

March 2009

Viewpoint

speaking out

PSW's sounding board for members' opinions, views and updates

The dishonesty we must confront

Dear PSW

I have worked for many years as a social worker and manager and now work independently, mostly investigating complaints made by service users and their families on behalf of local authorities. The practice described in your *Standing in the way of support?* article [PSW, February 2009] is familiar to me from my time as a practitioner and I see it now in many of the complaints I investigate.

I have witnessed the fine values of promoting independence and supporting people to find their own solutions to problems, being subverted and misapplied to justify rationing. There is a lack of honesty – no department will own up to the need to ration resources, or to finances playing a part in deciding whether to grant a service.

I have seen women (it mostly applies to women), who have been left feeling inadequate, frustrated and bewildered.

Having resorted to seeking help, which they usually do out of desperation, they are then put through a means test. This is not a financial means test but 'a level of desperation and isolation' means test.

Social workers wanting to practice in a way that fits with their conscience and their training are put through a rigorous justification process for everything they request. It is very sad that social workers are unable to make a judgment purely based on need, but are always having to think about whether they can get the case through what is often felt to be an intimidating process, sometimes a panel of fund holders, and often not even able to argue the case themselves.

I know social workers who have given up on the job because the training and the rhetoric does not match the reality of the job, and the system they work within is dishonest.

A social worker in Sussex
Name and address supplied



Why it is right to highlight our failings

Dear PSW

Congratulations on publishing the article, *Standing in the way of support* [PSW, February 2009], by Kay Cherry, which outlined the challenges and barriers to gaining social work support faced by a female refugee. It was a brave and honourable decision to publish now, at a time when social work has been under considerable attack from the media and, shamefully, from politicians.

So, why do I think you were right to run this article? Social work is a value-based profession which promotes human rights and

social justice at the macro-level and honesty, integrity and dignity at the interpersonal level. Therefore, when we make mistakes and our practice does not meet the standards and values we expect, we should acknowledge this, reflect on it and find ways to improve and enhance our profession.

There is no room for defensiveness in social work and acknowledging our failings can only add to our strength and allow us to celebrate the positive impact social work has on the lives of the people we work with.

Professor Jonathan Parker, School of Health & Social Care, Bournemouth University

HAVE YOUR SAY IN PSW

Email the PSW Editor – j.devo@basw.co.uk or write to Joseph Devo, Editor, PSW, 16 Kent Street, Birmingham, B5 6RD. Please note that while PSW reserves the right to edit letters for length we will always make every effort not to alter the intrinsic content of any correspondence.

TURN OVER FOR TWO MORE PAGES OF SOCIAL WORK LETTERS...

Watch TV and gain PRTL?

Dear PSW

I would like to comment on a letter written in the February edition of *Professional Social Work* under the title, *Tackling Catch 22*. The letter highlights the plight of those struggling to regain registration on returning to social work after periods as carers.

I gave up my job as a Team Manager in Leeds at the end of 2000 and have been a full-time mum since then. I would like to retain my registration and am beginning to think about returning to social work within the next couple of years.

I did register successfully three years ago after some considerable time spent tracking down my previous boss. My registration is due for renewal now and I am struggling to understand the regulations regarding PRTL as they apply to non-working social workers. I cannot afford to attend the courses listed in *Professional Social Work* and I do not have access to in-service training.

I have contacted the GSCC on four

occasions to clarify what would constitute PRTL in my situation and whom I should use as referees, but without success. Two email enquiries have been ignored and two telephone conversations have been inconclusive. The only advice that I received from my second conversation with someone at the GSCC was if I had watched the *Panorama* programme on Baby P I should record that as PRTL time.

Unfortunately she was unable to clarify how I should make up the other 89 hours; rather she patronisingly informed me that the rules had to be the same for everyone. This is an obvious point and yet untrue of the current situation.

It is relatively easy for a working social worker to amalgamate their required 90 hours through reading, study, in-service training and outside courses, as well as practice development sessions. I have been singularly unsuccessful in even managing to elucidate the rules as they apply to someone in my position, mainly because no-one seems to understand the rules in this context. We



appear to be an afterthought, and at a time when it is increasingly difficult to recruit and retain social workers it is shameful to treat those planning their return to the profession in this way. While I have some reading hours I can record, I am far short of the requirement and at a loss as to how to proceed.

Michaela Bass

Fighting back

Dear PSW

A recent BASW seminar on social care and the media was unfortunately followed by the all too familiar unreasoned media rage against social workers involved in abuse cases, including that of Baby P. In light of these events, we feel that a way needs to be found to change such ill-informed reactions before the recruitment and retention of child care social workers becomes critical and the public loses all confidence in our profession.

Urgent action is now required to present social care in a way that allows other people to appreciate the complexities of the issues facing frontline staff and the environment in which decisions have to be made. The most effective media is television, yet our experience after years of

submitting proposals to various formats is that commissioners have a blind spot on this issue.

The two most powerful organisations with a responsibility and commitment to championing social care workers are the General Social Care Council and BASW. We have asked them to urgently explore this problem and to form a plan of action.

In addition, we think it timely for all those who have ideas or know of situations which will illustrate the nature of our work, to form a network by which we can develop ideas and talk with interested directors and producers. If you are interested, you are welcome to use our Forum by visiting www.youforum.co.uk/socialworkandmedia

Malcolm Jordan
and Rachel Bramble

Obesity errors

Dear PSW

Jacob Kornbeck's article [*Why social work can't ignore obesity*, PSW, February 2009] was informative and I found much to agree with. However, there were some glaring omissions and a misleading slant to the conclusions.

Obesity is still being defined and characterised as a medical problem with a physical solution – exercise. In the case of obese children and young people a crucial aspect is their emotional well-being and state of mind. A depressed young person cannot exercise, an anxious child will eat to quell their fears. You don't have to be a Freudian to appreciate the oral and anal comfort gained from the digestive process.

Jacob is right when he quotes World Health Organisation warnings about a potential pandemic of obesity. But social workers need to take a holistic view and check out the parallel increase in child and adolescent mental health problems. Social work training has for too long neglected child and adolescent mental health. The increased numbers of troubled young people require workers who have covered this subject during basic and advanced training.

Steven Walker (CQSW, RSW),
Head of Child & Adolescent Mental Health, Faculty of Health and Social Care, Anglia Ruskin University

The sluggish pace of integration

Dear PSW

I was very interested to read the article about the Seebohm report in the most recent issue [*Forty Years Since Seebohm*, PSW February 2009]. I undertook my first professional social work training placements in the mid-1980s and have, in the intervening years, developed a not inconsiderable knowledge of the history and development of mental health policy in the UK. I would like to take issue with the assertion that 'by 2000 most local authority and local mental health services had combined and were operating under jointly managed NHS Trusts.'

In 1999, shortly before I took on my current job, I was asked to research the state of integration to date, with a view to shaping the work needed in West Sussex. At that time there were indeed very few integrated Trusts anywhere in England and Wales, with the Somerset Partnership the chief amongst those to have adopted this approach.

Of course there had already been good

examples of inter-agency collaboration around service planning, largely as a result of the drivers associated with the annual Community Care Plan planning framework introduced in 1992. In addition, mental health social workers had been physically based in community mental health services since the early 1990s. Some of those same social workers had previously been hospital-based, and managed by the NHS. Their management arrangements came across to local social services authorities post-Seebohm, although many of the social workers continued to be based in multi-disciplinary teams and noticed no significant changes in their working arrangements.

But these examples are not at all akin to the integrated management and pooled budgeting arrangements we have become familiar with of late. It was the 1999 Health Act that enabled, for the first time, a range of so-called 'flexibilities', including the formal integration of provision and pooled budgets.

The implementation of an integrated approach locally in West Sussex, from 2002,



was consistent with the developing broader national picture, but even that picture was still patchy.

The year 2000 seems a long time ago, and indeed it is, given the mental health policy blizzard experienced since. There have been marked changes in mental health service provision, particularly around specialist mental health services. But service integration as the norm, however eminently sensible and desirable, has not been around as long as people believe.

Greg Slay
Practice Development Manager – Mental Health, West Sussex County Council

How Scotland moved ahead

Dear PSW

What an excellent article by Maggie Mellon [*Why blaming and shaming doesn't work*, PSW, January 2009]. Policymakers appear not to realise that the avoidance of error does not in itself produce good social work, but only empty social work, hence the problem in relying on investigating what does not work. I was struck by Maggie Mellon's observation that, 'In Scotland, our approach to social work services and, more widely, to children's care and well-being has always had a different legislative and philosophical base.'

There has, of course, always been a different judicial system, but, where legislation and philosophy are concerned, the picture is more complex. Before the Second World War, Scottish child welfare legislation tended to follow on after English/Welsh, as for example in the case of the Children and Young Persons Act of 1933 and the Children and Young Persons (Scotland) Act of 1937.

After the war, however, separate committees on the Care of Children Deprived of a Normal Home Life, chaired by Lord Clyde in Scotland and by Dame Myra Curtis south of the border, resulted in a single Children Act of 1948 applying to Scotland, Wales and England. This Act reflected and expressed a shared value system centred on the

state's duty to look after and further the best interests of the individual child in need of care.

The values were nurtured by the Association of Child Care Officers, which covered England, Scotland and Wales. In the 1960s, Scotland took a great leap forward, however. On both sides of the border, social workers and others were arguing for more integration of social work services and for a welfare-based approach to the treatment of young offenders, but, while the Anglo-Welsh initiatives got somewhat bogged down before eventually resulting in the largely unsuccessful Children and Young Persons Act 1969 and in the Local Authority Social Services Act 1970 (under which social services departments were set up), the Social Work (Scotland) Act 1968 dealt much more decisively and comprehensively with both these areas, and has lasted much better.

So our legislative systems now differ more than they used to, as a direct result, I would suggest, of Scotland's more successful implementation of what were, at one time, shared philosophies.

Keith Bilton
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