphasis]. Instead of reducing the time available to undertake direct work with young people, the completion of the pathway plan was perceived as a means of supporting and structuring this work. (Holmes and Ward, 2004: p6-7)

New ways of working
An emphasis on the value and importance of relationships is a key characteristic of the social pedagogy approach to care work, which is more common in other European countries such as Denmark and Germany (Boddy et al., 2006). Social pedagogues may work alongside social workers to provide support to individuals and families across the age range, with a strong emphasis on adopting a holistic approach to their lives. They may also care directly for children or adults, and have a far higher level of training for this role than do their counterparts in the UK. It has been argued that social pedagogy has considerable potential to inform the approach of residential social work in the UK (Boddy et al., 2006). However, there is little information about how the social pedagogue role might interact with that of the social worker, especially in the UK context – for example, whether social pedagogues could undertake much of the face-to-face interaction with service users and leave field social workers more time for assessment and care management. It is unlikely that such an arrangement would be widely welcomed by social workers, since the evidence suggests that it is the face-to-face and therapeutic aspects of the work which attracts them to it in the first place.

To make the best use of a social worker's skills and time, the 21st Century Social Work Review Group in Scotland have proposed a tiered approach to defining how social workers should be employed. Four tiers are defined in the model:

1. social workers contribute to prevention and building capacity
2. social workers advise and support other professionals and staff delivering targeted service
3. social workers engage in early intervention with people with high levels of vulnerability and need
4. social workers work directly with people alongside their families and carers where there are complex, unpredictable, longer term needs and risks. (Scottish Executive, 2006: 31)

In this model, most of the social worker's time and effort is devoted to the third and fourth tiers where need and risk increase thus maximising the use of their professional expertise. It is proposed that other services and professionals will focus on tiers one and two, although social workers will still make a significant contribution to these.

The Social Work Review Group proposes a range of new roles for social services workers that will 'allow the best practitioners to stay and progress in practice, at the same time as expanding their professional skills and combining this with leadership, research and/or teaching' (Scottish Executive, 2006: 57). Some of these roles will involve paraprofessionals and social work assistants taking on new administrative and business support functions. Others would provide alternative career paths for social workers, including:

- practice supervisors, who have a focus on professional supervision and practice development, but who have no direct management role;
- consultant practitioners who combine professional leadership, expert practice, teaching and research; and
- lecturer practitioners, ensuring that social work practice is taught by credible current practitioners.'

New ways of working are emerging in England. The New Types of Worker Project by Skills for Care, the sector skills council, has been supporting 28 projects involving social care employers who are developing new ways of working for social care staff (Skills for Care, 2004). Some of these projects are piloting person-centred coordination, a model outlined in the Green Paper, *Independence, Well-Being and Choice* (DH, 2005). Within this model, a care manager works alongside the client to undertake the needs assessment and act as lead professional to manage the case and package of care, a role which could be undertaken by a social worker or another professional within a multidisciplinary team (see Q4). Examples provided in the Green Paper include: a care navigator with knowledge of mainstream and specialist services, working with the person using services to develop a sustained pathway of care; or a care broker who might help the individual formulate the care plan, negotiate funding and help organise and monitor services.

Conclusions
The current evidence base for how social workers should spend their time is weak. This partly reflects a lack of research in social work practice and the difficulties of evaluating

social work interventions. Most of the available information concerns the values and approaches that represent the distinctive contribution of social work, rather than evidence about the impact of different aspects of their role on outcomes for users.

A variety of new roles have been proposed for social workers in the Scottish Executive review, which would exist alongside new paraprofessional and business/administrative support roles.

Question 3. What sort of social work tasks add most value to service users?

Introduction

An important starting point for considering what social workers should do is to explore which aspects of their current role and tasks are perceived as most helpful by users. A basic search of the SCIE database identified some relevant literature, and this was supplemented by information from other sources such as an overview of research studies involving users of social services (e.g. Aldgate and Statham, 2000) and a user-led consultation exercise carried out to inform plans for adult social care services (Beresford et al., 2005).

Some of the studies identified cover the wider social care workforce, not just social workers, and most report users' views about the way in which professionals interact with them and the values underpinning this interaction, rather than the specific tasks that service recipients find most helpful. This is perhaps not surprising, as users of services are unlikely to be aware of the different tasks that social workers perform as part of their job.

Users' views

Across the research reviewed, it is evident that what service users value most (regardless of whether they are children in need, parents, older people, people with a disability or with mental health problems or care leavers) are social workers who are able to develop and maintain relationships, who listen and who respect service users as individuals. This is succinctly summarised in a statement from the panel of service users set up for the Scottish Executive's social work review: "We think the most important qualities for social service workers are anti-discriminatory values, respectful attitudes and very good personal communication skills. Users and carers should be involved in training workers to make sure people understand why this is important." (Scottish Executive, 2006). .

The following quote from a mental health service user suggests that this anti-discriminatory and social inclusion perspective is seen as the particular contribution of social work to mental health services:

> 'Mental health is not simply a medical issue; it's about how we function in the world and how we relate to others. Those of us with mental health problems have the same basic needs as other members of society, such as housing, finance, education, employment and family life. Social workers have the specialist skills to help and advise us in our efforts to meet these needs' (NIMHE, 2006:3).

A group of eight service users who contributed to a Welsh review of social work Post Qualifying training commented on what they expected of an experienced and well trained social worker (Care Council for Wales, 2004). They should have:

- An in-depth understanding of the type situation the user and carer were experiencing, e.g., medical condition
- A good geographic knowledge of the local area
- A good knowledge of the law and regulations such as benefits

- A smart appearance, tidily dressed, showing respect for the user and the social work profession
- An ability to make service users and carers feel at ease, to listen actively
- An ability to look positively and imaginatively at how and where to mobilise resources on behalf of the user or carer, with other agencies
- A sense of responsibility for communication within the agency
- Sensitivity to carer's distinctive needs
- A willingness to record needs that could not be met.

Social work with children and young people
In a review of studies evaluating the Children Act 1989 (Aldgate and Statham, 2001), twelve studies included interviews with children about the services they received. Qualities in social workers and other professionals that enabled children to discuss their feelings and take an active part in effective decision-making were:

- reliability and keeping promises – children felt let down and not valued when social workers did not keep appointments or made promises they could not keep;
- practical help;
- the ability to give support;
- time to listen and respond;
- seeing children's lives in the round. Social workers who talked about things that mattered to children outside the problems of their family life made children feel they were more than just cases.

Parents of children in need in these Children Act studies had very similar perspectives on the key features that distinguished good social services. This included interagency services that were well co-ordinated, and seeing the same social worker over time (Aldgate and Statham, 2001). Parents' views of what makes a good social worker were consistent across studies of family support services, children looked after and care proceedings. Among the most important attributes valued by parents were:

- approachability - where parents felt able to confide in social workers and that their account of the problem would be taken at face value;
- honesty;
- time to listen;
- understanding – workers who were non-judgemental;
- reliability;
- helpfulness. Parents were satisfied with workers when they felt they had been helpful. Although a positive outcome in services contributed to the perception of a helpful worker, being listened to was equated with helpfulness even if no other service was offered.

Families of children with additional needs are often in contact with many different agencies and professionals, and particularly value a trusted, named person who can coordinate assessments, information sharing and care pathways, and help them to access the right kind of support (Sloper, 2004; Greco et al., 2005).

Preliminary results from a study of 80 care leavers aged 17 to 24 found that they particularly valued practical and emotional support being available in one place, having multiple needs addressed and workers who were reliable and person centred (Cameron et al., 2006). Another study of care leavers (Biehal et al., 1995) suggested that they particularly appreciated the role of key workers, and distinguished them from social workers who were seen to have a more 'parental' approach.

Social work with older people
A review of effective social work with older people also identifies relationships as an important part of the social work process (Kerr et al., 2005). This review quotes the results of a study which suggests that service users whose care manager was a qualified social worker were more satisfied than those whose care manager had been trained as a home help organiser. Furthermore, the greater number of social worker hours invested in setting up services, the greater the reported satisfaction with the experience of social services (Chesterman et al., 2001 quoted in Kerr et al., 2005)

Godfrey (2000), in a study of the impact of training on the care received by older people in residential homes, found that service users wanted staff with personal attributes such as good communication skills, listening, patience, understanding, kindness and common sense, not necessarily trained staff. Equally, Little (2002:10), in a report for the SSI on the quality of services for older people, argued that 'service users and their carers judge the quality of services through direct personal experience' and value a service which involves and respects carers and clients and keeps them informed, is reliable, promptly arranged, sensitive to cultural difference, and prioritises living in own homes and neighbourhoods.

The centrality of relationships was also highlighted in a project to consider the views and experiences of social care service users, part of the government's consultation for developing a new vision for adult social care (Beresford et al., 2005). Discussion groups across England involving 112 service users including those with a disability, learning difficulties and users of mental health services were organised in the main by service users and their organisations, drawing on their networks and experience of user-led research. Views were elicited on social care services and social care workers including social workers.

Qualities of the social care workforce valued by service users in this study were:
- adopting an enabling role;
- listening (identified as a key issue), respectful and supportive;
- reliability and continuity;
- equality and valuing diversity – being valued for who you are and being non-judgemental.

Bureaucracy was identified as a major problem, which resulted in inflexibility, lack of understanding, disempowerment of users, and mislaid paperwork. Service users were critical of departmentalisation, which resulted in a lack of co-ordination between services and failure to communicate. Although in favour of integrated services, some concern was expressed that the social model of disability was being replaced by a medical interpretation of disabled people and other service users. Those with learning disabilities

felt that services and workers were often controlling which they found difficult to challenge.

Factors thought important by service users in this consultation for improving service provision included:
- training to ensure that social care workers have the requisite knowledge and skills, particularly communication skills;
- user involvement in training and user-led training were seen as the key to a culture shift;
- simplifying and streamlining systems;
- adequate resources that addressed low pay, low status and the pressures of the work, which were seen as a major disincentive to continue in the job and thus affected continuity of care;
- effective user involvement was widely viewed as the only way to ensure accountability, but needed to be more than tokenism;
- A workforce that reflects the diversity of the population, also identified in other reviews and studies (Scottish Executive, 2006; Harding and Beresford, 1996).

Another study consulting with service user organisations and groups report similar findings although undertaken a decade earlier (Harding and Beresford, 1996). The authors concluded that the nature of the relationship between service user and social services worker was central to people's perceptions of what constituted quality. Empowering relationships, being treated as individuals, inspiring confidence, demonstrating respect by recognising what is important to people, ensuring they understand their entitlements, and acknowledging that they have expertise in their own lives, honesty, reliability and continuity were all seen as important. The skills needed by workers to achieve good relationships included listening and communicating, counselling and understanding and knowledge about local services.

Conclusions
Most of the literature reviewed focuses on relationships and attitudes rather than the specific tasks that social workers might undertake. The particular value of social work from a user perspective seems to lie in seeing their lives as a whole, addressing multiple needs and strengthening their ability to deal with different aspects of their lives. Having time to listen, and engaging with service users in a respectful way, was a common thread in all the studies of users' views. Service users believed that social care workers needed the time to develop such relationships, and felt that they often did not have this due to the demands and pressures of their jobs. This does suggest the need for social workers to have the time and skills to engage in direct work with clients. The tension between the demands of case management, having an overview and fulfilling administrative responsibility on the one hand, and the user's appreciation of relationships developed through face-to-face contact on the other, needs to be addressed.

Question 4. What promotes cross-professional working from a social work perspective?

Introduction
Evidence on multi-agency working is being gathered by a separate task group within the *Options for Excellence* review of the social care workforce. The aim of this section of the report is to draw together selected information on joint working from the perspective of social workers, particularly those working in children's services. Given the short time available for this review and the many different terms used to describe multi-agency working, we did not conduct a literature search to address this question. The main sources of data were reports from national evaluations commissioned by DfES of initiatives promoting partnership working, such as the Children's Fund and children's trusts; research funded within an ESRC initiative on multi-agency working; and overviews of relevant research previously carried out by TCRU researchers and others for the expert working groups developing the children's National Service Framework (e.g. Sloper, 2004; Statham, 2004). Selected references from a database of resources on multi-agency working compiled by DfES were also followed up.

There are two types of multi-agency working which impact on the role and tasks of social workers: social workers operating in multi-agency settings (such as extended schools, children's centres and multi-agency teams) and joint working around an individual child or family. Both are key aspects of current government policy, and becoming increasingly commonplace. It has been noted that 'in future, the normal place of work for social workers will be within a multidisciplinary team, be it with new or existing mental health teams, children and families, or in older people's services' (NIMHE, 2006, p6)

Factors promoting and hindering joint working
There is an extensive literature on multi-agency working in relation to care, education and health services for children and their families, and health and social services for adults. The literature includes systematic reviews (e.g.Lyne et al., 2001; Cameron and Lart, 2003); overviews of relevant research (e.g. Sloper, 2004; Tomlinson, 2003), evaluations of national government initiatives to improve joint working in children's services (see below) and case studies of particular examples of joint working (e.g. Atkinson et al., 2002; Kearney et al., 2000; Kurtz and James, 2003). There is a high level of agreement over the factors that appear to influence collaboration, both positively and negatively. Positive facilitators include:

- clear aims and objectives
- clearly defined roles and responsibilities
- commitment of senior as well as front-line staff
- strong leadership
- agreed timetable for implementing change
- links with other planning processes
- good IT and information sharing systems
- joint training
- shared and adequate resources, including admin support and protected time for joint working activities

- appropriate support and supervision
- regular monitoring and evaluation

Barriers to multi-agency working have consistently been shown to be the opposite or lack of the above, such as lack of leadership or support from senior managers, unclear goals and unwillingness to share resources. In addition, collaborative working is hindered by constant service reorganization, frequent staff turnover, lack of qualified staff, financial uncertainty from short-term initiative funding, and differences in professional ideology (Sloper, 2004).

The effectiveness of social work in different settings

There has been little research evaluating the outcomes of social work (or other specialist services) in single agency compared to multi-agency settings. This can be partly explained by the difficulty of evaluating social work interventions, due to a lack of reliable and valid outcome measures, the long-term nature of much work, and the fact that outcomes are typically influenced by many factors other than social work input (e.g. Munro, 2004).

Atkinson et al.(2002), in a detailed study of multi-agency working involving professionals from the Education, Social Services and Health sectors of local authorities, found that many of those involved in multi-agency initiatives had worked in multiple agencies during their career. She suggests that a new type of 'hybrid' professional who has personal experience and knowledge of other agencies will facilitate joint working. In line with more recent research, such as the ongoing evaluations of the Children's Fund and children's trusts, Atkinson suggests that the key is an awareness of the roles and tasks (and cultures, discourses and priorities) of other professions, rather than a blurring of boundaries between professions. This knowledge and understanding could be obtained through initial training and in continuing professional development.

Many studies note the time-consuming nature of the groundwork required to establish professional partnerships and trust, which are essential for effective multi-agency working. They call for an explicit acknowledgement of the increased workload involved in joint working, particularly for middle and senior managers (Noaks et al., 2004)

A problem identified in some studies of multi-agency working, especially where professionals 'crossed boundaries' and were based in another setting, was that they could risk losing their identity or becoming absorbed into other agencies' organizational cultures (Kearney et al., 2000; Pettitt, 2003).

The evidence on the benefits and disadvantages of co-location of services, for example placing social workers in schools or health settings, is mixed. One three-year study of a school-based social work family service (Pritchard and Williams, 2001) reported that better outcomes were achieved when social work support was provided in a universal setting. In this Home Office funded study, a senior educational social worker (ESW) worked with just two schools (a secondary school and its feeder primary, both in a disadvantaged area) rather than being spread thinly accepting referrals from many schools as in the standard ESW service. Over three years, this project achieved

significantly better outcomes, including a halving of the truancy rate, reduced delinquency and improvements in teacher morale and pupils' educational achievements, compared to the standard ESW service in two comparable schools. Families found the service more accessible and less stigmatizing than the standard ESW service, and a tentative cost benefit analysis identified savings above the cost of the project.

Although this study found that educational social work provided intensively in a school setting had positive results, the ESWs maintained an office base outside of the school. An evaluation of the New Community Schools Programme (Sammons et al., 2003) concluded that 'location of NCS services in the community – not always in the school – appears to be helpful in ensuring awareness and participation. However, when NCS core teams are located in one school this can provide particular benefits of accessibility to this school (often the secondary)'.

Another evaluation of a Home Office funded project that involved placing social work trained home-school support workers in secondary schools, found that key factors in their success were the social work (rather than education) background of the support workers as well as their location in schools as part of the school staff (Vulliamy and Webb, 2003).

Evaluation of the first year of the full service extended schools initiative in England found that experiences in attempting to develop multi-agency work were mixed, and highlighted the need for good management and clear lines of accountability (Cummings et al., 2005).

A common finding from different studies is the importance of an individual who can bring together different agencies, whether this is around an individual child (such as the key worker for disabled children) or at a strategic level (such as the manager of a Children's Fund Partnership or coordinator of an On Track).

There is some evidence that joint working, through the mechanism of key workers, improves outcomes for disabled children (Greco et al., 2005). This study found that the 'key worker' role for disabled children required a broad range of skills and knowledge. It was performed best when it was not an add-on role without time and training allocated to it. Designated key workers were found to have some advantages over non-designated key workers, in terms of contributions to outcomes for families, ease of management and development of team spirit. There was little difference in estimated average costs per family per year for services with designated and non-designated key workers.

A number of studies funded by the ESRC have investigated multi-agency working in children's services. One was an ethnographic study of an integrated child health service which brought together on one site health professionals (paediatricians, CAMHS and child development service staff) and a local authority children and families social work team (White and Featherstone, 2005). The researchers found that co-location did not straightforwardly lead to better communication, and called for the development of a 'communication mindset' among professionals. They suggest this could be achieved by people doing extended stints of observation in other settings as part of ongoing professional development, or through the kinds of joint training advocated by Reder and Duncan (2003).

A second ESRC study (Frost, Robinson and Anning, 2005) looked at the role of social workers in four multi-agency teams: one with a youth crime focus, a community-based team working with young people with emotional and behavioural issues, a health-based team working on child development issues, and another health-based team working with children injured in accidents. Again, multi-agency working threw up many issues although the social workers were committed to making it work. The role of the social workers in the teams was 'contested and complex' with actual and potential conflicts about models of understanding; about status and power; about information sharing and around links with other agencies. The issues were particularly difficult for social workers to resolve if they were a minority agency within the team, for example working within a health-based team. Again, the researchers conclude that a key to successful multi-agency working is open communication and understanding and respect for others' roles, and that 'joined-up working does not necessarily mean doing away with difference' (p190).

Studies of social work with adult clients undertaken in multidisciplinary teams has identified similar issues around status and role clarity. For example, social workers in multidisciplinary older person's teams in the UK were observed to be reluctant to voice their opinions and medical consultants tended to dominate meetings (Atwal and Caldwell, 2005). Role clarity was found to promote job satisfaction among staff (including social workers) working in community mental health (CMH) teams (Carpenter et al., 2003). This small-scale study compared staff in integrated CMH teams where social workers and community psychiatric nurses acted interchangeably as care managers, with staff in CMH teams where the care management function was carried out by social workers. Social workers overall had poorer perceptions of team functioning and higher levels of role conflict than health service professionals, which it is suggested this might be due to the centrality of values and professional culture to social workers, and to their perception of social work values as being under threat in CMHTs that are dominated by health service workers.

A study of collaboration between education, health and social services in providing support to families on two deprived housing estates (Easen et al., 2000) found that where there was a statutory framework for joint work (such as around child protection cases), collaboration was generally regarded as more effective than in the case of non-statutory casework with individual clients or families where differences in agencies' priorities, cultures and conditions of work became more problematic. In professions such as social work which had statutory duties to individual clients but not to community development *per se*, it was difficult for front-line managers to make time for their field staff to become involved in community projects, even though they often regarded effective collaborative community projects as the best way to prevent crises occurring in families.

Evaluations of national programmes

National evaluations of initiatives to promote closer working between children's services agencies, such as Sure Start (Myers et al., 2003), the Children's Fund (University of Birmingham 2003, 2004), On Track (Noaks et al., 2004) and Children's Trusts (University of East Anglia 2004, 2005), provide limited information to inform the debate about the roles and tasks of social workers. Many of these evaluations are still ongoing. They typically provide similar findings to the rest of the literature about the factors that facilitate or hinder collaborative working (see above) However, they rarely report specifically on the roles of social workers within such partnerships.

Some relevant messages can be extracted. For example, an important finding from the first round of case studies of Children's Fund programmes (University of Birmingham, 2004) was that more integrated ways of working had *not* led to the development of a generic, all-purpose practitioner. Successful partnerships depended on clarity about the particular contribution of each service and on working across professional boundaries, but not the erosion of expertise.

Early findings from the national evaluation of children's trusts (University of East Anglia, 2004) suggested that health services were playing a much stronger role than were social services. In a survey of all 35 'pathfinder' children's trusts, health was the most represented sector on children's trust boards, followed by education and with social services in third place. The health sector was expected to contribute most of the organizational work: less than one in five pathfinders reported expecting social services to make a substantial contribution to organizing collaborative work within their children's trust. The majority of appointments to Director of Children's Services within pathfinder areas had previously been directors of education, rather than social services. At the time of the baseline survey (July 2004), only a handful of pathfinders had brought front-line delivery of social work within the auspices of the children's trust. Potential challenges to integration that were identified at this early stage included human resources issues around the pay and conditions of staff from different backgrounds who would be doing similar jobs.

This preliminary evaluation identified four broad models of children's trusts: integrated pathways and networks (often focused on one particular client group such as disabled children); co-located teams and integrated service centres (such as children's centres and extended schools); a virtual change agency (with little structural re-organisation); and a virtual change agency that also had a strong commissioning role. No information was available at this stage of the evaluation on the relative advantages and disadvantages of each model, nor detail of how social workers might operate within them.

The second report from the national evaluation of children's trusts included in-depth interviews with strategic, managerial and front-line professionals in eight pathfinder and three non-pathfinder areas. Different roles were emerging, both for traditional professionals working in multi-agency teams and for new types of worker to support professionals. It was felt that a key worker/ lead professional who could be the main point of contact was needed to coordinate appropriate support for children, young people and parents. The evaluation found examples of this kind of front-line role in health, education and social care sectors in most of the case study areas. An example in the social care

sector was a social worker acting as the key worker for parents with mental health and alcohol-related problems. The evaluation also found some lack of clarity about what these new roles and responsibilities entailed, and that restructuring was causing a degree of anxiety and confusion among a number of front-line staff. It recommended that training was urgently needed to support new ways of working.

On the whole, the evaluation found that interviewees did not feel that their professional identities had been put at risk so far by integrated working, although it is noted that staff in these 'pathfinders' are more likely to be enthusiastic about change. Early findings also suggested that it was at the management level that professional identities were particularly likely to be affected by the development of children's trusts, and that there would be 'an increased requirement for all managers to show an ability to work sympathetically with staff from across different sectors and to let go of their own professional allegiances, working practices and expectations' (University of East Anglia, 2005: 51)

Conclusions
There is a wide range of literature which describes multi-agency working especially between health and social care professionals, in children's and adults' settings, and there is general agreement over the factors which promote and hinder this. Relatively little research has reported specifically on the role of social workers in multi-agency settings, but the lessons from the more general literature are likely to be applicable to this group. They include the importance of strong leadership and vision, clarity of roles and responsibilities, and sufficient time and resources to support joined-up working.

Messages of particular relevance for the role and tasks of social workers in multi-agency working include the value of a 'key worker' or 'lead professional' who can facilitate the involvement of different professionals, and the potential significance of joint training in developing an awareness of other professionals' roles. Evidence on the benefits and disadvantages of co-location of services, for example placing social workers in schools or health settings, is mixed. More important appears to be the development of a 'communication mindset' among professionals. A key message is that joined-up working does not mean doing away with difference and that there is likely to continue to be a need for specific social work skills, rather than a blurring of professional identities. Successful partnerships appear to depend on clarity about the particular contribution of each service and on working across professional boundaries, but not the erosion of expertise.

5. What information is available on the take-up of post-qualifying training by social workers?

Introduction

Post initial qualifying training in social work was substantially reorganised during the early 1990s with the introduction of two generic awards, the Post-Qualifying (PQSW) and the Advanced (AASW) Award. Both of these aimed to reward experience and expertise in social work practice. The PQSW had two parts: the PQ1, which forms one of the entry requirements for two of the subsequent specialist awards and in some areas is linked to salary progression; and four specialist awards: the Mental Health Social Work Award (MHSWA); the Practice Teaching Award (PTA); the Child Care Award (CCA) and the Regulation of Care Services Award. Each of these awards has a different history and context, and these factors have a bearing on registration and completion of the awards.

An additional factor is that the framework for post qualifying training has recently been reviewed and further changes will be made from 2007 (GSCC, 2005a). The GSCC states that 'the new framework acknowledges that social workers are in specialist roles and promotes inter-disciplinary working. As with the social work degree, the new PQ awards are academic awards which also meet professional requirements. There will be three levels of award with a modular structure to support career development and workforce planning needs' (GSCC, 2005a: 4). The three award levels will be named Specialist Social Work, Higher Specialist Social Work and Advanced Social Work. Specialisms are planned in the following areas: mental health, adult social services, practice education, leadership and management, and children and young people, their families and carers.

The data presented here relates to the PQ training and the framework in place between 1991 and 2006. During that time frame considerable change in organisational arrangements occurred (Care Council for Wales, 2004). Data for this section was of two main types: i) recent policy-led reviews of post-qualifying training frameworks in England and Wales and annual reports of the activity of the General Social Care Council, supported by figures from workforce research and ii) papers in academic journals obtained through a search of major databases[3]. Overall, while there was information on the rates of take up of post qualifying training, and on its completion, there was very little research that adopted a critical and national perspective on the reasons for take up and completion rates.

Registrations and Awards

Eborall (2003) notes that between 1999 and 2003 there was a threefold increase in the number of PQ registrations and awards, including the PQ1 award. However, this increase has not been sufficient to meet DH targets. For example, in 1999, the Department of Health set a target of 7,000 completed Child Care Awards (CCA) among qualified social workers (DH, 1999). For the years 2000 – 2005, just 2,168 CCAs were recorded as completed by the GSCC (GSCC 2005a). There has been continuing concern about both the take-up and particularly the completion rates of post qualifying awards. Over the year 2004 – 2005 there was a decline in registrations of 15% for the CCA, 10% for the

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[3] ASSIA, SSA, BERI, SSCI, IBSS, ZETOC, SCIE

MHSWA and 11% for the PTA. Particular concern was noted about registrations for and completion of the Regulation of Care Services Award which saw an exceptionally high level of withdrawals (GSCC, 2005a). Declining registrations for 2004-05 were attributed to high levels of uncertainty about the worth of the Awards in the light of imminent changes to the PQ framework coupled with workforce pressures (GSCC, 2005a).

Table 1: Registrations and Awards in post qualifying social work training; 2000 - 2005

	Registrations				Awards			
	CCA Child Care Award	PTA Practice Teachers Award	MHS WA Mental Health Social Work Award	AASW Advanced Award in Social Work	CCA Child Care Award	PTA Practice Teachers Award	MHS WA Mental Health Social Work Award	AASW Advanced Award in Social Work
2004- 05	566	642	330	103	558	498	285	90
2003-04	642	725	369	133	633	535	319	86
2002-03	512	768	264	167	572	566	286	94
2001-02	618	931	424	165	356	581	281	104
2000 - 01	271	1136	479	195	49	562	246	117

Source: (GSCC, 2005a) Annual Quality Assurance Report on Social Work Education and Training 2004 - 05

Reviews of English and Welsh PQ training
Reviews of Social Work in Wales and England by the Care Council for Wales, the Garthwaite Report (2005) and by the GSCC have been conducted and contain some information about PQ training. Through consultations with social workers, voluntary organisations and the Welsh PQ Consortium management board, these reviews found that:

- The PQ framework was thought to be too complex, and the system as a whole was too fragmented. Social workers had difficulty understanding the relationship between the various awards, and the ways achievement was measured through competences and credits. There was very little knowledge about the AASWA and its relationship to continuing professional development.
- The available awards were variable in terms of their relevance to people in practice in specialist posts or in the voluntary sector, and were insufficiently relevant in terms of knowledge and skills, with too much reliance on competence statements.
- The PQ1 was reported to be valuable for newly qualified staff but highly resented by experienced workers.
- PQ training is extremely difficult to fit into a work environment dominated by staff shortages and high caseloads. Social workers do not have sufficient time energy or 'thinking space' necessary for PQ training, nor do managers have confidence that they can effectively redistribute workloads to enable team members to study. Opportunities to support social workers to link training with

practice were very limited. These organisational matters present a considerable obstacle to the take up and completion of PQ training.

- PQ training is insufficiently rewarded by employers in terms of advancement within agencies beyond immediate seniors. In particular the PQ framework does not link to the NVQ in Management, seen as required for career progression.
- There are variations in the degree to which PQ Awards are required for practice. For example, the MHSW Award is necessary in order to practise as an Approved Social Worker, but the PT Award is not required in order to be a practice teacher.
- There was a lack of consensus about whether the Awards should be judged as academic (Master's or degree level) or professional (either as NVQ units or stand alone).
- The flexibility of the portfolio system of accrediting training was valued.

The Garthwaite Report (2005) found that PQ qualifications were 'not seen by the majorities of authorities as the essential factors in determining progression to senior practitioner status. Professional specialist activity is viewed as the most important determinant and experience of inter-agency working comes next' (Garthwaite, 2005: 123). It further stated that the first year in practice after qualifying should provide 'a supported employment environment which enables social workers to develop confidence in practice' which it was planned to introduce in conjunction with the new PQ framework (ibid., p125).

The GSCC (2005b) found that over the year 2003 – 2004 there was a high degree of compliance with the requirements of the PQ framework and strong partnerships had been formed within Consortia delivering training. Surveys of employers showed fairly high levels of satisfaction. However, there were concerns about variability in take up between the various awards, with the MHSWA and the CCA consistently more likely to be awarded. This variability was linked to mandatory requirements in the case of the MHSWA and to funding issues in both cases. Completing the Practice Teachers Award and the AASW had ambivalent support from employers.

The GSCC (2005a; 2005b) noted the following issues that needed to be further addressed or developed in order to increase take up of PQ training:

- Lack of employer support, in the face of considerable workload pressures. This led to social workers either not registering for an award or failing to complete. Successful Consortia had fully engaged employers and had strong collaborative arrangements.
- Men, and people from BME and disabled backgrounds were less likely to complete some awards and less likely to register for some awards There was no evidence to explain variations in recruitment patterns across awards and collecting such data was hampered by a lack of routine monitoring of characteristics such as age, gender, educational background or part-time employment. Successful programmes were those offering a high level of study support, recognising diverse needs. Further room for improvement could be gained through ensuring employers had PQ training policies aligned to workforce planning needs, and that Consortia learned from and engaged with the widening participation agendas in higher education institutions.

- There had been a year-on-year downward drift in the popularity of the Practice Teacher's Award, particularly in relation to men, people from BME backgrounds or had a disability. This may partly be explained by it not being a mandatory requirement, but the GSCC noted: 'We need to understand more about candidate's motivations and aspirations for choosing the PTA'.
- There was a lack of care service user involvement in developing, delivering and evaluating PQ training.

Expanding programmes were those with clear government requirements and that attracted local resources, such as the CCA and MHSWA; declining programmes were those seen as less relevant to employer's needs and current priorities, such as the PTA and the AASWA.

Academic Research on PQ training
What little research there is on social workers' views on or attitudes towards post-qualifying training focus largely on the views of candidates registered for PQ1 courses and look at the barriers and facilitators to completion of post-qualification training (Brown & Keen, 2004; Cooper & Rixon, 2001; Postle et al., 2002; Skinner & Whyte, 2004). They rarely focus on questions of effectiveness in terms of change to the service delivered after the training is completed (Preston-Shoot, 2003). These studies are locally based usually involving either one post-qualifying consortia or social services department. Samples are very small varying in size from 20 to 35 respondents. While there is some consensus in the findings across the studies, the results should be treated with caution.

Completion rates for the PQ1 are 75% or lower (Brignall, 2001; Stanford- Beale and Macauley, 2001). Major factors influencing completion include: workplace culture, including in-work support from immediate managers and human resources departments; and resources, including adequate time to study, which implies release from other duties, study and IT skills and access to IT. A recurring theme in the literature is juggling competing pressures from work and study (and presumably home commitments, although this is aspect is rarely mentioned) (Shaw, 2001; Mitchell et al., 2001; WMPQC, 2001).

Recommendations to improve completion include: clear information giving, access to adequate resources and support and, in particular, strong partnerships between agencies delivering training and employers (Brown and Keen, 2004; Preston-Shoot, 2003).

Workplace culture: For registration and completion of post-qualifying training individual motivation and commitment are important, but workplace culture is also influential. Skinner and Whyte (2004) and Postle et al. (2002) argue that there needs to be a significant shift towards a learning culture within the workplace: 'Training programmes of all types need to be negotiated with the active involvement of managers. Those same managers need to be involved in parallel learning, so that the climate surrounding staff is one where learning is encouraged, valued and supported.' Skinner and Whyte, 2004: 379).

Whereas courses endeavour to promote critical thinking and debate, such an approach may not be welcomed in the workplace and candidates can experience a culture of anti-

intellectualisation in their teams and a lack of understanding of the PQ framework (Postle et al., 2002). Having close co-operation and strong links between partners in the consortium and involving senior managers can break down these barriers and give legitimacy to post-qualifying training (Brown and Keen, 2004; Postle et al., 2002). Departments with the clearest training strategy were found to have the highest number of candidates on the programme (Brown and Keen, 2004).

Supervision: In a survey of 35 social workers in one social services department who had been registered as PQ candidates up to 1999, team managers were perceived as lacking knowledge about PQ requirements, suggesting that in their supervisory role they were unable to offer effective guidance and advice for PQ completion (Cooper and Rixon, 2004). Discussions with team managers revealed some ambivalence about PQ opportunities leading the researchers to suggest that 'On the one hand their professional instinct is to encourage and promote PQ practice development, but on the other hand, this may conflict with their managerial responsibilities in controlling scarce resources that are needed to respond to operational casework demands upon the team' (p708).

The role of line managers in supervision of candidates was considered in a pilot study that collected the views of a small sample of 20 social workers, managers and staff development officers drawn from five social services departments between 1996 and 1997 (Turner, 2000). The study concluded that such supervision is challenging due to conflicts of interest, lack of objectivity and inadequate preparation and training for line managers acting as mentors although these difficulties could be overcome. Importantly, line managers needed to fully understand their responsibilities and embed the process within supervision.

Study time: Cooper and Rixon (2001) explored how protected study time within working hours was perceived and whether it was used. Inevitably, the use of study time is subject to the informal influences of how colleagues view study time – whether it is seen as acceptable to take it or not within a pressurised working environment. Study time of one day a month was considered insufficient and use of study time was linked to completion. Approximately two in three of the completers always used their study time compared with nine in ten of the non-completers who never or rarely used this time. Brown and Keen (2004) found resentment among some social workers due to the fact that PQ1 had to be completed in their own time with little or no study time and with little incentive other than keeping their job.

Study skills and pressure from work: Returning to study can be daunting particularly if it is many years after qualifying. The pressure of completing the work for the PQSW, which according to the authors of one study equates in quantity and quality to an undergraduate's final year, when candidates are not used to academic writing can be significant (Brown and Keen, 2004). A third of candidates found the process of returning to study an anxious or worrying one, particularly those who had qualified ten years before registering for the PQ1. Having someone to talk to who could allay their fears, such as their training or line manager, helped (Brown and Keen, 2004).

Studies have reported that candidates often lack the appropriate study skills, particularly how to access and use research evidence (Brown and Keen, 2004; Keville, 2002; Young

and Keen, 2002). A firm foundation in approaches to studying is required to avoid high levels of anxiety leading to non-completion.

Motivation: Cooper and Rixon (2004) results suggest that the PQSW framework is viewed as more appropriate for meeting the needs of newly qualified staff, but does not address the needs of staff with considerable practice experience. They also asked candidates to rank four choices of motivating factors to complete an award. Accelerated increments on pay scales and career progression accounted for a large majority of first and second rankings.

Effectiveness: Preston-Shoot (2003) addressed the question of the impact of a PQ practice teacher's course on social work law on candidate's service delivery. He found, through the candidate's own evaluations, that there was 'a clear impact on confidence and knowledge', and that candidates were 'feeling more creative in developing learning opportunities' through using tools and ideas from the course (Preston-Shoot, 2003:472). In relation to post qualifying training in child care law, the author recommended further development of post qualifying courses involving both social workers and lawyers.

Although not directly evaluating social work PQ training, Gorman (2003) examined the effectiveness of post-qualifying training in relation to care managers' decision-making in complex cases in a climate of risk and uncertainty and in particular the NVQ model of assessing knowledge and skills in place for this group. She concluded that care manager's evaluated their practice as improved through training, in particular skill development such as collaborative working, team working, critical thinking, report writing, leadership skills and confidence at work all improved. She argued that the role of a care manager combines the need for professional knowledge, situational knowledge and finely tuned judgement in a particular context, which reflects the task social workers are required to do.

Conclusions

Information available on the take up and completion of post qualifying awards in social work is reliant on localised and small scale studies and focus groups undertaken for policy-led reviews. However, there is considerable consensus across data types that post qualifying study needs to take account of organisational and resourcing issues in order to achieve a higher take-up and completion rate. In particular, the following lessons emerge from the research. PQ training should be:

- On a statutory footing, so that there is an incentive for national government and employers to fund and support PQ study
- Grounded in practice and relevant to current practice specialisms, so it extends current knowledge and skills
- A route to career development, so that PQ study can be undertaken as a method of extending the range of specialist skills held by individuals
- Tied into career progression, and recognised by Human Resources Departments as achievements to be rewarded through salary increments
- Organised through strong, well-organised and inclusive partnerships across educational institutions and employers, so that learning is 'owned' by all parties and integrated into everyday work environments

- Resourced through adequate study time and release from work duties during study periods in ways that do not negatively impact on work colleagues
- Marketed, taught and evaluated in ways that are sensitive to people from diverse backgrounds, and people unused to study at an advanced level and its demands.

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