Social work in hiding? The views of other professionals on social workers and working with social workers

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Abstract

The expectation that professionals will work jointly is central to a raft of government policies. Inter-agency collaboration is a key strategy in attempts to address the complex needs of children and families more effectively. A necessary prerequisite to achieve this is clarity about respective role and responsibilities. This article reports the results of an exploratory study looking at the perceptions of social work and social workers held by other professionals. While other studies have examined the factors that facilitate or hinder collaboration, this project focused on other professionals' understanding of the social work role and the aspects of that role that supported or impeded joint working. It questions whether there is a sufficiently robust understanding to support the demands made on these arrangements; it looks at the implications of the findings for practice and explores what is needed to bring about an improvement; and recommends that training and organisational support are key factors in bringing about improvement.

Keywords: social work, interprofessional work, perceptions, image of social work/ social workers

Background

When Annie Hudson, the Chief Executive of *The College of Social Work*, was appointed she said that one of the main tasks that faced her was to improve the understanding of the media and the public of what social workers do (Community Care, 2013). As Ayre and Calder (2010) and Jones (2012) have shown it has often gone beyond a lack of understanding and been extended into outright hostility and misreporting. A mix of ignorance and antipathy has an impact on social workers (Leigh, 2013) and is very likely to undermine their confidence and morale. In the final report of the Social Work Task Force (SWTF, 2009) Moira Gibb, who had chaired the Task Force, wrote that:

> *There also needs to be collaboration on addressing the poor image of the social work profession, which as it stands now is preventing good people from seeking to join the profession and speeding the departure of others.* (SWTF, 2009, p.4)

Campaigns on both sides of the Atlantic have attempted to improve awareness of the social worker's role and the standing of the profession. In 2004, the National Association of Social Work based in Washington DC launched a public education campaign designed, amongst other things, to increase awareness and respect for the social work profession and educate the public on social work practice. Research that informed the campaign found that while most people in the focus groups that were held around the USA thought social workers worked under considerable pressures and were underpaid for the work, they did not have a clear idea of the diversity encompassed by the term 'social work' (Kaufman & Raymond, 1995-6). In England there were two campaigns – the *Help Give Them A Voice* managed by the then Department for Children, Schools and Families and the *Be the Difference* campaign, managed by the then Children's Workforce Development Council (CWDC). Both campaigns were intended to attract new entrants into the profession as well as address the concerns about misconceptions and

ignorance. There is evidence that they succeeded in relation to the former – 50,000 people approached CWDC to request information about becoming social workers (Community Care, 2010) – but there was no follow up work done to assess the latter.

There have been other studies in the USA that have examined the public perception of social workers (see, for example, Condie *et al*., 1978 and LeCroy & Stinson, 2004) but very few studies have been conducted on this side of the Atlantic. One was conducted by Davidson and King (2005) who found that the general public had a poor understanding of social work and of what social workers do. There are clear implications for both practice and engagement if this leads to a failure to access support or an over expectation of what social workers are able to offer. This is an area that demands further research. The perception and understanding of social workers by other professionals are also vital areas and ones where again there is very little recent research. Social workers do not work in isolation; they work closely with professionals in a range of agencies. There has been an increasing emphasis on the need for joint working and collaboration on a spectrum from coordination and cooperation through to service integration. Partnership working and collaboration are central to policy initiatives across social care, health and education, even if this has not always been accompanied by a definition of what it means or on the finer details of implementation. It does however imply that the professionals from the different agencies have an understanding of what each other does and where professional boundaries are drawn. The findings reported here suggest that a sufficiently robust understanding does not exist.

Methodology

The first part of this study was conducted in response to a request from the Social Work Task Force (SWTF) to the author for information on how social work and social workers were viewed by professionals with

whom they worked. It took place over a very short period in autumn 2009 in order to respond to the SWTF's timetable. The findings provided interesting reflections on the subject and the results were fed back to the SWTF. Four years after the original work was concluded there was the opportunity to test if there had been any changes amongst those working in similar agencies. Given the short time that was available in 2009 to respond to the SWTF's request, the initial study had to be conducted within the definition of an exploratory study, that is a study conducted to gain insights that could inform follow-up studies. The design adopted a pragmatism that would not be necessary if time and resources had been available for a large-scale investigation.

The agreed research plan in 2009 consisted of two elements:

1) A questionnaire distributed through accessible networks with 258 questionnaires returned from those working in services connected with children.

2) A series of discussion groups were held wherever these could be established.[1]

In 2009 a further 40 questionnaires were returned from those in adult services that have been omitted from this analysis which concentrates on those working with children and families.

Nearly four years later in the spring of 2013 the author was working with a number of local authorities on another study and it provided another 'pragmatic' opportunity to gather further data on the subject. Three authorities agreed to cooperate on the distribution of the same questionnaire to staff in their partner agencies in order to gain an insight into how they could improve multi-

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[1] In 2009 five local authorities provided considerable assistance in contacting potential attendees and arranging venues for discussion groups and similar. As a result 104 non-social work professionals from early years, education, and health were consulted in that way but the result of that exercise are not reported here.

agency work in their areas and 265 questionnaires were returned. The fact that in both years the responses reported here were from those contacted through networks around children's services departments does introduce a potential element of bias. They are more likely to be in contact with social workers over statutory work and related interventions, than those working in other sectors. In light of this, the responses need to be interpreted as a reflection of the perspective of social workers working in statutory children's services, and most likely of those working in child protection.

The questionnaire covered the following areas:

- identification of up to three ideas that come to mind on hearing the term social work
- exploration of the distinct knowledge and skills that social workers bring to:
  a) a working relationship
  b) clients

- views on the areas of common knowledge and skills that social workers and [their] profession share
- facilitators, if any, to effective joint working with social workers
- barriers, if any, to effective joint working with social workers.

Responses to these open-ended questions were grouped according to theme and analysed using the thematic framework developed by the *National Centre for Social Research* (Ritchie & Lewis, 2003) to classify and organise data according to key themes, concepts and emergent categories.

Professional background of respondents

The professional and career backgrounds of the respondents to the questionnaire in both 2009 and 2013 are recorded in **Table 1**.

Table 1. Professional/ career background of respondents to the questionnaire in 2009 and 2013

Professional background	2009	2013
Teachers	21 (8%)	42 (16%)
Others working in education	67(26%)	62 (23%)
Children's Centre Managers	8 (3%)	14 (5%)
Early years workers	23 (9%)	43 (16%)
Nurses	13 (5%)	6 (2%)
Therapists	13 (5%)	-
Parent support workers	8 (3%)	14 (5%)
Youth workers	10 (4%)	6 (2%)
YOT workers	5 (2%)	8 (3%)
Probation officers	8 (3%)	-
Workers in drug/ alcohol services	3 (1%)	12 (5%)
Managers of residential homes (children's)	5 (2%)	4 (2%)
Others working in residential settings (children's)	18 (7%)	12 (5%)
Others working in social care	28 (11%)	19 (7%)
GPs	5 (2%)	4 (2%)
Other	23 (9%)	19 (7%)
Total	**258**	**265**

Findings from the surveys

What comes to mind on hearing the term social work?

Those completing the questionnaire were asked to identify up to three ideas that came to mind when they heard the term 'social work'. These were free responses and not precoded for respondents. The responses fell into three distinct groups:

- activities which were associated with social work
- reflections on how activities were carried out
- more general responses including media image, value placed by society and resourcing.

There was a high degree of consistency across the responses in both years. **Table 2** summarises the most frequent responses made by the 2009 and 2013 respondents. The idea that was most closely associated with the term 'social work' was *safeguarding those at risk*. The practice issue that was most commonly mentioned was the fact that social workers were overburdened and forced to respond to crises. Nearly one in five comments referenced the negative way in which social work was portrayed by the media, and nearly as many identified the extent to which the profession was undervalued by society.

The distinct knowledge and skills that social workers bring to a working relationship

Given the strong identification of social work and safeguarding it was not surprising that when asked about the distinct skills and knowledge which social workers brought to a working relationship, two related areas emerged stronger than any others from the questionnaires. The first area focused on the skills involved in the protection of children and vulnerable adults, including understanding statutory definitions, responsibilities, thresholds and management of risk. These skills were identified by 69 per cent of 2009 respondents and 71 per cent of 2013 respondents.

The second area, identified by just under two thirds of those completing the questionnaires in both years, focused on social workers' knowledge of legislative and operational frameworks around key areas of child and adult interventions and service provision, including knowledge of how to access local and national services. In addition there were references, particularly from those based in specialist services such as child and adolescent mental health services (CAMHS), to the expertise that social workers had in assessment, especially in joint assessment and therapeutic work, as well as in mediation.

Areas of common knowledge and skills shared by social workers and other professionals

Nearly every respondent to the questionnaire in both years (297 of the 308 and 257 of the 265; 96 and 97 per cent respectively) identified at least one area of common knowledge or skill they considered they shared with social workers.

The areas that were mentioned fell into five distinct categories:

- attributes – mentioned by 37 per cent in 2009 and 39 per cent in 2013
- statutory knowledge – mentioned by 35 per cent in 2009 and 38 per cent in 2013
- practice related – mentioned by 32 per cent in 2009 and 35 per cent in 2013
- task related – mentioned by 26 per cent in 2009 and 32 per cent in 2013
- values – mentioned by 10 per cent in 2009 and 11 per cent in 2013.[2]

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[2] There were overlaps in relation to the above categories which accounts for the percentages adding to more than 100.

Table 2. What comes to mind on hearing the term social work?

Activities which were associated with social work	2009*	2013*	How those activities were carried out	2009*	2013*	More general responses	2009*	2013*
Safeguarding and management of risk	78%	89%	Overburdened/ overworked/ crisis driven/	36%	42%	Poor media image	18%	25%
Providing support to those who are vulnerable	37%	42%	Failure to communicate/ share information with professionals	20%	17%	Poorly valued by society/ poorly paid	17%	24%
Key to unlocking resources/ gate keepers	24%	18%	Lack of consistency in terms of response and workforce	19%	19%	Poorly resourced	17%	22%
Liaison across services	16%	17%	Too bureaucratic/ rule-bound and autonomous	17%	21%	Poorly trained and supervised	14%	8%
			A failure to adapt to integrated practice	14%	9%	Noticeable decrease in level of experience/ judgement	12%	15%
			Reflective practice	12%	4%	Constrained by statutory responsibilities	10%	10%
			A failure to trust other professional opinion	12%	17%	Loss/ absence of professional identity	10%	16%
			Knowledgeable and skilled approaches	10%	16%			

* Percentages will not sum to 100 per cent as respondents usually mentioned a number of factors.

Understanding what social workers do

Respondents were also asked to rate their understanding of what social workers actually did. They were asked to do this on a five-point scale where 1 represented a poor understanding and 5 an excellent understanding. In 2009 very few placed themselves at either extreme (four and six per cent respectively) with most – 78 per cent – focusing on the second and third point. This indicated a degree of uncertainty about what social workers did that was of concern given that these were professionals whose work would bring them into contact with social workers. In 2013 once again very few respondents placed themselves at the extreme but an even higher proportion – 87 per cent – opted for the second or third point. The data were examined to see if any groups were more likely than others to have either a good or not so good understanding. In both years those working in social care and residential settings were more likely to claim a better understanding of what social workers did than other groups but this was a trend and did not reach statistical significance.[3] There was a similar trend for those working in educational settings to record a lower level of understanding.

The facilitators and barriers to joint working with social workers

It should be remembered that the questionnaire was exploring the principle of joint working and not any one model. For some joint working was central to how they worked but for others it was just one of the ways they went about their professional role.

Facilitators to joint working with social workers

Respondents to the questionnaire identified many factors that they considered contributed to effective joint working with social workers. **Table 3** summarises these responses.

In both years access to social workers emerged as the main facilitator to effective practice between respondents and social workers. This included knowing whom to contact and how to do so which are fundamental tools in respect of the work in which most of these respondents were engaged. It was closely followed by 'good' communication. 'Good' communication is the term most frequently used by respondents without further definition but within this context it may safely be assumed to be connected to some of those practical access issues mentioned above, as well as the deeper components of effective communication such as shared understandings and meaning that are known to be so important for interprofessional practice (see, for example, Blumer, 1996). Some way behind these came the ability to establish good relationships both between agencies **and** between individuals, that included mutual respect and recognition of respective roles and responsibilities and overlapped to some extent with the other highly rated factors – clear vision for what was to be achieved and how, alongside processes for sharing information and management support. A quarter of respondents in 2009 and over a third in 2013 considered the support of senior managers to be crucial for joint working by ensuring time and appropriate support were available.

Around a fifth of respondents in both years thought that:

a) Supervision should be in place which provided the opportunity to reflect and support this way of working.
b) Appropriate channels were needed to allow priorities to be agreed and potential tensions and conflicts diffused, rather than depend on an individual or even one agency to do this.

Barriers to joint working with social workers

Respondents to the questionnaire were also asked to identify if anything stood in the way of effective joint working with social workers. Their responses are summarised in **Table 4**.

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[3] As was the case across the data set.

Table 3. The factors which make joint working with social workers effective

Factor	Percentage mentioning * [n=308]	Percentage mentioning * [n=265]
Access – names, telephones, location and meetings – to social workers	62%	67%
Good communication	60%	62%
Relationships between individuals	37%	42%
Relationships between agencies	34%	36%
Shared vision/ clear protocols to support	32%	32%
Sharing information	32%	34%
Clear boundaries	29%	44%
Senior management commitment and support	27%	35%
High quality training which includes knowledge of others' professional responsibilities	23%	17%
Appropriate supervision	21%	20%
Channels for decisions on prioritisation	19%	22%
Opportunities to challenge	15%	14%
A proactive/ 'can do' approach	13%	10%
Other	16%	9%
Nothing mentioned	11%	10%

* These will not sum to 100 per cent as respondents usually mentioned a series of factors.

The factor that was most frequently cited by respondents to be a barrier to joint working was the fact that neither they nor social workers had the time to develop some of the practices that facilitated it. Not surprisingly this was quickly followed by the reverse of the issue which had been identified as **the** greatest facilitator – not being able to access social workers on the telephone, by email or in meetings. There were many accounts of telephone calls having been channelled through call centres; time being spent tracking telephone numbers and email addresses of social workers often to find out they had changed or the person had left, gone on sick leave or moved to another team; unreturned voice messages; and failures of social workers to turn up at meetings because of other demands on their time. While all of these led to frustration and concerns being expressed by respondents, the negativity expressed was often balanced by an understanding that these omissions were the result of workloads and recruitment crises.

It is always important to remember that these two opportunistic samples were distinct and any comparisons must be treated cautiously, but comparisons are nevertheless interesting. In both years a failure to share information and a lack of clarity over processes were seen to be serious impediments to improved joint working. In 2009 43 per cent mentioned the lack of trust that social workers appeared to place in other professionals and this was 57 per cent in 2013. An even more dramatic difference in the proportions considering that social workers did not understand other professionals' responsibilities was evident (38 per cent to 61 per cent), and the proportion saying that too many social workers lacked the confidence and expertise necessary for joint working also increased (28 per cent to 53 per cent).

Table 4. The factors which make joint working with social workers less effective

Factor	Percentage mentioning * [n=308]	Percentage mentioning * [n=265]
Lack of time/ competing demands on time – all	67%	72%
Access – names, telephones, location and meetings – to social workers	64%	67%
Social workers' workloads	62%	69%
Poor communication	60%	65%
Failure to share information	60%	71%
Recruitment and retention crises – social workers	60%	69%
Lack of clarity over process and too much diversity of practice – across services	53%	52%
Different priorities and policy drivers across services	46%	45%
Lack of trust of others – by social workers	43%	57%
Lack of understanding of other professionals' responsibilities	38%	61%
Social worker role as case managers rather than skilled professionals	35%	27%
Lack of understanding of thresholds [by other professionals]/ mobile and flexible thresholds [from social care]	29%	42%
Insufficient funding	28%	68%
Too many social workers lacking in confidence and expertise	28%	53%
Different professional language, practices, targets and desired outcomes – 'cultures'	26%	43%
Other	12%	2%
Nothing mentioned	9%	7%

* These will not sum to 100 per cent as respondents usually mentioned a series of factors.

There was also a noticeable difference in the proportions who identified an absence of a shared understanding of thresholds across agencies and the impact of different professional cultures and ways of working as undermining effective joint working. However, the sharpest contrast between the two years was in relation to financial support for joint working. In 2013 the impact of budget cuts on the development of inter-agency working dominated many responses – with 68 per cent identifying it as a barrier compared with 28 per cent of the 2009 cohort of respondents.

Discussion

The study's limitations were identified at the beginning of this article where it was recognised to be no more than an exploratory exercise. It has to be remembered that the surveys were conducted with two distinct groups and cannot be taken to represent a shift in attitude over time. Nevertheless, the findings – and specifically the differences between the two groups – raise interesting issues that deserve further exploration. There have also been significant changes between the two surveys. Two of the most significant

for this area of work relate to budgets and guidance. A very challenging economic environment has continued following the financial crisis of 2008 during which time there have been drastic reductions in state expenditure. The Coalition Government that came to power in 2010 has adopted a less prescriptive approach to guidance on how professionals should work together. However, while the revised *Working Together to Safeguard Children* (HM Government, 2013) focuses on legislative requirements and removes large sections of non-statutory practice guidance, it still emphasises the fact that safeguarding children is everyone's responsibility.

At both time periods the overwhelming majority of respondents aligned the term social work with safeguarding and managing risk. Around two-fifths mentioned the provision of support to those who are vulnerable. There was an absence of references to any other aspect of professional practice, such as the provision of therapeutic interventions, which perhaps indicates that the profession has come to be seen as indistinguishable from the duties performed by most of its members.

So while there was a strong association between social work and safeguarding those who were vulnerable, there was less clarity around what this meant in practice. This is not a new finding and the lack of clarity in roles has been identified as a key issue for the social work profession (Scottish Executive, 2006). Some of the findings were similar to those of Hornby (1993) and Huntington (1981). Nearly thirty years ago Huntington found that general practitioners had very little understanding of social workers' training or practice. While that was evident in this study, it was not confined to GPs.

Local solutions are required to enable all concerned to share knowledge and discuss areas of practice. It is not enough to put policies in place that are based on joint working without both making it evident how professionals should go about it and providing the structures to support it. One of

the key themes to emerge was the need for joint working to be based on clear arrangements in respect of governance and managerial responsibility, both at strategic and operational levels. Joint working demands both a shift in professional identities, a reappraisal of roles, and consideration of how location, organisational and communication infrastructure impact on these relationships.

It is also vital to convey what is distinctive about the knowledge base, skills and professional role of social workers, as well as the distinctive contribution that social work can make. Previous studies have identified the importance of professionals using their own skills and expertise in collaborative working relationships rather than working beyond these or blurring the boundaries between professions (see Rushmer & Pallis, 2003 and McCullcoch *et al.*, 2004). This may also lead to the role confusion which, as Reder *et al.* (1993) found, produces potentially dangerous breakdown in communication. The fact that so many respondents had a hazy understanding of what social workers do does present a significant challenge for interprofessional working.

The increasing pressures on social workers have been widely reported so it is not surprising that when asked to reflect on how the activities were performed, the responses focused on and reflected the reality of working in pressurised environments where crises and high caseloads are the norm. In the recent report on delivery of family services by children's centres (Goff *et al.*, 2013) over 80 per cent of the Centre Managers involved in the research thought it was very important to be able to have informal discussions with other professionals, including social workers, rather than immediately make a referral. This will not only be challenged by actual demands made on social workers but also by any perception that they will be too busy to engage.

A significant minority of respondents said that the poor image of the profession came to mind when they heard the term 'social work'.

It is something that has concerned both the Social Work Reform Board and The College of Social Work, and was commented on by Professor Munro in her review of child protection (Munro, 2011). The College of Social Work commissioned a study to examine social workers' reactions to and experiences of cases that had attracted media attention (The Centre for Health Communication Research and Excellence, 2012). Amongst other findings the authors concluded that the poor status of the profession appeared to be having a direct impact on the morale of social workers and was leading some to leave their posts. It is clearly an issue that has a significant and negative impact and although steps have been taken to address it there is still more to be done. Jones (2012) concluded that:

> *The consequence of this general reluctance to engage with the media has been to leave social workers' stories untold and the damning portrayal of social work unchallenged* (p.84).

A negative image of social workers is bound to have an impact not only on the general public but also on some professionals who are expected to work in partnership with social workers. That is why programmes such as the BBC's three-part series *Protecting Our Children* broadcast in January and February 2012 are so important. Not only do they help to counter the negative stereotypes that have developed over time but they address another problem unearthed in this survey, namely the seemingly widespread uncertainty about what social workers do.

The findings relating to the facilitators and barriers to joint working between social workers and other professionals reflect what has been found in many other studies (see, for example, Sloper, 2004; Coles, Britton & Hicks, 2004; Sammons *et al.*, 2003; Baginsky, 2007; Cameron & Lart, 2003; Rushmer & Pallis, 2003; Stewart *et al.*, 2003; Atkinson *et al.*, 2001). Similarly, a lack of agreement over key elements of joint working has emerged in studies conducted over the past 30 years (Hallet & Stevenson, 1980 and Dale *et al.*, 1986) but there is now a growing interest in how the perspectives of different parties may impact on, and put at risk, important decisions (see, for example, Platt & Turney, 2013). Although the policy context has changed in recent years and guidance has become less prescriptive, the Government still wants professionals to work together. There is an expectation that professionals are able to work in this way and it is central to the Government's vision of a more integrated approach to health and social care: the Health and Social Care Act 2012 (the Act) has introduced measures to promote even greater integration between the NHS and social care. What then are the consequences of these findings for practice? Does it mean that other professionals will not refer cases appropriately because they are not clear what social workers do or, if they are, that they think social workers will be too busy to help? Does it mean that other professionals will fail to recognise what social workers may offer in specific situations? And, perhaps most worryingly, to what extent do other professionals accept media stereotypes and allow these to shape their attitudes because they do not have a benchmark against which to measure social workers' performance? Is it time to place more emphasis on interprofessional education of the type that is more common in health so as to allow participants to reach a better understanding of each other's roles and remit and consider sustainable and embedded routes for its implementation? Bloxham (1996) concluded that training, and particularly shared training, is associated with good inter-agency work by providing opportunities for participants to reach a better understanding of roles, aims and values.

Conclusions

Most respondents were committed to working closely with social workers, but there are clear barriers to this being more effective. Many of the messages have been heard before but that is not a reason to dismiss them. It is perhaps time to examine why they emerge

from study after study and explore if there are deeper divisions that go beyond communication and culture. The landscape of service provision for adult and children's services is changing rapidly as greater diversity is introduced and the mixed economy of providers becomes established. Both the NHS and local authorities are facing severe financial constraints at a time of rising demand. They are also being asked to deliver improved outcomes within more closely integrated structures. Similar pressures are erupting throughout the children's sector. It is not yet clear what the impact will be on working arrangements with other agencies when children's services are removed from local authorities and located elsewhere. For example, in Doncaster, judged to have extremely poorly performing children's services over a number of years, a new trust will take over all children's social work and care operations. Such arrangements may mean new ways will need to be found to support better working relationships, but the reality of what these may be is not yet clear. A study that builds on what this exploratory work has revealed would contribute to a better understanding of these very complex issues. It would make an important contribution at a time when more is demanded of professionals and they in turn demand more of their colleagues in other agencies.

Acknowledgements

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