

Messages from Legislation and Policy in Northern Ireland

Foreword

This paper was commissioned by the Northern Ireland Social Care Council (NISCC) to support and inform the Project on the Roles and Tasks of Social Workers in Northern Ireland in the 21st Century.

It has been produced by Mrs Elsbeth Rea, Sessional Professional Advisor with NISCC, in consultation with Miss Eleanor Simpson who is a former Social Services Inspector with lead responsibility for education and training. Dr Pauline Prior, Queen's University Belfast (QUB) provided a background paper¹ which is appended to this document.

The legislation and policy outlined is by no means definitive but has been selected by the author for its relevance to the Project.

Elsbeth Rea

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¹ Prior, P. 2008, 'Milestones in social policy that have influenced the development of the role and context of social work practice in Northern Ireland in the past 60 years'.

1. Introduction

- 1.1 The practice of social work has, for the last 50 years, been overtly rooted in current public policy and associated legislation. This paper will identify the key policies influencing social work in Northern Ireland. Nonetheless, it is earlier events which have perhaps done most to shape the basis of social work practice as we know it today. These events include 'the Judeo-Christian tradition; the Poor Law; the industrial revolution and its accompanying 19th century charitable and philanthropic responses; and the creation of the post second world war welfare state'.²
- 1.2 These events have given social work, regardless of time and place, a common core set of values which are linked to recognition of the uniqueness of individuals. They have also contributed to the development of the sorts of organisations and structures in which social work is practised giving a strong tradition of charitable and voluntary initiatives alongside statutory structures.
- 1.3 In examining social work policies and legislation in the last half of the 20th century, the previous history of social work should not be forgotten. It is this that has contributed to the uniqueness of social work in the range of helping professions.

² Gibson, F. 1997, 'Social Work in Statutory Health and Social Services in Northern Ireland' (Draft).

2. Historical Development

- 2.1 Over the years, the practice of social work has been variously affected by legislation and other policy instruments, by organisational change and by societal factors. Outlined in this part are the more significant influences which impinged on social work during the period from the demise of the Poor Law in the 1940s until the end of the century.
- 2.2 War-time social planning, together with the Labour Government's social legislation from 1945 - 1948, were the basis of the welfare state and formed the foundation of today's social services provision. The Northern Ireland Government, in line with Westminster, introduced legislation in parallel to extend and improve the provision of welfare services locally.
- 2.3 The Public Health and Local Government (Administrative Provisions) Act (Northern Ireland) 1946 provided for the establishment within local authorities of welfare authorities to succeed Poor Law Boards of Guardians.
- 2.4 The Welfare Services Act (Northern Ireland) 1949 replaced the existing Poor Law provision and conferred on the new authorities a range of duties and powers relating to the care of 'certain persons in need' - the elderly and infirm, disabled persons and homeless persons. These were extended by the Welfare Services Act (Northern Ireland) 1954 and the Welfare Services (Amendment) Act (Northern Ireland) 1961 which provided for the development of a comprehensive framework for services for older people and those with a physical disability.
- 2.5 The Mental Health Act (Northern Ireland) 1948 also attempted to provide a framework for services for those with a mental illness or mental handicap³. Other key milestones included the centralisation of

³ The terminology in use at the time. As attitudes and approaches changed so, too, did the language and this is reflected in the text.

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all hospitals under the Northern Ireland Hospitals Authority (NIHA) provided for by the Health Services (Northern Ireland) Act 1948.

- 2.6 Under the Children and Young Persons Act (Northern Ireland) 1950, the generalist welfare authorities became responsible for the provision of services to children and young persons in need of care or protection.
- 2.7 The Education (Northern Ireland) Act 1947, closely modelled on the Butler Act in England in 1944, makes education compulsory for all children up to the age of 15.
- 2.8 The Probation Act (Northern Ireland) 1950 detailed the grounds for, and duration of, probation orders. It included the power to require treatment for a mental condition. The Treatment of Offenders Act (Northern Ireland) 1968 enabled probation officers to undertake the statutory after-care of certain categories of prisoners on release.
- 2.9 In 1960, the Ingleby Report highlighted the need for powers to combat neglect, ill treatment and juvenile offending. This led to the Children and Young Persons Act 1963 in England and Wales and, in turn, to the Children and Young Persons Act (Northern Ireland) 1968. Both established prevention as an underlying principle in child care practice.
- 2.10 The Report of the Committee on Local Authority and Allied Personal Social Services 1968 (the Seebohm Report) proposed that specialist local authority departments should be replaced by comprehensive social services departments providing community care services to families, children and other adults in need of care or support. It was envisaged that a single social worker could deal with all the social problems within one family. In Northern Ireland generic welfare departments had since 1948 provided a comprehensive set of social

services for families, children and adults in need of care and protection.⁴

2.11 Other factors were driving change in Northern Ireland and, in particular, the onset of 'The Troubles' in the late 1960s. There was an underlying political imperative to remove major public service functions from local authorities. Accordingly, in Northern Ireland, after Booz, Allen and Hamilton had reported in 1971, the Health and Personal Social Services (Northern Ireland) Order 1972 established the first integrated health and personal social services organisation in the United Kingdom. The administration of health and social services was brought together in October 1973 under four Health and Social Services Boards, each responsible in its area for providing integrated health and personal social services. Education and library services were likewise removed from Local Authorities and brought together in 5 Education and Library Boards.

2.12 Direct rule has been the term given, during the late 20th and early 21st centuries, to the administration of Northern Ireland directly from Westminster. The most recent system of direct rule was originally introduced in March 1972 under the terms of the Northern Ireland (Temporary Provisions) Act 1972, which also suspended the Parliament of Northern Ireland. Although day-to-day matters under direct rule were handled by government departments within Northern Ireland itself, major policy was determined by the British Government's Northern Ireland Office, under the direction of the Secretary of State for Northern Ireland; and legislation was introduced, amended, or repealed by means of orders in council. Direct rule remained in place until 1999 when, as a result of the Good Friday Agreement in April 1998, devolution took place. The Northern Ireland Assembly was however

⁴ The Special Care Service for 'mentally handicapped adults and children' employed its own social workers, and almoners were employed in general hospitals and psychiatric social workers in mental hospitals.

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suspended (and direct rule re-imposed) for over three months in 2000, twice briefly in 2001, and again from 2002 until the spring of 2007.

- 2.13 The Children and Young Persons Review Group (the Black Committee) was appointed in 1976 and reported in December 1979. It made recommendations affecting children in care, and attempted to clarify principles governing the treatment of juvenile offenders. Some of the recommendations found their way into the Children (Northern Ireland) Order 1995. In a separate report it proposed changes in adoption legislation which led to the Adoption (Northern Ireland) Order 1987.
- 2.14 The Probation Board (Northern Ireland) Order 1982 established the management of the probation service by a Non-Departmental Public Body but its statutory functions remained as before. The Treatment of Offenders (Northern Ireland) Order 1989 introduced a 'Fourth Condition' to the existing Probation Order which could require the subject to attend a day centre or participate in a specified programme of activity.
- 2.15 The Report of the Committee of Inquiry into Children's Homes and Hostels (the Hughes Report) was published in 1986. This, together with a number of child care inquiries in England, raised the professional and public awareness of child abuse.
- 2.16 The first Griffiths' Report (1983) introduced general management as it was being applied to the National Health Service (NHS) in Britain, to the Health and Personal Services in Northern Ireland in 1985. The second Griffiths' Report (1988) addressed community care and led to the publication of Caring for People (1989) - the policy guidance for England and Wales on care in the community. In Northern Ireland, comparable community care reforms, set out in People First (1990) had

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to be made to fit with the unique organisational arrangements for health and social services put in place 17 years before.

- 2.17 In 1991, the United Kingdom adopted the United Nations Convention on the Rights of the Child which established that children had specific rights in law. The Human Rights Act (1998), which came into force in 2000, aimed to give 'further effect' in law to the rights contained in the European Convention on Human Rights.
- 2.18 The Children (Northern Ireland) Order 1995, and its guidance, emphasised children's needs, both universal and specific, and rights in law. It recognised the need for children to be listened to and their statements and opinions taken seriously. There was a focus on collaboration across agencies (and not the responsibility of any one agency) and partnership with parents (who have responsibilities rather than rights) and a shift towards prevention and family support.
- 2.19 Education Supervision Orders were introduced into Northern Ireland in November 1996 when the Children (Northern Ireland) Order 1995 became law. They encourage parents and children to work in partnership with a supervising officer (Education Welfare Officer) to benefit both the child and the family.
- 2.20 The Criminal Justice (Children) (Northern Ireland) Order 1998 defined the arrangements for dealing with children who offend (10 - 17 years of age). The Justice (Northern Ireland) Act 2002 introduced a range of innovative new measures for dealing with children who offend, the most significant being youth conferencing which is based upon inclusive restorative justice principles.
- 2.21 Many of the changes signalled in the foregoing paragraphs took place against the background of the civil disturbances which erupted in the late 1960s. Particularly in the early years, social services were overstretched in trying to cope with the needs of families displaced by

fear and intimidation. And social workers on the ground had difficulty not only in keeping track of families but also in gaining access to them. They also had reason at times to be concerned for their own personal safety. It proved difficult, concurrently with the unrest, to manage the periodic reforms and to maintain and develop service provision during this time. And, as already mentioned, from 1972 until 1999, direct rule meant that responsibility for social services policy development transferred from local government to Ministers from Whitehall.

3. Topical Legislative and Policy Initiatives

- 3.1 The consultation paper 'Best Practice – Best Care' (April 2001) set out a range of options for ensuring the quality of health and personal social services, focusing on setting standards, clinical and social care governance and the extension of services to be monitored and regulated. The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 established the Regulation and Quality Improvement Authority (RQIA) which is responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services. Boards and Trusts are required to put in place a system of clinical and social care governance which is underpinned by a statutory duty of quality.
- 3.2 The Health and Personal Social Services Act (Northern Ireland) 2001 established the Northern Ireland Social Care Council (NISCC) as an executive Non-Departmental Public Body. Section 8 introduced protection of the title 'social worker', the commencement date being 1st June 2005. NISCC is responsible for regulating and registering social care workers to improve standards of training and practice in the workforce. Registrants and their employers are bound to meet standards set in their respective Codes of Practice. Evidence of continuing learning and development is a requirement for re-registration with NISCC.
- 3.3 The Children (Leaving Care) Act (Northern Ireland) 2002 placed new and enhanced duties on Health and Social Services⁵ (HSS) Trusts to assess and meet the needs of care leavers.
- 3.4 The Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003 (POCVA) became law in February 2003 and was

⁵ Re-branded in 2007 as Health and Social Care (HSC) Trusts.

commenced (with the exception of Article 46) on 1st April 2005. This legislation aims to improve existing safeguards for children and vulnerable adults by preventing unsuitable people working with them in paid or voluntary positions.

3.5 The recommendations of the Bamford Review of Mental Health and Learning Disability (Northern Ireland) 2002 - 2006 are currently informing the future mental health and learning disability policy and legislation.

3.6 'A Healthier Future' (2004) is the over arching Regional Strategy of the Department of Health, Social Services and Public Safety (DHSSPS). Its vision, for the next 20 years, is to promote health and well-being, support, protect and care for the most vulnerable and facilitate the delivery of services.

3.7 'Priorities for Action 2007-2008' impacts on the overall provision of health and social care. Of specific importance to social care are:

- Fully integrated care and support in the community;
- Improvements in children's services;
- Better mental health and learning disability services; and
- Reforming the workforce.

3.8 'Caring for People Beyond Tomorrow' (2005) is Primary Care Strategic Framework and its key aspects are:

- A service focused on providing comprehensive person-centred care.
- A first point of contact that is readily accessible and responsive to meet people's needs day or night.
- A co-ordinated, integrated service employing a team approach with multi-agency linkages.
- An emphasis on engagement with people and communities about their care and the way services are designed and delivered.

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- A focus on prevention, health education and effective self-care.
- 3.9 The Community Care Strategy aims to support an increasing number of people to live independent lives, preferably in their own homes. To do this, effective alternatives to hospital care need to be developed, which are designed to reduce inappropriate admissions and unnecessary lengths of stay. There also needs to be a strong focus on rehabilitation in tandem with assessment of long term care needs to avoid unnecessary reliance on residential and nursing home care.
- 3.10 The policy for the development of child care services in Northern Ireland includes child protection, fostering, domestic and intercountry adoption, residential care, secure accommodation, and leaving and aftercare. The consultative document “Care Matters in Northern Ireland - A Bridge to a Better Future” was launched in March 2007 and sets out Government plans to meet the challenge of improving services for all children including those Looked After. It builds on reforms in relation to new structures and processes in frontline services and on the outcome of the Child Protection Inspection Report (2006).
- 3.11 With one exception, the policies and legislation detailed above have removed nothing from the original responsibilities of social workers in the post war period, but rather have enhanced or added to them. The one exception is a fundamentally different piece of legislation which established a social worker registration authority.⁶ For the first time in its long history, social work is now regulated along similar lines to those of other regulated professions. The difference is that the social work body (NISCC) is an executive Non-Departmental Public Body accountable directly to government. The implications of professional registration and accountability to the registering authority have yet to be fully appreciated by the registrants, their employers and the public.

⁶ This also registers social care staff.

4: Population

4.1 Northern Ireland has a population that is ageing at a faster rate than any other part of the United Kingdom. It is projected to increase by 8% between 2002 and 2028, an increase of 134,000 people. The September 2004 report of the Northern Ireland Statistics and Research Agency and the Government's Actuary Department published the following changes in population over the ten year period 2003 to 2013:

- A decrease of 10% in the number of children aged under 16;
- An increase of 21% in the number of young elderly aged from 60 years for females and 65 years for males and up to 74 years; and
- An increase of 19% in the number of elderly aged 75 and over.

4.2 In addition, an estimated 4,500 people entered into Northern Ireland in 2005⁷, mostly from the expanded European Union.

4.3 'Caring for People Beyond Tomorrow' (2005) highlights that every day in Northern Ireland typically:

- 33,000 people are looked after in their own home by some form of domiciliary care;
- 17,00 people are cared for in residential and nursing homes; and
- 2,400 children are looked after in some form of care.

4.4 The increase in numbers of older people in the population needing social support is beginning to change the public perception of social services as something needed by 'other people' to a more universal service which will be needed by us all at some stages in our lives.

⁷ Research Report: Occupational Forecasts & Replacement Demand Analysis for Northern Ireland 2005 – 2015; DEL

- 4.5 Although there have been many positive changes since the 1940s in addressing the needs of the most vulnerable, nonetheless, social work's traditional client group has not disappeared. Indeed it may once again be increasing with the migration of growing numbers from the European Union to Northern Ireland.

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5: Organisation

5.1 The DHSSPS is one of 11 Northern Ireland Departments created in 1999 as part of the Northern Ireland Executive by the Northern Ireland Act 1998 and the Departments (Northern Ireland) Order 1999. Its mission is to improve the health and social well-being of the people of Northern Ireland by ensuring the provision of appropriate health and social care services, both in clinical settings such as hospitals and General Practitioners' surgeries, and in the community through nursing, social work and other professional services. The DHSSPS has three main business responsibilities:

- *Health and Social Care (HSC)*, which includes policy and legislation for hospitals, family practitioner services and community health and personal social services;
- *Public Health*, which covers policy, legislation and administrative action to promote and protect the health and well-being of the population; and
- *Public Safety*, which covers policy and legislation for fire and rescue services.

5.2 The Office of Social Services⁸ (OSS) is one of 5 professional groups within the Department. It is headed by a Chief Officer who leads a team providing professional social work advice and expertise to support Ministers and other Government Departments and with responsibility for developing social services training and workforce regulation policy. Included in this policy function is the delegated authority to issue circulars to the service specifying appropriate qualifications for the workforce. The OSS is the departmental branch responsible for NISCC which regulates the workforce and social work training according to the DHSSPS policy.

⁸ Replaces the Social Services Inspectorate.

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- 5.3 Following the Review of Public Administration (RPA), organisational and managerial arrangements are being streamlined across a number of public bodies including the HPSS which has been re-branded Health and Social Care (HSC). From 1st April 2007, 18 Trusts were merged to become 5 HSC Trusts, each managing its own staff and services on the ground and controlling its own budget.
- 5.4 Further reforms were proposed in February 2008 by the HPSS Minister which included the establishment of a new Regional HSC Board to focus on financial management, performance management and commissioning and a common services organisation to provide a range of support functions for the HSC service. There would also be increased democratisation through local government representation on key bodies and improved partnership working. Indeed, voluntary and private sector provision already co-operates with the statutory sector to supply a wide range of social services.
- 5.5 The NIO, a Whitehall Government Department, currently continues to be responsible for constitutional and security matters as they relate to Northern Ireland, in particular law and order, political affairs, policing and criminal justice. A number of agencies which employ social workers fall under the aegis of the NIO, including the Probation Board for Northern Ireland, the Youth Justice Agency and a range of voluntary agencies which provide services to offenders and their families.
- 5.6 The Department of Education in Northern Ireland (DE) is responsible for all policy, legislation and resource issues relating to schools, the Youth Service and the Education and Library Boards. Social workers in education (Education Welfare Officers⁹) are employed in the current 5 Education and Library Boards which, following the RPA, will be replaced by a single Education and Skills authority in April 2009. The administration of libraries in Northern Ireland is being transferred to the Northern Ireland Libraries Authority which is a Non-Departmental

⁹ While social welfare officers became known as social workers from the 1970s, the title 'Education Welfare Officer' has been retained.

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Public Body. The Public Library Service has been administered by the 5 Education and Library Boards with funding from the Department of Culture, Arts and Leisure.

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6: Workforce

6.1 In 1948, there were limited signs of the beginnings of professional social work with the appointment of probation officers and medical and psychiatric social workers. Progress thereafter was slow and piecemeal. It was not until 1968 that appointees to the post of Social Welfare Officer were required to hold a professional social work qualification. Increasingly over time, the qualification requirement was extended to other statutory sector social work posts, including most recently, Education Welfare Officers. From September 2004 the Degree in Social Work replaced the DipSW as the recognised professional qualification and threshold for entry to the profession.

6.2 In response to the breadth of service delivery, the current social services workforce is made up of a diverse range of posts with different roles and levels of responsibility, and different salary grades, entry requirements and career structures. There are professionally qualified social workers working alongside social care staff, some of whom now have National Vocational Qualifications. They work in the statutory, voluntary and private sectors in the following settings:

- Fieldwork;
- Residential;
- Day care;
- Domiciliary;
- Criminal Justice;
- Education; and
- Specialist Agencies (e.g. NI Guardian Ad Litem Agency).

6.3 Job profiles and roles are changing under Agenda for Change (AfC), an initiative originating in the NHS in England but used across health and social services in Northern Ireland. It is designed to ensure staff

are developed in their existing and future roles through an associated Knowledge and Skills Framework (KSF) and to establish pay bands linked to roles and levels of responsibility. Although AfC is being applied specifically in the statutory health and social services sector, over time there will be implications for staff working in the voluntary, community and private sectors. For example, commissioning practices by the Trusts are likely, in time, to expect of the voluntary and private sectors compliance with the knowledge and skills requirements applicable to the statutory sector.

6.4 The Personal Social Services (PSS) Development and Training Strategy was first introduced by Government in 1991 and has now been revised in Northern Ireland to cover the period 2006-2016. It supports all those employed in delivering social services, in both the statutory and voluntary sectors and at every level, to access appropriate education and training and, significantly, requires registrants on all parts of the register to gain appropriate qualifications linked to their continuing registration on the NISCC Register.

6.5 The implementation, by the DHSSPS, of Protection of Title of Social Worker from 1st June 2005, means that all social workers in designated posts must be registered on the social work part of the NISCC register in order to practise.

6.6 There were 4128¹⁰ registered social workers employed as follows:

- 3000 (est) are employed in the Statutory HSC Sector;
- 300 (est) are employed in the Criminal Justice Sector, Education Welfare Sector and the NI Guardian ad Litem Service;
- 500 (est) are employed in the Voluntary Sector; and
- a small number of social workers work independently.

¹⁰ NISCC Registration Statistics, 4th August 2006.

- 6.7 While NISCC does not specify qualifications at initial registration (with the exception of the social work part of the register), it is intended as part of the PSS Development and Training Strategy 2006-2016 that, over time, all registrants will be working towards specific competence or qualifications to support their continuing registration. In addition, a personal commitment is required by all students, trainees and employees under the NISCC Code of Practice for Social Care Employees to be responsible for keeping their knowledge and skills up-to-date and maintaining their registered status with NISCC as appropriate.
- 6.8 This policy is being supported from 1st April 2007 by a revised extensive post qualifying education and training framework. The Northern Ireland Post Qualifying Education and Training Framework in Social Work is designed to meet the development needs of registered social workers at all levels within organisations and at all stages of career progression, including senior management. It also allows for academic progressions offering qualifications linked to higher level post graduate achievement.
- 6.9 Health and Social Care policy now overtly requires services to be more flexible, responsive and people centred. Greater support being offered to enable people to live their lives independently at home and more user led services, including technologically assisted methods of care, have already made an impact on the workforce.
- 6.10 Social workers practise in a society of complexity, change and diversity. This diversity is reflected through religion, ethnicity, culture, language, social status, family structure and lifestyle. The impact of past and current violence, conflict and divisions in Northern Irish society requires particular emphasis in the continuum of education and training for social workers in Northern Ireland and has also influenced how services are developed and delivered.

7: Roles and Tasks of Social Workers in Northern Ireland in the 21st Century.

- 7.1 Since the inception of the welfare state, social workers in Northern Ireland have been employed by a variety of statutory bodies - local authorities, hospital authorities, HSS Boards and Trusts and, of course, in education and justice. The remainder of this paper focuses on the role of social workers providing personal social services as defined in legislation whether they are operating in the statutory or voluntary sectors. However, there may well be a read across to social workers in education and justice.
- 7.2 At government or departmental level, responsibility for personal social services has resided at various times, in the Ministry of Health and Local Government, the Ministry of Home Affairs, the Ministry of Health and Social Services and the Ministry of Health, Social Services and Public Safety. These have been presided over by different local and direct rule administrations. In addition to societal changes, new legislation, policy initiatives and organisational reforms have impacted on the practice of social work. The delivery of social work and social services has responded to these pressures but the nature of social work itself has been less affected. More influential, in this respect, has been the recognition given to the centrality of service users and their carers.
- 7.3 The changing expectations and increasing knowledge (linked to use of the internet) of people who use services, and their carers, require a 'modern' workforce which is forward thinking and less reliant on professional authority. Existing roles are changing and new roles are emerging as result of service reform and increased flexibility and adaptability to new ways of working. In addition, there is a need for more specialist workers with greatly enhanced levels of expertise. The basis of social work practice was always centred on the individual

(self-determination). More than ever, this focus must be developed into true partnership with service users.

- 7.4 The following quotation demonstrates the uniqueness of social work which can synthesise and co-ordinate all that is available to support and improve circumstances for families.

‘they helped me with my depression. I’m feeling much better....social services involvement stopped my husband beating me and the children....if social services were not involved I would have been killed....now the house is in good order....now I take the children to school...’¹¹

The universal services such as health, education and police, on their own, are not designed to accomplish this sort of change in a ‘one-stop-shop’ which social work, at its best, is designed to do.

- 7.5 Internationally, the key purpose of social work has been defined as:

‘a profession which promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.’¹²

- 7.6 Providing care and undertaking a social control role in ensuring protection of the vulnerable from harm have been fundamental tasks for those employed in the provision of social services over the years. People of all ages may be vulnerable for longer or shorter periods during their lives and for reasons other than illness.

¹¹ Quotation from a service user cited in Blewett, J, Lewis, J and Tunstill, J (2007). The Changing Roles and Tasks of Social Work. A Literature Informed Discussion Paper.

¹² International Association of Schools of Social Work and the International Federation of social Workers (2001).

7.7 Unlike England and Wales, social services in Northern Ireland embraced genericism from the inception of the welfare state. Northern Ireland's approach, albeit in a variety of legal and structural contexts, has always encouraged a broad based generic approach to social work practice, at the same time allowing specialist expertise to be developed appropriate to specific settings. Education and training for social work in Northern Ireland has reflected and supported this practice context.

7.8 There is, perhaps, a debate that needs to take place to agree some definition of the level of complexity of the work undertaken by social workers as distinct from social care workers. In this context, two recent developments may be of assistance. The AfC system for job evaluation associates pay bands with levels of responsibility and the levels of expertise needed to discharge the post. Additionally, the work of those engaged in implementing social care governance arrangements to ensure that services are safely and competently delivered could assist in defining the cut-off points between social work and social care.

7.9 It is questionable, however, as to whether there is consensus about the core functions of social workers. Among the more recent definitions of the role, functions and tasks of social workers are the following:

- (i) A report in 2007 emanating from the Sector Skills body¹³ has suggested the following key activities for the social services workforce:
 - Advice, support and problem-solving:- Helping people find solutions to short-term or long-term needs or difficulties that are impacting on their well-being;

¹³ Sector Skills Agreement: Stage 1. Skills Needs Assessment for the Personal Social Services Sector. Final Draft, July 2007.

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- Care, rehabilitation and social inclusion:- Supporting vulnerable and marginalised members of society to live safe and fulfilling lives, to maintain maximum independence in daily living and to engage in meaningful and valued activity;
- Prevention, protection and safeguarding:- Protecting individuals, families and communities at risk of harm from themselves or others through the use of statutory powers;
- Integration and partnership:- Working in partnership with carers, volunteers, other professions and agencies to provide holistic and integrated services to people with complex needs; and
- Community action:- Empowering individuals, groups and communities to become actively involved in initiating and influencing community development to improve social well-being and quality of life.

(ii) A background paper¹⁴ for this review prepared by Dr Pauline Prior, QUB sets out the roles and duties of social work as:

- Protection of vulnerable people;
- Assessment of need;
- Providing a gateway to the service;
- Assessment of means;
- Providing a direct counselling/advice/ emotional support service;
- Advocacy; and
- Representing the public authorities in restricting freedom when necessary.

¹⁴ Prior, P.2008 ibid.

(iii) The Northern Ireland Framework Specification for the Degree in Social Work (2003)¹⁵. It sets out the learning requirements for the Degree in Social Work under 6 Key Roles which are:

- Prepare for, and work with individuals, families, carers, groups and communities to assess their needs and circumstances;
- Plan, carry out, review and evaluate social work practice with individuals, families, carers, groups, communities and other professionals;
- Support individuals to represent their needs, views and circumstances and to achieve greater independence;
- Manage risk to individuals, families, carers, groups, communities, self and colleagues;
- Manage and be accountable, with supervision and support, for their own social work practice within their organisation; and
- Demonstrate and be responsible for professional competence in social work practice.

(iv) Although just over 10 years old, a draft paper prepared by Faith Gibson in 1997¹⁶ sets out roles and functions of social workers that continue to meet the current legislative, policy and structural context. The social worker is one or more of the following:

- Mediator;
- Broker;
- Networker;
- Social controller or regulator;
- Counsellor and therapist;

¹⁵ The Northern Ireland Framework Specification for the Degree in Social Work (2003), DHSSPS, page 6

¹⁶ Gibson, F. 1997 *ibid.*

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- Group worker;
- Crisis practitioner;
- Care Manager;
- Representative voice of those in need; and
- Community development worker.

In the same paper, a summary of the activities of social workers includes the following:

- Assess personal, inter-personal and psycho-social problems with particular attention to the person in interaction with their environment;
- Engage with people and other social systems, interpreting each to the other and removing or diminishing obstacles;
- Mobilise intra-personal, inter-personal and community resources;
- Share people's predicaments and assist them to set priorities and take action over problems;
- Develop, manage and co-ordinate community resources;
- Offer care and protection to children and others at risk of unacceptable harm; and
- Work in partnership with other health and social care staff across agency boundaries and with local communities.

7.10 Any, or a combination, of these models would provide a coherent commentary on what registered social workers are capable of doing and demonstrate what is unique to social work. Indeed, none of these models would sit ill with the work of the welfare officer in the 1940s or with the work of the modern social worker.

7.11 What is less clear now is a consensus as to the public's expectations of its social workers, unlike in the 1940s, when it was expected that the state would provide for its population. Today, there is no real consensus about where public funding should be expended. Social

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workers need to become more articulate about their roles and responsibilities. The Chief Social Services Officer has offered a challenge to the profession:

'New agendas, changing demands and increased expectations need a confident workforce that is fit for purpose - ready to take on new roles and responsibilities and to work in new and different ways.'¹⁷

7.12 This does not, however, mean that what has gone before has to be changed fundamentally. Social work remains a value based activity and attempts

'to reconcile potentially conflicting care, protection and control functions through the exercise of professional judgment, informed by legislation and guided by agency policies and procedures'.¹⁸

7.13 The legislation, policy and procedures have changed and the needs of the population have become more complex, but contemporary social workers have the knowledge and skills, through evidence-based practice, to promote individual and social well-being. They need, more than ever, to be able to exercise sound professional judgement in order to select the roles which are appropriate to the function being performed. Additionally, contemporary social workers need to understand the implications and responsibilities of being registered and having a protected title. They also need to be able to articulate these to the public, their employers and to each other.

7.14 In essence, the history of the development of social work in Northern Ireland over the last half of the twentieth century shows the same core professional ethos motivating practitioners whether employed in statutory social services, education, justice or voluntary and community agencies. So, perhaps, all that is now needed is for social

¹⁷ Launching the project to review the roles and tasks of social work in January 2008.

¹⁸ Gibson, F. 1997 *ibid.*

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work to specify again the broad range of functions and then actively promote that specification as registered professionals.

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