

## **Introduction**

This paper reflects on some of the waves of transition the social work profession is currently riding in the UK to provide a context within which to consider some implications for professional learning. Whilst the aspects of change described here are specific to social work, the broad issues will be replicated for other professions, especially nursing and teaching and the police.

This paper will first consider understandings of social work and, in particular, understandings of social work as a profession and the position of social work as an academic subject. Although this may seem a rather inward looking and arid topic, debate about the extent to which social work can even be defined as a profession has been an enduring companion to practice (Dickens, 2012; Horner, 2009). When talking of social work as a profession the parenthetical phrase ‘if indeed it is a profession at all’ often used to be heard, although it is now on the wane. The identity of social work as a profession, or not, affects not only how social workers see themselves and the associated models of learning they adopt, it also affects how social workers are seen by others including the media, service users and other professions (Franklin and Parton, 1991).

The paper then briefly consider three factors that are affecting the arena of practice:

1. concepts of risk
2. personalisation
3. the multi-disciplinary environment.

These are just a selection of the many that could be discussed, but they are chosen because they are currently highly salient, and are also likely to have resonance for the other professions

mentioned above. Some suggestions about the implications for professional learning will be included.

### **Evolving Social work**

It is not possible, here, to do full justice to the extent of the swirling forces that have brought social work to where it is today. The realms of social work as an academic discipline, as a profession and as a field of operations are all contested and are all in various states of transition.

A widely recognised international definition of social work locates social work within different structural layers and as playing the dual role of helping individuals and enhancing society:

The social work profession 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 (International Association of Schools of Social Work, 2001, p.1).

More locally, Dickens (2012) notes a ‘revival’ of the debate about definitions of social work in the UK, partly because of public image problems, but also spurred by the organisational changes and reviews associated with devolution. Although there are subtle variations to the changes in different UK nations (analysed in depth by Dickens) the focus here will be upon the broader trends in the UK.

Payne (2011) identifies three discourses in social work, all of which address both the individual and societal roles. The first is primarily *therapeutic* and identifies the task of social work as being to ‘(h)elp everyone to self-fulfilment and society will be a better place’. The second is a discourse of *social order* in which the role is to ‘(s)olve people’s problems in society, by providing help or services, and they will fit in with general social expectations better; promoting social change to stop the problems arising will produce all-round improvements’. The third is primarily *transformational* in which social workers ‘(i)dentify and work out how social relations cause people’s problems, and make social changes so that the social problems do not arise’ (pp. 11-12).

The discourses can be traced, in part, back to the different ideologies underpinning the 19<sup>th</sup> century and early 20<sup>th</sup> century roots of ‘helping’ in the UK as understood by charities, the Settlement movement and the Fabians (Horner, 2009). These movements were spurred by the highly visible concentration of the poor in terrible conditions in the East-end of London and the failure of existing efforts to solve the problem (Stedman Jones, 1971). The discourses also underpin how social work is seen by others – social workers are as likely to be described as any or all of ‘wishy washy do-gooders’; ‘petty power-obsessed rationers of resources’ and ‘lefty and radical dangers to social order’.

### *Professional learning*

Individual social workers working in the field may espouse any combination of these discourses within their professional lives. Elements of each will run through initial qualifying and post-qualifying courses and there may be different emphases in the University-based and practice-

based elements. There are particular implications for the professional learning of practitioners making the first key transition to a promoted post (Patterson and Whincup, 2012). For example, those whose primary mode of practice at the frontline had been direct therapeutic work with individuals may be required by the agency to ensure that frontline practitioners adopt a more ‘case management’ role. Those whose practice entailed the provision of services may find themselves confronted with the need to ration human resources across a number of people with apparently equal levels of need for support. Those whose aim had been to promote transformational practice often eschew managerial positions in the first place, but if end up in them, can fast become disillusioned by their lack of influence over local or national policies that support enduring inequalities.

### **Social work as a profession**

The transition of ‘helping’, in the form of charitable endeavours, towards social work as a profession has been fraught with tensions and remains contested. Not everyone in social work wants to assume the role of the professional – ‘professionalism’ can be associated with imposing a distance from service users and with inappropriate claims of superior power and expertise. But the transition has, nonetheless been inexorable.

Described as ‘the newest profession’ (Younghusband, 1981) social work first gained real legitimacy with the Local Authority Social Services Act (England and Wales), 1970 and The Social Work (Scotland) Act, 1968. Based on, respectively, the Seebohm (1968) and Kilbrandon (1964) reports, these pieces of legislation unified various branches of social-work-like activity into generic local authority social services departments (social work departments in Scotland).

Crucially for a profession, generic social work training was also developed through a specialist agency – the Central Council for Education and Training of Social Workers. The next key transition occurred with the establishment of new professional regulatory bodies for all parts of the UK in 2001 when social work became a registered profession with associated codes of practice and post-registration, training and learning requirements. With this came the coveted ‘protection of title’ so that only those registered with the relevant councils can call themselves a ‘social worker’. An honours degree minimum qualification was introduced in 2003/4 across the UK (Horner, 2009).

All seemed set fair for social work to mature as a registered profession and to continue to refine its own place within the multi-disciplinary arena, albeit as a relative newcomer. Self-regulation was coupled with professional reflection, for example, in Scotland an independent review of social work resulting asserted that ‘it is and should remain a single generic profession, underpinned by a common body of knowledge, skills and values...’ (Scottish Executive, 2006, p.27).

However, following media furore in 2008 associated with the death of Peter Connolly, known as ‘Baby P.’ (Haringey Local Safeguarding Children Board, 2010), social work was engulfed by a wave of external and internal scrutiny, the backwash of which still creates a very turbulent professional environment across the UK. A Social Work Task Force (2009) was established for England, the proposals of which included suggested changes in relation to training and education, the introduction of a ‘License to Practice’ for social workers (with an ‘Assessed Year in Employment’), an improved system of professional development and the establishment of an

independent National College of Social Work for England (TCSW) which would take forward many of the proposals. Hard on the heels of the Task Force came the Munro Review of Child Protection (Munro, 2011) in England that called for a reduction in bureaucracy and a 'system that values professional expertise' with proposals to help with 'creating a learning system'.

The aspiration of TCSW is clear:

Now is the time for the profession to take control of its destiny and develop its own authoritative voice...Now is the time for the profession to take control of its own destiny and by so doing, improve the lives of the people it exists to serve (TCSW website).

However, there have been splits across social work in views about the development of TCSW and as yet it is not clear whether social workers will join TCSW in sufficient numbers for it to achieve the critical mass required to act as the main voice for social work. This wobble as social work teeters on the brink of full-scale buy-in to the trappings of a 'profession' is perhaps not surprising given ongoing ambivalence about aspects of 'professionalism'.

The recent changes have been driven largely, but not exclusively, by perceived failings of child protection systems. However, in adult services the twin agendas of personalisation and user and carer involvement are challenging aspects of social work professional identity, as is the emergence of more integrated, multi-professional organisational structures.

### *Professional learning*

The extent to which all this swirl impinges on frontline staff is difficult to gauge. There has certainly been a very voluble discourse that the professional practice of frontline staff has been

crushed by the impact of increased bureaucratisation (White and Stancombe, 2002). Proposals to reduce guidance and increase flexibility of timescales in child protection (Munro, 2011) are welcome, but there are implications for professional learning when social workers are expected to use increased professional judgement. Similarly, in adult services the drive towards more user-lead services, coupled with enhanced guidance (legislation in Scotland) for the protection of ‘vulnerable’ adults is augmenting the existing tension between the different demands of empowerment, care and control. There may well be an element of ‘careful what you wish for’ in increased flexibility and professional autonomy - autonomy also entails responsibility. Therefore, individual and collective learning needs are likely to centre on issues of confidence, competence and discretion.

### **Social work academia**

Social work education in the UK today occupies a similar position to the professions of nursing and teaching in that the education and training of the workforce has fully moved into Universities and the required qualification is located at honours or post-graduate degree level. Academic social work educators (as opposed to those who provide practice learning in the field) are subject to the same academic expectations as other University staff. Thus social work academics in the UK are under huge pressure to generate research funding and to perform highly in the Research Excellence Framework (the system for assessing quality of research in UK Higher Education Institutions). However, available funding for social work research is sparse. Social work was only recognised as a distinct academic discipline by the main UK funding body, the Economic and Social Research Council (ESRC) in 2004, before that social work researchers had to submit proposals under disciplines such as social policy or sociology (Shaw *et. al*, 2004).

Marsh and Fisher (2005) identified a crucial absence of infrastructure in the UK to support the development of a research workforce, funding and national strategic priorities for social work and social care. By comparing the ratings of primary care and social work undertaken by the last national exercise to rate the quality of research they showed that in 2001 43% of Departments of Social Work were producing work of national or international excellence in comparison with 88% of Departments of General Practice. This was attributed, in part, to the lack of practitioner engagement in research and a perceived tendency for social work researchers to become distanced from practice. More significantly, though, the authors compared the resources available for social care research with that available for health care research and on 9 different comparators they evidenced a huge disparity in available funding, for example:

...annual university research income from the Higher Education Funding Council (HEFC) Quality-related Research (QR) is £8,650 per social work researcher and £26,343 per primary care researcher... (p. ix).

Activities abound to address these issues via, for example, the development of a research strategy (JUC SWEC, 2006) and the endeavours of the relatively young Social Care Institute of Excellence (SCIE) and the Institute for Research and Innovation in Social Services (IRISS). Nonetheless, recent closures of University social work units have focused attention on the challenges of producing high-quality research whilst delivering resource-intensive professional education within the context of limited funding – challenges which are shared with education and nursing academics in Universities.

*Professional learning*



The opportunities for practitioners to make the transition into academic posts are have recently become seriously curtailed, and indeed in some recent recruitment activities a social work qualification has been described as ‘desirable’ rather than ‘essential. Social work has a small academic workforce that is one of the oldest in the UK and recruitment from overseas is also the lowest of social science disciplines (JUC SWEC, 2006). Although not an absolute regulatory requirement, typically social work academics are expected to be qualified social workers and to have practice experience. At the same time, Universities are increasingly requiring new appointees to evidence research output. There is not a strong tradition of practitioner-lead research in social work, which means that practitioners are unlikely to have experience of publishing in academic journals (Marsh and Fisher, 2005). Social work students are usually keen to go out into practice as soon as they qualify rather than stay on to undertake PhD studies.

Supporting the kind of professional development that will equip social workers for academia is therefore crucial. More joint academic and practice appointments could be possible, although the nature of much social work practice makes it difficult to parcel into manageable part-time chunks without moving into less challenging (and some would say less interesting) roles. Another option is to develop partnership mechanisms between Universities and employing agencies to support social workers in the field to undertake research, undertake doctoral studies and publish in academic journals.

### **Issues of risk and risk management**

Social workers hold the dubious honour of being blamed for all that is wrong with society, families and individuals and this is largely because of the extent to which it entails grappling

with the issue of risk. All professionals deal with issues of risk to one extent or another, but are not subject to same level of media vilification or overwhelming expectation. Horner (2009) reflects that the profession of social work is ‘uniquely vulnerable to the alleged deficiencies of one of its number being extrapolated to call into question the efficacy of all’ (p. 141). The dangers of an overriding preoccupation with risk, risk prevention and risk management was predicted by Barclay in his report on the roles and tasks of social workers:

Too much is expected of social workers. We load upon them unrealistic expectations and then complain when they do not live up to them (Barclay, 1982, p. v11).

At the same time, it is expertise with managing risk that social work tends to claim at its defining professional core. In some cases legislation stipulates that a role in relation to risk has to be performed by a social worker, for example for undertaking mental health assessments, or for the protection of children, and now, in Scotland, for the protection of adults. More widely, discussions about ‘reserved functions’ for a registered social worker centre on the role of intervening, sometimes without a person’s consent, to protect an individual from risk to self or to others (ADASS, 2010; GSCC, 2008).

In the context of a ‘risk society’ increasingly preoccupied with anxiety about all manner of risks and with risk prediction and regulation (Beck, 1992; Giddens, 1999) social work is a perfectly formed repository for society’s anxieties about risk. Social workers work directly with those who pose risks to society (for example, offenders) and those who are vulnerable to the risk of harm (for example, children). Social work activity is inextricably associated with many of the perceived social risks in contemporary society such as substance misuse, anti-social behaviour

and child abuse. Over recent decades, this escalating anxiety about risk has been tracked by escalating social work activity to predict, manage and contain risk.

Munro (2007) had trailed the extent to which the concept of risk had moved from a neutral term, describing the likelihood of an event occurring, to a negative concept focusing exclusively on the likelihood of something 'bad' happening. In practice the term 'risk' is often used as shorthand to describe current factors rather than future likely outcomes. Workers may substitute the factors associated with the likelihood of something bad happening for an assessment of what the bad thing is. For example, in child protection assessments social workers often describe parental mental ill-health, substance misuse or domestic abuse as 'risks' rather than, more strictly, factors that elevate the likelihood of a child's needs being neglected with the associated risk that the child's development will be compromised. In assessments of older people social workers may describe factors such as isolation, inappropriate housing and mobility problems as 'risks', rather than factors that elevate the likelihood of someone falling at home with the attendant risk of physical and emotional harm.

Until recently the proliferation of risk assessment frameworks aimed at containing all these factors and preventing 'bad' things happening has appeared to be an unstoppable tide, accompanied by increasing amounts of guidance and regulation aimed at containing risk. There are signs, though, of an increased recognition of the impossibility, and some would say, absurdity, of this Canute-like activity (Broadhurst et al, 2010; Kemshall, 2010). As Munro (2011) neatly summarised:

The big problem for society (and consequently for professionals) is establishing a realistic expectation of professionals' ability to predict the future and manage risk of harm to children and young people (p. 18).

She has identified this risk-aversion as curbing creativity and flexibility in work with children and families and recommends a shift in approach.

So it is recognised that there has been a skewed emphasis on protection from the risk of harm (McLaughlin, 2007). The ethos in adult services has for a while, been moving towards a recognition that increased protection can also be experienced as the curtailment of the individual freedom and autonomy of people who use services (Titterton, 2006). There is an increasing push from a range of organisations, especially user-lead movements, towards 'positive risk-taking'. For example 'risk-enablement' is promoted, and is described as being concerned:

...with managing these risks effectively and finding a balance between the need to protect vulnerable people and promoting the rights of the individual. Individuals will be allowed to take informed risks if they understand their responsibilities and the implications of their choices (*in-Control* website).

### *Professional learning*

In some ways social workers have become accustomed to absorbing the blame and backlash associated with high profile failings to prevent all harms. However, social workers now need to learn how to take the kind of risks they had previously been encouraged to avoid. There is, therefore, a need for ongoing professional learning about the concept of risk itself to encourage a

more sophisticated analysis of the limits and extents of professional influence over factors that elevate the risk of harm or restrict user autonomy.

There are fears among some workers in children's services that the overarching ethos has not moved sufficiently to prevent individual social workers being personally blamed if something goes wrong (Munro, 2012). Social workers need support in how to manage anxiety about the risks that the work they do poses to their own reputation and job security. There is also a need for organisational learning about how to actively support creative work whilst being prepared to assume responsibility for the protection of individuals from unfair opprobrium.

### **Personalisation**

If concepts of risk have been the main driver of change in children's services, in adult services it is the concept of personalisation that is causing the greatest turbulence. Personalisation has been in part, but not exclusively driven by the increasingly strong voice of user and carer representative organisations as well as stronger individual user and carer demands in relation to the delivery of personal services.

Personalisation is high on the agenda in Scotland (Scottish Executive, 2006) and for England and Wales the vision for personalisation in adult services is set out in a circular, *Transforming Adult Social Care* (Department of Health, 2008)

The direction is clear: to make personalisation, including a strategic shift towards early intervention and prevention, the cornerstone of public services. In social care, this means

every person across the spectrum of need, having choice and control over the shape of his or her support, in the most appropriate setting (p. 2).

Personalisation is often rather ill-defined, and is in danger of being equated or conflated with the provision of direct payments to enable people who use services to purchase services. The circular sets out a broader vision by describing it as:

...the way in which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive (p. 4).

Personalisation sounds very like the ‘person-centred’ counselling approaches that have been at the core of social work practice for decades (Rogers, 1951) or the ‘person-centred planning’ approaches that have developed in work with people with disabilities (Davies, 2008). When ‘personalisation’ was first emerging in policy documents social workers could not be blamed for equating it with what they were doing anyway and perhaps not fully appreciating the impact it was going to have.

However, the personalisation agenda has become the centre of a huge storm of discussion, dispute and debate to which it is not possible to do full justice here. Indeed many policy documents, papers, books and thousands of words have already been dedicated to the topic with little sign of convergence. Whilst a move to personalisation has been driven, to an extent, by organisations representing the views of people who use services, there are concerns that some people who use services will not be able to exploit the benefits of personalisation (Horner, 2009).

Much of the critique is not so much about the concept itself as the climate within which it is being driven and the danger of it being used as a smokescreen for cuts and privatisation:

... in its uncritical acceptance of the marketization of social work and social care; in its neglect of issues of poverty and inequality; in its flawed conception of the people who use social work services; in its potentially stigmatizing view of welfare dependency; and in its potential for promoting, rather than challenging, the deprofessionalization of social work, the philosophy of personalization is not one that social workers should accept uncritically (Ferguson, 2007, pp. 400-401).

### *Professional learning*

Clearly, personalisation has significant implications for professional learning. The personalisation agenda is undoubtedly a huge force of transition and will entail changes in the nature of the relationships between social workers and those who use services and organisations who provide services. Personalisation poses somewhat of a dilemma because it is difficult to disentangle reasoned critical analysis from professional self-interest. There is also an inherently individualistic aspect to personalisation that potentially cuts across any form of collective approach to dealing with structural inequalities. Social workers are finding themselves in a paradoxical position because at heart they would want to promote person-centred approaches but they are keenly aware of the dangers:

The paradox and challenge of the personalisation agenda includes its inherent ambiguity of empowerment and oppression. Through its renegotiation of the power balance between professionals and 'citizens' it holds the potential for new alliances and solidarity but

equally probable is the erosion of rights and opportunities for service users and workers alike (Patterson, 2012).

As they negotiate this new terrain social workers will need professional development opportunities that go much deeper than the explanation of new policy and procedures.

Middle managers will also have learning needs that spring from the fact that they find themselves subject to a deluge of these policies and procedures that may look sensible on paper but which may not reflect the messiness of the everyday practice experience of the staff they are managing, and the complexities of the experiences of the people who are using social work services.

### **The multi-disciplinary environment**

Health, social care and educational professionals are increasingly expecting, and being expected, to work together in various configurations to deliver services. These professionals have always worked in a multi-professional environment, but there has been a steady developmental trajectory from 'parallel play' to 'joint play'. The more professions work together, the more important it becomes to define the distinct roles and functions of each. And this is especially the case for social work, which as described earlier, perhaps faces the greatest difficulty in presenting a clear articulation of exactly what it is.

Difficulties in collaboration in children's services across the UK have been noted since the 1960s (Horwath and Morrison, 2007) and the imperative towards joint working has been prompted by the sheer number of child death inquiries that have identified lack of collaboration as a problem.



Following the inquiry into the death of Victoria Climbié Inquiry (CM 5730, 2003) the Children Act (2004) required agencies in England and Wales to cooperate to improve the wellbeing of children. Government guidance clearly articulates the need for joint working (HM Government, 2010). A number of different multi-disciplinary arrangements to address both early intervention and more intensive support are emerging (Munro, 2012).

The Modernising Agenda (Department of Health, 1998) also established a drive towards integrated services for adults and presaged the Health and Social Care Act 2001. The Act is premised on the expectation of collaboration between health and social services for the delivery of services. The Act requires local authorities to establish Health and Wellbeing Boards whereby health boards and local authorities are to work with communities to collate evidence about health and care needs and formulate Joint Strategic Needs Assessments that identify priorities and how services will jointly resource action to address these priorities. Again, similar developments are occurring in the other UK nations.

These transitions in the multi-disciplinary environment are not without their tensions and dilemmas for social work. For example, from her study of multi-disciplinary working in child protection Buckley (2005) noted:

... the perception held by statutory social workers that they tended to be left with the difficult, confrontational elements of the work, and that other agencies wanted to do 'therapy in isolation', avoiding the 'unpleasant, action taking bits'. The statutory social workers ... resented the implication that 'co-ordination' meant them taking on the 'nasty' bits to facilitate the treatment agencies doing the 'nice' work ( p. 115).

The terms are often not well-defined and for many years there have been debates about terminology such as ‘coordination’, ‘collaboration’, ‘multi-disciplinary’ and ‘inter-disciplinary’ (Hallett, 1995; Hallett and Birchall, 1992). The term ‘transdisciplinary’ working has also emerged to describe joint working, in partnership with people who use services (Sloper 2004).

The discourse, though, is shifting towards the language of ‘integration’ – which implies a far more structural approach. Again, though, the term is often not well defined. Brown and White (2006) borrow Lloyd *et al.*'s (2001) phrase ‘terminological quagmire’ in their review of integration in children’s services. They also question the apparently unquestioning assumption that integration of services leads to better outcomes. The fact that *lack* of cooperation has been identified in situations where things have gone wrong does not necessarily mean that things will always go right where there *is* cooperation. They identify that the available literature about children’s services provides plenty of compelling evidence about the barriers to integration, but very little solid evidence about effective integration. Recent literature on children’s services (Barlow with Scott 2010) is beginning to suggest that what is important for outcomes is the quality, rather than the type, of integration.

Literature on adult services identifies similar issues. IRISS (2012) and Petch (2011) note that integration tends to be seen as one end of a spectrum that has autonomy at the other. It is important to distinguish integrated *services* from integrated *care* because there can be integration of any, or all of, service sectors, professionals, settings, organisation types and types of care. Further, integration can be at ‘macro’ or strategic, ‘meso’ or service; and ‘micro’ or individual user levels; it can also be vertical or horizontal (Reed *et al.*, 2005, cited in IRISS, 2012). IRISS

suggest that the ‘emphasis should be on service integration rather than on organisational integration’ (p. 10). Again, much of the research has focused on processes not outcomes and Cameron *et al.* (2012) conclude:

The evidence base underpinning joint and integrated working remains less than compelling (p. 1).

### *Professional learning*

The need for professional learning that entails the opportunity to scrutinise the evidence-base that does exist is clearly vital. It is also essential for the social work profession to be involved in the generation of additional research evidence to fill some of the gaps in knowledge about impact on outcomes.

Given the overwhelming political drive towards integration, coupled with exhortations for efficiency and efficacy, social workers will inevitably find themselves working in a range of configurations of services. Some individual social workers will be part of multi-disciplinary teams, perhaps managed by someone of a different profession. Others will be in social work teams co-located with other professionals. Many have fears that social work is in danger of being subsumed within the much larger organisations of health and education as the transition agenda gathers momentum. Having only relatively recently gained the status of an equal partner, the distinct contribution of the social work profession risks being swamped by these larger, universal services. Whatever the configuration, part of the professional learning of social workers will entail finding the appropriate balance between retention (and perhaps sharpening) of professional identity and ‘preciousness’.

## **Conclusion**

This paper provides, perforce, only a very brief overview of what are fundamental and conceptually challenging themes. The interesting aspect of these forces of change is the extent to which they shake the trunk of the growing social work profession. The professional learning implications go far beyond honing practice skills or absorbing new research literature: social work in the UK is being challenged, again, to revisit fundamental professional values and identity. The extent to which the social work professional can shape the agenda rather than merely reacting will depend very much upon the nature and type of individual and collective professional learning that ensues.

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