



**QUEEN'S
UNIVERSITY
BELFAST**

HURTING: an analysis of service user and carer referrals to a UK social work regulator

Hayes, D. (2024). HURTING: an analysis of service user and carer referrals to a UK social work regulator. *British Journal of Social Work*, 54(1), 494-513. <https://doi.org/10.1093/bjsw/bcad211>

Published in:

British Journal of Social Work

Document Version:

Publisher's PDF, also known as Version of record

Queen's University Belfast - Research Portal:

[Link to publication record in Queen's University Belfast Research Portal](#)

Publisher rights

Copyright 2023 The Authors.

This is an open access article published under a Creative Commons Attribution License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution and reproduction in any medium, provided the author and source are cited.

General rights

Copyright for the publications made accessible via the Queen's University Belfast Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

The Research Portal is Queen's institutional repository that provides access to Queen's research output. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact openaccess@qub.ac.uk.

Open Access

This research has been made openly available by Queen's academics and its Open Research team. We would love to hear how access to this research benefits you. – Share your feedback with us: <http://go.qub.ac.uk/oa-feedback>

HURTING: An Analysis of Service User and Carer Referrals to a UK Social Work Regulator

Davy Hayes  *

School of Social Sciences, Education and Social Work, Queen's University Belfast, Northern Ireland BT7 1HL, UK

*Correspondence to Davy Hayes, School of Social Sciences, Education and Social Work, Queen's University Belfast, Northern Ireland BT7 1HL, UK. E-mail: d.hayes@qub.ac.uk

Abstract

In the context of increasing regulation of social workers internationally, this study examines allegations made to a UK social work regulator, the Northern Ireland Social Care Council (NISCC), by service users and carers. A retrospective review of 134 records relating to such allegations during the ten-year period 2006–2015 was undertaken, representing just over one-third (36.4 per cent) of all allegations received. Allegations were made primarily about family and child-care social workers (91.0 per cent) and reflected the four inter-linking categories of concerns about the honesty of social workers, reports that service users/carers were treated unequally, allegations that social workers failed to demonstrate respect in their interactions with service users/carers, and concerns about technical aspects of social workers' practice. The nature of these allegations forms the acronym HURT that describes both the experiences of service users/carers and the stressful context in which social workers practice. This article concludes that addressing the stress and HURT of both parties is important and makes suggestions regarding how the findings can strengthen the role of the regulator, influence social work practice and empower service users and carers.

Keywords: carers, conduct, fitness to practice, professional regulation, service users, social workers

© The Author(s) 2023. Published by Oxford University Press on behalf of The British Association of Social Workers.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted reuse, distribution, and reproduction in any medium, provided the original work is properly cited.

Accepted: September 2023

Introduction

Social workers internationally are increasingly subject to regulation (Leigh *et al.*, 2017), with differing approaches evident (Worsley *et al.*, 2020a), including regulation by individual states in the USA (Boland-Prom *et al.*, 2015) and national regulation in, for example, the Republic of Ireland (Kirwan and Melaugh, 2015) and New Zealand (van Heugten, 2011). In the UK, separate regulators were established in the four constituent nations in 2001: the General Social Care Council (GSCC) in England, the Care Council for Wales (now Social Care Wales), the Scottish Social Services Council and the Northern Ireland Social Care Council (NISCC).

Initially set up with similar legislation, an aligned code of practice and the same regulatory powers, the situation has evolved as each country has its own regulatory structures and devolved powers. The GSCC was abolished and responsibility for social work regulation in England transferred to the Health and Care Professions Council (HCPC) in 2012 and again in 2019 to a new body called 'Social Work England'. The codes/standards, having developed in each country, are no longer aligned and, whilst social workers are regulated in each jurisdiction, variations exist regarding the registration of social care workers (Professional Standards Authority, 2018).

The regulator in Northern Ireland (NI), NISCC maintains a register and sets standards for conduct, practice and training to ensure high-quality care for service users/carers. There are over 43,000 registrants of whom 15 per cent are social workers, 84 per cent are social care workers and 1 per cent are social work students. As in the other UK countries, 'social work' has been a protected title since 1 June 2005 and social workers are required to register with NISCC and to agree to adhere to the standards of conduct and practice (NISCC, 2019a).

Social workers can be referred to NISCC due to concerns that their practice or conduct has fallen below the standards. Such allegations are investigated to determine if 'fitness to practice' (FtP) is impaired due to several factors including, misconduct, lack of competence, physical or mental health, criminal conviction or caution, a finding by another regulatory body and inclusion on a list maintained by the UK Disclosure and Barring Service. The FtP process has several stages and potential outcomes, which cannot be fully elaborated here, and readers are referred to the FtP rules (NISCC, 2019b) for details. Ultimately, a social worker can be referred to an FtP Committee which, amongst other options, can suspend them from the register for a period up to two years or

remove them, with both outcomes precluding continuing social work employment.

The current study in context

This article draws from a larger study (Hayes, 2018) examining allegations and complaints made by service users/carers to NISCC and the Patient and Client Council—an organisation providing an independent voice for service users and the public on health and social care (HSC) issues in NI. The focus here is on allegations made to NISCC to highlight the implications for the regulator and for social workers and service users/carers who become involved in the FtP process.

The terms ‘service user’ and ‘carer’ are used here to describe those who encounter social workers, either because they are the focus of professional attention or because they are supporting or caring for someone in this situation. It is acknowledged that these terms are problematic (McLaughlin, 2009) but they are, nevertheless, the most frequently used descriptions in the UK of people receiving social work services.

The data emanate from an in-depth, retrospective review of 134 records relating to allegations made by service users/carers during the ten-year period 2006–2015, representing just over one-third (36.4 per cent) of allegations received from all sources during that period ($n=368$). They were frequently preceded by complaints to the social worker’s employer (87.3 per cent; $n=117$) and other agencies (56.7 per cent; $n=76$). Most (80.6 per cent; $n=108$) were closed following preliminary enquiries by an FtP officer to establish if the referral was appropriate, with the remaining 19.4 per cent ($n=26$) closed following a Preliminary Proceedings Committee, which considered if the case should be referred for an FtP hearing based on a real prospect of impaired FtP being found. None of the 134 allegations were referred to an FtP Committee and the reasons for case closure, where recorded, were:

- No/insufficient evidence to substantiate allegation (72.4 per cent; $n=97$).
- Allegation did not call into question the social worker’s suitability to remain on the Register (17.2 per cent; $n=23$).
- NISCC could not become involved as case was live before a court (6.7 per cent; $n=9$).

The study adds to a growing body of research on social work regulation in the UK, although most studies relate almost exclusively to England. Several studies examined summaries of FtP hearings, rather than earlier stages of the process, which ‘... are limited in the details of the cases and decisions made’ (Banks *et al.*, 2020, p. 327). Furness (2015), for example,

analysed transcripts of 265 GSCC final hearings between 2006 and 2012 and found that 94 social workers were admonished, 53 were suspended and 118 were removed from the register with the most common issues being criminal convictions/cautions, inappropriate behaviour and failure to safeguard service users.

Similarly, [Leigh *et al.* \(2017\)](#) analysed thirty-four final hearing documents selected from those conducted by HCPC between August 2012 and December 2014. The outcomes were that twenty-one social workers were de-registered, six given cautions, three subjected to conditions of practice and no further action taken in four cases. The themes emerging included that sanctions were significantly determined by the panel's assessment of the social worker as a 'credible' or 'non-credible' witness. The authors argued that, rather than the seriousness of the social worker's misconduct or competence, it was this assessment of credibility that most impacted the severity of sanction. The authors also observed organisational issues impacting on the social worker's performance were not explored sufficiently.

[McLaughlin \(2010\)](#) analysed documentation from fourteen GSCC cases appealed to the Care Standards Tribunal. The imbalance of power in the process was highlighted, which was seen as stacked in favour of the regulator and impacting the social worker's chance of a fair hearing. The degree to which social workers' private lives were drawn into the regulatory remit was also identified as concerning, indicating increased regulatory control over the workforce.

Two further studies using documents from hearings are notable. First, [Melville-Wiseman \(2016\)](#) analysed twenty-six HCPC hearings from 2012 to 2016 where the social worker had been de-registered due to sexual misconduct, the victims being service users ($n = 16$), a service user's relative ($n = 3$), a colleague ($n = 3$) or unknown ($n = 10$). Concerns about the process included lack of consideration of the impact and ongoing need of victims, a euphemistic, minimising approach in hearings to offences, and inadequate assessment of future risk. Secondly, [Worsley *et al.* \(2020b\)](#) examined the outcomes of 348 hearings convened by the regulators for doctors ($n = 160$), nurses/midwives ($n = 100$) and social workers ($n = 88$), representing a 50 per cent sample of all cases between January 2018 and January 2019, with social work cases from all four UK regulators. They found significant differences in terms of gender, with males across all professional groupings over-represented, and in rates of attendance and representation at hearings. Social workers were the group most likely not to attend their hearing or be legally represented and the most likely to be removed from the register.

Studies moving beyond analysis of hearings include [Worsley *et al.* \(2017\)](#) and a study commissioned by HCPC ([van der Gaag *et al.*, 2017](#); [Austin *et al.*, 2018](#); [Banks *et al.*, 2020](#); [Gallagher *et al.*, 2020](#)). The former involved interviews with eight social workers subject to FtP hearings of

whom three were found to have no case to answer, three received either a caution/warning or had conditions imposed on their practice and two were removed from the register. Themes identified included the impact of organisational issues, representation and costs involved and the emotional stress of the process on social workers.

The latter examined disproportionately high rates of referral to the HCPC about social workers and paramedics and involved a systematic literature review, a Delphi consultation with international experts, interviews, focus groups with UK experts (including service users/carers) and review of a random sample of FtP cases ($n=284$) across the three stages of the process (initial complaint, Investigating Committee Panel and final hearing). Factors identified as leading to the high referral rate of social workers included public and societal expectations, the challenges faced in daily practice, demanding work environments and the evolving nature of the social work profession.

Methodology

Ethical approval was received from the Ethics Committee, School of Social Sciences, Education and Social Work, Queen's University Belfast (Ref. EC/359) and 196 records were reviewed potentially relating to allegations by service users/carers and including all cases where the referrer was identified as either a 'service user', a 'friend/relative/carer' or a 'member of the public'. Cases were included ($n=134$) if they related to a service user directly involved with the social worker named in the referral or to a person supporting or caring for someone in this situation. Cases were excluded ($n=62$) for several reasons:

- Allegations from 'members of the public', not service users/carers ($n=25$).
- Anonymous allegations ($n=12$).
- Duplicate referrals ($n=9$).
- Referrals containing no specific allegation ($n=10$).
- Referrals from other professionals ($n=4$).

Additionally, two cases involving extreme allegations made by a service user with mental health problems were excluded due to concern they would skew the analysis.

Data collection occurred at NISCC offices and a confidentiality agreement was established outlining the acceptable processing of records. A data collection schedule was developed allowing for anonymised information to be recorded on the source and nature of allegations, the characteristics of the social workers involved and the outcome. Quantitative data were analysed using the Statistical Package for Social Sciences

(SPSS) Version 27 and descriptive statistics were used to summarise the data. Qualitative data (e.g. relating to the nature and context of allegations) were thematically analysed following the principles outlined by [Braun and Clarke \(2006\)](#).

Findings

Characteristics of the social workers

Gender and age

The breakdown of the sample by gender and age is displayed in [Table 1](#) with the gender profile (80.6 per cent, $n=108$ female; 19.4 per cent, $n=26$ male) comparable to the general population of social workers in NI. The NISCC Register indicates that, of the 6,478 registered social workers, 83.8 per cent are female and 16.2 per cent are male and the NI Health and Social Care Workforce Census ([Hughes, 2022](#)) reports that, of the 4,565 social workers employed in statutory HSC agencies, the split is 84.8 per cent female and 15.2 per cent male.

The mean age of the sample is 42.4 years (range = 22–64 years). As displayed in [Figure 1](#), the age profile is similar to the general population of social workers in NI compared with the NISCC Register and the HSC Workforce Census. The sample, however, includes a slightly higher proportion in the 40–49 years age category and the NISCC Register includes a higher proportion in the 60+ years category. The latter may be explained by the inclusion of retired social workers on the Register.

Employment

Most of the sample (96.3 per cent, $n=129$) are employed by an HSC Trust, equivalent to Local Authorities in England and Wales, with only 3.7 per cent ($n=5$) employed in the voluntary/private sectors. The NISCC Register shows 56.7 per cent of social workers employed in the HSC Trusts and 9.6 per cent employed in voluntary/private organisations. The remainder are employed in other statutory organisations, the education and training sector, are unemployed, retired or employed outside NI. Most (91.0 per cent, $n=122$) are employed in family and childcare (FCC)

Table 1. Social workers in the sample by gender and age

Gender	20–29 years	30–39 years	40–49 years	50–59 years	60+ years	Total
Female	14	35	35	23	1	108 (80.6%)
Male	1	2	11	9	3	26 (19.4%)
Total	15 (11.2%)	37 (27.6%)	46 (34.3%)	32 (23.9%)	4 (3.0%)	134 (100%)

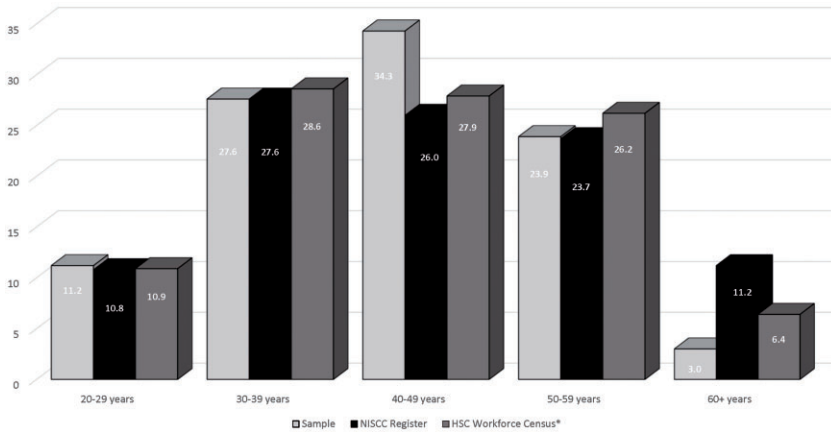


Figure 1: Comparison of age profile of social workers in the sample with the NISCC Register and the HSC Workforce Census. Asterisk (*), excludes a small number of cases; $n = 8$, where age categories have been merged to prevent personal disclosure.

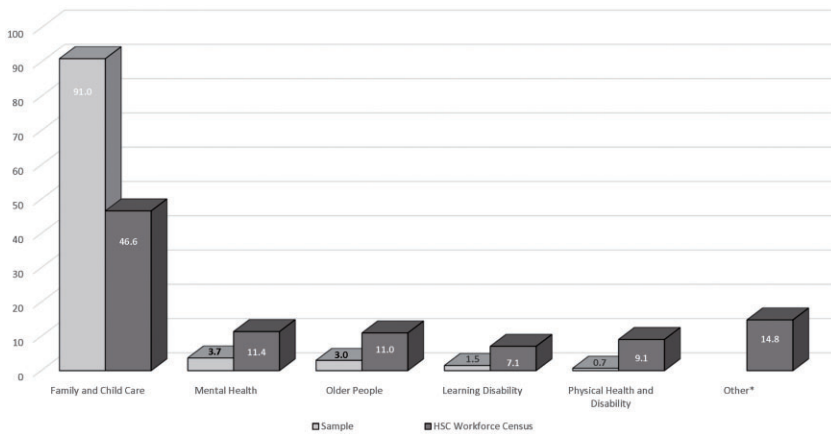


Figure 2: Comparison of the proportion of social workers in the sample by Programme of Care with the HSC Workforce Census. Asterisk (*), the 'Other' category includes training and education social workers, community development social workers, managers and other social workers not linked to a specific Programme of Care.

services with smaller numbers in mental health (3.7 per cent; $n = 5$), older people’s services (3.0 per cent, $n = 4$), learning disability (1.5 per cent; $n = 2$) and physical health and disability (0.7 per cent; $n = 1$). The NISCC Register data do not allow for direct comparison but, as most of the sample are employed in HSC trusts, comparison with the HSC workforce census is possible (Figure 2). As indicated, the percentage employed in FCC is disproportionately high whilst social workers in all other programmes are underrepresented.

Experience

Most social workers in the sample are practitioners (61.9 per cent; $n=83$), with job titles such as ‘social worker’, ‘senior practitioner’ or ‘principal practitioner’. First-line managers, responsible for a team of practitioners (‘senior social worker’, ‘team leader’, etc.) account for just under one-quarter (23.1 per cent; $n=31$), and senior managers, with responsibility for several teams or an area of service delivery, make up 14.9 per cent ($n=20$). Length of qualification, as displayed in Table 2, ranges from 0 to 39 years with a mean of 13.23 years. Although the mean number of years qualified for practitioners is 9.91, this ranges from 0 to 35 years and it is notable that just over one-third (37.3 per cent; $n=31$) were qualified for five years or less at the time an allegation was made about them.

Service users and carers in the sample

Few details are recorded about service users/carers in NISCC records. In terms of gender, however, there is an almost equal split between males (49.3 per cent; $n=66$) and females (50.7 per cent; $n=68$) making allegations. Table 3 presents data relating to the gender and status of the service users/carers in the sample. As noted, of the twelve who made allegations about adult services social workers, eight were relatives acting as carers and four were service users. In the FCC cases, most service users were parents (71.3 per cent; $n=87$) involved with social workers for reasons including concerns about the care of children, alleged abuse or neglect, child protection registration, children being removed into care, domestic violence, substance misuse, behaviour management issues,

Table 2. Social workers in the sample by number of years qualified and job role

Number of years qualified	Practitioner	First line manager	Senior manager	Total
0–2 years	9	–	–	9 (6.7%)
3–5 years	22	–	–	22 (16.4%)
6–8 years	12	4	–	16 (11.9%)
9–11 years	7	8	2	17 (12.7%)
12–14 years	10	6	–	16 (11.9%)
15–17 years	4	1	2	7 (5.2%)
18–20 years	6	3	1	10 (7.5%)
21–23 years	1	1	4	6 (4.5%)
24–26 years	2	3	5	10 (7.5%)
27–29 years	3	2	2	7 (5.2%)
30+ years	2	1	4	7 (5.2%)
Not recorded	5	2	–	7 (5.2%)
Total	83 (61.9%)	31 (23.1%)	20 (14.9%)	134 (100%)

Table 3. Service users and carers in the sample by gender and status

	Male	Female	Total
A: Adult services			
• Relative carers	2	6	8
• Service users	3	1	4
B: Family and childcare			
• Parents	44	43	87
• Grandparents	0	7	7
• Other relatives	5	2	7
• Young people	1	1	2
• Other ^a	11	8	19
Total	66 (49.3%)	68 (50.7%)	134 (100%)

^aOthers include childminders, prospective adoptive parents, adult adoptees and partners of parents in contact with Social Services..

separation and divorce and court proceedings relating to residence and contact.

The sample also includes allegations from grandmothers providing either kinship care placements for grandchildren or attending meetings, such as child protection case conferences, to support their adult children. Other relatives, such as aunts, uncles and older siblings, are also represented and, like grandmothers, were either kinship carers or acting as supporters/advocates. Finally, two allegations from young people are included (one fourteen-year-old girl living at home with her parents and one teenage boy who is looked after).

Nature of allegations

Allegations by service users/carers reflect four inter-linking categories; the honesty of social workers, unequal treatment, social workers failing to demonstrate respect and technical aspects of social work practice.

Honesty

Concerns about honesty featured in just under one-half (47.8 per cent; $n = 64$) of cases. These included three overlapping sub-categories: (i) that social workers had produced reports/records that included lies and inaccuracies or false/untruthful information ($n = 33$); (ii) had told lies, either to the service user/carer or other professionals, to cover up their poor practice, protect colleagues or mislead ($n = 31$); (iii) had deliberately withheld information, either from the service user/carer or decision-making forums, such as child protection case conferences or courts ($n = 10$):

Allegation that [social worker]...gave the Court false information...which led to the Court making a Care Order. (Case 15—Extract from NISCC Record)

[Social worker] lied to the GP...but she did not have either written or verbal consent from me. (Case 126—Quote from Mother)

Unequal treatment

Allegations about unequal treatment featured in just under one-quarter of cases (23.9 per cent; $n = 32$) and include two categories; first, that social workers were biased based on gender ($n = 23$) and, second, that they were discriminatory towards the service user/carer based on factors such as age, religion, disability, race/nationality and social class ($n = 9$). Allegations of gender bias arose exclusively in the context of disputes between parents involved in acrimonious separation and divorce, with a nearly even split between fathers ($n = 12$) and mothers ($n = 11$) making such allegations:

Her practice towards me was prejudiced...[Social worker] had lost all objectivity in her management of the case and took [Father's] side. (Case 107—Quote from Mother)

As noted, a small number of allegations referred to discrimination, or discriminatory attitudes and behaviour, on the part of social workers:

Allegation that [social worker] discriminated against service user...on the basis of her nationality and because English is not her first language. (Case 120—Extract from NISCC Record)

Respect

Concerns about lack of respect were reflected in allegations relating to the social worker's attitude or behaviour, with a range of adjectives and phrases used to describe these (see [Table 4](#)). Such allegations featured in 56.0 per cent ($n = 75$) of cases and frequently referred to social workers being 'threatening', 'aggressive', 'bullying' or 'intimidating'. Parents also frequently alleged that their children were implicated in threats:

...alleges that [social worker]...made threats that [younger children] would be removed if [Mother] did not agree to [eldest child] being voluntarily accommodated and if she did not stop making complaints about Social Services. (Case 15—Extract from NISCC Record)

[Social worker] threatened me...that if I did not do as she told me to do, she would put my children in care... (Case 63—Quote from Father)

Allegations of threatening or intimidating behaviour were often accompanied by claims that social workers had been 'rude' or 'discourteous' and that their attitude had been 'condescending' or 'patronising':

Table 4. Service user/carer descriptions of social worker attitudes and behaviours demonstrating lack of respect

Attitude/behaviour	Frequency	Attitude/behaviour	Frequency
• Dismissive/not listened to	27	• Offensive	3
• Threatening	17	• Belittled	2
• Aggressive	15	• Confrontational	2
• Bullying	10	• Discourteous	2
• Rude	9	• Nasty	2
• Intimidating	8	• Antagonistic	1
• Condescending	6	• Arrogant	1
• Looked down on	6	• Contemptuous	1
• Abusive	5	• Derogatory	1
• Insulting	5	• Discourteous	1
• Negative	5	• Flippant	1
• Talked/shouted over	5	• Hurtful	1
• Abrupt	4	• Judgemental	1
• Disrespectful	4	• Objectionable	1
• Harassing	4	• Overbearing	1
• Hostile	4	• Stern	1
• Patronising	4	• Uncaring	1
• Bad language	3	• Undermining	1
• Heavy-handed	3	• Unpleasant	1

I feel like he looks down on my family; as if we were something he has stepped on. (Case 16—Quote from 14-year-old Girl)

[Father] describes [social worker] as ‘bullying, arrogant, and dismissive’ and...treated him and his partner as second-class citizens. (Case 95—Extract from NISCC Record)

A common issue raised by service users/carers was that social workers did not listen to them and that their views and opinions were ‘dismissed’ or ignored. These allegations were frequently accompanied by assertions of threatening or disrespectful behaviour with service users/carers stating that they were prevented from speaking or that social workers interrupted them:

[Social worker]...shouts down the phone to me...she talks to me like I’m a child. She shouts over the top of me and never listens to my concerns. (Case 128—Quote from Mother)

Technical aspects of social work practice

Issues regarding technical aspects of practice were the largest category of allegations made (64.9 per cent; $n = 87$) and included claims that policies

and procedures were not followed or that they had not been explained to the service user/carer. These allegations covered a range of issues including poor record keeping, assessments not undertaken, services not provided, confidentiality being breached and service users/carers not being consulted or kept informed:

[Child] was placed on CPR following case conference...[Mother] alleges [social worker] failed to monitor, support, and protect the child thereafter. A case conference...appears to suggest that chair also queried why social worker did not visit child in the intervening period. (Case 127—Extract from NISCC Record)

[Mother]...is unclear if she can still appeal against the decision [of the case conference] and Social Services have not been able to clarify...she was clear that children had been put on the register but not the reason for this. (Case 2—Extract from NISCC Record)

Such allegations were often acknowledged, and apologised for, by senior managers. Although not viewed as serious enough to merit instigation of disciplinary or FtP procedures, they were noted as issues from which the agency had derived learning and had been addressed through training or supervision:

[Senior manager]...states that [social worker] recognises that she failed in regard to some aspects of her practice...did not provide the level of service that the family was entitled to expect from her...[Senior manager] tells us that [social worker's] shortcomings have been addressed as training and learning issues and that her practice has since improved and developed. (Case 94—Letter to Father)

Although presented as discrete categories above, service users/carers tended to raise issues relating to more than one of these, with 41.0 per cent ($n=55$) making allegations covering two categories, 17.9 per cent ($n=24$) including three and 5.2 per cent ($n=7$) raising concerns spanning all four.

Context of allegations

The records revealed underlying themes regarding the context in which allegations were made. Two sets of inter-related factors were apparent, stress and service user/carer experiences.

Stress

Service users/carers were often experiencing significant stress in their lives. This was not explicated in detail in the records, but there was frequent reference to problems of parental separation/divorce, domestic violence, substance misuse, family conflict, mental health and pressures of caring for older family members or those with physical and intellectual

disabilities. As noted, service users/carers often stated that social work intervention was also stressful. In this regard, it is interesting to note that the nature of the allegations outlined (honesty, unequal treatment, respect, and technical aspects of practice) form the acronym HURT and there were numerous statements by service users/carers expressing hurt, or synonymous emotions ('distress', 'pain', 'upset', 'stress', 'trauma'):

...frankly [social worker] has caused me great personal stress and hurt.
(Case 68—Quote from Father)

[Social worker's] conduct has caused upset, distress and offence and has destroyed any trust [we] had in Social Services. (Case 94—Quote from Father)

The records also highlighted the stressful nature of social work with reference to working conditions, high caseloads, staff turnover and bureaucracy:

This was due to the volume of work in the team and a reduction in the number of staff available for a particular period due to sick leave and staffing changes. (Case 56—Letter from Manager)

There was also mention of the level of aggression and potential for violence that social workers encounter, with social workers often expressing fears for their personal safety:

I was acutely aware that the home visit was taking place in the late evening hours, in a remote rural location, and that there was a significant potential risk to my safety and welfare. (Case 43—Letter from Social Worker)

[Father] served a prison sentence...for making threats to kill the service manager involved...continues to present very aggressively to staff and make ongoing threats of harm. (Case 81—Letter from Manager)

Throughout the records, there were indications of conflict between service users/carers and social workers with issues including confrontation, resistance and lack of cooperation highlighted:

...relations between the Trust and the family were fraught and characterised by a marked lack of cooperation. (Case 16—Letter from Manager)

[Mother] and her partner are totally resistant to involvement with social services... (Case 124—Letter from Manager)

Service user/carer experiences

Numerous entries in the records indicated that service users/carers found the system that they had been drawn into confusing and that they lacked specific knowledge about how social workers operated and the policies and procedures involved. As noted, service users/carers also frequently

alleged that these ways of working had not been adequately explained to them:

...I had no clue; nothing was ever explained. No one had sat down with me and gone through anything. I feel like I was left completely in the dark as to what was going on. (Case 32—Quote from Mother)

In addition, many allegations arose from encounters to which there were no independent witnesses, and in these situations, it becomes the word of one person (the service user/carer) against another (the social worker). Frequent reference to this lack of corroborating evidence was contained in the records:

There was no one else present to witness the interview...the only evidence is the reporting of this by me...How would a claim made by a mother in the home ever be substantiated when there are no others present? (Case 5—Quote from Mother)

Unfortunately, this type of complaint is extremely difficult to substantiate as it is a case of one person's word against another's. (Case 051—Letter to Mother)

Discussion

The first noteworthy point from this study is that most allegations made by service users/carers (91 per cent) were about social workers in FCC services, mostly in the statutory sector. This resonates with the HCPC study (van der Gaag *et al.*, 2017, 2020; Banks *et al.*, 2020), which noted that 69 per cent of referrals, from all sources, related to FCC social workers and that 72 per cent of all social workers referred were Local Authority employees. Second, despite representing just over one-third (36.4 per cent) of all allegations received, none of the 134 allegations made by service users/carers were referred to an FtP Committee, with 80.6 per cent closed following preliminary enquiries and the remaining 19.4 per cent closed following a Preliminary Proceedings Committee, largely due to there being insufficient evidence to substantiate the allegations. A similar pattern was noted in the HCPC study that found that 70 per cent of referrals closed at the initial stage were from service users or members of the public (frequently family members or friends of service users), as were 25 per cent of those at the Investigating Committee Panel Stage, with only one referral from a member of the public reaching a Final Hearing (Banks *et al.*, 2020). In keeping with the findings of this study, they concluded that:

There appeared...to be a disproportionate number of complaints to the regulatory body that did not meet the threshold for further investigation and, as a result, no further action was taken. (Austin *et al.*, 2018, p. 24)

The disproportionate number of allegations about FCC social workers may be explained in several ways. There is recognition in the literature that FCC social work can be highly conflictual, stressful and pressurised, with families having more involuntary engagements with services (Mellon, 2017) and relationships between social workers and service users often remaining hostile (Ferguson *et al.*, 2021). As noted by van der Gaag *et al.* (2017, p. 172), in these circumstances some service users may view social workers as ‘the enemy’ and feel they need to ‘fight back’, especially if they remain unhappy following investigation of their complaint by the social worker’s employer as happened in 87.3 per cent of the cases in this study. The operation of power is linked to this, with FCC social work acknowledged to be ‘characterised by one of the most prominent manifestations of the power imbalances ...between social workers and service users’ (Saar-Heiman, 2023, p. 1). As Dumbrill (2006, p. 30) notes, service users/carers perceive social workers using power either ‘with’ them in a supportive way or ‘over’ them in a controlling and coercive manner. In FCC work, service users/carers who perceive power as being used ‘with’ them are more likely to engage collaboratively whereas those who perceive power as being used ‘over’ them tend to ‘play the game’ (feign cooperation) or ‘fight’ through challenge and resistance (Dumbrill, 2006, p. 33).

The nature of allegations made in this study bear a striking resemblance to the experiences recounted by birth family members interviewed for the enquiry into the role of the social worker in adoption carried out by BASW:

They related experiences of feeling deceived by social workers who they considered had not been honest with them. They described not understanding or being helped to understand...being unfairly judged/labelled...and generally being treated in what they perceived were inhumane ways. (Featherstone *et al.*, 2018, p. 22)

Similar allegations from service users/members of the public were also noted in the HCPC study, including that the social worker did not make an accurate assessment, was biased, behaved unprofessionally, was dishonest or breached confidentiality (Banks *et al.*, 2020). As noted, however, none of these allegations proceeded to an FtP hearing with the most common reason for this being that there was insufficient evidence to substantiate the allegations. Many of the referrals received by the HCPC from service users/members of the public, argued van der Gaag *et al.* (2017), were not appropriate as the regulator is not a dispute resolution body but rather deals with serious concerns about a social worker’s FtP and whether this has been impaired to such a degree that they should be removed from the Register. During this study, therefore, NISCC removed the term ‘complaint’ from its guidance and continues to

assist service users/carers to understand the threshold for taking regulatory action against social workers.

The nature of the allegations made in this study led to the acronym HURT being used to describe the experiences of service users/carers. As noted, they were often under significant stress in their lives and reported that social work intervention exacerbated this with numerous allegations relating to service users/carers feeling that the ways social workers worked had not been explained clearly to them, if at all. This mirrors a recurring theme in the literature investigating parents' experiences with FCC social workers that they are not given enough information on the process (Wiffin, 2010). Similarly, Dale *et al.* (2005) characterise this as the 'opaque' nature of the system and argue that families who experience it feel lost and disadvantaged.

The notion of HURTING could equally be applied to social workers as the study identified themes relating to the stressful nature of practice, such as working conditions, high caseloads, staff turnover, bureaucracy, conflict and aggression. These issues have all been highlighted in previous reports (McFadden, 2015; NIASW, 2016; Ravalier and Boichat, 2018; YouGov, 2020) and continue to be pertinent. The review of children's social care services in NI, for example, has described the sector as being in a significant crisis which is both 'systemic and endemic' (Jones, 2023, p. 114). Similar issues were noted in the HCPC study that identified workplace factors, pressurised environments and the challenging nature of practice as potentially contributory factors to the disproportionate number of referrals about social workers (Gallagher *et al.*, 2020). Given this, the findings of previous research that such issues impacting on a social worker's performance were not explored sufficiently during the FtP process is of concern (Leigh *et al.*, 2017; Worsley *et al.*, 2017).

Allegations made by service users carers are contributed to by the stress that both they and social workers experience and which may lead either party to behave 'unreasonably' (Dale *et al.*, 2005), especially in the complex area of FCC work. As noted by Dale *et al.* (2005, p. 188), a 'complex interactional dynamic arises' where the unreasonable behaviour of the service user/carer may cause the social worker to act or behave in unreasonable ways and vice versa. Addressing the stress and HURTING of both parties is, therefore, an imperative.

Conclusion

Service users/carers need to be supported to understand the threshold for taking regulatory action against social workers and appropriate complaint resolution bodies if the allegations made do not reach the threshold for action. They also, however, need support in understanding social

work processes and in accessing independent sources of advice and advocacy. This study has again highlighted the stresses and feelings of powerlessness service users/carers experience in engaging with FCC social workers, which contribute to allegations made about their conduct. Peer advocacy, whereby service users/carers with experience of FCC social work support others to navigate and engage with it, is increasingly being developed internationally (Tobis *et al.*, 2020) and shows promise in terms of addressing the power imbalance between service users/carers and social workers, improving relationships between both parties, and empowering service users/carers (Diaz *et al.*, 2023). The recommendation that such a service should be established in NI, therefore, is a welcome development (Jones, 2023).

In relation to social work practice, Dumbrill (2006, p. 35) argues that power is the key variable shaping service user/carer reactions to intervention and that social workers should address the power imbalance that exists and acknowledge the fear that service users/carers may feel. Individual social workers can mitigate the power differential (Maiter *et al.*, 2006) but may be diverted from doing so by issues again flagged in this study, such as high caseloads, bureaucracy and staff turnover. Social workers must, therefore, be supported to devote the necessary time, and to develop the skills and qualities required, to build relationships with service users/carers in the challenging and contested arena of FCC social work. The difficulties in addressing these issues are not to be underestimated and will require time and sustained effort. However, measures, such as reducing caseloads, adequate staffing levels, reducing bureaucracy, administrative support, and employing staff at different grades within the teams, such as social work assistants, have all consistently been identified as ways to enable social workers to spend the majority of their time in direct engagement with service users/carers (NIASW, 2016; Ravalier and Boichat, 2018; Jones, 2023).

Finally, a major concern about the regulation of social work in the UK has been that the FtP process can lead to a narrow focus on the conduct of individuals, rather than on organisational issues such as those outlined above. Worsley (2023, p. 2357) likens this to ‘rescuing people from the river—but never looking upstream to find why they had first fallen in’ which can lead to regulatory interventions that ‘do not engage with fundamental and systemic failings that lie upstream’. The potential consequent dangers of this are 2-fold; first, that individual social workers may be held accountable in situations where wider organisational and system failings are a contributory factor and, second, a lack of reflective learning in terms of what regulatory data reveal about the causes of allegations and how similar issues might be prevented in future (Furness, 2015; Leigh *et al.*, 2017; Kirkham *et al.*, 2019; Simpson *et al.*, 2020). The findings of studies such as the one reported here serve to strengthen the role of the regulator which, in addition to its FtP function, also has

responsibilities in relation to the education and development of the workforce. Learning from regulatory data in this way enables the regulator to engage in ‘upstreaming’, using the data it holds to examine social work before problems occur in individual practice and taking preventative action, for example, through influencing social work education and training requirements at both qualifying and post-qualifying levels or engaging with social workers about problematic areas of practice and potential solutions. As Worsley (2023, p. 2366) notes, ‘helping stop practitioners from falling in the river is likely to improve services more than reactive downstream endeavours’.

Acknowledgements

The author acknowledges the support provided by Patricia Higgins, Helen McVicker and Jillian Major from the Northern Ireland Social Care Council, Richard Dixon, and Suzanne Martin from the Patient and Client Council and Carolyn Ewart from the British Association of Social Workers (Northern Ireland).

Funding

This project was funded by the Northern Ireland Social Care Council, the British Association of Social Workers (Northern Ireland Branch), and the Patient and Client Council. The views expressed, however, are those of the author.

References

- Austin, Z., van der Gaag, A., Gallagher, A., Jago, R., Banks, S., Lucas, G. and Zasada, M. (2018) ‘Understanding complaints to regulators about paramedics in the UK and social workers in England’, *Journal of Medical Regulation*, **104**(3), pp. 19–28.
- Banks, S., Zasada, M., Jago, R., Gallagher, A., Austin, Z. and van der Gaag, A. (2020) ‘Social workers under the spotlight: An analysis of fitness to practise referrals to the regulatory body in England, 2014–2016’, *British Journal of Social Work*, **50**(2), pp. 326–47.
- Boland-Prom, K., Johnson, J. and Gunaganti, G. S. (2015) ‘Sanctioning patterns of social work licensing boards 2000–2009’, *Journal of Human Behavior in the Social Environment*, **25**(2), pp. 126–36.
- Braun, V. and Clarke, V. (2006) ‘Using thematic analysis in psychology’, *Qualitative Research in Psychology*, **3**(2), pp. 77–101.
- Dale, P., Green, R. and Fellows, R. (2005) *Child Protection Assessment following Serious Injuries to Infants: Fine Judgments*, Chichester, Wiley.

- Diaz, C., Fitz-Symonds, S., Evans, L., Westlake, D., Devine, R., Mauri, D. and Davies, B. (2023) *The Perceived Impact of Peer Parental Advocacy on Child Protection Practice: A Mixed Methods Evaluation*, London, What Works for Children's Social Care and the Early Intervention Foundation.
- Dumbrill, G. (2006) 'Parental experience of child protection intervention: A qualitative study', *Child Abuse & Neglect*, **30**(1), pp. 27–37.
- Featherstone, B., Gupta, A. and Mills, S. (2018) *The Role of the Social Worker in Adoption—Ethics and Human Rights: An Enquiry*, Birmingham, British Association of Social Workers.
- Ferguson, H., Disney, T., Warwick, L., Leigh, J., Singh Cooner, T. and Beddoe, L. (2021) 'Hostile relationships in social work practice: Anxiety, hate and conflict in long-term work with involuntary service users', *Journal of Social Work Practice*, **35**(1), pp. 19–37.
- Furness, S. (2015) 'Conduct matters: The regulation of social work in England', *British Journal of Social Work*, **45**(3), pp. 861–79.
- Gallagher, A., Banks, S., Jago, R., Zasada, M., Austin, Z. and van der Gaag, A. (2020) 'Exploring the context of Fitness to Practise concerns about social workers in England: Explanations beyond individuals', *Ethics and Social Welfare*, **14**(2), pp. 187–203.
- Hayes, D. (2018) *Relationships Matter: An Analysis of Complaints about Social Workers to the Northern Ireland Social Care Council and the Patient and Client Council*, Belfast, Northern Ireland Social Care Council.
- Hughes, J. (2022) *Northern Ireland Health and Social Care Workforce Census March 2022*, Belfast, Department of Health.
- Jones, R. (2023) *The Report of the Independent Review of Northern Ireland's Children's Social Care Services*, Belfast, Department of Health.
- Kirkham, R., Leigh, J., McLaughlin, K. and Worsley, A. (2019) 'The procedural fairness limitations of fitness to practise hearings: A case study into social work', *Legal Studies*, **39**(2), pp. 339–57.
- Kirwan, G. and Melaugh, B. (2015) 'Taking care: Criticality and reflexivity in the context of social work registration', *British Journal of Social Work*, **45**(3), pp. 1050–59.
- Leigh, J., Worsley, A. and McLaughlin, K. (2017) 'An analysis of HCPC fitness to practise hearings: Fit to practise or fit for purpose?', *Ethics and Social Welfare*, **11**(4), pp. 382–96.
- Maiter, S., Palmer, S. and Manji, S. (2006) 'Strengthening social worker–client relationships in child protective services: Addressing power imbalances and 'ruptured' relationships', *Qualitative Social Work*, **5**(2), pp. 161–86.
- McFadden, P. (2015) *Measuring Burnout among UK Social Workers: A Community Care Study*, London, Community Care.
- McLaughlin, H. (2009) 'What's in a name: 'Client', 'patient', 'customer', 'consumer', 'expert by experience', 'service user'—what's next?', *British Journal of Social Work*, **39**(6), pp. 1101–17.
- McLaughlin, K. (2010) 'The social worker versus the General Social Care Council: An analysis of care standards tribunal hearings and decisions', *British Journal of Social Work*, **40**(1), pp. 311–27.
- Mellon, M. (2017) *Child Protection: Listening to and Learning from Parents*, Glasgow, Institute for Research and Innovation in Social Services.

- Melville-Wiseman, J. (2016) 'The sexual abuse of vulnerable people by registered social workers in England: An analysis of the Health and Care Professions Council Fitness to Practise cases', *British Journal of Social Work*, **46**(8), pp. 2190–207.
- NIASW. (2016) *Above and Beyond: At What Cost?—NIASW Social Work Workload Survey Report*, Belfast, Northern Ireland Association of Social Workers.
- NISCC. (2019a) *Standards of Conduct and Practice for Social Workers*, Belfast, Northern Ireland Social Care Council.
- NISCC. (2019b) *Fitness to Practise (Amendment) Rules*, Belfast, Northern Ireland Social Care Council.
- Professional Standards Authority. (2018) *Regulating an Occupation in Fewer than All Four UK Countries: Implications for Policy Makers, the Public, and Practitioners—Advice for the Scottish Government*, London, Professional Standards Authority.
- Ravalier, J. and Boichat, C. (2018) *UK Social Workers: Working Conditions and Wellbeing*, Birmingham, BASW/Social Workers' Union.
- Saar-Heiman, Y. (2023) 'Power with and power over: Social workers' reflections on their use of power when talking with parents about child welfare concerns', *Children and Youth Services Review*, **145**, pp. 106776–79.
- Simpson, M., Daly, M. and Smith, M. (2020) 'The social work regulator and professional identity: A narrative of lord and bondsman', *British Journal of Social Work*, **50**(6), pp. 1909–25.
- Tobis, D., Bilson, A. and Katugampala, I. (2020) *International Review of Parent Advocacy in Child Welfare: Strengthening Children's Care and Protection through Parent Participation*, New York, Better Care Network and International Parent Advocacy Network.
- van der Gaag, A., Gallagher, A., Zasada, M., Lucas, G., Jago, R., Banks, S. and Austin, Z. (2017) *People like Us? Understanding Complaints about Paramedics and Social Workers: Final Report*, Guildford, University of Surrey.
- van Heugten, K. (2011) 'Registration and social work education: A golden opportunity or a Trojan horse?', *Journal of Social Work*, **11**(2), pp. 174–90.
- Wiffin, J. (2010) *Family Perspectives on Safeguarding and on Relationships with Children's Services*, London, Office of the Children's Commissioner for England.
- Worsley, A. (2023) 'Moving the river: Rethinking regulation in social work', *The British Journal of Social Work*, **53**(4), pp. 2352–69.
- Worsley, A., McLaughlin, K. and Leigh, J. (2017) 'A subject of concern: The experiences of social workers referred to the Health and Care Professions Council', *British Journal of Social Work*, **47**(8), pp. 2421–37.
- Worsley, A., Beddoe, L., McLaughlin, K. and Teater, B. (2020a) 'Regulation, registration and social work: An international comparison', *The British Journal of Social Work*, **50**(2), pp. 308–25.
- Worsley, A., Shorrocks, S. and McLaughlin, K. (2020b) 'Protecting the public? An analysis of professional regulation—Comparing outcomes in Fitness to Practice proceedings for social workers, nurses and doctors', *The British Journal of Social Work*, **50**(6), pp. 1871–89.
- YouGov. (2020) *A Report on the Social Work Profession for Social Work England*, London, YouGov.