



General
Social Care
Council

SUMMARY

Raising standards: Social work conduct in England

2003-08

Independent decision making:

The GSCC has four independent committees dealing with conduct which have three or five members. Committee members are recruited by the Appointments Commission and are neither council members nor employees of the GSCC.

Holding social workers to account:

Registered Social Workers are accountable to the GSCC for upholding high standards. If we receive a complaint against someone on the Social Care Register, we will investigate it. If it is a serious matter that could call into question their suitability to be a social worker, and there is sufficient evidence, a Conduct Committee will decide what action should be taken.

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1. Introduction

This is the General Social Care Council's (GSCC's) first report into the work it has done to uphold standards in social care and protect people who use services. We do this by assessing the suitability of people to become social workers at the initial application stage, by investigating complaints and taking action where misconduct is found.

Context:

The GSCC was set up in 2001 under the Care Standards Act 2000. We are charged with ensuring that people who work in social care in England are appropriately trained, suitable and committed to high standards. Similar bodies exist in Scotland, Wales and Northern Ireland.

There are currently 93,000 social workers and social work students on the Social Care Register [link here](#). This is a publicly available list of everyone who is legally allowed to work as a social worker. The Government intends, over time, to regulate the entire social care workforce and the next group to register with the GSCC will be home care workers and their managers – a workforce of over 200,000 people.

We carefully assess all registration applications to ensure that each individual is fully competent, of good character and conduct, and physically and mentally able to perform the role of social worker.

Once an individual has satisfied us that they meet all these criteria, they must agree to abide by the Code of Practice [link here](#) for Social Care Workers before they join the register. The Code sets out the standards required of them as they go about their daily work. It also makes it clear to people who use services, their families, members of the public, employers and colleagues what they can expect of a Registered Social Worker. The GSCC also has a Code of Practice for Employers of Social Care Workers [link here](#) which sets out their roles and responsibilities. This is not mandatory although we would like it to be as we think this would lead to better protection for people who use services.

The register opened on 1 April 2003 but most people did not register until 2005 when it became compulsory. This report provides an overview of the conduct activity of the GSCC from April 2003 to April 2007, with more detailed analysis of the latest financial year – 1 April 2007 to 31 March 2008. We intend to produce a report annually from 2009.

2. Assessing suitability for registration

Between 2003 and 2008 the GSCC received over 100,000 applications to join the register. We are now receiving around 10,000 new applications each year; around 5,000 from UK resident social workers, 1,000 from overseas and 4,000 from social work students. Table one shows the numbers of new registrations received each year since the register first opened.

In order to meet criteria set out in the Registration Rules, individuals must provide the GSCC with evidence to show that they:

- have the necessary qualifications (a list of acceptable qualifications is set out in the rules);
- are physically and mentally fit; and
- are of good character and conduct.

They must also declare any information related to these criteria, such as criminal convictions, health problems or disciplinary proceedings.

2003 – 2007

Around 20 per cent (see Table 2) of all applications had a declaration of some kind with the most common being a criminal conviction followed by health conditions. Criminal convictions include low level offences such as those relating to motoring.

Any application with a declaration is subject to a risk assessment and each case is considered on its own merits. Where someone has declared an offence or disciplinary matter, we will consider issues like the seriousness of the offence, the length of time since it was committed, the relevance to social care and whether the applicant has a pattern of behaviour. For health declarations, the GSCC will find out more about the condition and the possible impact on people who use services and give the applicant the opportunity to show how they would manage it.

Of the suitability assessments made between 2003 and 2007, 89 per cent of these declarations were deemed to have no implication on the person's suitability to be a social worker. Eleven per cent of the declarations raised concerns of a more serious nature and were therefore investigated further. Of this 11 per cent, 25 per cent related to criminal convictions, 33 per cent to health conditions and 10 per cent to disciplinary matters or multiple declarations.

Table 1: Total number of applications to register received each year, 2003-2008

Year	UK	International	Students	Total
2003	387	–	–	387
2004	23,307	573	–	23,880
2005	42,888	4,500	8,653	56,041
2006	5,005	1,425	8,055	14,485
2007	4,650	1,043	4,196	9,889
2008	1,532	518	2,609	4,659
Total	77,769	8,059	23,513	109,341

Table 2: Total declarations assessed 1 April 2003 to 31 March 2007, by category

Category	Total
Criminal conviction*	13,186
Health condition	4,382
Disciplinary	480
Other	299
Declarations in more than one category	231
Total	18,578

* This includes low level offences such as those relating to motoring

Between 2003-2007, 226 applications (three per cent of all applications with declarations) were referred to an independent committee for a decision. Of these, the committee refused 154 applications. Twenty-six were registered and 46 were registered with conditions. A further 454 applications were refused on the basis of qualifications (294 from international applicants and 160 from UK applicants). These decisions were taken by officers rather than a committee.

2007 – 2008

Between 1 April 2007 and 31 March 2008, 1,241 declarations were assessed and the majority of these were issues relating to health (see Table 3). A total of 83 applications were referred to the independent committee where 60 people were refused, 14 registered with conditions and nine were registered unconditionally. A further 128 people were refused on the basis of qualifications (77 from overseas, 51 from the UK).

Table 3: Total declarations assessed 1 April 2007 to 31 March 2008, by category

Category	Total
Health condition	480
Criminal conviction	442
Other	176
Disciplinary	75
Declarations in more than one category	68
Total	1,241

The GSCC has recently introduced new rules for dealing with applications to the register. As a result, conditions will now be published next to the individual's name on the Social Care Register to ensure transparency.

Themes emerging from our conduct activity

Health:

The fact that a number of registration decisions relating to health have been appealed to the CST highlights the difficulties faced by regulators who are trying to comply with disability legislation whilst maintaining rigour in the assessment process.

In 2007, the Disability Rights Commission conducted an investigation into the barriers that people with impairments and long-term health conditions face in trying to pursue careers in teaching, nursing and social work across Great Britain. The GSCC gave evidence to this inquiry. 'Maintaining Standards: Promoting Equality' concluded that the requirement to declare health issues imposed by most regulators does deter people from these professions. They recommended it was dropped as a legal requirement.

Health is important; when an individual stops managing their healthcare effectively for whatever reason this can pose a risk to them, their colleagues and the people who use services with whom they work. However, the GSCC believes it is up to individuals and their employers to manage their health condition and it is up to them, rather than the regulator, to decide whether they are able to perform their duties as a social worker. Sir Rodney Brooke, GSCC Chair, wrote to the Health Minister in January 2008 to ask for this requirement to be removed from the statute for social care registration. In response, the Minister has asked the Council for Healthcare Regulatory Excellence (CHRE) to seek the views of other health regulatory bodies on this issue. In the meantime, whilst the law remains, our investigative activity will focus more on the relevance of a health condition to a social work role and how safely it is managed.

Appeals against GSCC decisions on registration

Applicants can appeal the GSCC's decisions to the Care Standards Tribunal (CST). The CST is independent of the GSCC and also hears appeals in relation to the decisions of the Commission for Social Care Inspection (CSCI) and the Office for Standards and Training in Education (OFSTED).

Table 4: Appeals to the CST relating to GSCC registration decisions, 1 April 2003 to 31 March, 2007

	Dismissed/ struck out	Found in favour of social worker	Yet to be determined
Non standard qualification	10	3	0
International qualification	14	3	0
Physical/mental fitness	0	3	0
Character	5	1	0
Total	29	10	0

NB: A case is 'struck out' prior to a final hearing as a result of a procedural problem. A case is 'dismissed' if it has been the subject of a final hearing and determined in the GSCC's favour.

Table 5: Appeals to the CST relating to GSCC registration decisions, 1 April 2007 to 31 March, 2008

	Dismissed/ struck out	Found in favour of social worker	Yet to be determined
International qualification	4	1	1
Physical/mental fitness	0	0	1
Character	3	3	4
Total	7	4	6

Fifty-six appeals against the GSCC's registration decisions have been lodged since 2003, 14 found in favour of the applicant, 36 were dismissed and six were awaiting determination on 31 March 2008. The majority of appeals regarded our decision to refuse applications on the basis of qualifications. Four appeals have concerned our decision to refuse applications on health grounds.

Themes emerging from our conduct activity

Getting our decisions right:

The GSCC has successfully defended the majority of the appeals made to the CST with 36 such appeals dismissed. Where the CST has found against the GSCC the cases have tended to concern applications which had been refused on the grounds of qualifications.

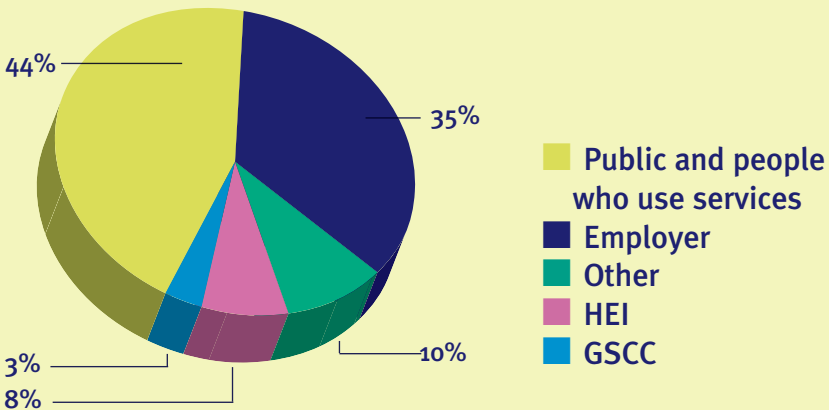
One individual took the CST's dismissal of her appeal to the High Court arguing that, although she didn't have an accepted qualification, she had many years of experience in various forms of social work. She also sought a judicial review of the GSCC's right to have a list of accepted qualifications, arguing that this was incompatible with some sections of the European Convention on Human Rights. The list of qualifications was drawn up after extensive consultation.

Her legal team suggested that the rules were discriminatory because people from outside the UK, who didn't have an accepted qualification, can present evidence of training and experience to demonstrate that they met the criteria. However, the judge dismissed the appeal, saying that there was a 'sensible explanation for that difference in treatment'. All courses in the UK had been verified by the GSCC (and the other regulatory bodies in the UK) in their role as regulator of social work education. The judge said 'it is quite impossible for the GSCC to assess in advance all the social work courses available around the world' and therefore the difference in treatment was inevitable and in fact necessary to prevent overseas applicants from being at a disadvantage.

3. Complaints against registered workers

The number of social workers who come into contact with the GSCC following an allegation regarding their conduct is relatively low. Between 2003 and 2007, we received 916 allegations about Registered Social Workers and social work students. In the last financial year (to 31 March 2008) we received 503 allegations, representing less than one per cent of the registered workforce.

Graph 1: Sources of complaint referrals 1 April 2007 to 31 March 2008



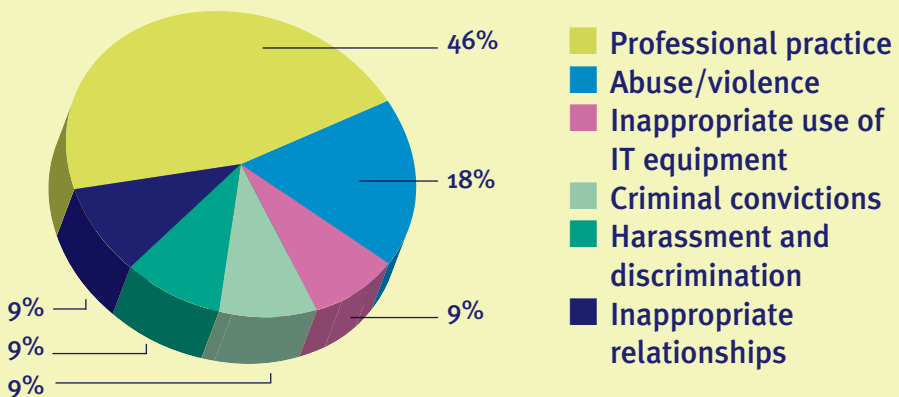
NB: This excludes self declarations from registrants which are classed as referrals. They are required to inform us of changes such as new criminal convictions and disciplinary proceedings as a condition of their registration

The increase in recent years is as a result of most social workers registering with GSCC after April 2005 when it became compulsory. The GSCC receives complaint referrals from a number of different sources. In 2007-2008, the majority came from members of the public or people who use services (44 per cent) closely followed by employers (35 per cent).

The overall majority of allegations from people who use services or members of the public relate to poor professional practice, followed by the perceived crossing of professional boundaries. Examples of poor professional practice referred by people who use services and members of the public typically relate to allegations such as the social worker 'lied in their report' or 'was biased' or 'failed to ensure that I got my care package'.

Almost a half of all allegations from employers relate to professional practice and the next most common are allegations relating to abuse or violence.

Graph 2: The nature of information presented to the GSCC by employers 1 April 2007 to 31 March 2008



Themes emerging from our conduct activity

Improving standards:

Professional practice is the most common complaint coming to us from employers. The GSCC is reliant on working in partnership with employers in order to achieve its aim of increasing standards in social care. By referring poor practice to the GSCC, employers are working with us to address issues and, if necessary, remove unsuitable individuals from the workforce. But this needs to go hand in hand with wider work to support and develop the workforce. In a recent conduct hearing where a social worker was accused of poor practice, the committee criticised the employer of the social worker for failing to provide adequate training and supervision.

The GSCC has a Code of Practice for Employers of Social Care Workers which sets out clearly the responsibilities of employers on a range of issues including staff safety and professional development. However, whilst this is used by CSCI when they inspect services, it is not mandatory. We would like to see it put on a statutory footing as we believe it would lead to greater protection for the workforce and for people who use services. It would place a legal requirement on employers to report misconduct and to provide induction, training and development opportunities for staff.

In dealing with allegations that come to our attention, we aim to strike a balance between public protection and the individual's right to a fair hearing. We are committed to the principles of good regulation promoted by the Better Regulation Executive: proportionate, accountable, consistent, predictable, transparent and targeted. We apply these principles to all of our work

The GSCC will assess any allegation of misconduct at the point of receipt. However, in order to progress the case, allegations must meet the definition of a complaint as set out in the GSCC Conduct Rules. A complaint is defined as an allegation of misconduct against a Registered Social Worker or social work student which calls into question their suitability to remain on the register.

Anonymous allegations are not usually taken forward in order to ensure maximum transparency and fair proceedings. However, if it is in the public interest to do so, the GSCC may decide to act as the complainant. This has happened on 10 occasions since 2003.

The majority of referrals are closed at this early stage. The main reason being that the issue had been satisfactorily addressed by the employer or the allegation was not serious enough to bring into question someone's suitability to remain on the register.

For the remainder, an independent committee will consider whether to progress the case further. If the committee decides that the case warrants further investigation, it will meet again once additional inquiries are complete. It then determines the likelihood of the allegation being proved at a hearing and, if the prospects are high, it refers the case for a public hearing.

Over half of all allegations from people who use services or members of the public do not progress for further inquiry. The GSCC has identified a number of possible reasons for this. Firstly, employers are, at times, also referring on behalf of people who use services. The initial complaint from a person who uses services will have been received via an employer.

Complaints against registered workers

Referrals from people who use services are also often made immediately after the conclusion of a statutory intervention by a social worker such as child protection proceedings or action under the Mental Health Act. The GSCC contacts the court or the agency responsible for the action to establish whether there were any concerns or issues around the procedures followed. In the majority of cases, the GSCC finds that there is no evidence that the social worker acted ‘dishonestly’ which is one of the most common allegations in these sorts of scenarios.

Themes emerging from our conduct activity

People who use services:

It is encouraging that the majority of allegations we receive originate from people who use services or members of the public, showing a level of awareness of the GSCC and what it does. However, more can be done to get this message across. The GSCC intends to work on increasing publicity to these groups over the next year.

We also intend to look in more detail at the reasons why so many referrals from people who use services are closed in the early stages. As part of our increased communications, we will make it clear to people who use services and others what sorts of allegations we can deal with and the information we need to take matters forward.

We have also introduced new rules for our conduct work, which will see any allegation received from a person who uses services being scrutinised by an independent screening panel before it is closed. We hope that this will provide an extra check and balance into our decision making to ensure that the people we are trying to protect are being given the right support they need to have their concerns heard.

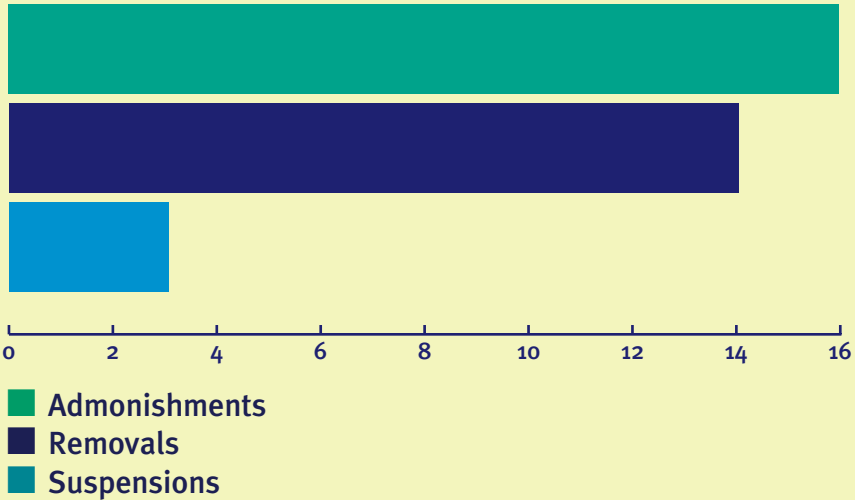
4. Action taken against Registered Social Workers

The majority of social workers carry out their work with honesty, integrity and professionalism. This is reflected in the very small number of cases that end up in front of a committee at a public hearing.

The first conduct hearing was held on 5 April 2006. Between then and 31 March 2008, a total of 36 social workers and students have appeared before a hearing, representing just 0.04 per cent of the total registered workforce.

All conduct hearings take place in public, unless a private hearing is deemed necessary to protect the identities of vulnerable witnesses or for health reasons. The case is heard by an independent committee ('the Conduct Committee') which decides whether the allegations are proven, whether the facts amount to misconduct and what sanction should be imposed. The committee can remove someone from the register, suspend them for a period of up to two years or give them an admonishment which is a public record on the register. This can be imposed for a period of up to five years.

Graph 3: Conduct Committee outcomes 5 April 2006 to 31 March 2008



NB: Three cases were adjourned to be heard after 31 March 2008

The most common allegation heard before a committee has concerned professional boundaries and the second most common has been for dishonesty.

No hearing has yet found only a single area of the code to have been breached. The pattern is for multiple and related transgressions. The most commonly breached code is 5.8: 'Behave in a way, in work or outside work, which would call into question a social worker's suitability to work in social care services' followed by code 2.1: 'Being honest and trustworthy'. In eight of the 23 cases where code 5.8 was breached, code 5.4 – relating to inappropriate relationships - was also breached.

Themes emerging from our conduct activity

Sanctions:

It is interesting to note that suspension from the register has only been used in a handful of cases whilst there has been an almost even split between removal and admonishment. Clear reasons why suspension has not been used so often are yet to be established. However, it is noted that after the period of suspension is up there is no review of the social workers or students' 'rehabilitation'. For example, if a social worker is suspended for 18 months there is not an opportunity at the end of that period to see if they have gained insight into their action, sought further training or developed in other ways. We are considering whether the list of sanctions available to our committees is sufficient to address all possibilities.

The GSCC has also recently developed the Indicative Sanctions guidance which outlines for committee members the decision-making process and factors to be considered when deciding on what sanction to impose. It aims to promote consistency, quality and transparency in the decisions taken by the committee. The guidance will be reviewed annually and updated in the light of experience and any relevant case law.

Action taken against Registered Social Workers

Witnesses are crucial. Our Conduct Committees have heard from more than a hundred witnesses, many of whom were people who use services. Understandably, people can be reluctant or nervous about the thought of giving evidence, particularly if they are to be faced with the social worker in question. However, their testimony often provides crucial information to the committee and, without it, misconduct could go unchecked, potentially putting others at risk. The GSCC has worked closely with 'WITNESS', a charity specialising in supporting witnesses and/or complainants who may have been the victim of abuse by a professional. The organisation can act as an advocate for the person who uses services to assist them through the investigation and hearing. They have also provided training to our committee members and staff.

Table 6: Most common breaches of the code of practice to date

Code number	Code wording	Number of times breached
5.8	'Behave in a way, in work or outside work, which would call into question your suitability to work in social care services'	23
2.1	'Being honest and trustworthy'	22
2.2	'Communicating in an appropriate, open, accurate and straightforward way'	22
5.7	'Put yourself or other people at unnecessary risk'	16

Themes emerging from our conduct activity

Professional boundaries:

Inappropriate relationships between social workers and people who use services have been a feature in many of the allegations we have received. Social workers must be aware of the boundaries that should be in place in terms of their relationships with people who use services, their families or carers. These relationships must operate within a professional context and with openness. This allows social workers to check with colleagues and managers on action, if there is ever any doubt, before it is taken. The number of conduct hearings that have dealt with this issue demonstrates that the GSCC will face these matters head on by treating them as matters of public protection. But with social workers and others working in the caring sector losing their jobs and professional status as a consequence of 'inappropriate behaviour' we, as a regulator and the body that can take that status away, owe it to them to provide as much guidance as possible.

Earlier this year, the Council for Healthcare Regulatory Excellence produced guidance for patients and healthcare professionals on sexual boundaries. They are also working on guidance for patients about the standards of conduct they should expect from professionals and what to do when they think sexual boundaries have been crossed. The GSCC would like to see similar guidance developed in social care and is talking to partner bodies about how to take this forward. We will also be commissioning our own research so that we can give better guidance to all social workers and their employers.

Action taken against Registered Social Workers

Whilst the investigation is ongoing, the GSCC can apply to an independent committee to suspend someone temporarily. This is normally imposed if the committee feels it is in the interest of public safety to do so or in the interests of the individual concerned. An ISO bars the person from working as a social worker and is noted next to their name on the register. The ISO lasts for a period of up to six months, but can be renewed, subject to periodic reviews, with a maximum limit of two years. Between 2003 and 2008, 39 people have received an ISO.

Appeals against action taken by the GSCC

Six appeals against decisions taken at conduct hearings have been made to the CST since 2003. One appeal against a suspension, one against removal and one against an admonishment were dismissed by the CST. The three other cases are appealing against a decision to remove them from the register and are yet to be determined at 31 March 2008.

Six ISOs have been appealed since 2003, four were dismissed and two were allowed. One of these was not opposed by the GSCC. The other concerned a man who said he did not want to work in social care and therefore an Interim Suspension Order was not needed. The GSCC argued that there was no way of confirming that he would not change his mind, unless he did not renew his registration once it had expired (every three years). The ISO was revoked and the man was later found at a hearing to have committed misconduct and was removed from the register.

Themes emerging from our conduct activity

The codes of practice:

The codes of practice were first issued in 2002, following extensive consultation. Six years on, registration is firmly established for social workers and we look ahead to the registration of the next groups of social care workers. The GSCC and the other three UK care councils have commissioned a study to find out how the codes are used by social workers and their employers and to establish whether there needs to be any further development. People who use services will be heavily involved in this, so we can find out if they are aware of the codes and if they set the standards of conduct they would expect from their social worker.

The frequency with which particular codes have been breached needs further consideration. It may be that we need to offer further guidance, in the case of inappropriate relationships for example. We will continue to examine emerging themes from conduct proceedings, and explore these with our registrants through articles in our newsletters, communication with employers, information on our website and seminars at our events.

5. Conclusion

The GSCC exists to improve the quality of social care and through our actions we aim to improve the standards of the workforce. By addressing poor practice and taking action where necessary, we provide protection for people who use services and ensure a workforce fit for its purpose.

However, and as this report illustrates, the number of registrants who come into contact with the conduct process is marginal compared to the total number of social workers and students on the register.

Although the overwhelming majority of referrals to date have been assessed as low risk, the screening process is nonetheless vital, revealing serious concerns on some occasions. It enables subsequent case work activity to be focused on the small number of cases that require high level investigation.

There has been a strong level of agreement between the decisions of the Registration Committee and the recommendations of the GSCC regarding those deemed unsuitable to join the workforce. Similarly, the fact that all 23 Conduct hearings taking place in 2007 resulted in a finding of misconduct suggests that the investigations undertaken by GSCC are thorough and well-targeted.

The work the GSCC does on conduct matters has enabled us to offer both the public and people who use services the protection and confidence they should expect from the social work profession. We recognise that effective regulation of the social care workforce involves working with a range of stakeholders to deliver the best possible outcomes. These include colleagues in Government, our sister regulatory bodies, Council members, employers and social care workers themselves.

In particular, we would like to acknowledge the immensely valuable contribution that people who use services, their carers and representatives have made by bringing their concerns to our attention and in giving their time and effort to enable us to address their complaints. We hope this relationship will develop further over the coming months and years, creating a partnership that, through working together, can ensure a quality workforce, providing the very best in social care.

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