

Social workers' views on the state of adult social work:
Results of online consultation

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Report for

The College of Social Work

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1. Background to the consultation

1.1 The College of Social Work

In late 2009, the Social Work Task Force¹ called for the creation of an independent and strong organisation that would represent and support the social work profession. The resulting organisation, The College of Social Work, has been operating as an interim body under the aegis of the Social Care Institute for Excellence since 2010, and will shortly become an independent entity.

1.2 Adult social work consultation

Social work with adults is a key part of adult social services, but it has not received the focus it deserves in recent years. In autumn 2011 The College of Social Work launched a project aimed at putting that right.

The project began with a series of consultation events in Manchester, Birmingham and London. At these events social workers in adults' services gave their views on the current state of social work for adults, and the uniqueness and value of the social work role.

Following these events, in order to widen the consultation to as many social workers as possible, all prospective members were asked to complete a 5-minute 'temperature gauge' survey about their views on the current state of adult social work.

This report details the results of the survey.

The consultation events, the survey and the results from a series of telephone interviews will all contribute to the evidence presented at a 'summit' for adult social work in February 2012. The summit, convened by the College of Social Work, will be attended by key decision makers, by social workers, and by people who use services.

2. Survey approach

The survey was conducted online. A series of nine statements about adult social work, derived from the data collected at the consultation events, were presented to respondents, who ranked their level of agreement/disagreement on a 5-point scale. The survey asked for a number of demographic details, but no identifying information. The draft survey was tested with prospective consultees and College staff, and amendments made. [A copy of the final survey text is at Appendix 1].

An invitation to participate was sent to prospective members of The College (who include social workers in all types of services and sectors) on 28 November 2011. A total of 119 people responded.

Email addresses were collected from those who indicated that they were willing to undertake a short follow-up telephone interview. The email addresses were kept separate from the survey responses to ensure anonymity.

¹ For more information on the Social Work Taskforce and Social Work Reform Board see <http://www.education.gov.uk/swrb/>

2.1 Data analysis

The quantitative data were analysed using Excel. The qualitative data (i.e. free text responses) were also analysed in Excel using constant comparison techniques. Filtering of responses by years since qualification, type of employer, social work role and service area was carried out for the major themes identified by the researchers. In general, views tended to be well-spread across all groups of respondents. If a trend did emerge from the filtering this is included in the findings.

In the sections that follow, the direct quotes are attributed using a unique ID number; the ID and anonymised profile of all respondents can be found at Appendix 2. Quotes are corrected for spelling but otherwise left verbatim.

3. Profile of respondents

3.1 Professional group

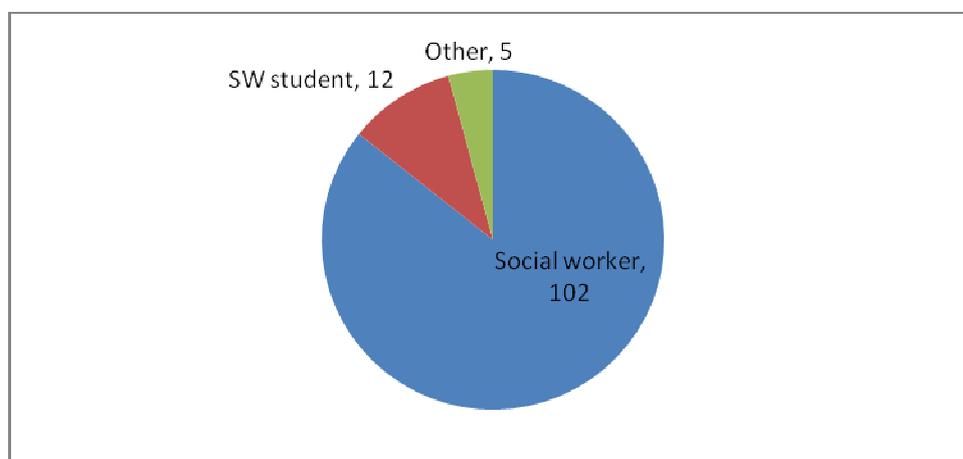


Figure 1: Roles of respondents, percentage (n=119)

Eighty-six percent (n=102) of the 119 respondents were UK registered social workers. Ten percent (n=12) were social work students, and 4% (n=5) were in other roles including service users, care co-ordinators and reablement officers.

3.2 Length of time as practising social worker

Of the 102 social workers, 81 have been qualified for more than five years, 20 for 1-5 years, and one respondent was a newly qualified social worker.

Eighty four respondents were qualified social workers currently practising in England.

3.3 Main employer

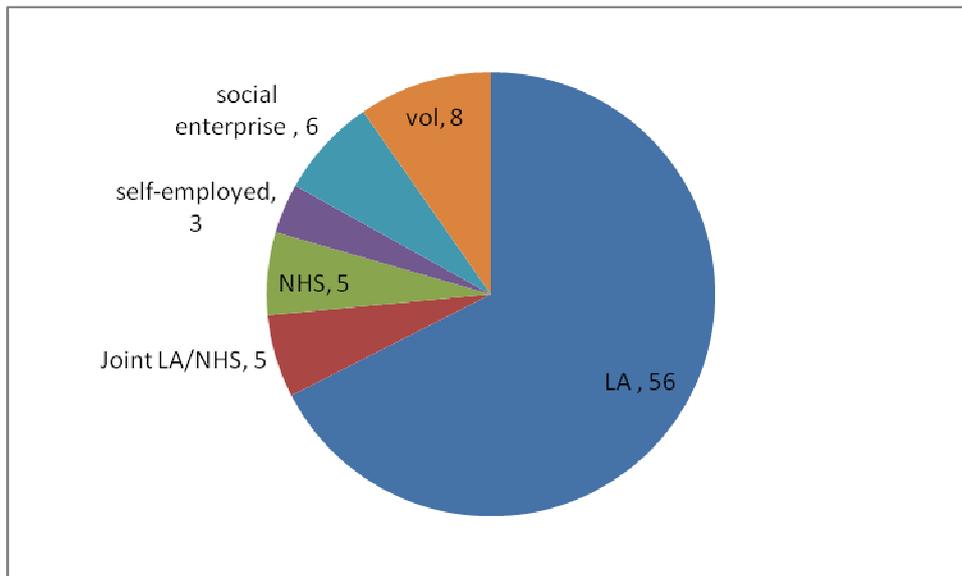


Figure 2: Main employer currently practising as social workers (n=84)

Of the 84 social workers currently practising in England:

- 67% (n=56) work in local authorities
- 10% work in the voluntary sector
- 7% work in social enterprises
- 6% work in the NHS
- 6% work in joint NHS/LA organisations
- 4% are self-employed.

3.4 Responsibilities of practising social workers

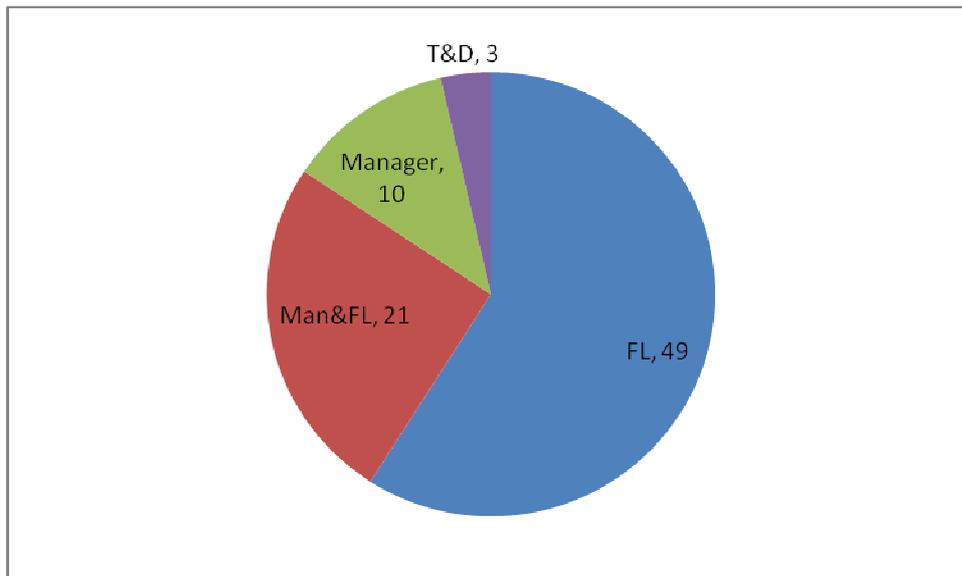


Figure 3: Main areas of responsibility of currently practising social workers (n=84)

Fifty-nine percent (n=49) of practising social workers who responded to the survey were frontline workers. A quarter described their role as both frontline and managerial. Twelve percent (n=10) described themselves as social work managers, and 4% as working in training and development.

3.5 Service areas

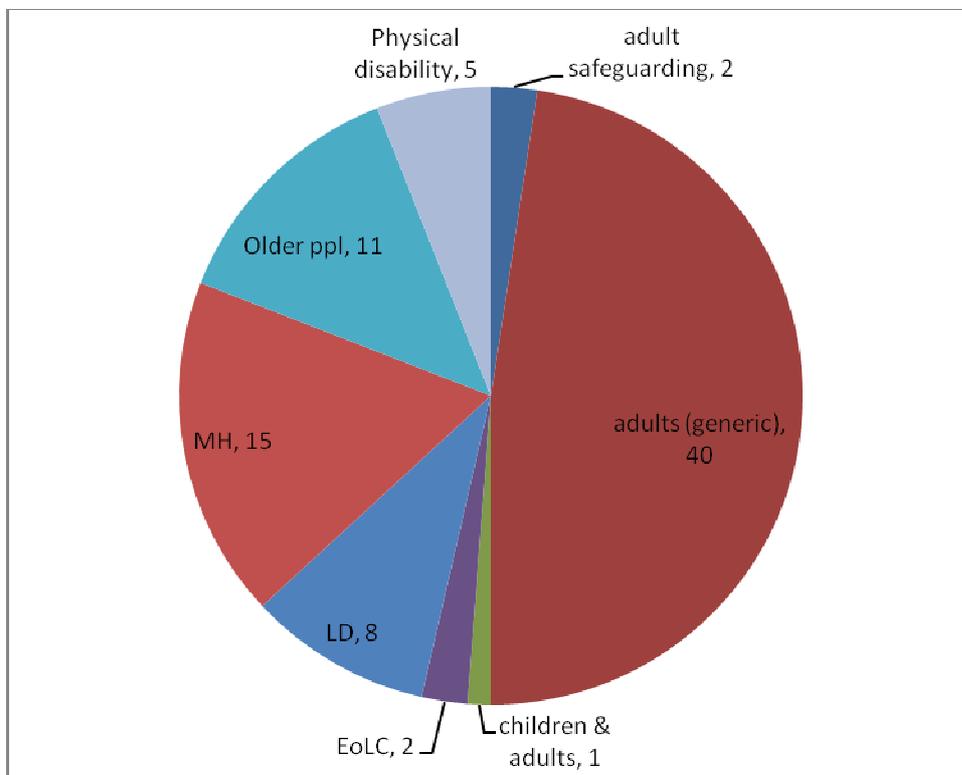


Figure 4: Service areas of practising social workers work (n=84)

Just under half (n=40) of practising social workers are working in generic adults services. Eighteen percent (n= 15) work in mental health, 13% (n=11) work in older people’s services, 10% (n=8) work in learning disability services. The remainder work in end of life care, disability services, adult safeguarding, or joint children and adult services.

4. Findings

Respondents were presented with nine statements about adult social work, which were derived from views expressed at the consultation events held in September and October. Respondents were asked to rate their level of agreement or disagreement with the statement on a 5-point scale.

In order to improve the validity of the data:

- the order of the statements was randomised (i.e. each individual respondent saw the statements in a different order), and
- some concepts were presented as ‘positive’ statements (for example ‘I feel optimistic about the future of adult social work’) and some as ‘negative’ statements (for example ‘The move towards personalised services is likely to marginalise the role of social workers’.)

4.1 The future of social work with adults

Respondents were asked to rate their level of agreement with the statement ‘I feel optimistic about the future of social work with adults’.

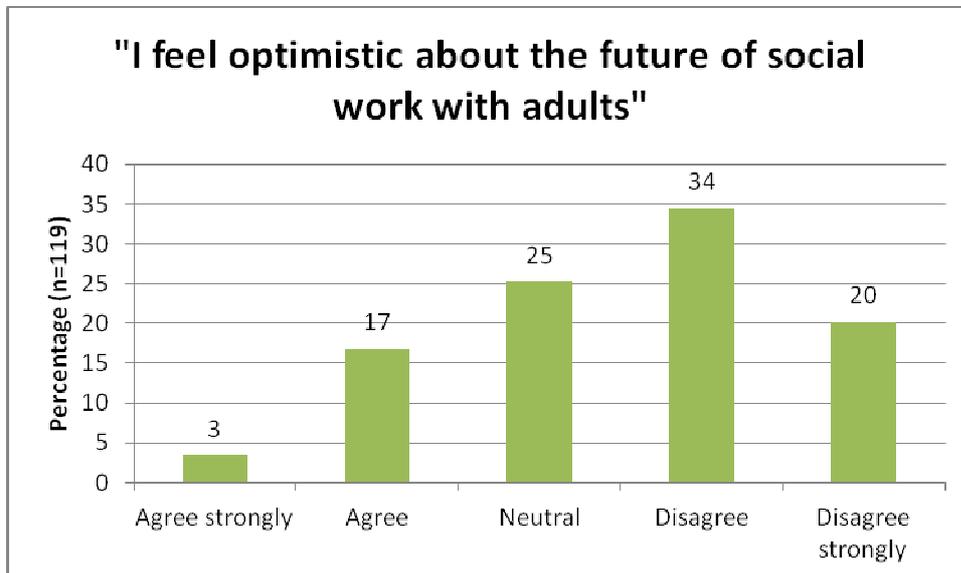


Figure 5: Percentage of all respondents who report feeling optimistic about the future of adult social work (n=119)

Figure 5 above indicates low levels of optimism, with 54% of all respondents *disagreeing* with this statement, and only 20% agreeing.

Figure 6 below shows the responses of social workers currently practising in adult services (this includes a range of services for adults including generic, older people’s, disability and mental health). The 18 social workers in non-local authority settings – this includes voluntary organisations, social enterprises and self-employed social workers – appeared more pessimistic than social workers in local authority settings. Please note however, that the small sample sizes mean it is not possible to conclude whether this difference is statistically significant.

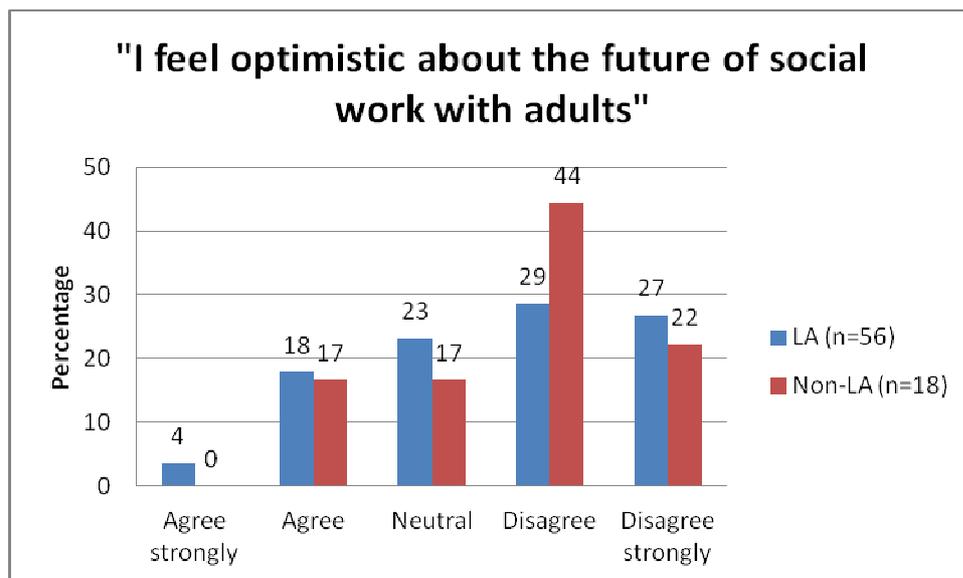


Figure 6: Percentage of practising social workers who report feeling optimistic about the future of adult social work: Local authority social workers (n=56) compared to other social workers (n=18)

Respondents were able to make general comments if they wished to amplify any of their responses. A number of respondents commented about the general status of adult social work and their views on its future. Those people who commented generally took a pessimistic view:

- Some felt adult social work (ASW) as a discipline was likely to be wound down altogether (ID 74,79,80,84)
- Some felt ASW had been eclipsed by children’s social work (ID 3,43,108), and one respondent felt ASW was ‘badly managed compared to children’s e.g. no targets or chaired reviews’ (ID 27).

4.2 Integration with health

Respondents were asked to rate their level of agreement with the statement ‘The increasing integration of social care and healthcare will enhance the standing of social work’.

Figure 7 below shows that respondents do not view integration with health as beneficial to the standing of social work; 47% percent of the 119 respondents *disagree* with the view that integration will enhance social work, and 26% agree.

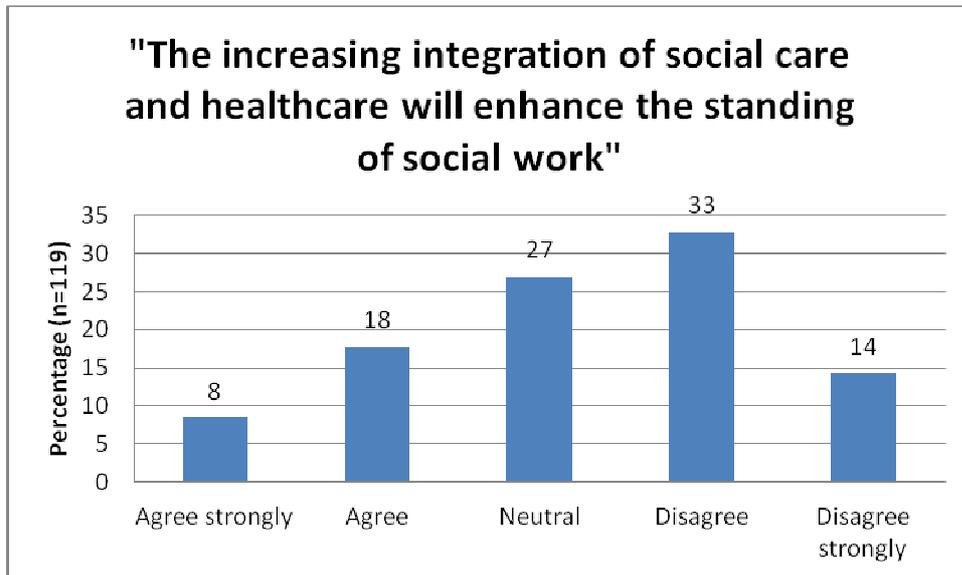


Figure 7: Percentage of all respondents who feel integration will enhance social work

Specific comments by respondents on this topic included:

- The need for a commitment to a social model as opposed to an increasingly dominant medical model (ID 105,116)
- The still wide gap in understanding between social workers and healthcare workers (ID 21,77,91,116)
- A suggestion by one respondent, in learning disability services, that 'integration is going backwards' (ID 85).

4.3 Personalisation

Respondents were asked to rate their level of agreement with the statement 'The move towards personalised services is likely to marginalise the role of social workers'.

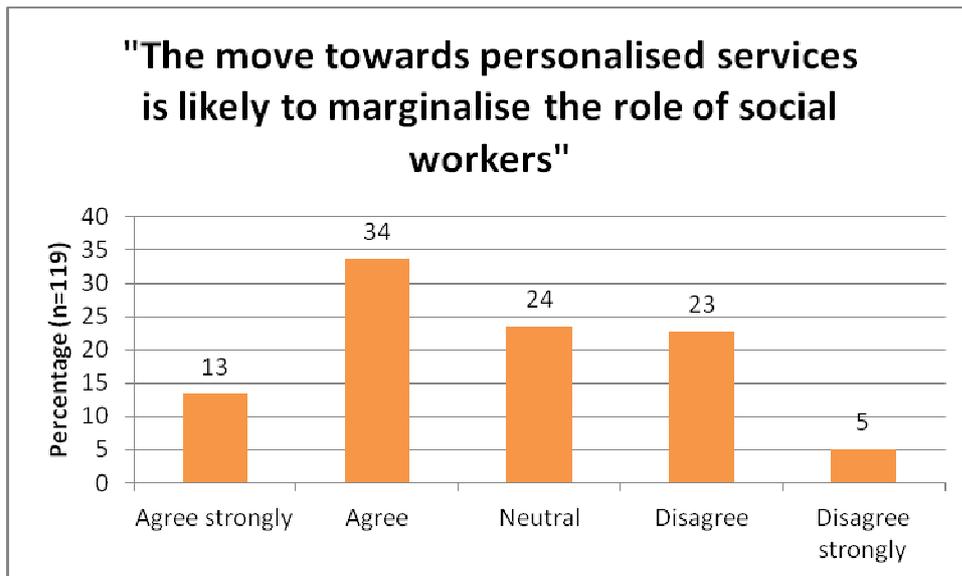


Figure 8: Percentage of all respondents who feel personalisation will marginalise social workers

Figure 8 above indicates slightly more mixed views on the impact of personalisation. Overall, the largest proportion (47%) agrees that personalisation is likely to marginalise social workers, although 28% disagree and 24% are neutral on the question.

Specific comments by respondents on this topic included:

- The manner in which local authorities implement personalisation makes it negative when it should be positive (ID 41,65,87)
- Personalisation is leading to unqualified staff being employed to do social work tasks (ID 24,65)
- Some respondents felt that personalisation, if managed properly offers opportunities to move away from care management back to 'old fashioned' social work tasks such as assessment, intervention and community based work (ID 33,41,80,92).

4.4 Approved Mental Health Practitioner role

Respondents were asked to rate their level of agreement with the statement 'The Approved Mental Health Practitioner role requires skills unique to social workers'.

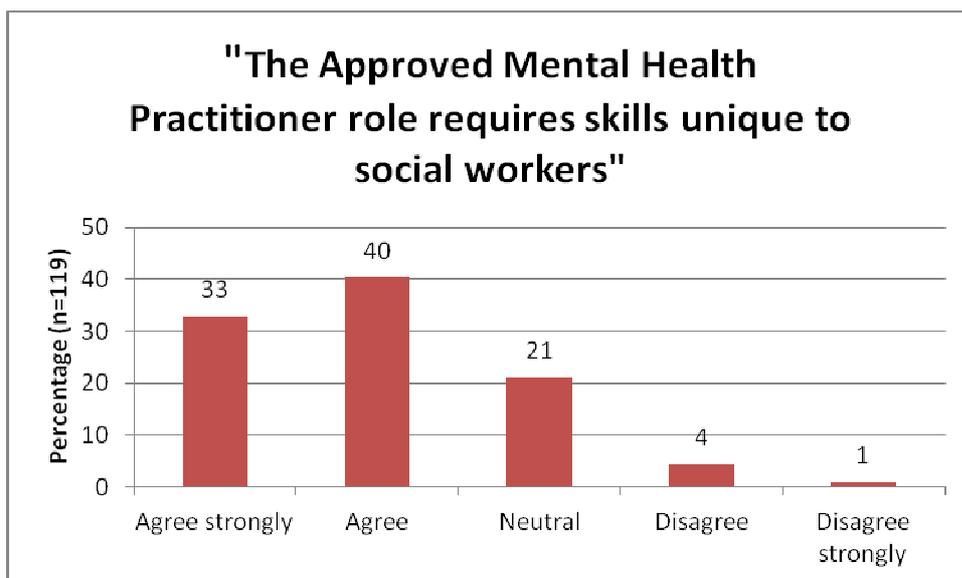


Figure 8: Percentage of all respondents who feel personalisation will marginalise social workers

Respondents were quite clear-cut in their view that AMHP role required skills unique to social work; 73% agreed with this statement, and only 5% disagreed.

4.5 Bureaucracy and targets

Respondents were asked to rate their level of agreement with the statement "Social work in adult services is held back by bureaucracy and performance targets".

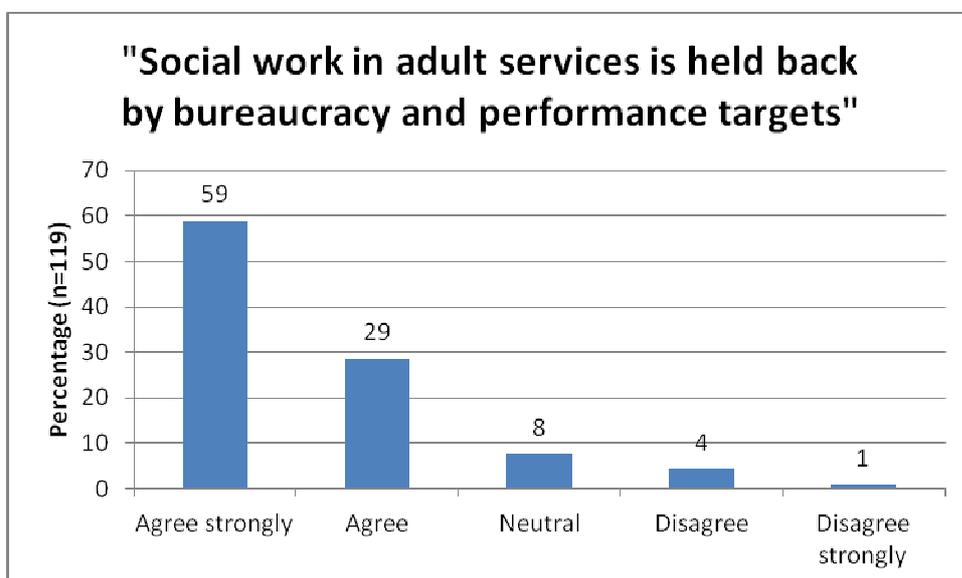


Figure 9: Percentage of all respondents who feel social work is held back by bureaucracy and targets

Respondents overwhelmingly agreed that bureaucracy and performance targets are detrimental to adult social work, with 88% of respondents agreeing and only 5% disagreeing.

This consensus was strongly reinforced by supplementary comments from respondents, including:

- bureaucracy has replaced client contact (ID 16,29, 35,37, 41,65,68, 103,111)
- performance targets are about turnover not quality (ID 68,69,83,97,103).

4.6 Service user involvement

Respondents were asked to rate their level of agreement with the statement “We do not involve people who use services enough in decisions about their care”.

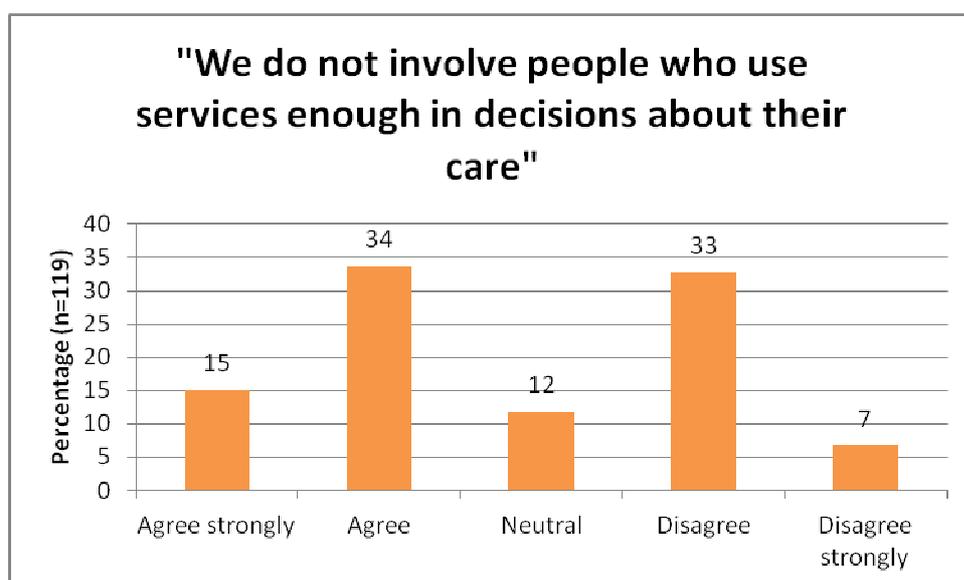


Figure 10: Percentage of all respondents who feel service users are not sufficiently involved in decisions about their care

Respondents were quite split on this question; 49% agreed that service user involvement was insufficient, while 40% disagreed and 12% were neutral on the question.

One respondent (ID44) commented that they felt social workers in adult services need to be stronger advocates for service users and carers.

4.7 Carer involvement

Respondents were asked to rate their level of agreement with the statement ‘We do not involve carers enough in decisions about their loved one's care’.

Figure 11 below shows that respondents were somewhat divided on the question of carer involvement in a similar way to the question of service user involvement ; 47% disagreed with the idea that carers were not sufficiently involved, compared to 34% who agreed and 18% who were neutral.

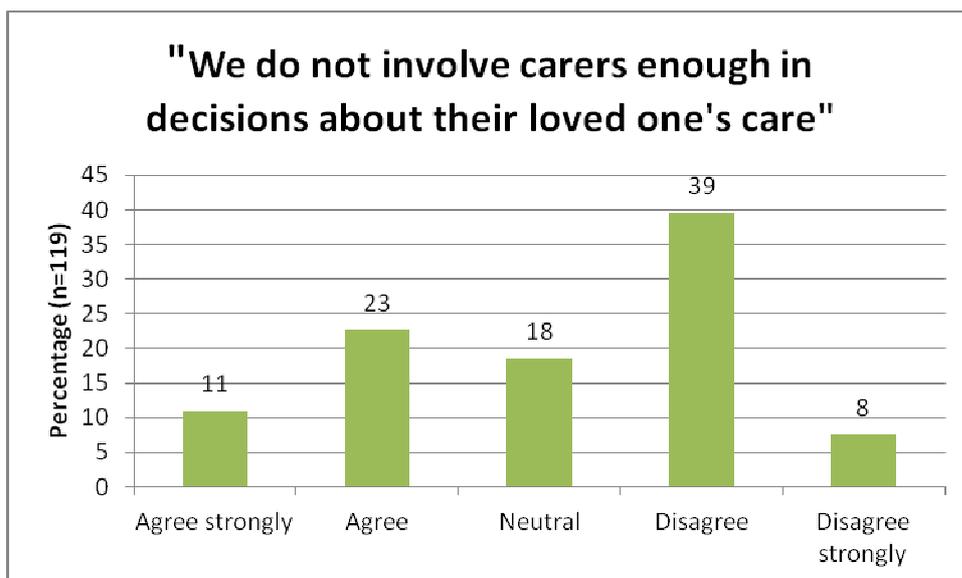


Figure 11: Percentage of all respondents who feel carers are not sufficiently involved in decisions

4.8 Care management versus social work

Respondents were asked to rate their level of agreement with the statement 'Care management is not the same as social work'.

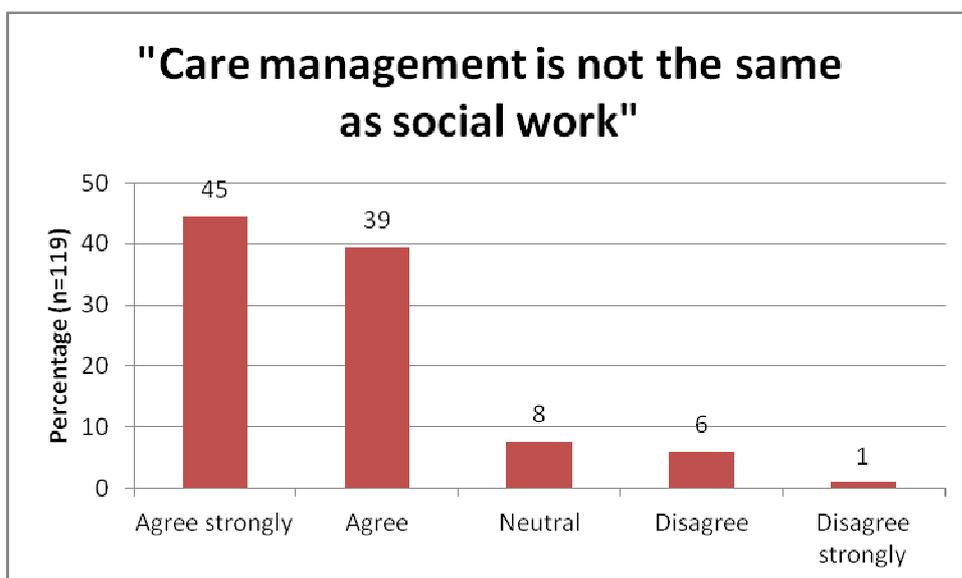


Figure 11: Percentage of all respondents who feel care management is distinct from social work

Respondents showed a very strong degree of consensus on this question, with 85% of respondents agreeing that care management is not the same as care work, and more than half of those agreeing strongly. Only 7% of respondents disagreed with this statement.

Many respondents expanded on this view in their supplementary comments:

- Adult SW has been reduced to 'care management' (ID 3,29, 35, 37,41,68,100,106,111)
- Care management is assumed to be doable by unqualified/non SW staff (ID 3,24,30,70,116)
- Skilled social work tasks such as assessment are being done on the phone (ID 31,35)
- There is no time for long-term planning; adult SW is all about crisis management (ID 73,88,95,100,103,105)
- There is no time for preventative or therapeutic work with clients (ID 16, 35,65,68,69,70,73,88)
- Eligibility criteria such as FACS, and budget constraints, mean adult SW cannot offer what people need, which in turn leads to demoralisation of the workforce (ID 5,68, 74,81,83,87, 88,91,100, 101)
- There is no room for creativity of approach in adult SW due to inflexible management (ID 37,68,83)
- There is too much focus on risks and safeguarding as opposed to support (ID 110).

4.9 Making a difference

Respondents were asked to rate their level of agreement with the statement 'I believe the work I do makes a difference to people's lives'.

The overwhelming majority of respondents feel that their work makes a difference, with 95% of respondents agreeing with this statement, and 5% neutral. None of the respondents felt their work did not make a difference.

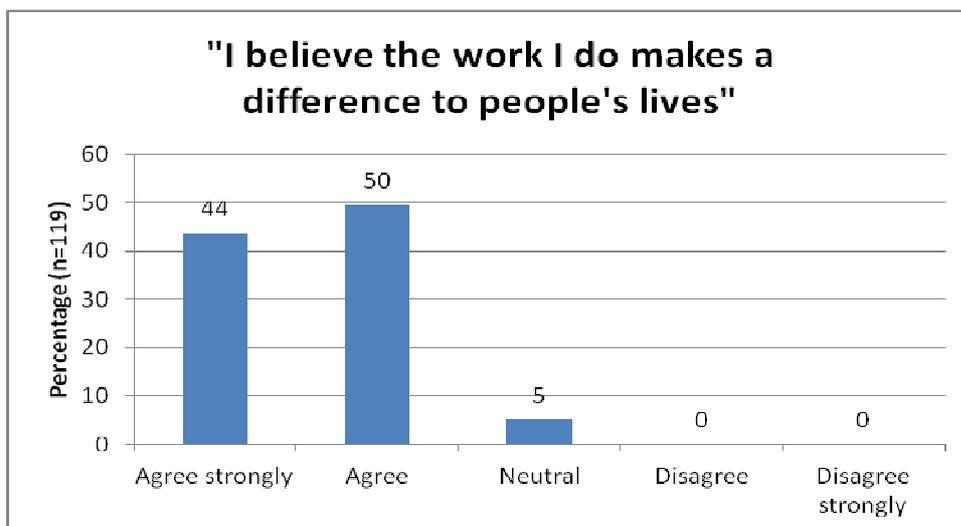


Figure 12: Percentage of all respondents who feel their work makes a difference to people's lives

4.10 General comments

In addition to the comments already summarised above, respondents raised the following issues:

Legal frameworks

- Legal frameworks in adult SW do not enable action on safeguarding for adults in same way they do for children (ID 43)
- Safeguarding and capacity legal frameworks are an opportunity for adult SW to reassert its professional status (ID 3,77).

Local authority management

- Local authorities no longer value adult SWs and many are leaving the profession altogether or working in other sectors (ID 9,41,81,91,110,116)
- Change management in local authorities is conducted by people with insufficient knowledge of SW processes (ID 83)
- Students do not see ASW as viable option due to diminution of adult SW posts (ID 74).

Other comments

- Some areas of adult social work e.g. palliative care, still have time for 'proper' social work (ID 100)
- The lack of prioritisation of older people in broader society underlines the devaluing of adult social work (ID 108).