The State of Regulation in England: From the General Social Care Council to the Health and Care Professions Council

Abstract

In this paper we analyse the way in which social work, as a profession, has coped with and responded to the various forms of regulation to which it has been subject in England. First, we briefly detail the rise of external regulation of the professions, discussing both the rationale for, and criticisms of, such developments. Second, we take a closer look at developments within social work and the operation of the GSCC's conduct proceedings from its inception in 2001 until its dissolution in 2012. Third, we focus on the Health and Care Professions Council and consider how it has begun its regulation of social workers since it took on this responsibility from August 2012. We conclude by outlining some of the concerns we have as well as discussing reasons as to why we feel this area of work needs to be explored further.

Key Words: Accountability; Capability; Conduct; HCPC; Regulation; Social Work

Introduction

On July 31 2012 the General Social Care Council (GSCC) which, since 2001 had been the body responsible for the regulation of social workers in England was abolished as part of what was termed 'the bonfire of the quangos' by the Conservative/Liberal Democrat coalition government

(Sedghi, 2010, online) with all of its powers transferred on August 1 2012 to the Health Professions Council (HPC) which, in recognition of the expansion of its remit, changed its name to the Health and Care Professions Council (HCPC). The addition of social workers to its regulatory responsibilities means the HCPC now oversees the training, professional standards and conduct of sixteen professions, covering a broad range of practices such as, *inter alia*, arts therapists, biomedical scientists, dieticians and speech and language therapists. Social workers are numerically by far the largest single group in this disparate collection of 'allied health professionals'.

The HCPC's main function is to protect the public. In its own words, it states:

> … we set standards for the education and training, professional skills, conduct, performance, ethics and health of registrants (the professionals who are on our Register); keep a register of professionals who meet those standards; approve programmes which professionals must complete before they can apply for registration with us; and take action when professionals on our Register do not meet our standards.
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> (HCPC, 2013, p.5)

Therefore, if a registered professional fails to meet the required professional standard they can be called before a 'Fitness to Practise' hearing where the ultimate sanction could be that the registrant's professional registration is removed. This is especially pertinent given that all the professions listed above have 'protection of title', meaning that only

those on the HCPC's register can call themselves by their respective professional title. Thus, in terms of social work, anyone struck off can no longer practice as, or even call themselves by their erstwhile specialist professional title of social worker. In determining fitness to practise the HCPC, as did the GSCC before it, uses the civil standard of proof when determining the outcome of its conduct hearings. The decision, therefore, rests on the *balance of probabilities* rather than the higher criminal proceedings standard of *beyond reasonable doubt* (HCPC, 2012).

In addition to the HCPC there are similar regulatory bodies such as the General Medical Council , General Dental Council, Nursing and Midwifery Council and the General Pharmaceutical Council all of which regulate the standards and conduct of doctors, dentists, nurses, midwifes and pharmacists respectively. This is somewhat contradictory in that professional self-regulation and autonomy were once seen as indicators of a profession's standing (Haney, 2012). Over recent years there has been comparatively little criticism of the external regulation of the professions. However, from a historical perspective such consensus is a relatively recent phenomenon. In the past, the concept of external regulation has provoked much debate and disagreement amongst professional bodies, mainly because of the concomitant prospect of the loss of autonomy by which professions were able to regulate themselves.

This paper details the growth of professional regulation with particular focus on the HPC, GSCC and their replacement by the HCPC in order to analyse the way in which social work, as a profession, has coped with and responded to the various forms of regulation to which it has been subject in England. First, we briefly detail the rise of external regulation of the professions, discuss the rationale for this and some of the criticisms that such a development attracted. Second, we take a closer look at developments within social work and of the operation of the GSCC's conduct proceedings from its inception until its dissolution in 2012. Third, we focus on the HCPC and consider how it has begun its regulation of social workers since it took on this responsibility from August 2012. We conclude by outlining some of the concerns we have as well as discussing reasons as to why we feel further exploration into this area needs to be carried out. Whilst this paper focuses on England it is important to note that similar processes are occurring elsewhere in Europe, for example, see Barracco (2008) and De Bellis (2009) for developments in Italy and Germany respectively.

The Early History of Professional Regulation

The twentieth century witnessed a growth in occupations seeking to become professions. Yet whilst occupations sought to be recognised for their expertise, authors such as Schön (2001) noted that at the same time there was a parallel increase in the questioning of professional rights and freedoms. There was also a call for them to be licenced to practise and a demand for a mandate to be implemented so that professions could be

subjected to a form of social control. Schön noticed that as a growing scepticism developed in relation to professionals' claims of having an extra ordinary knowledge base, so did the attempts to regulate the professions increase; although this initially tended to emanate from the professions themselves by way of self-regulation.

One of the first attempts at setting up a self-regulatory body for social work with its own framework of ethics was in 1907 when the Institute of Hospital Almoners and the Association of Hospital Almoners devised a voluntary professional register, partly in an attempt to place social workers within a formal framework of ethics. In 1954, there was an unsuccessful attempt to set up a General Social Work Council (Guy, 1994). However, in 1961, the Association of Psychiatric Social Workers did set up a process of registration for its graduates (Malherbe, 1980). When the British Association of Social Workers was formed in 1970, albeit as a voluntary membership rather than regulatory body, there were calls to restrict membership to those with appropriate qualifications, yet, interestingly, this was seen as elitist by certain opposing radicals (Payne, 2002).

Calls for the setting up of a Social Work Council that would regulate standards in professional training and practice continued during the 1970s and, in part, led to the government setting up the Barclay Committee which considered whether there was a need for an external body to regulate social workers. It noted that the main argument by those in

favour of such a Council, such as the British Association of Social Workers, was on the grounds that it would help protect the public but nevertheless the Committee concluded that the idea was premature:

> We are all agreed that the protection of the public remains the strongest argument in favour of an independent Council in any profession. It would be valid in social work if it could be shown that it was the most appropriate means available to achieve this end. The Working Party as a whole does not consider this to be so at the present time.
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> (Barclay Report, 1982, p.186).

However, this (non) recommendation did not deter those in favour of a council from continuing to express their desire to have one introduced throughout the 1980s (Parker, 1990). Whilst there may have been no independent regulatory council for the profession as a whole, there was one which was concerned with the education and training of social workers. From 1971 to 2001 the Central Council for Education and Training in Social Work (CCETSW) was the statutory body that oversaw the education and training of social workers. Its role was to approve educational providers, award qualification certificates and, rather significantly, hold a register of all qualified social workers.

The establishment of CCETSW brought together disparate training bodies, oversaw the devolution of generic practice and led to the introduction of a two year generic qualifying programme which enabled social workers to qualify with a Certificate of Qualification in Social Work (CQSW) award.

Calls for there to be a General Social Work Council throughout the 1970s persisted (Malherbe 1982), but it was after the election of a new Labour Government in 1997 and the implementation of the Care Standards Act (2000) that the General Social Care Council (GSCC) was established.

In 2001, CCETSW was subsequently abolished and its functions were taken over by the GSCC. The key differences between CCETSW and the GSCC was that with the latter social workers had to formally *apply* to be registered, it was no longer an automatic process that one was registered once they had qualified. The GSCC was also given the responsibility to refer alleged cases of misconduct to a tribunal which then had the power to strike someone off the social care register if the complaint was upheld. With 'protection of title' coming into force on 1 April 2005, it also meant that only those on the GSCC's register could now call themselves, or legally work as, a social worker (McLaughlin, 2007).The inauguration of this new regulatory body marked a significant development in the history of social work.

The inauguration of professional regulation in social work

As mentioned earlier, the GSCC was a product of the New Labour government which came into power in 1997. In fact, its arrival into Government saw a marked increase in the regulation of *all* professions (Haney, 2012). Labour, whose role in former times had been to defend the

ideals of the working class, in theory if not in practice, returned this time around with a different agenda: to continue promoting the ideology of the previous Conservative government by pursuing and augmenting ‘neo-liberal policies in Britain’ (Ferguson, 2008, p.2). Although neo-liberalism was defined as a ‘theory of political economic practices’ it was recommended that, in order for it to be successful, all state owned institutions, such as education, health care and social services, had to be turned into ‘markets’, or in other words, organisations which traded (Harvey, 2006, p.2). The rationale was that everyone could benefit from a market society (Pratt, 2005).

Another key theme of New Labour’s ideology was to modernise social services. But it was felt that for this to be achieved, social work needed to fall in line with the ‘perceived requirements of a globalised economy’ and should do so by incorporating particular strategies such as ‘managerialism, regulation and consumerism’ (Ferguson, 2008, p.46). A key piece of legislation to emerge in terms of the regulation and provision of social work practice to training was the Care Standards Act (2000) (CSA). The CSA required the setting up of a ‘body corporate to be known as General Social Care Council’ (GSCC) (Section 54[1]) and it was the GSCC which was charged with implementing the requirements of this Act.

This was part of the agenda set out by New Labour in 1998 as part of its 'Modernising Social Services' agenda(Department of Health, 1998) which aimed to 'improve the protection of vulnerable people' (p.9). Section 56 placed a duty on the GSCC to maintain a register of social workers, whilst section 62 required it to prepare, and from time to time, publish codes of practice which laid down the 'standards of conduct and practice' which were 'expected of social care workers'. As a result, in 2002, the GSCC published the national *Codes of Practice for Social Care Workers and Employers,* and on April 1st 2003 the social care register was introduced.

For the health professions, Section 60 of the Health Act 1999 provided powers 'to make provision to modify the regulation of any profession so far as it appears to be necessary or expedient for the purpose of securing or improving the regulation of the profession or the services which they provide'. In discussing this, Haney (2012) points out that whilst ostensibly the government followed due democratic process in getting the Act on to the statute book, the vagueness of the wording allowed it to take executive action at some future date by way of a secondary piece of legislation, in this case the Health Professions Order (HPO)(2001), which, subsequently, did not require general House of Commons scrutiny and discussion. As Haney highlights, 'in an attempt to pass record levels of legislation this Labour government introduced cut-off times for debates, and the use of increasing levels of secondary instruments which required no general debate' (pp.6-7). So although previous governments had

questioned the relevance of professional regulation, it is evident that New Labour was clear about what it felt was needed and manipulated procedures to ensure that its agenda to do so was not delayed.

In 2002, the Health Professions Council was established after it replaced the Council for Professions Supplementary to Medicine (CPSM) which was set up in 1960. Haney (2012) notes how there was considerable opposition to the imposition of an external, non-professional body to regulate the health professions. It is the ‘external regulation’ aspect which is a key point in this context. In the debates that took place concerning the setting up of the HPC, politicians often spoke about how opposition mainly came from the *unregulated* sector as the majority of other professions (mentioned above) were regulated by their respective professional bodies. It was the notion of such self-regulation which was criticised as it was considered as allowing professional self-interest to override the public interest (Schön, 2001). Nevertheless, the HPO was passed and the HPC was established as an umbrella regulator for several health professions. This ‘rather quiet coup’, Haney argues, subsequently marked the change from that of statutory regulation (where power is passed to an organization responsible for the practice) to a new form of regulation, one which was not affiliated with or experienced in any of the professions’ specific areas practice (Haney, 2012, p.7).

There were also worries that regulatory control over the practice of psychologists and therapists would lead to ‘a nightmare of surveillance and perpetual insecurity’ (Parker, 2009, p.213). Parker was also concerned with the normative character of regulation. In setting ‘official’ moral standards by which practitioners were to be judged against, there was a danger that an uncritical conformity to prevailing social mores would ensue. Others raised objections to the ‘tick box doxology’ of the regulatory process of the health professions (Postle, 2009), something that had previously been identified as a danger for social work as it moved towards competency-based training in the 1990s (Dominelli, 1996). The concern here is that ‘knowledge’ becomes treated as something packaged, approved and monitored by the relevant authorities, a process that severely restricts critical thinking or non-mainstream ways of viewing and treating individual and social problems (Parker, 2009).

Whilst Haney certainly raises a significant issue she perhaps overstates the case when she argues that there was no knowledge of professional practice within the HPC and latterly the HCPC. It did, for example, create the *Standards of Proficiency* (SOPs) which set standards for practice for each of the sixteen professions that the HCPC regulates, an action which requires some knowledge of, and engagement with, the profession in question. Nonetheless, due to the numbers of professions it oversees, it can present as being more akin to that of an external lay regulator applying generic processes and standards across all the professions it

regulates. In contrast, the GSCC was arguably able to develop a greater depth of professional knowledge and understanding with its more ‘specialist’ model of knowledge in practice as a result of having that connection with the one (social work) role.

Despite the rise in state regulation of the professions by bodies such as the HPC, GSCC and now the HCPC there has been relatively little criticism of such developments. Whilst inspection regimes such as Ofsted are held up to ridicule by many, such sentiment is rarely expressed towards the regulation of the health and care professions, and relatively few critical voices have been heard (some exceptions are McLaughlin, 2007; House and Totton; 1997; Parker and Revelli, 2009; Haney, 2012; Furness, 2013). For Haney, the abolition of the HCPC would allow a return to work-based regulation and offer an opportunity for the vast amount of money subsumed by such a monolithic body to be reinvested in more productive, intelligent work. The problem with regulation being in the hands of an external body, she argues, is that when it is:

> ..split off and handed to people who are asked to know nothing of the practice, a lacuna is created. In such a case no reason, no body of knowledge, no evidence, no discrete idea or philosophy underpins the ‘system’ of regulation – these are the conditions in which political and economic power can grow unchecked.
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> (Haney, 2012, p.9)

Although Haney does have a point, she does overlook some elements of professional involvement and engagement. For example, a wide range of

organisations responded to the open consultation on the construction of the *Standards of Proficiency for Social Work*, including The College of Social Work, the British Association of Social Workers, the Association of Professors of Social Work and the Association of Directors of Adult Social Services (HCPC 2011). Furthermore, the 'reviewers' who go out and actually inspect programmes which are being delivered are primarily from their 'home' profession.

When discussing the call from within government relating to the need for professional state regulation, Haney argues that 'today's professional class appears like the old unions, something to be controlled and contained' (Haney, 2012, p.10). Yet in order to fully understand Haney's argument we need to consider her position in the debate. As a former psychoanalyst, Haney's call for such professionals to be left alone from statutory regulation is more understandable than a similar objection to the state regulation of social work. Social work is, after all, charged with carrying out statutory duties passed by the state. The decision to access health services is generally a voluntary one, and even if a medical professional advises us that we require medical intervention we have the right to refuse such help (albeit with exceptions for these subject to the Mental Health Act or Mental Capacity Act).

However, there are times when engagement with social workers is not voluntary. Given that social workers have legal powers to intervene in people's lives whether it is wanted or not, many people will view their engagement with social workers as something that is imposed upon them against their own wishes. As such, perhaps it is not surprising that there have been few objections from within or outside social work over the powers given to the HCPC (and GSCC before it) to regulate the conduct of social workers. After all, if social work is a body of the state then Haney's call for the abolition of the HCPC and a return to 'work-based regulation' does not apply to social work; the state via these regulatory bodies is already, to a degree, regulating itself.

Regulating Social Work: From the GSCC to the HCPC

Regulation in social work, as with the health professions, can be perceived as a practical measure in order to protect the interests of the public. Indeed, protection of the public was the main rationale given by the proponents of increased external regulation. However, concerns have been raised that there is a danger, particularly in relation to social work, that individual social workers could be held accountable for failings that are ultimately rooted in more systemic or organizational problems such as high caseloads, inadequate resources and poor staff supervision - as well as being situated within a defensive blame culture (Leigh, 2013; 2014). This can lead to a narrow focus being placed upon the conduct of the

social worker instead of the *role* and *responsibility* of the professional in question.

There is also the danger that risk averse and media wary employers may formalise concerns via the misconduct process instead of attempting to resolve them themselves. This was something noted by Furness (2013) in her analysis of GSCC conduct hearings held between April 2006 and July 2012, leading her to argue that it needs to be recognised by regulators, and we would add by employers also, that social workers do make mistakes but they can improve on their practice and often this can be achieved without resort to a formal investigation. In addition, McLaughlin (2010) noted that there was 'an inherent imbalance of power in the [hearings and appeal] proceedings, which heavily [favoured] the GSCC and [were] detrimental to the social worker's chance of receiving a fair hearing' (p.311).

A parallel example is the use of a narrative of 'missed opportunities' when Serious Case Reviews are conducted. As Thompson (2013) points out, such a narrative misses the point – there are always missed opportunities, what matters is whether the worker did or did not fulfil their duties to a reasonable standard:

> The main reason for my concern is that the question of whether opportunities were missed is the wrong one to ask. It distorts and oversimplifies the situation and sets social workers (and others) up to fail…. However, it is the failure of professional duty that we should be focusing on, rather than the 'missed opportunities', as most missed opportunities will not amount to a failure of professional duty.

(Thompson, 2013, online)

Prior to its dissolution, the GSCC published several reports in order to provide an overview of what its investigatory processes involved. These explained why investigations were undertaken and how certain decisions were made so as to provide 'a legacy of learning' for future regulators of the profession (Furness, 2013, p.2). One of these reports, *Regulating Social Workers* (2001-12) provided details of the characteristics of registrants, the sources and number of referrals along with a breakdown of the reasons relating to why sanctions were taken against appellants (GSCC, 2012). It emerged that between the period of April 2004 and September 2011, the GSCC received 4,118 referrals in respect of qualified social workers of which came 34% from employers. When referrals were made by the police or the employer it was more likely that the finding of the hearing would be that the social worker had committed misconduct (GSCC, 2012). Of concern, and something worthy of further investigation, was that of those social workers who had had a formal complaint made against them, there was a significant overrepresentation of men, black staff, those aged between forty and forty-nine, and those who identified as disabled (GSCC, 2012, p.61).

In recent years there has also been increased attention on the moral character of registrants, particularly in relation to how the moral character of the person could be assessed alongside their technical skills. For example, Banks (2010) has highlighted how a rule based approach to practise can develop certain limitations for the practitioner in terms of the

prescriptive element that it entails. In addition, Reamer (2006) has raised the issue of the conflict social workers face when having to decide whether ethical dilemmas or core professional values should take precedence in practice. This divide can lead to two different outcomes depending on the decisions being made by the social worker and the organisation; in some cases allegations of intentional, unethical practice were being made, whereas in other situations certain decisions were seen as being unintentional but well thought out. Furness (2013) found that when decisions were deemed, in terms of misconduct, as intentional or unintentional, the insight of the worker who had been involved in that situation was always needed in order to explain those actions or behaviours. This not only clarified why certain decisions were made but it also enabled professionals to understand the issues surrounding malpractice.

Such concerns about the ability of the GSCC to understand the complexities of the social work role will, if anything, have been heightened with the transfer of regulatory authority to the HCPC. For if the GSCC struggled to manage these complexities, how will a health oriented body be capable of understanding the professional and ethical dilemmas that social workers can face? In an attempt to alleviate such problems, the HCPC stipulates that the fitness to practise panel considering each case will ‘usually’ comprise a registrant from the same profession as the person being investigated, in addition to a lay person who is not registered with

the HCPC and a chairperson who leads the hearing and speaks for the panel (HCPC, no date, online).

Disciplinary processes

According to its 2012-2013 annual report the HCPC (2013) received more complaints about social workers than any other profession within its remit; there were 733 complaints concerning social workers compared with 262 relating to paramedics who had the next highest number of complaints, significantly fewer than that of social workers. Yet, although there were more referrals made about social workers, it is important to note that there are more social workers (83,241 in total) registered with the HCPC than any other profession, with the next highest being physiotherapists (46,842), then occupational therapists (33,717), with all the others ranging from that of radiographers (27,820) to prosthetists/orthotists who have the fewest registrants (936). So, although numerically social work has the most registrants subject to concerns, as a percentage of all professions' registrants, social workers were the fourth most complained about profession, with 0.88% percent being 'subject to concerns', behind hearing aid dispensers (1.38%), paramedics (1.35%) and practitioner psychologists (0.93%) respectively (HCPC, 2013, p.13).

However, it has to be borne in mind that the social work cases detailed are only those referred directly to the HCPC which did not take on this role until August 2012, so it is reasonable to surmise that the numbers and

percentage of social workers subject to concerns will be higher in subsequent reports. Indeed, in addition to those social workers who have been referred directly to it, the HCPC also considered 217 cases initially investigated by the GSCC but which were subsequently transferred to the HCPC. Of these, 120 were considered by its Investigating Committee between August 1st 2012 and 31 March 2013. It found that there was a case to answer in 100 of these cases, which equates to a 'case to answer' ratio of 83% (HCPC, 2013).

It is worth noting that it is not necessary for a complaint to be for an investigation to take place. Article 22(6) of the Health and Social Work Professions Order (2001) allows the HCPC to investigate in response to a media report or where someone provides information which it deems sufficient to warrant an investigation, even if the referrer does not want to raise the matter informally. The same article also encourages professionals to self-refer with standard 4 of the HCPC's standards of conduct, performance and ethics stating that registrants must report to the HCPC 'any important information' about their 'conduct or competence' (HCPC, 2013, p.11)

Initial concerns are then discussed by the Investigating Committee and if it decides there is a case to answer the HCPC is obliged to proceed with

the case to a final hearing. At this stage the complaint can still be deemed to be ‘not well founded’.

> Final hearings that are ‘not well founded’ involve cases where, at the hearing, the panel does not find the facts have been proved to the required standard or concludes that, even if those facts are provided they do not amount to the statutory ground (eg misconduct) or show that fitness to practise is impaired. In that event, the hearing concludes and no further action is taken.
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> (HCPC, 2013, p.37)

It is also important to note that if an allegation is substantiated this does not necessarily mean that the practitioner will be deemed unfit to practise.

> In some cases, even though the facts may be judged to amount to the ground of the allegation (eg misconduct, lack of competence), a panel may determine that the ground does not amount to an impairment of current fitness to practise. For example, if an allegation was minor in nature or an isolated incident, and where reoccurrence is unlikely a panel may not find impairment. In 2012–13 this occurred in nine cases (17%).
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> (HCPC, 2013, p.38)

The focus of the HCPC proceedings is on the action and behaviour of the individual social worker. As Furness (2013) highlighted, this represents a key difference between such hearings and serious case inquiries. The latter certainly provide a narrative and moral judgement about the conduct of professionals but, crucially, they also consider organisational factors that may have impacted on practice. In contrast, HCPC hearings are predominantly focussed on the actions and behaviour of the individual registrant.

This is a cause for concern. For instance, McGregor (2014) has highlighted a reoccurring theme in the HCPC hearings she has attended. She found that despite it being acknowledged that social workers have to deal with the burden of holding high caseloads and receiving poor supervision, these problems were not taken into account by those on the HCPC panel, and practitioners were liable to be found accountable for having limited insight into their own failings. This highlights some strengths of the HCPC's predecessor in terms of how the GSCC proceeded in such cases. For example in her analysis of GSCC hearings, Furness (2013) found that when decisions were deemed, in terms of misconduct, as intentional or unintentional, the insight of the worker who had been involved in that situation was always needed in order to explain those actions or behaviours. This not only clarified why certain decisions were made but it also enabled professionals to understand the issues surrounding malpractice.

Whilst it is recognised that the HCPC's responsibility for social work may still be in its infancy there are already calls for consideration to be given as to whether it is indeed the most appropriate body to do so, with a government commissioned report into social work education recommending that:

> The Department for Education should consider whether the role of HCPC in regulating the social work profession, including prescribing standards of proficiency and approving HEI (Higher Education Institutions) social work courses, duplicates the role of the College of

> Social Work, and, if so, whether those duties should be transferred to the College.
>
> (Narey, 2014, p.27)

Yet the College of Social Work (TCSW) is itself a recent creation. It was established in 2012 following a recommendation from the Social Work Task Force in 2009 for the 'creation of an independent national college of social work, developed and led by social workers' (SWTF, 2009, p.45). The College's website claims that this has happened and that the organisation is 'led by and accountable to its members' and exists 'to uphold the agreed professional standards and promote the profession' (http://www.tcsw.org.uk/about-us/). Given the way in which social work is vilified by some from within government, the media and the public (Leigh, 2013; 2014), perhaps such a call by Narey for the profession to be overseen by its own organisation is an idea which is unlikely to garner widespread support. Furthermore, the parallel Croisdale-Appleby (2014) review of social work education did not agree with Narey on this point, arguing for the HCPC to retain a regulatory function over the profession. Clearly this issue remains a contested one.

Conclusion

This paper has discussed the ways in which the social work profession has responded to, and coped with, the various forms of regulation to which it has been subject, in the process highlighting some of the influences which

have been key to the development of regulation in the health and care professions.

Even though aspects of the way in which the HCPC operates have been broadly welcomed, they are not without criticism. There are those who have questioned the way in which the democratic process has been compromised (Haney, 2012) and those who have highlighted the inherent power imbalance in proceedings (Furness, 2012, McLaughlin, 2007; 2010). There are also those who have argued that there is a common failure to take into account wider structural, organisational or procedural factors, all of which can significantly impact on social workers' ability to fulfil their professional duties to the best of their abilities (Leigh, 2013; 2014; McGregor, 2014).

Whilst this review has recognised that handling organisational complaints is far from what can be called 'a straightforward process', it is still nevertheless concerning that there has been a rise in complaints being made to the HCPC from social work agencies in relation to systemic issues.

Although regulation was introduced by New Labour primarily to improve the protection of vulnerable people, it did not foresee that as a result of regulating the workforce social workers could one day be deemed as a group in need of protecting. Indeed, it has been brought to light that many

of those social workers who are subject to the regulatory process from initial complaint to final outcome choose not to attend their fitness to practise hearing (McGregor, 2014). The reason for their absence is unknown. Yet what is known, is that a number of ethical, structural and organisational complications can occur (Leigh, 2013; 2014). These may not only obfuscate the decisions made by the regulator of our profession but also prevent social workers from giving their perspectives of what is happening behind the scenes of their neo-liberal organisation._

References

Barracco, A. (2008) 'Psychology, psychotherapy and psychoanalysis in Italy' in Parker, I. and Revelli, S. (eds.) Psychoanalytic practice and state regulation, London: Karnac.

Croisdale-Appleby, D. (2014) 'Social Work Education Review', London, Department of Health.

Barclay Report (1982) *Social Workers: Their Roles and Tasks*, London: Bedford Square Press.

Banks (2010) 'Integrity in Professional Life: Issues of conduct, commitment and capacity', *British Journal of Social Work*, vol.40, pp.2168-2184.

DOH (1998) (Department of Health) *Modernising Social Services*, London: Department of Health.

Dominelli, L. (1996) 'Deprofessionalizing Social Work: Anti-oppressive Practice, Competences and Postmodernism', *British Journal of Social Work*, vol.25, pp.153-175.

Ferguson, I. (2008) *Reclaiming Social Work: Challenging neo-liberalism and promoting social justice*. London: Sage.

Furness, S. (2013) 'Conduct Matters: The regulation of social work in England', *British Journal of Social Work*, advance access published 12/11/13.

GSCC (2012)(General Social care Council) *Regulating Social Workers 2001 -2012*, London, General Social Care Council.

Guy, P. (1994) 'A General Social Work Council – A critical look at the issues', *British Journal of Social Work*, vol.24, pp.261-271.

Hallett, C. (1983) 'Social Workers: Their role and tasks (1982)', *British Journal of Social Work*, vol.13, pp.395-404.

Haney, J. (2012) *Regulation in Action*, London: Karnac Books.

Harvey, D. (2005) A brief history of neo-liberalism. Oxford: Oxford Press.

HCPC (Health and Care Professions Council) (no date) 'At the Hearing', http://www.hpc-uk.org/complaints/hearings/atthehearing/ (accessed 21/6/14)

HCPC (Health and Care Professions Council) (2011) Responses to the consultation on draft standards of proficiency for social workers in England http://www.hpc-uk.org/aboutus/consultations/closed/index.asp?id=124 accessed 20/06/14

HCPC (Health and Care Professions Council) (2012) 'Practice Note: Finding that practice is "impaired"', London: HCPC http://www.hcpc-uk.org.uk/assets/documents/1000289FFindingthatFitnesstoPractiseisImpaired.pdf

HCPC (Health and Care Professions Council) (2013) 'Fitness to Practise Annual Report 2013', London, HCPC

http://www.hcpcuk.org/assets/documents/100042D7Fitnesstopractiseannualreport2013.pdf (accessed 1/4/14)

Leigh, J. (2013) The Process of Professionalization: Exploring the identities of child protection social worker. *Journal of Social Work*. Published online 7th October, 2013. DOI: 10.1177/1468017313504380

Leigh, J. (2014) The story of the PPO Queen: the acceptance and development of a spoiled identity. *Child and Family Social Work*. 26 May 2014, DOI: 10.1111/cfs.12157

Malherbe, M. (1980) 'Accreditation in Social Work: Principles and Issues in Context: A Contribution to the Debate', (CCETSW Study 4) London: CCETSW.

McGregor, K. (2014) 'Is enough attention given to caseloads, supervisions and management during fitness to practise hearings?' Community Care, 14th February, 2014. http://www.communitycare.co.uk/2014/02/17/enough-attention-given-caseloads-supervision-management-fitness-practise-hearings/

McLaughlin K. (2007) 'Regulation and Risk in Social Work: The General Social Care Council and the Social Care Register in Context' *British Journal of Social Work Advance Access*, vol.37 no.7, pp.1263-1277

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*, vol.40 no.1, pp.311-327

Mowbray, R. (1995) ‘The case against psychotherapy registration: A conservation issue
for the human potential movement’, London: Transmarginal Press.

Narey, M. (2014*) Making the education of social workers consistently effective: Report of Sir Martin Narey’s independent review of the education of children’s social workers*, London: Department for Education.

Parker, I. and Revelli, S. (eds.) (2008) ‘Psychoanalytic practice and state regulation’,
London: Karnac.

Parker, R. (1990) *Safeguarding Standards*, London: National Institute of Social Work.

Payne, M. (2002) ‘The Role and Achievement of a Professional Association in the Late Twentieth Century: The British Association of Social Workers 1970-2000’, *British Journal of Social Work*, vol.32, pp.969-995.

Pratt, A. (2005) ‘Neoliberalism and social policy’ in M. Lavalette and A. Pratt (eds) *Social Policy: Theories, Concepts and Issues.* London: Sage.

Reamer, R.G. (2006) *Social Work Values and Ethics* (3rd edition), New York: Columbia University Press.

Schön, D. (2001[1984]) ‘The Crisis of Professional Knowledge and the Pursuit of an
Epistemology of Practice’ in Raven, J. and Stephenson, J. (eds.) (2001) *Competence in the Learning Society*, New York: Peter Lang.

Sedghi, A. (2010) ‘Quango Cuts: Full list of bodies affected’, *The Guardian*, 14/10/10, http://www.theguardian.com/news/datablog/2010/oct/14/quango-cuts-list (accessed 24/4/14)

SWTF (2009) (Social Work Task Force) *Building a Safe, Confident Future: The final report of the Social Work Task Force*, London: Department for Children, Schools and Families.

Thompson, N. (2013) ‘Child Protection: Talking about “missed opportunities” misses the point’, *The Guardian* 3/12/13, http://www.theguardian.com/social-care-network/2013/dec/03/child-protection-missed-opportunities-social-workers (accessed 20/2/14).