Exploring the use of the Codes of Practice for Social Care Workers and Employers across the UK

Draft Report

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1. Introduction

This is the draft report of a review carried out by the Social Care Workforce Research Unit at King’s College London into the use of the Codes of Practice for Social Care Workers and Social Care Employers. The Review was commissioned by the four Care Councils in the UK: the General Social Care Council for England (GSCC); the Scottish Social Services Council (SSSC); the Northern Ireland Social Care Council (NISCC); and the Care Council for Wales (CCW). The review period has been short and the review should not be confused with a full consultation. However this study fits within a wider review process of the Codes, which is currently being undertaken by the Care Councils. During the course of the study we have worked closely with staff in all four Care Councils and on two occasions, had face to face meetings with representatives.

Having set out the context and methodology of the study, the report draws out the key themes that emerged in the responses from the stakeholders with whom we had contact. Finally, a number of conclusions are drawn with a view to make recommendations in relation to both the Codes themselves; and in respect of processes by which the review outputs can be addressed in the future.

Given that this is a draft report the authors would welcome early feedback. We acknowledge and thank all those who took part in the study and, especially the individual service users and carers and their organisations who participated. We thank staff of all the Care Councils who assisted us and, in particular, Patricia Suarez from the GSCC.

2. Policy Context

The social care sector, across all the regions of the UK in recent years, has undergone a process of major reform. This has involved the exploration of the aspirations, ethos, structure and means by which services are delivered; taking into account the wider context of public service modernisation. The vision has been of developing a more cohesive, personalised care system with a sharper focus on a better experience and outcomes for those who use services and to “narrow the gap” between those who are disadvantaged and vulnerable and the rest of society\(^1\).

\(^1\) The Children’s Plan: Building brighter futures (DCSF, 2008)

Independence, well being and choice (Dh, 2006)
The change in regulatory arrangements for the sector has been an important part of these reforms and a major feature of this has been the creation of the Care Councils in the UK. The key functions of the care councils have been to both regulate and provide the framework and conditions in which the workforce can be developed. A crucial element in realising this vision is the improvement of care services. When the Care Councils were established it was recognised that the social care workforce needed a more robust system of quality assurance and regulation in order to promote public trust and increase the professionalism of the social care sector in both its practice but also in the way it was perceived. Professional registration was at the heart of this process and in 2002 Codes of Practice were published to provide the condition/basis for registration. These Codes were the first UK-wide Codes of Practice for social care workers and employers and have sought to provide “a clear guide for all those who work in social care, setting out the standards of practice and conduct workers and their employers should meet.”

The changing nature of the care sector has also stimulated a debate about the roles and tasks of social work. All four UK nations have conducted, or in the case of Northern Ireland are in the process of conducting, national consultations into the role and tasks of social work. In England this came in the aftermath of the wider review of the social care workforce, Options for Excellence. A common feature of the debates has been the nature of the ethical dimension of the social work role and the way that social work’s value base plays a major part in defining the profession’s identity. Discussions of ethics in social work are not new, in UK and in other countries where the profession is well established. However, as Banks notes, this discussion has latterly become more extensive in the UK and internationally has increasingly spread to regions where social work is a newer and less established profession. Ethical codes, captured within a professional code, are a much more recent innovation in social work by comparison with some other professional groups. Indeed within the social work literature, coverage of ethics is both relatively more recent and smaller in volume, than for example, in comparison with the health professions. Interestingly, however, 2007 saw the launch in the UK of the first academic journal devoted to ethics and social welfare.

### 3. Aims of the study

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2 Modernising health and social care (DH, 1998)

3 [www.gsc.org.uk/Good-practice+and+conduct/What+are+the+codes+of+practice/](http://www.gsc.org.uk/Good-practice+and+conduct/What+are+the+codes+of+practice/)


7 Ethics and social welfare [http://www.tandf.co.uk/journals/17496535.asp](http://www.tandf.co.uk/journals/17496535.asp)
The Codes were drawn up following an extensive consultation. 10,000 consultation packs were distributed and the GSCC alone has sent out 3 ½ million hard copies of the Codes. A copy of each has been sent to every registered social worker and copies have been supplied to employers and higher education institutions (HEIs) as well as to other stakeholders, such as professional bodies, trade unions and groups representing users of services. It is now six years since their publication and the four Councils are seeking to review the Codes and explore both the extent and the way in which they have been used in and by the sector

(i) Research objectives

The overall objectives of the study have been:

- To find out how the Codes of Practice are being used by social care employers and workers across the UK;
- To identify if the Codes are ‘fit for purpose’ and how the Codes might be further developed;
- To establish the level of knowledge among people with experiences of using services and carers’ and their awareness and views of the Codes.

(i) Specific research questions

In addition the study sought to address the following specific questions:

(1) To establish if and how the Codes have influenced the practice of social care workers and their employers
(2) To what extent of has the stated objective of setting down standards of conduct been achieved?
(3) Are the Codes being used in induction, training, supervision and on a day to day basis?
(4) Is there evidence of the Codes being integrated into job descriptions, performance appraisal systems and their use in disciplinary processes?
(5) Are the Codes meeting the needs of workers and employers?
(6) Are there suggestions about how the Codes might be further developed?

4. Methodology
The study used a range of methods to garner as wide a range of data as possible. These included an online survey for social care employers, supplemented with in-depth interviews with a number of representative employers across the regions, service user groups and sectors. In addition interviews were undertaken with practitioners, social work students and key staff working on relevant programmes in HEIs. A number of interviews were conducted with users of services, but their views were mostly gathered through consultative events with representative organisations. A member of the research team also attended the meeting of the UK wide Care Councils’ conduct committee and their views are also included in this report. As well as interviews the research team had access to a number of important documents:

- Copies of the four countries Codes of Practice
- Report of the findings of a stakeholder survey carried out by the SSSC in 2007
- The “Confidence in Care” materials produced by the CCW in 2007
- Web based information relating to the Codes produced by each of the four Care Councils
- Handbooks from six HEI social work qualifying programmes and from two post qualifying programmes.

**Phase 1 Online questionnaire**

The first component of the project was the online questionnaire, designed to ensure that the study objectives (see above research questions 3, 4 and 5) were comprehensively addressed. Online questionnaires are widely recognised as a highly effective way of gathering a large amount of quantitative data in a relatively short period. Nevertheless response rates can be low, especially as we specified that a senior member of staff from the respective organisations was needed to complete this in view of the complex nature of the information required. In our proposal to undertake this work, we undertook to elicit information from at least 30 employers. In the event, we were very gratified to receive 81 responses. However, the response rate was geographically uneven, reflecting the fact that the process was not straightforward. For example, it was difficult to gain access to the contact lists of employers to circulate details of the questionnaire, and this, of course, reflects the way in which the positive intentions of data protection provisions can unintentionally obstruct or defer (as in this instance) the gathering of non-sensitive data.

**Figure 1**

<table>
<thead>
<tr>
<th>Country</th>
<th>Number</th>
<th>%</th>
</tr>
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</table>
England 7 9.21%
Scotland 54 71.05%
Northern Ireland 10 13.16%
Wales 5 6.58%
(Spoilt 5)
Total successfully completed 76 100.00%

The very marked difference in response rates is primarily linked to the specific way in which the Scottish Care Council responded. That is to say they sent us, very promptly, an 84 page list of contacts. Inevitably, this was reflected in the overall response rate. Both Wales and Northern Ireland, although providing less ‘prolific’ lists, were also able to provide reasonable lists. All three of these Councils provided a link to their website which also facilitated access.

The GSCC’s website (perhaps an unfortunate coincidence of timing) was in the process of redevelopment during the course of this study and therefore it was unable to provide an electronic link to the survey. In addition, it was only able to provide postal addresses for Directors of Children’s and Adult services. We, therefore, needed to rely upon other networks such as the National Council for Voluntary Child Care Organisations, the GSCC newsletter and articles in the professional press such as Professional Social Work⁸ to reach respondents in England.

This methodological challenge raises wider issues about the inter-relationship between the various parts of the social care infrastructure in England. In contrast to the other three countries in the UK, in England responsibility for the workforce is not the sole responsibility of the Care Council. Responsibility is divided between the GSCC and the sector skills councils, Skills for Care and the Children’ Workforce Development Council. Although the “footprint” for both these bodies is wider than social care, in the light of the obstacles encountered in this study, the GSCC may wish in future to consider the development of either joint or shared databases for relevant parts of the sector.

A further practical issue that emerged in the course of the study was that the online survey was hosted, like most such surveys by an independent survey company. The electronic address for the survey was therefore very complicated and it was imperative that we were able to make contact electronically with employers, either via email or a link to websites if we were realistically going to obtain a response

(http://www.surveymonkey.com/s.aspx?sm=JBodSHVL1lwzrrqfWt5Gpw_3d_3d)

Because of difficulties of access and in order to ensure that as many responses were gathered as possible the online survey was extended to the beginning of July. Therefore at this draft stage of the report we are only able to present an interim analysis of the data and will present a full analysis when the final report is submitted. (A full list of the questions is available in appendix 1).

**Phase 2 Interviews with key stakeholders**

Although the interviews comprised ‘phase 2’ in our original proposal, this element of the study was carried out concurrently with the online survey. This ensured that we were specifically able to capture responses to the research questions 1, 2 and 6. In our proposal we committed ourselves to undertaking 10 interviews with representatives of HEI’s and 20 other respondents made up of social care students, social work and social care practitioners; and managers. In light of the ‘regional distortion’ within the online survey and because it was felt impossible to capture the full range of stakeholder perspectives within the original sample we extended the interview base to a total of 70 interviews with a larger number of English respondents. This was to compensate for the under-representation of England in the online survey sample. A full summary of the profile of the respondents is attached in appendix 2. The sample nevertheless covers all four countries and comprises a wide range of people undertaking both qualified and unqualified roles in Children’s services, Adults services and mental health.

The respondents mostly worked in the public sector but many worked in the private and voluntary sectors and some were self-employed. Several identified themselves as being active in either the British Association of Social Work (BASW) or a trade union. For each group of stakeholders a topic guide in the form of a semi-structured interview was developed, each of which is attached in appendix 3. In order to minimise the variables within the interviewing process the interviews were carried out using a standard set of prompts. All the interviews were transcribed.

In this phase of the project we also sought the views of **people with experiences of using social care services and carers.** SCWRU has a well established service-user involvement group and this group were consulted both collectively and through individual interviews. The Unit also works closely with the service-user led group, ATD Fourth World whose members have worked, over an extended period, with social care workers from Children’s Services. In order to elicit their views, a half day workshop was organised at which eight family members attended along with representatives of the organisation. Most were parents but some of the younger members of this group had also had recent experience of Children’s Services as young people. Within the individual interviews one respondent
spoke on behalf of a carer’s group who had discussed the study, while another was active in a national mental health service users’ organisation.

**Phase 3 Methods for analysing data**

A thematic analysis was undertaken of the qualitative data and emerging themes organised initially by each of the stakeholder groups we were approached. We have been careful to aggregate responses to protect the individual identity of respondents and any identifying information with individual quotes has been omitted. The qualitative data, especially in respect to the employer’s perspectives, have been supplemented by the quantitative material from the online survey and this will be further enhanced in the final version of this report. There has also been a content analysis of the relevant documents identified above.

In addition to the individual themes emerging from the various stakeholder responses, it was possible to identify a number of *overarching themes*. It is important however to remember the limitations of this commissioned project. We are confident that we have captured a wide range of perspectives and the consequent analysis of the findings yields some important messages regarding the use of the Codes of Practice. However, the respondents only constitute a very limited, albeit representative, group of stakeholders in relation to the size of the sector. Therefore, as with any study of this size, particularly when conducted over a relatively short period, care should be taken when generalising from the findings or indeed drawing too strong a conclusion about any sector or region.

**Ethics and governance**

All respondents were assured of confidentiality and it was stressed that the study was independent of the Care Councils. Participants were provided with information about the study and their participation was obtained on the basis on informed consent (See appendix 4). A donation was made to service-user groups to acknowledge their assistance with the study and to cover travel expenses and care costs. In order to encourage participation and to recognise respondents’ time and travel, those who are unwaged were offered a small gift token. This study completed the appropriate processes through the research governance and ethics committees of King’s College London.

**5. Findings**
The findings of this research are described below under the individual stakeholder groupings.

a) Employers’ perspectives

i) Online Survey

Although the data from the online survey are still in the process of being analysed, it is nevertheless clear that the project has been successful in eliciting responses from a wide range of employers, who are representative of different size agencies, and of all sectors. We have clustered the responses to the survey into two themes, Awareness and use of the Codes and issues relating to conduct.

Awareness and use of the codes

In terms of the extent to which their organisations had written policies regarding how they met the requirements of the Codes there was some variation between policy in respect of the Code for employers and policy in respect of the Code for social care workers. In relation to the Code for social care workers, three quarters (74.6%) of organisations had written guidance while in the case of the Code for employers the figure was just over two thirds (67.6%). Reference to both of the Codes was made in a similar proportion (71%) of the agencies’ business/s service plans. This was also the case with regard to agencies’ training plans. Given the impetus that has been given to induction, including the proposal for the newly qualified status for social workers (NQSW) in Children’s services, a particularly notable finding was that 87.1% of employers integrate both Codes of Practice into their induction programmes for new staff. A considerable majority of employers specifically make reference to the Code for social care workers into guidance for staff supervision and appraisal. Interestingly, this was the case for both registered social workers (72.2% of agencies) and other social care staff (70.7% of agencies).

Conduct

The most common reference to the Codes in agency policies was in respect of issues of employee conduct. With regard to reporting breaches of the Code to external bodies, two thirds (65%) of employers reported that they make provision in their written policies for the potential reporting of staff to the relevant national Care Council, should the need arise. Similarly 82.5% of agencies make provision for reporting staff to
the relevant inspection body and 80% to the applicable vulnerable groups list.

The online questionnaire asked agencies to indicate the extent to which staff had been subject to disciplinary procedures by the relevant Care Council under the Codes of Practice. Almost a third (31.7%) indicated that, at some stage in the last six years, they had referred a member of staff to the relevant Care Council. Internally, just over half (51.6%) had cited the Codes of Practice for social care workers in respect of internal staff disciplinary cases.

**ii) Interviews**

The online survey indicates that between a half and three quarters of employers who responded have integrated the Codes of Practice for social care workers - in some way - into their formal policies and procedures. In particular, they have used them to inform the basis of their disciplinary and conduct frameworks for staff. Two questions however were not appropriate to addressed in the survey and we sought to explore these in the interviews with employers. Firstly for those agencies who had indicated they make reference to Codes, how did these translate into practice? Secondly for the group, approximately a third of agency respondents, who did not according to the survey make reference to the Codes, what alternative frameworks, if any, do they cite?

**Awareness and use of the Codes**

We interviewed 19 managers in the course of the project. They worked in a representative range of settings and at differing levels in their organisations (see appendix 2). Some were registered social workers responsible for directly managing practice, while others had more corporate responsibility for the workforce, either in the human resource departments of larger agencies, or as managing directors of private sector providers. The vast majority of the 19 managers we interviewed (n=18) were aware of both of the Codes although 12 of these felt that their knowledge was ‘vague.’ As one commented:

"I know that they are there and of course what they broadly say but to be honest I never look at them...I’m too busy doing my job."

**The Code of Practice for Employers**
A strong theme voiced by respondents was that their awareness of the *practitioner’s* Code was higher than their awareness of the *employer’s* Code. This appeared to relate to their perception of its relevance to day-to-day practice. Indeed amongst those managers who were registered social workers, there was a marked level of scepticism as to the impact of the employer’s code:

"*let’s be honest it (the employers’ code) is not really enforceable is it...I have never heard of any organisation being done (held to account) under it...”*

However this view was by no means universal and indeed some managers felt that the aspirations expressed in the employer’s Codes were both relevant in themselves but also sent out an important message regarding the accountability of agencies:

"*I think it is only right that both the public and members of staff should feel that as agencies we are accountable."*

Interestingly, some of the strongest comments in support of the Employer’s Codes came from managers in the private sector. For example the (unqualified) managing director of a private provider in the home care sector commented:

"*We have contracts with the local authority and the Codes are written into all of those...I think that is excellent. You need to understand there are a lot of cowboys around in the sector. I saw a home care agency for sale the other day and the advert implied you would not need any experience of the care sector to run the company....I think that is disgraceful. My (business) partner is a doctor and another director is a social worker."*

All three managers interviewed in three different human resources departments felt the Codes of Practice for employers played no major role in their policies and procedures. However, at the same time, they also described the content as congruent with the wider corporate frameworks which governed their organisations’ employment practices.

*Content of the Codes of practice for social care workers*
Because of the lower profile of the employer codes and a feeling amongst most managers interviewed that they were difficult to enforce, most comments related to the content of the practitioners’ Code. However, many managers (n=12) reported that they had only a ‘broad sense’ of the content of the Codes, with a number acknowledging they only had any specific knowledge because they had read them in preparation for the interview. One manager, with 25 years experience, admitted that the first time he had read the Codes was an hour before the interview. Nevertheless there was a widespread and positive belief that the content was appropriate and relevant to the sector. A service manager in Children’s Services commented,

“I like them..there are no surprises but that is good because it reflects the fact that they reflect the realities of our roles and jobs and to that extent feel like they have come from the sector itself.”

The human resource managers were also positive about the Codes of Practice for social care workers. One commented that she felt the Codes brought social care into line with other professional groups, including her own, and that this was particularly important for the professional status of social workers.

Both the human resources and unqualified managers also shared the belief that in terms of their content the Codes were “fit for purpose”. They were seen as “reinforcing good practice”, and clarifying expectations of themselves as employers but also the expectations that users of services should have of practitioners. A specific point raised by a human resource manager in a local authority was that she had recently noted that a duty to disclose convictions had been included in the General Medical Council’s registration Codes of Practice, and she felt social care should also incorporate this requirement, outside of the re-registration process.

There were however dissenting voices among the managers from this generally positive set of views. One respondent, who had until very recently worked at a senior level in mental health services, felt that the content was bland and he contrasted it negatively with the BASW Code of Ethics:

“They are so vague at the moment when I have used them I have effectively implied that they are more use than they are – they don’t say a great deal...... The code of ethics (SSSC Code of practice) was a compromise document which has to be far simpler – too general – it is far simpler than the BASW code of ethics because it has to cover all social care workers.”
Social Care and Social work

An overarching theme, which emerged in several aspects of the project, concerned the challenges which arise from attempting to cover all social care workers within the Codes of Practice. In particular, a number of managers commented that the effect of this ‘universal inclusiveness’ could result in a lack of specific focus on specialist tasks within the social care workforce. In particular, they cited this potential risk as applying to registered social workers.

A manager in adult services, for example, commented:

“What we have got now is a Social Care Council which is in the process of registering literally hundreds and thousands of people. They are about to start registering domiciliary care workers, about two hundred thousand plus, and then of course to register residential workers and there are even more of them. The whole thing has been a huge exercise. That creates a huge problem - trying to cover a huge range of workers in one system on one code of ethics. At one end there are extremely qualified social workers and the other residential workers who have no training. I think it is not practical to address the needs of a workforce that is so diverse within one scheme. It results in the qualified social workers being under registered relative to what is needed and results in the residential care workers being over-regulated. The level of regulation needed in the different sectors is vastly different – for independent workers and those in a care home.”

Not all managers however shared this belief. A service manager in Children’s services responded to a suggestion regarding a separate code for social workers by saying:

“Why would we need another code?...we have enough codes and standards floating round. In this time when we are moving toward integration I think that joint codes across social care are a much better model.”

The use of the Codes
1. Conduct

The majority of the managers discussed the use of the Codes in relation to conduct issues. Indeed one commented:

"it seems to me the trouble with the codes is that you only hear about them when things go wrong....you know when you have to take disciplinary proceedings or someone is reported to the GSCC."

For many managers, however, this was not necessarily expressed in negative terms. Indeed the most commonly expressed - in positive terms - view about the about the Codes was that they represented a transparent and nationally recognised framework regarding the expectations of social care workers. In addition, several respondents described how they complemented national occupational standards. This view was expressed across sectors, and with regard to social care and to social workers.

In terms of breaches of the Codes, respondents cited a number of examples. There were some very specific issues around blatant dishonesty, fraud and theft. However there were also a number of issues around boundaries and “inappropriate relationships”, a topic that was also raised when we met with the Conduct Committee. However, the most commonly cited example (n=7) was poor record keeping; in conjunction with poor general practice such as persistent lateness. There were some inconsistencies around thresholds; a finding which was also arose from the online survey. Two managers (one in human resources) said they felt duty bound to report any breach of the code to the Care Council. However, the majority view was that ‘milder’ breaches should be raised with staff in the first instance as a developmental, training issue, or if slightly more serious, dealt with through internal procedures before being reported to external bodies.

Only one manager we interviewed in the course of the project said neither he nor his senior colleagues had any knowledge of the Codes. He was the senior manager responsible for safeguarding children in a large local authority and saw the Codes’ greatest potential in the area of reinforcing conduct issues. Again he raised the issue of poor recording:
"I must admit that neither I nor my senior colleagues had ever heard of the Codes when I mentioned I was going to take part in this interview. However we agreed we wish we had. Let me give you an example. We recently have had issues with a couple of staff...it was basically about a complete lack of recording to the point where we felt that it compromised the safety of the children on their caseload. When we initiated disciplinary proceedings we had broad procedures around basically negligence but we felt we had to make the detail of the charges up. It would have been great if we had known about these Codes as they would have given us a better way of framing our concerns but also placed them within a nationally recognised framework.”

While this lack of awareness of the Codes was clearly the exception rather than the rule, it does illustrate a wider point that arose in the project. That is that awareness of the Codes was often at quite an abstract level. Indeed even when other respondents knew of their existence, there was a tendency for them to be seen as exclusively ‘owned by the Care Council’ and not always able to be used as a tool for supporting everyday practice.

Many care agencies constitute complex organisational systems, in which issues of conduct, authority and performance are not straightforward, and tensions can exist between different levels of the organisation. A first line manager in statutory older people’s services, for example, stated:

"I have used the Codes of Conduct with two Care Managers over the last 3-4 months who had consistently failed to provide an assessment and subsequent services to a number of service users over a period of months. I used the Codes to demonstrate their responsibilities as a registered Social Workers; my responsibilities as a fellow professional and manager; and the department’s responsibilities as an employer. Unfortunately, this action was not supported by my line manager, and the practitioners involved have argued that as my line manager has not taken action over their lack of performance/professional responsibility, why should I, as their line manager, be worried?.

I did raise in my supervision that I felt these practitioners were in breach of the Codes, and that as an employer we should be looking at what action should/shouldn’t be taken. Unfortunately this was dismissed by my line manager. I have taken the step of advising my senior managers that as a fellow Social Worker, I am feeling uneasy with this response. Whilst I have documented clearly my concerns in the said individuals’ supervision notes, if
action is not taken, I will make a referral to the GSCC for them to decide on whether there has been a breach in the professional and organizational conduct - I would rather make the mistake of referring an individual, as opposed to someone getting hurt through lack of action. Unfortunately there is no support if you take this step”.

2. Training and development

However, there were instances of innovative and more developmental application of the Codes. Most commonly, respondents described how the Codes were given to new workers, and as the online survey indicated, they were used as an active part of staff’s induction. This was true, from the managers’ perspectives of both social workers and social care workers; and in a range of different settings.

In many instances managers were unable to provide examples of how the Codes were integrated into other training courses in their agencies or how they were integrated into supervision polices. Nevertheless, there was a consensus among both operational and human resource managers that their appraisal and supervision policies were congruent with the messages conveyed through the Codes. Several managers felt that for registered social workers, familiarity with the Codes was the responsibility of the individual employees in their organisation, as it is a condition of their registration. However some managers felt that this was too passive a position for employers to take. For example, one manager, working in mental health services for a health and social care board commented:

[Supporting staff to meet eligibility criteria to re-register...]

I think we could do that better. Many supervisors and managers are not sufficiently cognisant on a day to day basis about making sure that their staff will be meeting their registration needs – it’s not fully integrated into management and supervision. Coming up to re-registration, my own experience, realising I have talked to my staff about personal development and training needs etc, I was somewhat surprised to find one or two of my staff coming to me worried about what they should have been doing – worried they might not be re-registered. The 3 years has been a wakeup call for employers but just as much a wakeup call for social workers – I’m generalising here. For staff away for one and a half years for e.g. maternity leave – people are beginning to realise being a social worker is not just about being at work – once a social worker always a social worker – when off sick/maternity leave, sabbaticals, secondments – they still need to be aware of the professional development requirements of registration”.

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There were some examples where the Codes were promoted proactively by managers:

“I think that they are great. I think they are a really good way of talking about some of the big issues that come up in the work...you know the really complex stuff such as when you have to balance different family members’ views. I use them as a tool in supervision and I also took copies along to the team day and we looked at each part in turn, and thought about how it affected our team...it’s not rocket science you know! But it is very easy to ignore these things and just go along with people keeping their heads down. My worry is that we will turn people into robots like that and the work we do is too important to let that happen.”

This last example highlights the challenge for Care Councils to consider introducing more proactive and creative ways for promoting the Codes of practice. As one manager of a children’s service commented:

“I remember when they came out there was loads of publicity, we heard loads about them. We talk about them in induction now but I think the GSCC should look at ways of reminding us about using them... finding different angles to make use of them as I do think they are not only good but important”.

b) Users of services and carers’ perspectives

The operational risk of introducing Codes of practice is that they can be seen as the exclusive terrain of practitioners and their employers, with the user of services perceived as the passive recipient of professional activity. Therefore a crucial characteristic of the project reported here, was the need to elicit the views of the users of services. The groups and individuals we interviewed were inevitably and appropriately very diverse; and it is therefore perhaps even more inappropriate than with the other project stakeholders to ascribe to them a “service user view”. Nevertheless some very clear and common views emerged across service areas, in addition to some more specific views.

**Awareness of the Codes**

It is perhaps unsurprising that our findings corroborated those of the SSSC stakeholder survey carried out by TNS System 3 in 2007. This survey reported low levels of awareness among all of the groups and individual users of services consulted. Indeed, this was even the case with the Social Care Workforce Research Unit’s user network, in spite of the fact that these
respondents might have been expected to have encountered the Codes in other contexts. There was a general awareness amongst service users that social workers were now required to be registered; and a general perception that this registered status in some way related to their conduct. However this perception was not linked to any knowledge of the content of the Code. One carer however, who was active in several carers’ fora, had come across the codes through the residential home where her son with learning disabilities attended for respite:

*Some of the Codes have been discussed when I have had meetings regarding my son in the residential home he is in. It was regarding his care and his needs..... the home’s duties, particularly around complaints, Promotion of independence for users and risk...I was very interested and tried to bring them up later with staff but I didn’t feel I was listened to.”*

There was also evidence of increased awareness of the Codes amongst those service users or carers making use of direct payments:

*I looked at the GSCC Codes about two years ago as I wanted to be au fait with different regulations, as it was about this time I started employing people to support my child. ...And I wanted to be aware of the ins and outs of care givers”*

Nevertheless, aside from these individual reactions, most of the users we encountered had no knowledge of the employers’ Code, and only very vague, or more commonly no knowledge at all, of the practitioners’ Code. A typical reaction was from a coordinator of a carers’ centre who as part of this project raised the Code with a large group of carers:

*I received blank faces from all those present - they told me very clearly they have never been informed of these Codes.”*

**The role of the Codes**
If there tended to be low levels of awareness about the existence of the Codes, there was a generally positive view expressed of their potential role and as to how they could empower users of services. A mother who had had a difficult experience of Children’s services in relation to her children said:

"I wish I had known about these when I had my last social worker...they are a good idea. It’s like they (social workers) make lots of comments to me about what I should be doing and when I should be doing it. I would like a copy of the Codes so I could hold them up and say… “and this is what you should be doing”…you know, holding them to account…you often feel so powerless when you’ve got a social worker.”

This sense that the Codes could empower the users of services was clearly important. There was a widely held belief that, in some respects, they constituted a framework of entitlement for service users, not only in terms of the services they were actually offered, but perhaps more importantly, in relation to the way services were delivered. This appeared particularly the case for those carers with a family member living in residential care, and where they felt they often needed a strong sense of accountability in respect of systems, in order to hold the care providers to account. Some respondents recognised that this was an area of considerable complexity. One mother, discussing the needs of her daughter who has learning disabilities, emphasised the importance of the Codes being able to support a balance between respecting her daughter’s autonomous choices and of being “sensible” about likely consequences:

"I feel strongly that so long as my daughter is empowered in a sensible way then this covers the Codes. This can be easy and can be difficult, depending on individuals. For example, my daughter can make her wants known and communicates well, where others would find this hard - there are so many people with very poor communication. My daughter’s carers are very aware of my daughter’s strengths and weaknesses so they assess risk as they go along, they enable, support in a sensible way. There can be problems. My daughter has a very bad skin allergy that prohibits her from the use of eye makeup. The carer took her out. On their return I could see that my daughter’s face was swelling. I asked what had happened and was told by the carer that my daughter had chosen to have a make over. That it was her choice. I was concerned as that sort of risk was great and could have resulted in my daughter being hospitalised; all the carer kept saying was it was her choice and would not listen to my argument that this area should
have been avoided or there should have been a discussion with my daughter regarding the consequences of these actions. All she kept saying was it was her choice and her rights”.

**Encountering poor practice**

The experience of encountering poor practice did arise at several points during the project. There were examples reported by all groups, such as this experience of one mother whose son had severe learning disabilities and was living in residential care:

“I have concerns as a mother with a son with complex needs on the risk area. I find carers like me are not kept informed....also when staffing is poor it is difficult for staff to treat people as individuals... my son can not talk to the other residents as they have little or no communication. So the only people he can speak to are staff and they have very little time. I have concerns as to rights of clients being adhered to and have concerns for clients in homes from out of the area as many have few visitors - an example I can give is there are a few people in the home who have very complex needs, including nursing. And when I say ‘You never see them’ I am told because of ill health they need lots of rest..I think they are shut in their room all day.”

Concerns about poor practice were particularly marked on the part of those who use Children and Families’ services. Whereas many of the comments from the users of adult services were about the level of resourcing and the quality of services, comments from parents who use Children’s services, often related to the attitudes of professionals:

“I think that there is a culture of silence about bad practice in social work and if the Codes did anything they would break that down.”

“I found their attitude really disrespectful. They wouldn’t let me leave hospital with my baby.”
"I think they have labelled me as a parent who can’t cope."

"I must be honest I found adult disability different...a lot better....you know more respectful”

"the word "no" is stapled on some social workers’ heads”

"There are different sorts of help...I think of it as good help and wicked help - and a lot of the time it feels like all I get is wicked help.”

**Service User aspirations**

Given the low levels of awareness regarding the content of the Codes, users of services were asked to identify what they felt *should* be in the Codes in order to promote their interests. What was striking, was that despite very limited opportunity of actually having seen the Codes, the list of expectations of social care workers, held by those using services, was remarkably close to the content of the Codes themselves. For example, one of the parents of an adult with learning disabilities said:

"For me it is about giving a voice to people who are often silenced...it’s about promoting people’s independence, recognising their rights as people and making sure that they are protected when being cared for.”

Family members at ATD Fourth World compiled a list of expectations which again closely reflected the values underpinning the Codes. It is important to note that in drawing up this list, family members acknowledged that some of the ways of working were based on positive experiences, and they had indeed encountered good practice on many occasions. Social work was a “very hard job” with one parent commenting “Sometimes I think the government don’t give a damn about them (social workers).”
**Social care workers should:**

- Look at me as a person
- Ask us about **our** concerns
- Be opened minded. Don’t make assumptions when you meet us
- Don’t label me because of what others say
- Don’t bully or threaten us
- Listen to the families
- Try and trust us. Be fair and don’t tell us what to do all the time
- Recognise we want the best for our children. Work with us
- Acknowledge the difficult past experiences we have had in our lives
- Don’t say “people like you….”
- Be honest. Don’t put anything in a file you wouldn’t say to our face
- Be real about partnership
- Reassure us when you can (without making false promises)
- Not separate supporting parents from supporting children
- Protect the rights of the whole family
- Recognise asking for help is not a sign of weakness

**Promoting the Codes**
There was a widespread overall feeling that the Codes of Practice were not tokenistic or irrelevant to their experience as users of services. Rather that they represented aspirations and indeed chimed with their views as people who use services, about what is best in practice. There were therefore, perhaps predictably, many comments about the need for the Care Councils to promote the Codes more actively among users of services:

"I think they should be on a card which they give to us when we meet them..."

"I think they should be like the ten commandments...up on every office wall as a poster."

c) Practitioners

Awareness of the Codes

In the course of the project we interviewed a wide range of social care and social work practitioners. As with the managers in the sample, they were employed in a wide range of different settings and in different roles. Similarly, as with the managers, there was a generally high level of awareness with regard to the existence to the Codes, but, at the same time, most of the practitioners said that they had little knowledge of the content of the Codes. Instead they spoke in terms which can be summarised as feeling that they had a broad understanding of the “spirit” of the Codes. Perhaps, unsurprisingly, there tended to be more awareness of the detail of the Codes among the more recently qualified social workers, most of whom had covered them in their training programmes. There was also a marked difference between qualified and unqualified workers, with registered social workers having more awareness of the Codes. One social care worker stated, for example:

"I asked when we were going to be registered; my senior did not know what I was talking about"

Role of the Codes

Although several managers cited the use of the Codes in supervision, most of our respondents who were practitioners, associated the Codes with the re-registration process for social workers; and with conduct issues, reflecting the view that the Codes were not part of the everyday culture of their
practice setting. Again, like the managers, the practitioners perceived the Codes as the ‘Care Council’s Codes’, and not as an intrinsic part of their identity as social care professionals. This raised a wider point about the relationship between the Codes and professionals bodies. A mental health practitioner, for example, stated:

“it’s different for doctors. If they have an ethical problem they can contact the GMC and ask for advice. I wanted to talk about an ethics related issue and called the GSCC. They said that that wasn’t their role. I am not a member of BASW and it’s not easy getting legal advice off the union. I just had to muddle through.”

Content of the Codes and challenges in practice

The lack of clarity about the role and detail of the Codes did not, as with the other stakeholders, appear to reflect negativity toward the Codes of practice on the part of practitioners. However in terms of the Codes of practice for employers most respondents were sceptical as to the impact they had on their employer’s behaviour. A newly qualified child care social work practitioner, for example, commented:

"I have only had supervision once since last December and it is now May. My supervisor does not really make any notes and supervision is not recorded. This is bad. I have a very heavy caseload of 32 children. We do have informal contact I go and find my manager, but it is not formal supervision and it is not uninterrupted. It is meant to be one hour every month. I have never been able to raise the Code of Practice in supervision and it has never been raised with me”.

However, such experience may perhaps have less to do specifically and/or exclusively with the Codes of practice themselves, but rather demonstration how the Codes can become a proxy for other dissatisfactions in the workplace. Indeed, in terms of the Codes of practice for social care practitioners, the feedback we received was very positive. When respondents had re-read the Codes for the interview many said they chimed exactly with their personal aspirations and beliefs as to how practitioners should work. The main caveat raised by respondents concerned the constraints of the ‘day to day reality of the workplace’ which could undermine the achievement of aspirations enshrined in the Codes. While there were some marked differences between different local areas, we did not pick up any regional variations.

i) Mental Health
Because of their proximity to health professionals it was mental health practitioners who were most keenly aware of the differences between the social care Codes of Practice and medical or nursing codes of ethics. There was a belief that there was a stronger sense of clarity for healthcare professionals and that the latter were offered more advice from their regulatory bodies. One practitioner, for example, highlighted the issue of delegation:

"The difficulty is in local government practice – if the working arrangements are that you are a social worker and you delegate work to an assistant who is not qualified then the work becomes the responsibility of the person you have delegated to and their line manager. You don’t retain personal responsibility whereas you do in the health service. In the health service those rules mean that doctors and nurses are reluctant to delegate to unqualified workers and they won’t delegate to the people they don’t control. But in local government and social care, the system depends on being able to delegate to people who are not managerially responsible to you. You can’t do that if you remain personally responsible for everything they do”.

Social care workers in mental health also contrasted the Care Councils’ codes of practice with the Mental Health Act (MHA) Codes of Practice, feeling that the former were much vaguer and less clear, including in terms of prescriptive detail. This scenario perhaps is unsurprising given the similar names and the potential for confusing the different roles of the different codes (the MHA is part of statute). The main challenges highlighted by the mental health workers were the difficulty of upholding people’s rights in what was at times a coercive system, further complicated by a lack of resources.

**ii) Child Care**

The issue of power and professional authority alluded to above, was felt even more acutely by the child care practitioners. Several commented that thresholds were so high in their services that they felt they were only ever involved in people’s lives when there were safeguarding concerns. Several practitioners highlighted the issue of risk and felt its dominance was at odds with the task of building relationships with parents, an interesting finding when seen in the context of the service users’ comments:

"The codes are quite difficult in child protection as it is hard to be empowering. You strive to be but it is hard, it is the one area of social work where there is a lot of control and you have to tell parents that it is not okay to do what they are doing. It is easy to meet the Codes sometimes, for
example, when parents are willing to co-operate around child protection issues and you can take the child even away from their parents in a sort of empowering way.”

Another social worker, who was currently undertaking a post qualifying course, felt that some of the practice in her agency was directly at odds with the Codes. For example:

“However sometimes I find working with crisis difficult....the anxiety of dealing with conflict and the idea of possibly accommodating a child is quite stressful. When I was in a previous job, if a family requested a teenager be accommodated, it would be a general policy not to agree with this request...it often got to the point where you were instructed to return the young person to the home and leave them outside the front door, even if the parents had dropped them off at the office and were refusing to have them home. I found this very difficult and it challenged my values and my understanding of the codes of practice.”

This however perhaps highlighted tensions and complexities of practice rather than any intrinsic flaw in the Codes themselves. Indeed it could be argued that the Codes are helpful, not because they are able to eliminate such professional tensions, but because they highlight their potential negative impact on the experience of both practitioners, and on those with whom they work. A further tension, picked up in particular by child care practitioners, concerned the onerous administrative demands of their role:

“its all good stuff (the Codes) but to be honest I spend most of time in the office...that just reality so while I try to build trust and promote independence and so forth it’s not easy if you feel like you spend 90% of your time in front of computer screen.”

“I sometimes feel my role now is to record - and no longer to deliver services, never mind to make relationships...”

These views must, of course, be seen as reflecting wider and long recognised dissatisfactions with the nature of the children’s services social work role, but for the respondents, their experiences threw into sharp relief the aspirations they were aware of within the professional Codes of Practice.

**Adult services**
The issue of risk also featured largely in the interviews with practitioners from adult services (older people; learning disability; and physical disability). The main tension highlighted by these practitioners was between promoting independence and minimising risk. As an unregistered care worker with people with learning disabilities commented:

"Helping people gain independence is difficult as parents won’t allow any risk for their learning disabled son or daughter in most cases”

This is an interesting observation when juxtaposed with the parents’ comments earlier in the report and highlights an inherent tension in work with adults in vulnerable situations.

In the context of services for older people, the balancing of risk, choice and independence was seen as a central challenge facing practitioners, and one which was made considerably more complex by limited resources:

"I think it is the trickiest part of the job. Of course you want people to live as independently as possible but you also want them to be safe. If they continue to live at home often you can’t put the package in place.....you know we are at ‘critical’ (FACS level) only here at the moment (Fair Access to Care Services)....Also you have relatives...some of them demand that you place their parents in homes , other demand that you let them live at home...but most of the time you find a way though...I mean after at the end of the day it’s these things that make the job such an interesting one...even if it is stressful a lot of the time.”

Some practitioners could also see the impact of direct payments and the emergence of new social care workforce roles in adult social care. They wondered what the future impact of personalisation would be on these new workers, and speculated on the way in which the Employers’ Code would apply to service users who are/would be, employing personal assistants.

j) HEI perspectives

We had originally planned to interview 10 HEIs but in the event we interviewed respondents from 12 HEIs - 8 in England, 2 in Scotland and 1 each in Wales and Northern Ireland. Again we picked up no marked regional differences and the overarching messages we identified would appear to apply to all parts of the UK. All the staff interviewed were involved in social work programmes, although four also taught on more generic health and
social care courses. Two respondents were also involved in post qualifying education, one on a child care programme, the other on a mental health course. In addition we interviewed four social work teaching staff. We also interviewed five practitioners who are practice assessors and a further respondent who ran a student unit for a large child care employer.

**Awareness of the Codes**

Unsurprisingly all 12 respondents expressed a high level of awareness of the Codes, and all of the courses described the Codes as comprising a main part of course content, across both the academic and practice components of the degrees and programmes.

A majority of courses provided hard copies of the Codes to students, at the beginning of the courses, usually in the induction period. There was one notable exception, where the respondent stressed the HEI goal of raising wider awareness of the role of the GSCC as well as of the Codes, and therefore, deliberately, did not give out hard copies:

’We provide them at the very beginning - in the induction - but we don’t give them hard copies, we give them the link to the GSCC website as a way in and as a wider frame of reference, and to increase accessibility…’

**Role of the Codes**

The Codes were widely reported as being deployed in much of the course content and disseminated in all of the main teaching methods, i.e. across lectures; seminars; and group discussions. Role play tended not to figure as a dissemination method:

“They inform teaching – we assume people are already signed up to them-and that is the point in their professional development when you could tease out the tensions and the complexities.”

This sense of the integration of the Codes in college based learning was corroborated by the students, all of whom except one said that the Codes were a major and recurring feature of their course. They too described the Codes being referred to many different elements of the courses and all of the
handbooks we examined made explicit reference to the Codes with most also having specific modules on ethics.

However, whilst respondents reflected a sense of enthusiasm for the Codes, and had clearly given thought to strategies to disseminate knowledge about them within the HEI, a different picture emerged when HEI staff described how the Employers’ Codes informed their choice of, and relationship with, practice placements. A sense of powerlessness was tangible when we sought to ascertain the influence of HEI expectations on the practice environment they provide for students:

“In reality we probably do not refer to them at all in placement choice - we are desperate for placements so we don’t actually see them as a filter.....”

“in theory, yes we take them into account - in practice we have no clout...in our local authority there is ‘coercive accommodation’-childminders provide accommodation – they are not checked...so they by pass proceedings for care and place students there.”

“Yes of course I think in an ideal world we would see the Codes (for employers) as a really helpful framework for quality assuring placements but the reality is we are desperate...”

**Role of the Codes in discipline**

The majority of our HEI respondents drew on the Codes if and when disciplinary issues emerged within the students’ careers while on the course. There was on average one such situation a year, regardless of the size of the course cohort:

“we have one (disciplinary issue) a cohort- we have a fitness to practice panel which is hosted by the university ..the big issue is non-declaration , at the point of application, of significant health needs..”
"We have about one a year on average - we don’t use the Codes as such - we have developed our own disciplinary procedures which are based on them”

One respondent identified a tension between on the one hand, being a social work programme encouraging a culture of risk taking in the learning sense in relation to students flagging up issues that arose in their training, making the course a “safe place to learn”, and on the other hand ensuring that breaches of the Code were responded to in a robust way which sometimes included reporting students to a Care Council. However, the senior lecturer being interviewed felt ambivalent about this, given the potential long term implications for a student’s career.

Limitations and perceived strengths of the Codes

The respondents in general were positive about both of the Codes’ content and felt that within the course they were generally “fit for purpose” in terms of providing an accessible and clear ethical framework in which trainee practitioners learn about the professional role and tasks. Nevertheless, the respondents raised a number of concerns in relation to the Codes. Two respondents, for example, highlighted what they felt was a failure within the Codes to acknowledge the tensions and contractions particularly within the social work role:

"The point of the Codes is they are supposed to balance the interests of the service users with others - they are ambiguous they have a knock on effect with confidentiality in that aspirations can’t be met- they don’t recognise contradictions- as a professional you have to make decisions..the Codes lump together individual and collective rights...a social worker may have to be an advocate....”

"The social work code is the only one out of all the other professional codes that tries to balance the needs of the individual with the needs of others - for example in the case of a dementia sufferer the stress on the relatives and carers will raise the question of who is the user?”

The course director of a post qualifying programme went further and felt that the Codes were at odds with some parts of government policy:

"I think that the current polices and attitudes by Government toward refugees institutionalises a challenge to the Codes.....legislation limits the
rights of refugee children under the UN Convention (for the rights of the child)"

Several respondents also identified what they perceived as a tension between the Codes and the prevailing culture in higher education, particularly around “achieving “competencies” against the capacity to think critically and reflectively:

"In terms of affecting how people think on a Monday morning...when doing sessions and talking to agencies they (the Codes) are also low down on the list of priorities.”

“there is a big divide between the academic bits and the practice bits in the agency..”

"Students are into the ‘mantras’ NOS; Codes; but little critical reflection – Codes are reproduced and ‘mantra’d’ e.g. “I needed to empower this person....”.

“Students are besieged by assessment...they don’t feel safe enough to get into the criticality stuff...”

"The emphasis on criticality has gone...and little access to tutorials to facilitate/develop it because the staff are too busy writing...”

This view was not restricted to the HEI based staff. The coordinator of the student unit also commented, for example:

"The Codes, along with the key roles, are constantly referred to in my experience, both in terms of the evidence the students need to generate from their placements, my reports and also the other assignments that I have seen the student complete at college. However I do think that from my experience of the different universities I have worked along, a lot depends on how rigorous the tutors are.... it is very easy to evidence the codes in mechanistic, tokenistic sort of way...the tick box approach.”

The students all echoed these concerns and in particular the pressure in placements. However, as with the practitioner issues, these remarks are not perhaps some much an issue for the Codes but again may reflect wider tensions within both higher education and the care sector.
Social work and social care

One specific issue that was raised by the respondents from HEIs was the question of whether these should be a separate Code for social workers. The prevailing view was that there were problems with a single code to cover the whole of social care and they felt (as social work educators) there should be a code reflecting the specific role of social workers. Three of the respondents made comparisons to the health sector. As one commented:

“You couldn’t conceive of a single code of practice for all health care practitioners...there might be some common themes but each group has its own code”

“They could be more influential. There should be a Code for social work- it links to ‘where you have your home?’ ...for example, in social work with children where does the authority come from? Its primary home has been the local authority - but it should be more than the local authority - ‘a home for social work’ would include those in residential settings and hostels too...and it would support the development of good quality inter-professional work...”

One respondent urged the Care Councils to look at the increasing number of international examples and, in particular, felt that the emphasis on social justice has a renewed importance in light of the role of advocacy within the personalisation agenda:

“The GSCC should look a bit more at international stuff where there is a concern with wider issues such as social justice etc...rather than the individual rights based approach in our own (which of course fits with the personalisation/individualization agenda).”
k) The Conduct Committee’s perspective

The Conduct Committee which brings together the leads on conduct issues from the four nations was consulted as part of this project. It provided useful contextual material for this report and some interesting insights into the conduct dimensions of the Codes of Practice. This was clearly a very established and expert group and its experience and cohesion provide valuable resources to any considerations of conduct issues across the UK. This is particularly important given the increasing diversity of policy and practice devolution has brought. We agreed with the view of the Committee that despite the pluralism of the care sector in the UK a consistent approach to conduct was both desirable and necessary.

Interestingly, the Committee highlighted the subject of managing boundaries with the users of services as the main issue that they deal with. This issue will continue to be important and may well increase with personalisation. The emergence of new professional roles and the complex and at times diffuse boundaries between service users and workers raises many challenges in relation to ethical practice in general and managing boundaries, in particular.

6. Overarching Themes

i) The level of awareness of the Codes

In the course of the project we encountered relatively high levels of awareness of the existence of the Codes of practice among employers and qualified social workers. This was particularly the case amongst students and newly qualified workers but the registration process appeared to have lead to a relatively high level of awareness regardless of practitioners’ length of careers. The SSSC survey also found that the Codes had played a major part in promoting the profile of the Care Council and it would seem that for many practitioners and their employers they are the most visible component of the Council identity. However, we found relatively low levels of knowledge about the content of the Codes and most respondents appeared to have only a general sense of their detail. The implications of this and whether it matters will be discussed further in this section.

We did not find such high levels of awareness among unqualified workers. With some notable exceptions, usually because they occupied a strategic or developmental role, most social care workers had only a very vague sense of the Codes, although higher than users of services who for most past had never heard of the Codes. However, there were higher levels of awareness of the registration process so clearly there has been an impact of the
establishment of the Care Councils. The exception was amongst the respondents who were in receipt of direct payments and were employing personal assistants. In their role as micro social care employers our interviewees had been familiarising themselves with the Codes as part of the process. The size of this group is insufficient to draw too strong a message in relation to this although it is clearly an interesting finding in the context of the personalisation agenda.

\[\text{ii) The roles of the Codes}\]

One of the striking features of this project has been the inconsistency of language that we encountered. The Codes were referred to (often by the same respondent) as not only Codes of Practice but also “codes of conduct” or “codes of ethics”. To some degree this reflects possible confusion with other Codes, such as BASW’s code of ethics, but it also seems to reflect a lack of clarity about the role of the Codes. The association with conduct issues is significant given the role of the Codes in underpinning the registration process and is not necessarily negative given the role of registration in raising the professorial credibility of the social care sector.

However, there are two qualifications. Firstly, there was a disparity between knowledge of the Codes of Practice for employers and the Codes for practitioners. While there appeared strong cross stakeholder support for there being an employer’s Code there was also a widespread belief that it was largely ineffectual in terms of whether it was enforceable or not. Secondly, the risk of the association of the Codes with conduct on the part of the practitioners’ Code was that for many respondents it felt as though it was an exclusive association. In other words, it was construed as a disciplinary Code, akin to that which most employers have. The result was that there was a tendency for the Codes to be invoked or used within a deficit model. That is that the Codes were only used “when things go wrong”. This reflects a tension between aspiration and regulation and there may be greater scope for developing the role of the Codes in promoting good practice.

From some of the respondents we detected a sense of frustration about the Codes but this to some degree appeared to be a frustration about their limited role rather than the content of the Codes themselves. On the one hand, some respondents were looking for more prescription in the sense that they were looking to the Codes to provide clearer guides to action when faced with complex decisions or choices. This perspective often contrasted these codes of practice with those associated with the Mental Health Act of Mental Capacity Act. However, codes covering all social work roles let alone the social care sector are not going to be able to provide such specific guidance. On the other hand, there were those respondents who contrasted these Codes of Practice with healthcare professionals’ codes of ethics.
However again this is perhaps to misunderstand the role of the Codes or more particularly to misunderstand the roles of the Care Councils. Their role is not to offer advice around ethical issue to individual practitioners or organisations as their role is much more clearly focused on social work workforce education and regulation. The “gap” that some respondents identify in terms of professional guidance and advice, independent of their employer, is nevertheless a legitimate one and there is perhaps potential for the Care Councils to

i) discuss with other stakeholders, most particularly BASW, trade unions and employers representatives, how this could be provided in a more systematic and robust way and

ii) look to developing more detailed guidance in specific areas, such as in the area of delegation of professional authority, an area in which relevant health bodies have recently published detailed additional material for health professionals.

The potential for the proactive use of the Codes was certainly a view that appeared to resonate with that of users of services whom we interviewed. Although most welcomed the existence of the Codes they felt that social care professionals could make their existence more explicit and promote them more actively. Some of the members of the ATD Fourth World group and two of the individual respondents felt that the Codes could be presented in a “card format” and given out at first meetings. The only note of caution came from one service user who described being inundated with leaflets and information when she first met social care professionals.

A recurring theme of this project was how practitioners were operating in a rapidly changing policy context and this had implications for the way that the Codes were perceived. Two themes in particular came across strongly. Firstly, the personalisation agenda in adult services is changing the whole notion of care providers and service users. With personal budgets and direct payments the boundaries are becoming more diffuse. The concept, for example of a “social care employer“ as it is implied in the employers’ Code of Practice is at risk of being superseded by service users directly employing personal assistants and other staff, often family members and friends. Indeed, the development of new roles in social care, such personal assistants, support workers and other new roles with their own identities evolving means that the concepts of “practitioner” and “professional” are shifting. The Codes will need to keep step with this change.

Another major theme in the changing policy context is the integration of services and therefore, to a degree, of professional roles. There is much greater emphasis on inter professional and multi disciplinary working and some of the responses we gathered reflected the greater proximity of social
care professionals with practitioners from other disciplines. Several responses, particularly from the mental health sector, described the differences of philosophy and practice with regard to the ethical dimensions of different professional roles. Again the Codes will need to continue to be reviewed so that they retain their currency in this rapidly changing context.

iv) Social work and social care

If the emphasis is on integration of social work with other professionals then, in terms of social work itself, there has been a process of fragmentation and specialisation. The last five years have seen increasing number of social workers working in the third sector and as independent practitioners. Moreover, unified social services departments have come ceased and the leadership of Adult services and Children’s services (in which ever form they take in each locality) could mean a diminished role for social work. This is particularly the case in England and to a lesser extent in Northern Ireland and Wales, although in Scotland social work perhaps retaining a higher profile.

It was against this backdrop that several respondents from employer, practitioner, but most particularly the HEI sector, raised the question as to whether there should be a specific Code for social workers as opposed to a generic social care code. The supporters of such a move believed that this would reflect the discussions around the role of social work that have and are occurring in each country and help support a unified identity for social work. Social care, they argued, is such a broad sector that inevitably the Code will appear somewhat vague and unclear in relation to specific professional tasks. They further suggested that, in the context of concerns about the interface between adult and children’s services, a strong social work profession with a clear sense of professional role and authority is well placed to address this crucial interface.

Whether social work requires a completely separate Code is open to debate and, as one manager noted, there is little appetite in the sector for more regulation and bureaucracy. Nevertheless, some specific clauses applicable to social work may be pragmatic way forward that also captures the benefits of having a discrete Code.

v) A challenging practice environment

The other major theme across all stakeholders was the challenging practice context in which practitioners and their employers are attempting to deliver services, HEIs are training practitioners and perhaps, most pertinentl, users of services are receiving professional support. What was striking was the degree to which practitioners shared policy makers’ ambitious aspirations for
improving outcomes for people who use services through a more cohesive, personalised system. However, for many, this vision remains elusive with workload pressure and increased administrative responsibilities severely curtailing the capacity of social care professionals to build up relationships to the degree that they feel are needed to realise these better outcomes. Meeting some of the tensions identified by some respondents of being accountable for and building trust in confidence in services that fall short of the public’s expectations were perceived as a very real and pervasive challenge.

Nevertheless, while it is crucial that all those interested in improving the quality of care in UK engage with these concerns it is also important to recognise that they are not issues that will be addressed by changing the Codes of Practice. Rather any discussion of the Codes needs to be understood in this context.
7. Recommendations and conclusions

It was clear to the research team that in many of the interviews we conducted with different stakeholders the Codes of Practice were a proxy, reflecting wider dissatisfactions, satisfactions, dilemmas and tensions within the sector. However, it would be a caricature to describe this process as one where stakeholders were using the project as a forum for ventilating their grievances about the services and current policy and practice. Rather, the Codes themselves capture some of the tensions and contradictions within the structure and organisation of social care and other care sectors. In this context, we draw the following conclusions and make some recommendations:

1. Both the Codes are essentially sound in their content and there are reasonably high levels of satisfaction with the values and philosophy of care that they promote;

2. It is important that the Care Councils reinforce the message that the Codes are not intended to provide detailed practice guidance to practitioners and neither are they a general Code of ethics of the type that exist for some other professions;

3. This reflects long standing tensions within the regulatory framework in that the Care Councils are not simply equivalent to some professional bodies such as the General Medical Council and are therefore not in a position to offer individual advice around ethical practice;

4. This is an subject that should be taken up and addressed jointly by the Care Councils with other stakeholders such as BASW, the trade unions and employers organisations;

5. There is a perceived need for the Care Councils to offer more detailed guidance in some areas of professional practice with a call as part of this process for specific guidance for registered social workers;

6. There is a lack of clarity around the status of the employers’ Code. While its content reflects broad consensus across the sector, many stakeholders are under the impression it is unenforceable and this situation needs to be clarified;

7. The Codes for practitioners will need to be kept under close review given the changes in the sector. While overall sound in content specific recommendations were made around including the duty to disclose convictions within this rather than the general re-registrations process;
8. In particular, personalisation raises particular challenges and the
Councils will need to provide clarity around the status of
informal/formal care workers and the extent to which individual service
users can be treated as social care employers;

9. There is greater opportunity to stress the aspirational dimension of the
Codes and, in particular, their role amongst users of services. Publicity
campaigns along the lines of the CCW’s “Confidence in care” initiative
were well received by service users to whom we showed the materials.
The Codes were also perceived as an important mechanism for
promoting partnership working between users of services and
practitioners as they reinforced professional accountability;

10. Among practitioners awareness of the Codes in a general sense is
reasonably high but this is not the case with their detail. The Care
Councils have distributed high numbers of hard copies of the Codes but
this in itself does not appear sufficient. We agreed with the HEI
respondents who put the emphasis on guiding his students to the Care
Councils’ website. Building a web based relationship with students and
practitioners would have many benefits;

11. The conduct committee is working well and there are great
benefits from a pan-UK approach to this issue. As with all established
groups, thought will in the next few years need to be given to
succession planning in order to ensure the cohesion and expertise of
the group is not lost;

12. We found no evidence of significant regional differences in this
project. While we recognise the limitations of the size of the sample we
believe we would have picked up some indication if there were
significant issues in this area. Overall we were left with a strong sense
that beyond issues of conduct there remain great benefits from having
a single Code of Practice for the UK, particularly in light of the
expansion of major social care providers across the UK.
Appendices
Appendix 1

Questions for online survey

1. Name:

2. Organisation:

3. Services provided:

4. Country:

5. Position:

6. Number of employees:

7. Do you have any written policy or guidance on how your organisation meets the requirements in the Codes of Practice for employers YES/ NO

8. Do you have any written policy or guidance on how your organisation meets the requirements in the Codes of Practice for social care workers YES/ NO

9. Are the codes of practice for both social care workers and employers featured in any business or service plans YES/ NO

10. If yes do these policies cover reporting any breaches of the code of practice for social care workers to: (please tick all that apply)
   a) the national Care Council
   b) the relevant inspection body
   c) The Protection of Vulnerable Adults List / The Protection of Children Act List / Independent Safeguarding Authority?(as applicable to your country—England, Scotland, Northern Ireland or Wales)

11. Are either codes explicitly addressed in your training plan YES/ NO

12. Are the codes mentioned in the learning outcomes of any of the courses you provide YES/ NO

13. Are the codes referred to in your staff induction programme YES/ NO

14. Are the Codes of Practice identified within supervision and appraisal guidance for
   a) Social workers YES/ NO
   b) Social care workers YES/ NO

15. Have any of your staff been subject to disciplinary procedures under the codes by the GSCC (or equivalent)

16. Have the codes of practice been cited in any internal staff disciplinary cases

Appendix 2
<table>
<thead>
<tr>
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<td>JM</td>
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<td>3.</td>
<td>cc (Chinese 45)</td>
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<td>Scotland</td>
<td>Adults LA</td>
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<td>England</td>
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</table>
Key:
Service user
Employer
Registered social worker
Unregistered social care worker
Student
HEI
Appendix 3

Interview topic guide for HEIs

What qualifying and post qualifying courses covered by the codes do you deliver - give choice

Qualifying  Yes  No

Undergraduate full time

Undergraduate part time

Postgraduate full time

Postgraduate part time

Separate employment based programme

Other (e.g. combined nursing/social work)

Post-qualifying

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<th>Adult social care</th>
<th>Practice education</th>
<th>Leadership and management</th>
<th>Children and families</th>
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</table>

Professional doctorates (yes/no)

Other (yes/no)

IS the intake to your social work programme

small (10-35) medium (36-70) large (71+) – for qualifying programmes

Do you supply students with the Codes of practice for social care workers and employers? (best to be specific) If yes. when
1. Please would you outline the areas of the curriculum where you address / cover the Codes of Practice, if any

Is this mentioned in your course handbooks, if yes please indicate where (please could we have a copy?)

Prompts: E.g. Separate values/ethics modules

2. What teaching methods cover the Codes of Practice, please outline

Lectures? Seminars? Group discussions? Role play?

3. How do you assess students’ understanding and capacity to translate the codes into practice in

i) the academic components of the course

ii) the practice placement

4. What guidance do you provide for practice assessors about the Codes in terms of how they are taught and assessed?

5. If you deliver PQ courses, how are the codes reflected in these courses?

6. How many times have disciplinary measures been taken against students on the basis they have breached the codes?

Prompts: which part? Action taken?

7. How have the codes for employers influenced your expectations of the practice environment they provide for students?

8. From your perspective how effective have the codes been?

i) What are their strengths, if any

ii) Could they be changed or amended to make them stronger, if yes how?
How were service users and carers involved in developing course content on codes of conduct?

Questions for employers

Please tell us about your organisation

Which if the 4 home countries are you in? (or which do you cover?)

What type of organisation do you work for?

(Adults/ children. Local authority/ private/voluntary sector)

What services do you deliver?

1. Please could you tell us about how the Codes of Practice for employers have been incorporated in or influence policies and procedures in your agency

1. Please could you tell us about how the codes for practitioners are incorporated into your procedures for your workforce (including appraisal documents) if applicable

2. Do you offer any training to staff on the codes? If so which staff? Tell us about what the training entails and who delivers it.

3. Do you raise the codes with other agencies in your contact with them? In what circumstances?

4. Do you raise the codes with either service user organisations or individual service users (e.g. in Complaints procedures)

5. From the employer perspective what do you think are the strengths of the codes (What areas are easy to deliver?)

6. What areas of the Codes do you think could be revised or changed, if any?
7. What messages, if any, would you like to give to your Care Council about how the codes are being used?

Do you hold a professional qualification in social work
Do you hold another professional qualification
When did you first register?

Questions for practitioners

Please tell us about your organisation

Which if the 4 home countries are you in?

What is your post?

What sector do you work in? (e.g. private, statutory, voluntary, self-employed)

Which is your main service user group? e.g. children, older people, refugees etc.

Do you hold a professional qualification in social work? When did you first register?

1. When was the last time you looked at the codes of practice for either employers or practitioners and why?

2. Have you ever been offered training on the codes?

3. Have they ever been raised in supervision (discussions between you and your line manager)?

4. Looking at the codes for employers do you feel that your employer is meeting these requirements (please specify how)

5. Which areas of the codes for practitioners do you feel are easy to meet

6. Which areas are more difficult? If so why?

7. Are the ways in which your employer could use the codes more effectively
8. Are there ways that your Care Council could change the codes or use them more effectively

9. Have you ever raised the codes with either external agencies or users of services

   Respondent’s details    …. name, role
Appendix 4

**Evaluating the use of the Codes of Practice for Social Care Workers and Employers across the UK**

**Background to the study**

The **Social Care Workforce Research Unit (SCWRU)** at **King’s College London** is carrying out this study on behalf of the four regulatory bodies for the social service workforce across the UK: the **General Social Care Council for England**, the **Scottish Social Services Council**, the **Northern Ireland Social Care Council** and the **Care Council for Wales**.

**Purpose of this study**

This study is evaluating the use of the **Codes of Practice for Social Care Workers and Employers** across the four countries of the UK by seeking to:

- Find out how the Codes are being used by social care employers and workers;
- Identify if the Codes are ‘fit for purpose’ and how they might be further developed;
- Establish the level of knowledge and views of the Codes amongst people with experiences of using services and their carers.

**Specific questions include:**

- Are the Codes influencing the practice of social care workers and their employers, and how?
- To what extent are the objectives of setting down standards of conduct and practice being achieved?
- Are the Codes being used in induction, training, supervision and on a day to day basis?
- Are the Codes being integrated into job descriptions, performance appraisals and disciplinary and grievance processes?
- Are the Codes informing the conduct of workers?
- Are the Codes informing the practice of employers?

**How can I participate?**

Please get in touch to contribute to this study by contacting:

**James Blewett** at james.blewett@virgin.net or

**Jill Manthorpe** at jill.manthorpe@kcl.ac.uk or

Phone us on: **020 7848 1782**
The use of the Codes of Practice for Social Care Workers and Employers across the UK

The phases of the study

There are many ways you can participate:

- Reply to the online survey of UK providers of social care services for children and adults
- Volunteer to participate in an in-depth interview if you are a practitioner, manager or an educationalist / trainer.
- If you are a person with the experience of using social care services, either for yourself or for a person you support, you can volunteer to take part via:
  - A discussion group;
  - Providing evidence from your group or network of service users and carers;
  - Participating in a confidential interview.

For more information contact

james.blewett@virgin.net
or jill.manthorpe@kcl.ac.uk
or phone 020 7848 1782

Your contact details:

Name:

Organisation:

Role:

Email:

Phone Number [incl. area code]:

Address: