

# An exploration of contributions to a social work community of practice.

BOLGER, J.

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# **An Exploration of Contributions to a Social Work Community of Practice (CoP)**

**Janine Bolger**

A critical review of the candidate's portfolio of public output  
submitted in partial fulfilment of the requirements of the Robert  
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## **Appendix 2 - Selected Outputs**

**Output 1** Bolger, J. (2019) The pedagogy and principles of teaching therapeutic practice with children and young people. *Journal of Teaching in Social Work, 39*(2): 181-188.

**Output 2** Bolger, J. (2019) Inter-professional education/learning across social work education provision in Scotland. *Journal of Further and Higher Education, 44*:5, 705-715.

**Output 3** Butler-Warke, A. and Bolger, J. (2021) Fifty years of social work education: analysis of motivation and outcomes. *Journal of Social Work, 21*(5), 1019-1040.

**Output 4** Butler-Warke, A., Yuill, C. and Bolger, J. (2020) The changing face of social work: social worker perceptions of a neoliberalising profession. *Critical and Radical Social Work, 8*(1), 59-75.

**Output 5** Hothersall, S.J. and Bolger, J. (Eds) (2021) Social Policy for Social Work, Social Care and the Caring Professions (2<sup>nd</sup> Edition). Abingdon: Routledge.

Chapter 5 "From Devolution to Brexit"

Chapter 6 "Poverty, austerity and social exclusion"

Chapter 9 "Welfare rights"

Chapter 11 "Health and health inequalities"

Chapter 16 "Education and training in Scotland"

### **Output 6**

Chapter 12 "Models of Assessment"

Chapter 21 "Working in the Life Space"

## **Appendix 3 – Timeline with activity**



## **Acknowledgements**

I would like to thank many people for their support during the period in which this Portfolio of Public Output has emerged, specifically to my PhD supervisors Professor Gary Spolander, Dr. Sarah Buckler and Dr Neil Gibson for their guidance throughout the process and to colleagues in (what was) the School of Applied Social Studies at Robert Gordon University for their forbearance. Also, an appreciation is extended to the research participants who have contributed towards the work discussed in this thesis, to my co-authors and the various editorial teams and anonymous referees involved in the publication of the Portfolio outputs. Most importantly, an appreciation to the social work Community of Practice for their impact on the knowledge, value and practice base that challenges a neo-liberal agenda, and which is the basis for all educational and practice activities.

***Janine Bolger***

***An Exploration of Contributions to a Social Work Community of Practice (CoP)***

***In partial fulfilment of the requirements of the Robert Gordon University for the degree of Doctor of Philosophy***

## **Abstract**

This framing essay provides a critical review of my Portfolio of Public Output, based on published research and academic texts and with reference to examples of some related activism, from the period 2019 to 2024. Specifically, this comprises of four peer reviewed publicly available papers (two authored and two co-authored), and two co-edited texts with three authored and five co-authored chapters therein. The overarching theme which forms the basis for this thesis is the contribution of these outputs to the social work Community of Practice (CoP). Within this overarching theme, this essay focuses on two distinct, but inter-related, sub-themes: 1) the role of social work education in shaping the CoP; and 2) the challenges for the social work CoP that come from the rise of neoliberal ideology in the wider systemic context.

In the core part of the thesis the 10 Portfolio Outputs are synthesised and considered as part of a narrative whole, with critical reflections on their contents and on their contribution to the academic field and social work CoP. I argue that I have contributed significantly towards preparing students for practice through the mobilisation of knowledge reconciling some theoretical and ideological differences, promoting critical reflection and reinforcing ethical standards which develops an understanding of core values, fostering reflexivity and promoting professional autonomy. Ultimately these contributions serve to shape professional identity.

## 1.0 Introduction

Communities of Practice (CoPs) are based on ideas of human development and learning, inspired by social and situated learning theories and anthropology (Lave and Wenger, 1991; Wenger, 2010; Holzam 2009; Brown and Duguid, 1991)<sup>1</sup>. CoPs are closely aligned with social constructivism<sup>2</sup> (Vygotsky, 1978) where knowledge is constructed through social interaction, collaborative participation and shared experience within a cultural and community context (Cox, 2005) and equipping practitioners to address the complexities of human experience, develop empowering relationships and advocate for broader societal change (Cooper, 2001) resulting in shared, enhanced and dynamic practice (Uriarte 2008; Hoadley 2012). Based on the characteristics, identified by Lave and Wenger (1991), a social work CoP exhibits a shared domain of interest, a community that fosters interaction and practice that members develop and share. As a conceptual entity the social work CoP allows for the transcending of physical boundaries to adapt to the needs of a dispersed profession whilst focusing, within these original domains, on shared knowledge, discourse, identity and values embedded in practices that can be examined by those who share them (Brown and Duguid 1991; Thompson, 2005; Hoadley, 2012). The social work CoP resembles “an epistemic community with a network of professionals with recognised expertise and competence in a particular domain and an authoritative claim to policy-relevant knowledge” (Haas, 1992, p.3), bound by its shared values, knowledge frameworks and goals. Social work academics (see Doel, and Shardlow 2017; Healy, 2022) demonstrate that the CoP framework is particularly effective in capturing the collaborative, adaptive and reflective aspects of social work highlighting the importance of interaction, community, and collective learning in professional development. The unifying aspects of social work’s ethical, theoretical, and regulatory frameworks make a compelling argument for the profession as a singular CoP (Gherardi, 2009).

This notion of social work as one Community of Practice underpins my case as outlined in this essay. This presentation of my body of work is innovative in that I am not claiming it to be a collection of work designed to create new knowledge around one theme or a new theory, but rather I am bringing together a range of publications that influence practice through contributions to the *domain, community and practice* of the social work CoP (Pyrko, Dörfler and Eden, 2017). My work is

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<sup>1</sup> Lave and Wenger (1991) and Brown and Duguid (1991) coined the term while studying the ‘social nature of human learning’, specifically that of the application of an apprenticeship model, identifying a shift in understanding human growth and learning towards the more cultural, historical and socially created processes (Holzam 2009).

<sup>2</sup> Which aligns well with social work practice where constructivism is seen as an attractive, more flexible, alternative with potential to accommodate different ways of viewing and interpreting the world (Martinez-Brawley, 2019).

organised specifically within its contribution to three trajectories, within those domains, those being: **information flow**, a **shared discourse** and **sustained mutual relationships** (Wenger-Trayner 2015) which clarify the nature of Wenger's original concept and indicate the presence of a CoP (Cox, 2005).

Central to my claim is the contention that I have helped shape social work education in Scotland and, in doing so, have contributed substantially to social work's CoP. This body of work has informed and shaped my activism through debate around content, curriculum, policies, strategy, and structure relating to social work education and social work practice. Much of this work has taken place with key partners from the Scottish Social Services Council (SSSC) and Scottish Government (SG) where my role has proved significant on a national level, contributing both to the CoP and the wider systemic, or structural, context within which it sits. As Convenor of the National Heads of Social Work (HEIs) group from 2019-2022, I participated in strategic planning for social work education particularly around the complexities of delivering qualifying programmes and practice learning through the Covid-19 pandemic. Other examples of my activism include: leading on drafting new national rules and requirements with the SSSC; working with SG promoting the need for a Level 9 qualification for residential childcare workers to continue to improve practice and achieve professional status within social work (Smith, 2003) and contributing to the Root and Branch review of Scotland's care system; working with the SSSC to consider alternative routes into social work education and work-based qualifications in social work; and leading on a student poverty campaign. Several invitations from key stakeholders resulted in my involvement in the reviewing and planning of national services and workforce development in childcare, sitting on working groups for local service delivery planning, as principal researcher finding out about the experiences of looked after and accommodated children, and as part of a research team in critiquing government and regulatory body responses to the Covid pandemic and in looking at the experiences of families participating in Family Group Decision Making processes.

In its ongoing contribution to the Social Work CoP, this body of work considers the landscape and challenges for social work practice and education that arise from a neoliberal ideology (**Output 3 and 4**; Spolander et al., 2014; Ferguson and Lavelette; Strier, 2019). My commentary on the changes in social, economic, and political landscapes, along with critique on social work theory, from different perspectives (in **Outputs 1, 2, 5 and 6** respectively), contribute to the further development of practice frameworks and underpin transpersonal processes around knowledge, skills and experiences (Polanyi, 1962; Pyrko, Dörfler and Eden, 2017) to become what Gramsci (1971) termed the 'common sense' approach (Levinson, 2015; Fontanna, 2015) in the CoP, improving understanding and contributing to the development of the profession's purpose and approaches to practice.

Portfolio content, and previous publications, draw on learning which has evolved over 13 years in practice as a social worker, senior social worker and manager in childcare and protection settings, in culturally and socially diverse communities, and 23 years in academia. My development as practitioner, leader, manager, and academic was supported by the interrogation and incorporation of social work knowledge and its application within the more ethically challenging people-facing situations I encountered along the way. This was supported by the premise that comprehension of the intricate and often perplexing contexts of practice theories is dependent on the underlying ideas shaping practice landscapes and formal theory enhancing the capacity to uphold committed values and goals (Healy, 2022). My aim of publishing in textbooks, in addition to academic journals, has been to encourage social work students and social workers to not only apply these theories but to transform them to address specific needs within practice contexts.

This portfolio references **6 retrospective, recent Outputs** (two Outputs being co-edited texts with both authored and co-authored chapters therein) with an overall published word count of my contribution of approximately 50,000:

1. Bolger, J. (2019) The pedagogy and principles of teaching therapeutic practice with children and young people. *Journal of Teaching in Social Work, 39(2): 181-188.*
2. Bolger, J. (2019) Inter-professional education/learning across social work education provision in Scotland. *Journal of Further and Higher Education, 44:5, 705-715.*
3. Butler-Warke, A. and Bolger, J. (2021) Fifty years of social work education: analysis of motivation and outcomes. *Journal of Social Work, 21(5), 1019-1040.*
4. Butler-Warke, A., Yuill, C. and Bolger, J. (2020) The changing face of social work: social worker perceptions of a neoliberalising profession. *Critical and Radical Social Work, 8(1), 59-75.*
5. Hothersall, S.J. and Bolger, J. (Eds) (2021) *Social Policy for Social Work, Social Care and the Caring Professions* (2<sup>nd</sup> Edition). Abingdon: Routledge.
6. Lishman, J., Bolger, J., Gibson, N., Spolander, G. and Yuill, C. (Eds)(2023) *Social Work: An Introduction* (3<sup>rd</sup> Edition). London: Sage.

Collaborations and ‘thinking together’ (Pyrko, Dörfler and Eden, 2019) are at the heart of the social work CoP, and professional practice, and identifying exactly who owns a collaborative piece is not a simple task. The **Outputs** have developed through engagement with colleagues in practice and in the social work academy and a timeline is included (see *Appendix 1*) to highlight this journey. I have attempted to outline my precise contributions. The Outputs and supporting confirmation from co-authors can be found in *Appendix 2*, while *Appendix 3* is included to situate activism that I reference.

My claim is that this portfolio is equivalent to a traditional doctorate because of its focus on knowledge development and its relationship to social action, practice and lived experience which, I

believe, reflects the evolving landscape of academic research especially in relation to the epistemological diversity, which recognises and includes a wide range of knowing, understanding and knowledge production (see Grafström, Jonsson and Klintman, 2023) that academia now embraces. I contend that my **Portfolio** sits comfortably alongside other practice-based contributions that bridge the gap between the academy and the professional field and are seen as a “critical aspect of the development of research competence” (Kristoffersen et al., 2021, p.14).

## **2.0 Social Work as a Community of Practice**

Social work in Scotland is bound by a shared domain of interest encompassing the knowledge, values, principles and purpose/goals of the profession including a commitment to promoting social justice, protecting vulnerable individuals, promoting human rights and enhancing the well-being of communities (BASW, 1975; IFSW, 2014; SSSC, 2024). This implies commitment to the CoP domain and a collective proficiency that differentiates members from others outside the community (Hoadley, 2012). The CoP has discovered a range of practical applications with collective responsibility for managing knowledge, addressing dynamic, tacit and explicit aspects, where connections amongst people across geographic and organisational boundaries are helpful (Wenger-Trayner, 2015; Pyrko, Dorfler and Eden, 2019).

There is a shared, but frequently contested<sup>3</sup>, knowledge base for social work that commonly borrows theories from other broad disciplines such as from the social sciences, humanities and, more recently, from indigenous knowledges (IFSW 2014). A broad base of information and specialised knowledge might prove to be more important for use in one sphere than another (Smith 2020), providing explicit and implicit knowledge within a knowledge management framework, a building block of any CoP. This integration of theories facilitates a holistic approach appreciating the interconnectedness of social phenomena and addressing the multi-faceted nature of social issues in social work (Fook & Pease, 2016). The political and social context shapes the knowledge landscape for social work in which it is practised (Donovan, Rose and Connolly 2017) and changes in policies, legislation, and societal attitudes influence the priorities and focus areas of social work practice (Reisch and Jani, 2012; Jaswal and Kshetrimayum, 2020). The location of social work in the context of historical moments, embedded with reference to key predominant Western ontological

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<sup>3</sup> The determination and agreement of what consists of the knowledge base is complex and involves many social processes of definition.

frameworks, has significant implications for the profession's knowledge base, practice and identity<sup>4</sup>. Understanding the origins of specific social problems, the nature of social work's role in society and the best way of achieving the fundamental principles of social justice and well-being can underpin such frameworks (Ornellas et al., 2016)<sup>5</sup>. Understanding these contextual influences provides insights into the disciplinary responses found in the identity and change discourse that influences their practice domains (Healy 2022). A CoP brings together the history, 'wisdom' and traditions of its domain enhancing the "collaborative construction of meaning" through "different perspectives on shared experiences" (Dede, 2000, p.281). Social work practice is informed by existing knowledge but also contributes to the ongoing development of knowledge through experiences and insights gained in the field (Parsell, Kuskoff and Constantine, 2024) making the relationship between knowledge and practice dynamic, reciprocal and also ethical, through notions of Pragmatism that identify simultaneous ethical and epistemological questions of "how to act morally in the absence of complete knowledge or understanding" (Berringer 2019, p.617)<sup>6</sup>. Fundamentally, Pragmatism allows social work students and practitioners to assimilate theories and methods from multi-explanatory systems into practice (Borden 2010).

In CoPs, members interact and collaborate, share information, and help solve day-to-day problems to develop a homogenous vision and common approach, arriving at new knowledge in areas of their work (Uriarte, 2008). This sense of community is found in the social work CoP through education, local practice networks, professional associations and via virtual communities, extending the reach beyond geographical boundaries over time (Pyrko, Dorfler and Eden, 2017).

Social work practice is underpinned by a set of shared values, ethical principles and standards for practice outlined in the BASW Code of Ethics (1975) and through the SSSC Codes of Practice (2024), an ethical framework providing a common foundation for practice, guiding decision-making and professional conduct. This shared repertoire of practice is further developed through legal guidance and frameworks and the application of some of the more standardised theories, methods and

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<sup>4</sup> For example, dominant discourse around poverty continued because of the laissez-faire economic policies of the 1920's and 30's which brought mass unemployment with a continuing emphasis on the need for self-sufficiency.

<sup>5</sup> Social work is commonly traced back to the mid-nineteenth century as an intervention for the urban working-class 'poor' to remedy the negative effects of industrialisation. The 'poor' were initially viewed as responsible for their plight and charitable interventions were seen as detrimental and demoralising to them. The influence of the professional discourse around help for the 'deserving' provided an overarching welfare regime and insights around those who did not have the required mental, physical, or material means of 'living a different life' led to the first theoretical and practice frameworks for social work (Lorenz 2022).

<sup>6</sup> See pages 27, 28 and 31 in relation to Philosophical Pragmatism.

approaches and reflective practice working across boundaries of different practices within the professional landscape (Wenger-Trayner, 2015).

## 2.1 The Role of Social Work Education within the Community of Practice

Social work education is inextricably linked to the development and sustenance of a social work CoP. While other higher education courses might operate on the supposition that learning is an individual process (Hodgkinson-Williams, Slay and Siebörger 2008), social work education takes a collaborative, social constructivist, approach to education (Cooper, 2001)<sup>7</sup>. Students are introduced to a domain of professional practice through education encompassing the principles, values and ethics that define the profession (see IFSW, 2014; Martinez-Herrero et al., 2019) which sees social work as both a practice-based profession and an academic discipline promoting social change, connectedness and solidarity, and the advancement and autonomy of people (see **Output 3**). Through undertaking both practice-based learning and university-based coursework, students begin to understand and internalise the core objectives of social work, engage in collaborative learning with peers and practitioners, participate in groupwork and engage in discussions with opportunity to share and reflect on diverse perspectives (see **Output 3**). In practice learning the reach of this CoP is extended by working alongside experienced practitioners, in real world settings, allowing them to observe, participate in and reflect on professional practice.

Social work courses in Scotland encourage membership of professional associations (SASW) and maintain active alumni networks which facilitate ongoing connections between graduates, contributing to the CoP that exists beyond formal education. The development of transitional standards for Newly Qualified Social Work (NQSW) in Scotland helps bridge these two interconnected communities. The social work curriculum is designed to equip students with a repertoire of practices, including theoretical knowledge, practical skills and ethical guidelines (see **Output 2; Output 3** and **Output 6**). Deeper understanding of how to apply social work principles in various contexts is encouraged through integration of theoretical frameworks with practical application (see **Output 5** and **Output 6**). Practice learning allows students to test and refine the knowledge and skills acquired in the classroom in real-world environments with guidance and

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<sup>7</sup> The foundations of social work education originate from concerns about the 'problems' of the urban poor in conjunction with a demand for middle-class women to contribute to the betterment of others and outside of their own privileged existence. With the evolution of Charity Organisations offering a more systematic and scientific approach to the distribution of welfare, training for case workers was set up and university settlements were established pioneering community development and the sharing of knowledge and skills between residents and settlement volunteers (McCulloch 2018).



feedback from experienced social workers to foster the development of professional competencies (see **Output 3**). Using case studies and opportunities to reflect on ethical dilemmas, social work education ensures that students are well versed in the principles and values that underpin the profession. The importance of reflective practice is emphasised, encouraging students to evaluate their experiences, identify areas for improvement and adapt their approaches and is integrated through both coursework and fieldwork and highlighted through regular supervision (see **Output 1**; **Output 2** and **Output 3**). Understanding that practice frameworks can also benefit from the informed and creative application of formal theories as well as through action and critical reflection on practice is core to my writing (see **Output 1** and **Output 5**) and contributes to the development of a clearly defined yet adaptable sense of professional purpose within the CoP. Research and knowledge production advances the theoretical and practical knowledge base of social work, providing evidence that can be used to improve both practice and policy (Evans, Evans and Hardy, 2010) as in **Outputs 1, 2, 3 and 4**. An emphasis on evidence-informed practice encourages students to use research to inform their interventions and decision-making processes (Webb, 2001; McNeece and Thyer, 2004; Gray, Plath and Webb, 2009).

Social work education, then, can be seen as integral to the social work Community of Practice through contributing to the evolution of the profession through building professional identity, facilitating community, playing a role in both developing and sharing best practices and knowledge bases and encouraging professional development.

### **3.0 The Wider Context**

In the following section I explore the challenges for the social work CoP that come from the rise of neoliberal ideology in the wider systemic context, referencing them to where those issues are addressed in my own publications before exploring my contributions in greater depth in Section Four:

#### **3.1 Challenges for the Social Work Community of Practice from Neoliberal Ideology**

The neoliberal creation of an efficient economy, with its emphasis on individualism, deregulation and market-oriented approach has become part of the modernisation agenda for social work whilst being antithetical to its values and targeting the profession's moral code (see **Output 4**)<sup>8</sup> and challenging

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<sup>8</sup> In the UK, Thatcherism, influenced by neoliberal economic and political principles, encouraged a belief that the welfare state created dependency, undermined the family, and weakened individual morality. This resulted in a shift towards privatisation, marketisation, and managerialism in social services.

the principles of the social work CoP that is committed to collective well-being and social justice principles (Ingleby 2012). While the implementation of neo-liberal ideology varies from country to country and contingent on context, it is widely recognised that these are global developments “driven by the organising centres of neo-liberal capitalism, such as the International Monetary Fund and the World Trade Organisation” (Ferguson 2017, p.325). Neoliberalism has become the dominant discourse shaping both knowledge and power relations in the field of health and welfare (see **Output 4**; Spolander et al., 2014), where the growing influence of central authorities reduces everything to commodities and maximises exploitation and profit<sup>9</sup> (Timms and Perry 2005; Morley et al., 2017; Lyons 2018), entrenching hegemony through the commercialisation of innovation and the depoliticisation of care (Hoppania, 2019) and through incentivisation to maintain the status quo (Glynos and Howarth, 2007). The introduction of quality improvement frameworks in social work practice resulted in national standards setting and performance measurement with local priorities dictated by government ministers and civil servants to ensure the delivery of central government agendas (see **Output 4**; Newman 2000; Martinez-Herrero et al., 2019)<sup>10</sup>. What were once seen as standards and professional judgement became a management process through surveillance and regulation combined with an encouragement towards competitiveness through rating systems and league tables (Hood, James and Scott, 2000) and resulting in narrower approaches to practice. The day-to-day experience of being a social worker has been significantly influenced by ideological shifts associated with neoliberalisation, for example austerity and the associated poverty and deprivation have impacted both on understanding of the lived experience of those using services and the provision of resources that can be provided (see **Output 3**; **Output 4** and **Output 5**). Those same austerity measures and budget reductions resulted in significant cuts to social services, reduced funding for training, professional development and collaborative initiatives and limited the resources available for sustaining CoPs, stifling their growth and effectiveness. As demonstrated through this Portfolio, the adverse impacts of neoliberalism are critiqued and alternatives are advocated (**Outputs 1, 3 and 4**), including equipping students with the tools to resist (**Outputs 5 and 6**) and disrupt what Gramsci (1971) termed ‘neoliberal hegemony’ (Fontanna, 2015). It has been argued that a rise in

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<sup>9</sup> The advent of New Labour changed the political and ideological context of social work, promising new political responses to meet need and social inclusion in a stakeholder society. Entrepreneurialism and commercial practice became key components in challenging and transforming the role and shape of the public sector (Newman 2000).

<sup>10</sup> Regulatory functions were built on demonstrating a commitment towards managerialism ostensibly as a tool of empowerment, matching the expectations for service users as consumers through the increased accountability of social workers.

CoPs might have been as an antithesis to the influence of neoliberal policy (Lowith 1993) that emphasise hierarchical control, with decision-making and knowledge concentrated at the top.

### **3.2 Knowledge Development and Transfer in Communities of Practice**

The process of the CoP challenges neoliberal assumptions by distributing insights and expertise through lateral knowledge sharing and informal collaboration through decentralised networks.

Knowledge development in CoPs focusses on the learning of individuals from, and with, each other often through collaboration on knowledge-related projects with members 'thinking together', deepening knowledge as individuals become more skilled in taking shared practice into the workplace and creating 'learning loops' by implementing the knowledge before returning to the community for feedback (McDonald and Mercieca 2021; See **Output 1** and **Output 2**). The concern with consistent theoretical frameworks to support practice methodology were largely replaced with guidance towards pragmatic relativism under neoliberalism (Lorenz 2022; See **Output 2**) and building on the influence of early social work pioneers, such as Jane Addams (1860-1935), who were significant in developing and applying the Pragmatic paradigm and its principles into practice. There is an interconnectedness of knowledge and power, shaped by power structures, and the inclusion or exclusion of certain knowledge by a discipline through historically privileging specific discourses as truth or fact, a 'regime of truth', serves to control the production of the discourse (Foucault 1974; Foucault 1981). Such 'privileged' forms of knowledge tend to suffer from epistemological idealism overlooking the practical realities of social work and its everyday practices (Philp 1979) and so the application of specific and particular forms of knowledge should be guided by their situational relevance at the level of individual action (Hothersall 2019). In a competitive market such as that of the neoliberal world, there is incentivisation for individuals and organisations, to be innovative (see **Output 1**), to share knowledge to stay ahead (see **Output 4**) but through fostering a model of knowledge creation and organisational learning that contrasts sharply with the principles of competition and market-driven efficiency, specifically through publications that promote critical engagement, public welfare, transformative social change (see **Output 5**), knowledge development and transfer (see **Outputs 1, 2 and 6**), the social work CoP presents a significant challenge to neoliberal ideas.

### **3.3 Performance Improvement, Efficiency and Professionalism in Communities of Practice**

The history of standard setting and best practices in social work links to a preoccupation with 'modernisation' and the struggle to achieve 'hegemony' (Gramsci, 1971) through a combination of authority, leadership, and domination, an idea based on coercion and consensus, aspects of power relations which contribute to a state of equilibrium between social forces – those who lead and those who are led (Garrett, 2013). The regulatory mechanisms, associated with social work as an approved and regulated profession, is at juxtaposition with the profession's aims of developing autonomy, independence and self-direction (Gray, Parker and Immins, 2008; See **Output 4**).

Neoliberal policy has led to the rationalisation of services through the integration of some and fragmentation of others with changes in practice and service priorities (Blewitt, 2008). A focus on performance improvement, efficiency and professionalisation where a "shift to an outcome focus, to specialisation, to integration and to a concern with the individual rather than social structures...stem from a large politico-economic and social-ideological shift in society: the creeping intensification of neoliberalism and the external, top-down attempt to apply neoliberal principles to social work" (**Output 4**, p.70; See **Output 1**). A neoliberal approach might be seen as leading to the establishment of standards and best practices but have the unintended consequence of focussing solely on performance issues to the exclusion of the importance of professional judgement and practice (Martin, 2004; See **Output 1** and **Output 2**). As demonstrated through activism and publication, my contributions have challenged neoliberal hegemony with ideas of social responsibility and collective welfare (**Outputs 2 and 5**).

### **3.4 Individualism and Competition**

CoPs challenge neoliberal ideas around individualism and competition through principles of collaboration and collective learning, where the success of the group is prioritised over individual gain, thus supporting the building of trust and mutual support (see **Output 2**). With encouragement towards joint activities, problem-solving and discussions, my publications foster a shared-identity and purpose that transcends individual objectives (through **Outputs 2, 5 and 6**). This communal approach to learning and development runs counter to the neoliberal ideal of the autonomous, self-interested actor.

### 3.5 Managerialism

Within social services, neoliberal policies have driven the rise of managerialism and bureaucracy intended to improve delivery, particularly through regulation and inspection (Hafford-Letchfield, 2006), leading to an overemphasis on performance metrics which undermined the reflective and collaborative processes (see **Output 1**; **Output 3** and **Output 4**) that are central to professional practice in CoPs (Osgood, 2006). The increase in managerialism in both education and welfare systems has directed the focus towards accreditation and hard outcomes and away from creativity and flexibility (see **Output 1**; Pineda and Morales, 2023). Significant challenges for the social work profession are presented through the application of technical approaches to practice which suggest that the most solid foundations for practice are based on generalised, scientific knowledge, however, decisions faced in social work are often moral rather than technical and require the application of ethically based skills (**Output 1**)<sup>11</sup>. The measurement of outcomes in social work practice present significant problems for the application of person-centred, relational, social work and social care (Sudbery 2002). Managerialistic approaches, focussing on efficiency rather than effectiveness, fail to acknowledge the complexity intrinsic to the act of caring (**Output 1**). The long-term, process-oriented goals of the CoP, such as community building or professional development, might be sidelined because of the neoliberal tendency towards a short-term focus on efficiency and measurable outcomes (Ingleby, 2013; Simpson, 2016). The emphasis on accountability and on performance metrics prioritises standardised procedures over experimentation and problem-solving (see **Output 1**), constraining the organic nature of the CoP by reducing the time and energy available to members to invest in participating in its activities. The influence of my publications demonstrates a broader countermovement against neoliberalism by promoting value-driven organisations (**Outputs 1 and 2**), prioritising social inclusion (**Output 5**) and sustainable practices (**Output 6**).

### 3.6 Neoliberalism and the Challenge for Social Work Education

As stated, the neoliberal agenda has impacted on social work in ways that are incompatible with the values of the social work profession (See Ferguson and Lavellette 2004; Healy 2022; See **Output 3** and **Output 4**) and which have been reflected in developments in social work education, for example through disguising the “root social cause of people’s suffering and contradicting values of human rights and social justice that lie at the heart of social work as a profession” (Martinez-Herrero and

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<sup>11</sup> Practice related thematic drives towards application of knowledge in the form of bureaucracy, managerialism and proceduralism are at odds with postmodern epistemologies promoting critique and critical reflection to identify embedded hegemonic assumptions within social work (Flynn, 2021).

Charnley, 2019, p.44)<sup>12</sup>. To make sense of the profession's apparent complicity with neoliberalism the complex interaction of ideological shifts, structural constraints and professional norms needs to be understood (see **Output 4**; Xavier et al., 2016). Where academics encourage a broader understanding of social work, critical activist practitioners emerge (Morley 2016) and the creation of supported learning spaces encourage a critical pedagogy, acknowledgement of location and agenda of the profession and the student, and the taking place of courageous conversation (Morley, Macfarlane and Ablett 2017).

The influence of neoliberalism has challenged the relevance of theory to practice given it is thought to be useful only where there is the opportunity for practice to be enacted as an analytic, thoughtful, and creative activity (Moffatt 2019; See **Output 1**). The development of professional Codes of Practice and regulation of professions from the 1970's was replicated with ongoing attempts to control and regulate social work education with a challenge to incorporate the growing influence of central authorities, increasingly grounded in a neoliberal world view (Timms and Perry 2005; Lyons 2018), but where tendencies to reduce social work education to a set of competencies with prescribed content "aimed at producing proficient, neoliberal practitioners" can be offset through the development of critically analytical and reflective practitioners (Morley 2016, p.41). Universities, influenced by a neo-liberal agenda, evidenced some or all aspects of downsizing, standardisation and market-driven decision making (see **Output 2**) carried out under the mantle of efficiency, devaluing educational programmes that are not able to adhere to profit-driven rationality (Lynch, 2006). Such initiatives for efficiency (Giroux 2014) with an increasing focus on students not as critical thinkers but as entrepreneurial learners devalue the potential contribution to the greater public good (Morley et al., 2017).

Social work education in Scotland has been at the forefront of a 'squeeze' in Higher Education provision, for example through changes in SFC funding and a rise in the use of multi-disciplinary classrooms, or courses, that in principle bring together the best of disciplines but also act as managerial technologies that encroach on pedagogical norms (see **Output 2**; Meredith, Heslop and Dodds, 2023). The historically smaller classes required in social work education which allow for exploration of complex course content (see **Output 3** and **Output 4**) runs counter to the hegemonic neoliberal discourse promoting larger classes as cost-saving and more efficient practice. Autonomy and creativity in higher education are no longer prized but are threatened by performance metrics

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<sup>12</sup> While advances in social work theory offer guidance aligned with values like respect, professional integrity, and social justice, they are insufficient to address tensions between promoted values and the realities of practice contexts.

and the advancement of standardised epistemologies over those that are critical and transformational (Maclaren, 2012; See **Output 1**)<sup>13</sup>.

Neoliberalism, with its ideas of individualism and with market-driven priorities and performance metrics, provides a complex landscape for the evolution of social work (see **Output 1**) CoPs with an emphasis on innovation, efficiency and flexibility. The tension then between neo-liberal policies and value-driven, collaborative orientation of social work CoPs requires careful navigation to ensure that the benefits of collective learning and professional development are not undermined by competitive and resource-constrained environments. Social work academics challenge neoliberalism using their values, skills and knowledge base to advance critical perspectives evident across curriculum, pedagogy and collegiate practices (Morley, Macfarlane and Ablett 2017). Addressed through critiquing neoliberalism and advocating for alternative frameworks for practice (**Outputs 1 and 2**), my publications empower social work students to advocate for a more equitable society (**Output 5**) and resist market-driven models (**Output 1**).

#### 4.0 Influencing the Community of Practice

This Section focuses on my specific contributions to a social work CoP. Wenger (1998) identified 14 abstract indicators, trajectories of the shared characteristics of *domain*, *community* and *practice*, which indicate the presence of a CoP. I have adopted three specific indicators to bring together my contributions, those being: “sustained mutual relationships”, “flow of information and propagation of innovation” and “a shared discourse reflecting a certain perspective on the world” (Wenger, 1998, p.125). Reference to (some examples of my) activism is included (see *Appendix 3*) demonstrating challenge to structural oppression and a push for systemic change and, in these specific instances, challenging neoliberal encroachments to fulfil an ethical obligation to the profession. These examples evidence my stance, with an emphasis on critical social work education as one form of resistance to neoliberalism, that inform my publications, and vice versa, and specifically reflect ways of engaging in doing things together in the CoP. Other relevant literature is included to position my contributions within relevant and current thinking.

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<sup>13</sup> Critical social theorists argue that the purpose of knowledge is enlightenment, to provoke critiques, and liberation, to stimulate social activism, and not the enhancement of personal professional credentials (Agger 2013).

#### 4.1 Sustained Mutual Relationships

The indicator of sustained mutual relationships (Thompson, 2005) sits within the social work CoP domain of 'shared interest'. Through collaboration, accountability, and continuous professional development, a CoP strengthens the professional identity of social workers, ensuring that their practice aligns with the practical and ethical demands of the profession, reclaiming social work as a site of resistance and shifting the profession from neoliberal compliance to one of solidarity. The following narrative brings together how my publications and activism around standard setting and knowledge development facilitates learning and interacting together and builds identity, supports professional development and results in sustained mutual relationships:

##### 4.11 Standard Setting

Current frameworks for social work education are largely based on associated National Occupational Standards (Martinez-Herrero, Bolger, Nicholls, Macdermott in Harms-Smith et al., 2019), linked to neoliberal ideology through emphasis on market-driven values such as individual responsibility, efficiency and standardisation (see **Output 4**; Newman 2000; Martinez-Herrero et al., 2019). Social work practice is underpinned by a set of shared values and ethical principles outlined in the BASW Code of Ethics and through the Scottish Social Services Codes of Practice (2024) providing guidance to the profession for decision-making and professional conduct. The principles of the latter confer responsibility for the promotion of three key, interlinked aspects of professional development echoed in the initial and revised "Framework for Social Work Education in Scotland" (Scottish Executive, 2003; Scottish Government, 2003) where the challenging and changing environment of social work practice is met through content which 'builds knowledge', 'develops skills', supports 'the acquisition of tools for practice' and 'facilitates critical thinking around applying learning to practice' (Scottish Executive 2003; Scottish Social Services Council 2019, p.1-2).

Preparation for workers who are competent, with a clear professional identity, who are flexible and responsive to change and who possess a commitment to their continuous improvement and the development of the social work profession (Scottish Executive 2003) is posited in the writing of the textbook in **Output 6**. Specifically, Chapter 12 focusses on preparing students for practice (Standards in Social Work Education (SiSWE) Standard 1), assessing and managing risk (Standard 3) and working in partnership (SiSWE Standard 6) while Chapter 21 is designed to help students to plan, undertake review and evaluate social work practice (SiSWE Standard 2) (**Output 6**). These Chapters are also mapped to the *Professional Capabilities Framework (England)*, and the *Key Roles of*



*Professional Social work (Wales and Northern Ireland)*. The content of these Chapters navigates complex issues around application of theory to practice and highlight the effectiveness of interventions whilst attempting to avoid rule-bound ways of working (**Output 6**; Sewpal 2005). In Chapter 12 (**Output 6**) I present a legal and policy context as a mandate for social work assessment practice, identifying assessment as a core activity of social work practice to respond to the dynamic factors in the lives of people. I present a series of principles, models and frameworks for assessment that serve to guide and direct practice with knowledge that informs the ‘what’, ‘how’ and ‘why’ of assessment, within a context founded on partnership with people with lived experience that may be undertaken in both voluntary and involuntary contexts (**Output 6**). In Chapter 21, I explain the concept of life space to assist understanding of the totality of people’s relationships in the context of a particular setting, informing and influencing what takes place there and purport that developing relationship is essential to realise any change for the person with lived experience (**Output 6**).

Analysis throughout **Output 5** empowers students to think critically about social, political, and economic issues thus engaging students to question the status quo and develop critical consciousness (Flem et al., 2021) and evidenced specifically through my individual and co-authored Chapters (5, 6, 9, 11, 16 and 21). **Output 5** confronts issues around the impact of neoliberalism, Brexit and one-nation conservatism on minority and vulnerable populations, drawing attention to implications for service delivery, and therefore for practice standards, for the social care sector (for example, because of changes in residency rights) and highlight resourcing of provision in the event of a no-deal Brexit. Changes to devolved powers because of removing EU law consent and the impact this might have (if Scotland had consented to the EU withdrawal Bill) are discussed (**Output 5**). In Chapter 6 A *Fairer Scotland* approach is analysed and the Scottish Government’s desire to ameliorate the UK Westminster Government’s poverty policies is critiqued (**Output 5**). Through Chapter 9 I assert how current UK welfare reforms represent a fundamental change to the moral assumptions upon which the welfare state was founded whilst identifying Scotland’s specific attempts to shift some of the burden created by the UK reforms to provide a safety net for vulnerable people (**Output 5**). In relation to the complexities of health inequalities and the impact for social work service users, **Output 5** challenges the (neo-liberal) culture of blame, through promoting non-judgemental attitudes by social workers. The need for anti-oppressive practice and social inclusion are argued by me in Chapter 16 in relation to education and training in Scotland (**Output 5**). Through replicating knowledge, promoting, critiquing and refining existing knowledge my writing supports the integrity and accountability of research and practice.

#### 4.12 Professional Development

In 2013 the Scottish Social Services Council (SSSC) announced the intention to develop a different approach to social work education in Scotland. My involvement in meetings and workshops necessitated challenging preconceived ideas of what existing social work education partnerships looked like and had achieved. My recommendation that research contributions from HEIs would be most effective if they were decided upon according to strength of expertise was accepted by the SSSC and resulted in a sharing out of Areas of Inquiry. I undertook Area of Inquiry 6 (see **Output 2**) to investigate inter-professional education provision across Scotland to specifically consider whether teaching on qualifying courses would benefit from being delivered with student groups from other disciplines/professions.

In March 2020 as Scotland entered its first lockdown, as Convenor of Heads of Social Work HEIs Group, I ensured the Group's authority and leadership was recognised by the SSSC in revising the Rules and Requirements for Social Work Education (2003) to fit with Covid19 regulations. The proposed changes to The Rules and Requirements for Social Work Education reflect neoliberal ideology (Fenton, 2014) and, my stance was to challenge it, for example through opposing more standardised practices across providers and the use of simulation, in place of practice. I shared my understanding of the history of standard setting via 'modernisation' and the struggle to achieve 'hegemony' through a combination of leadership and authority (Gramsci 1971; Garrett, 2013) with HEIs and the SSSC to explain how the standardisation of social work education influences the curriculum and attempts to reinforce practice skills, ethical standards, and an adherence to established practice models over theoretical debates. In **Output 4** I assert that the social work education curriculum is grounded in a neoliberal world view, predetermined by central authorities and reflects neoliberalism in practice contexts. My research (reflected in both **Outputs 4 and 3**) posits neoliberalism as 'antithetical to the values of social work' and 'to the profession's moral code' (**Output 4**, p.72), contending that the de-politicisation of the profession, its adoption of practice that is outcome-oriented, the shift from a structural to a pathological approach to practice and the integration of health and social care and specialisation do not support social work values of empowerment, social justice and equality (**Outputs 3 and 4**). My research findings also indicate that social workers are loyal to their core values and remain optimistic about the future despite the neoliberal assault (**Output 4**).

Market-centric approaches, characterised by neo-liberal ideology, are adopted on the back of expenditure cuts and the slashing of the safety net provided by the welfare state (**Output 4**; Morley, McFarlane and Ablett, 2019). Between 2022 – 2024 I challenged cost cutting measures for social

work education in Scotland by identifying the impact of changed SFC allocations of funding (reflected in my research for **Output 3** and **Output 4**). The move away from ‘Health and Community Studies’ to ‘Social Policy and Social Work’ resulted in a move to the lowest price group, a drop of three financial bands. The availability of funding and resources can impact the extent to which theory can be incorporated into social work education where developing and maintaining robust theoretical components requires additional resources, including increased expertise and access to academic materials. I opposed a range of cost cutting measures by the Office of the Chief Social Work Adviser and the Social Work Education Partnership and Delivery groups (see also **Output 2**<sup>14</sup>) through changes to funding student placement expenses and removal of direct HEI funding which resulted in a pause for a more rigorous impact study to be initiated<sup>15</sup>. To make Scottish Government more aware of the impact of poverty on social work students<sup>16</sup>, such as a rise in student debt and homelessness, I initiated research involving all 9 social work education providers and their students to influence Scottish Government funding of social work education where short term government funding cycles and austerity measures have created resource issues within the Academy as well as in social work practice (see **Output 3** and **Output 4**).

In **Output 5** (Chapter 16), I assert that neoliberal ideology creates further challenges by an educational system which tends to value the ‘hard outcomes’, closely tied to competence-based frameworks, over the ‘soft’ ones and tends “to neglect the importance of self-esteem and relationship building” (**Output 5**, p.292; Zepke and Leach, 2010) and the development of critical thinking and creativity (also see **Output 1**). The apparent neoliberal intent to centralise the social work curricula promotes a restrictive cultural hegemony and dominance by the ruling class who manipulate the culture through driving discussion on the need for greater standardisation (Morley et al., 2017). The promotion of critical social work with its structural analysis of society and challenging of inequitable power relations (Pease et al., 2016) prepares practitioners to respond to neoliberal contexts in more ethical ways.

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<sup>14</sup> In **Output 2** I assert that there are organisational challenges in delivering inter-professional education because of neoliberal ideology.

<sup>15</sup> Communities of Practice make sense of their heritage by providing ‘interpretive support’ (Lave and Wenger, 1991, p.98; Amin and Roberts, 2008) in relation to the influences and challenges encountered by any specific domain. This was reflected in my offer of guidance to assist them in understanding the complex information and the impact of their intended actions.

<sup>16</sup> The Cost of Survival Report (2023) stated that 37% of Scottish students have considered dropping out of their university course for financial reasons. Available at: [https://www.nus-scotland.org.co.uk/cost\\_of\\_survival\\_report](https://www.nus-scotland.org.co.uk/cost_of_survival_report)

In **Output 2** I contend that the standardisation of practice and policy in relation to inter-disciplinary learning should be avoided as any attempt to do so would likely exacerbate existing organisational challenges, particularly around resourcing. Discussions around greater standardisation to ensure there is just one definition of social work (Spolander et al., 2014) might be challenged as a mistaken intent on promoting a restrictive cultural hegemony. However, it is perhaps the constraints in different national settings, and the resulting curricula, that contribute to a complication in encouraging engagement that is intellectual and critical in both professional education and practice (Lyons 2019; Garrett 2018).

#### **4.13 Curriculum Content**

My writing asserts that centrally governed standard setting may keep social work education firmly rooted in a context of delivering knowledge, facts, concepts, theories, and personal experiences rather than in encouraging consideration of how knowledge is framed, interpreted, and contested, for instance through discourse (see **Output 1**). Some criticism directed at social work education suggests that changes to the curricula have largely been in response to the priorities expressed by those agencies who want social workers to 'do' rather than 'think' and who will not challenge but will do as they are told (Simpson & Murr, 2015). This can be seen most clearly where technical methods of practice have been integrated into the curriculum supported by neoliberal ideology to import models of efficiency, economy, and effectiveness to public services. My contributions to this debate through **Output 1** around the complexities of adopting technical approaches are based on the outcomes of research examining the learning experiences of final year undergraduate students based on a curriculum that critically resists the reduction of teaching and learning to skills that are competency-based (Dominelli 1996). Systematically produced, generalised and scientific knowledge are not the most solid foundations for practice, presenting significant challenges for the social work profession particularly around decision making which requires application of ethically based knowledge and skills (**Output 1**). I argue that notions of managerialism reinforce technical rationality exemplified by key performance indicators or targets with false assurances that quality can be measured by ticking boxes (Smith 2020; **Output 1**). Furthermore, through **Output 1**, I contend that flexibility, creativity and democratic decision making within organisations challenge neoliberal ideology and emphasise the need for trauma-sensitive culture. My argument that such managerial technical strategies in practice are guilty of stripping the curricula (Garrett 2010) and contribute to the bureaucratisation of social work which results in relationship-based work being replaced by gate keeping is developed through **Output 3**. In **Output 1** I emphasise that teaching content on qualifying

programmes should encourage students to learn from those with lived experience, workers and management at all levels to acquire the knowledge and skill to develop more positive organisational culture in which everyone can participate, make decisions, and accept responsibility for the wellbeing of others (and preparing students to function within a social work CoP).

## **4.2 The Flow of Information and Propagation of Innovation**

Managing knowledge, creating a direct link between learning and performance and making connections amongst people across geographic and organisational boundaries (Pyrko, Dörfler, and Eden, 2019) is encouraged through content in **Outputs 5 and 6**. The importance of the provision of explicit and implicit knowledge within any knowledge management framework is evidenced through the two core texts **Output 5 and 6** and is a building block of the social work CoP:

### **4.21 Knowledge Acquisition and Application**

In Lishman et al., (**Output 6**) I contend that social work is a highly skilled activity which requires the practitioner to possess an extensive knowledge base and considerable intellectual skills and abilities. The text's overarching proposition lies in supporting the building of general and specific knowledge, the development of skills, the acquisition of tools for practice and the facilitation of critical thinking around applying learning to practice (**Output 6**; See also Section 4.1, page 15-16 of this portfolio) thus enhancing the collective learning process, maintaining an evolving and dynamic professional identity within the CoP.

According to Smith (2020), educators should be aware of a tendency to encourage students to separate their practice specifically into domains of values, knowledge and skills, and instead, integrate knowledge acquisition with the development of skills of analysis and critical thinking. My contribution to the debate through **Output 2** is in developing knowledge, skills, values and the professional identity of different professions and their roles. I recommend that attention is given to alternative knowledge basis and to more complex aspects of inter-disciplinary practice (**Output 3**) and suggest caution in assuming that bringing groups from different professional backgrounds together will change their knowledge, skills, values and attitudes for the better.

Knowledge acquisition and utilisation can be seen as 'transactional, instrumental endeavours' (Smith 2020) determined by, and dependent upon, context (Harris 2008) which might explain why practice appears to be valued more highly than the academic construction of knowledge. Some professions

seek to gain control over an area of knowledge, seizing power over an area of work and excluding other occupational groups from understanding its knowledge base (Payne, 2016; Carey and Foster 2011). In **Output 2**, I argue that students should think critically about social, political, and economic issues thus engaging them to question the status quo and develop critical consciousness (Garrett, 2013). In Chapters 12 and 21 of **Output 6** I establish that practical and theoretical knowledge underpinning specific social work practices demonstrates interweaving features of theoretical knowledge and theory, factual knowledge and practice or personal knowledge relevant to the profession. In **Output 5** I critique knowledge of specific policies, while in **Output 6** I explore methods, interventions and theories that help inform about individuals, families and communities and which address social issues (Healy 2022). My incorporation of theory in **Output 6** is underpinned by the common practice for theories to be borrowed from other broad disciplines such as from the social sciences and the humanities (IFSW 2014; Ornellas, Spolander & Engelbrecht, 2018), facilitating a holistic approach, appreciating the interconnectedness of social phenomena and understanding and addressing the multi-faceted nature of social issues in social work. Social work education appears to have become part of the 'global market' in that dissemination of theoretical views and skills is controlled by those with the resources to generate social work literature as a way of professionally controlling social issues while disregarding the alternative contexts in which it is generated and should be read (Askeland and Payne 2006).

#### 4.22 Theory to Practice

Brown and Duguid (2001, p.203) assert that when referring to 'practice' in a CoP we mean 'undertaking or engaging fully in a task, job or profession'. In this context, practice is always 'social' (Wenger, 1998, p.47) and is about 'doing in a historical and social context that gives structure and meaning to what we do' (Handley et al., 2006, p.645). Through **Output 6** I contend that while all professionals must articulate their purpose, social workers face unique complexities due to the diverse nature of their practice and the array of contexts in which they operate, and so there is an identifiable learning journey which integrates theory, assessment, intervention, and practice. My chapters (**Output 6**, Chapters 12 and 21) demonstrate 'best' practice methods according to 'what matters' rather than 'what works' to support this journey.

Professional purpose can be demonstrated through the range of theories used to identify and analyse core ideas that shape social work practices (Healy 2022). Practice is informed by a diverse range of theoretical perspectives and students identify (in **Outputs 3 and 4**) the importance of developing a deep understanding of people and the primacy of teaching around values and the

encouragement of introspective processes. Balancing educational requirements in a meaningful way can be challenging within the constraints of a curriculum as social work programs are typically structured to cover a wide range of topics often leaving limited time for the integration of in-depth theoretical exploration. Also, not all social work students may have the same level of interest in, or readiness for, complex theoretical discussions given their altruistic reasons for entering the profession (**Outputs 3 and 4**) and might have a stronger affinity for the practical aspects of social work. The task for Educators and for CoPs then is to strive to meet the needs and interests of all through fostering environments that integrate experiential learning, reflection and collaboration, preparing students for the realities of professional practice. Research (**Output 3**) highlights practitioners' beliefs that it is the combination of education derived from both the classroom (to ground in theory) and practice placements (offering insight into the profession) that adds value and promotes the internalisation of social work values, bridging the gap between behaviour (the 'doing') and learning (the 'thinking') (**Output 3**; Simpson, 2016). This shared knowledge-building fosters a reflective and ethical approach to practice within a CoP and the tacit knowledge it can introduce helps prepare students for the complexities of the field.

#### **4.23 Evidence Based/Informed Practice**

Understandings of knowledge in social work appear to assume that theory – increasingly derived from 'evidence based' or 'scientific' perspectives – has evolved from suppositions that social work comprises of an 'incoherent' set of techniques and theories but without an obvious or agreed systematic structure (Goppner & Hamalainen 2007; Sewpal 2005) i.e. lacking an obvious and credible epistemology or theory of knowledge (Hothersall 2019). **Output 2** argues that different types of knowledge are linked to approaches which have emerged in relation to the conscious application of evidence including evidence-based and evidence-informed practice, encouraging practitioners to draw upon and integrate a variety of knowledge into decision-making (McBeath & Austin, 2015). It demonstrates that orientation towards evidence-based practice may legitimise a harsher managerialist ethos of performance culture and undermine traditional professional practice (**Outputs 1 and 2**; Webb, 2001). A CoP encourages a more nuanced and ethical engagement with evidence-based practice (Pyrko, Dorfler and Eden, 2017) by maintaining a focus on the complexity of human need and ethical care. **Output 1** posits that therapeutic ideas of practice focusses on well-being, fulfilment and personal growth through relationship and empowerment, enabling the individual to rise above disadvantage and suffering. In **Output 1** the importance of understanding

organisational, practice and cultural contexts in social work and the impact of these factors on the quality of care is addressed.

Practitioners work in organisational cultures that are likely to encourage evidence-informed practice believing that following rules might protect an individual practitioner, or their organisation, when it might make them averse to change or innovation, ruling out any other course of action (Stanford 2008). **Output 1** (See also **Output 3 and 4**) argues that this trend toward managerialism in has left social workers adopting skills that are more instrumental and procedural, rendering immaterial much of their education.

Information flow can counter neoliberalism by challenging its epistemic foundations, fostering collective and emancipatory knowledge practices and aligning knowledge production with social justice movements. Within a CoP approach, this is ameliorated through the promotion of shared knowledge and collective problem solving supported by continuous learning and ethical and reflective practice. A shared repertoire of practice is developed through legal guidance and frameworks (See **Output 5**) and through some of the more standardised theories, methods and approaches including those that challenge technical rational approaches to 'case management' (such as psychodynamic approaches explained in **Output 1**), and through reflective practice.

#### **4.3 A Shared Discourse Reflecting a Certain Perspective on the World**

In a social work CoP, thinking together promotes the emergence of shared discourse and reflects a common perspective on the world, negotiating and co-constructing meaning and developing shared practices that shapes the community's understanding of reality. Our understanding of social work knowledge can be enriched by examining it through a collection of philosophical traditions which highlight differing perspectives around practice, ethics, and epistemology. Stebbing (1939) suggests that much of the confusion in philosophical debates comes from muddled thinking and ambiguous language and emphasised the need for 'clear thinking'. She identifies that critical thinking allows people to engage with ideas in a rigorous, systematic way, using philosophy and logic to think clearly without the distortions due to 'unconscious bias' and 'unrecognised ignorance'. Such thinking requires coherence, precision and the ability to distinguish between different forms of reasoning and argumentation.

Existing literature establishes relevant professional methodology and epistemology but stops short of articulating a specific, detailed, ontological base. Individualised, modernist, traditional theory is inappropriate for the profession's purposes, identifying a greater need for an inclusive, collectivist



ontological foundation for contemporary practice (Healy 2022). However, the adoption of Philosophical Pragmatism<sup>17</sup> supports a shared discourse, where core features of experience and unity of thought and action<sup>18</sup> (Berringer 2019) align with those of the CoP, and where its ideas of fallibility and epistemological pluralism provide a theory of knowledge that is varied and inclusive, reflecting the hybrid nature of practice-based knowledge and knowing (Hothersall, 2019).

**Outputs 1, 5 and 6** encourage critical reflection and promote personal and professional values which lead to a strong professional identity and a shared understanding of the purpose of the profession. There are appeals to practitioners to employ more critically reflective skills on the basis that through learning about others you come to know yourself better and come to know others by learning about oneself. Indeed, the development of introspective processes forms part of the acquisition of social work identity (**Output 3**; Webb 2016). The primacy of self-reflection encouraged through social work education is identified in **Output 3** where varying degrees of impact are explained by a worker who talks about interventions that did not always have a positive impact against a backdrop of those that were lifesaving. For example, reflexivity is encouraged through exercises in **Output 6** (see pp.227 and 374) while **Output 1** offers a critique of psychodynamic models for practice as being too introspective whilst identifying that effective social work practice that is psycho-social and relational is a deeply engaged experience, person-centred yet directive in practice<sup>19</sup>.

**Output 2** purports that “support for a move of identity and commitment from being focused on the profession to being concerned with the organisation is required” (p.713). Situated learning theories bring an alternative focus on issues of identity and involve a process of understanding who we are (Handley et al., 2006). Practitioner members of the CoP develop shared practice through a communal repertoire of resources and tools, e.g. in **Output 5** where I familiarise students with a diverse array of materials, ideas, and practical responses to the increasingly intricate practice situations in which they will firstly ‘train’ and subsequently practice.

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<sup>17</sup> Classical Philosophical Pragmatism emerged in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries and laid the foundation for many of the key ideas in American pragmatism. It was based on the writings of C.S. Pierce (1839-1914) a natural scientist and philosopher, W. James (1842-1910) a philosopher and psychologist, and J. Dewey (1859-1952) an educationalist and psychologist (Hothersall 2019).

<sup>18</sup> According to Berringer (2019), key features of (American) pragmatist philosophy also include “the social self, symbolic interactionism, and relationality; and experimentalism and participatory democracy” (p.611).

<sup>19</sup> Critical discourse analysis allows social workers to interrogate their professional purpose, practice contexts and the relations of knowledge and power in them (Healy 2022).

Within social work practice, a sense of community is found through interaction and collaboration. In **Output 2** I contend that challenges to the delivery of social work education are caused through issues with institutional organisation along with the differing but specific professional priorities, hierarchies and models of provision between professions. In pursuing their interest in the specific domain, CoP members engage in collaborative discussion and activity, sharing information and supporting each other, helping to solve day-to-day problems to develop a homogenous vision and common approach and arriving at new knowledge in areas of their work (Uriarte, 2008).

The research underpinning **Output 3** identifies that the personal and professional values of social work are tightly inter-twined and internalised through social work education where “appreciative understanding of diversity, disadvantage, marginalisation and their implication for effective and sensitive practice with service users” is key (Timms and Perry 2005, p.103) which “highlights the deep and complex personal relationship that social workers have with their profession” (**Output 3, p.1028**). The need to empower students to think critically about social, political and economic issues, to engage students to question the status quo and develop critical consciousness is fundamental is evidenced through **Output 5**.

Ultimately, the process of self-reflection is a critical tool for social workers in supporting the maintenance of professional identity (**Output 3**; Gray et al. 2015). In **Output 5** each chapter is designed with a section referencing the specific themes, issues, critical debates and problems in relation to the current practice of social work and social care. Specifically, **Output 5** (Chapters 5, 6, 9, 11 and 16) identify inequality linked to specific aspects of policy and practice and with reference to intersectionality and challenges aspects of neoliberal policy, strengthening a shared commitment to social justice within the CoP. In **Output 1** I identify that the increase in managerialism in both education and welfare systems has directed the focus towards accreditation and hard outcomes and away from creativity and flexibility, resulting in the decline in the discretion and autonomy of front-line workers and a move towards routinised and prescribed activity. A greater move away from a focus on delivering knowledge to that of encouraging greater discourse could play a crucial role in shaping public opinion, influencing social norms, and framing debates on important issues (see **Output 2**; Daldal 2014). By producing counter-hegemonic knowledge, and so re-politicising social work, this shared discourse becomes a material force where justice, care and human dignity are prioritised over market efficiency.

## 5.0 Impact

My work has had clear impact on the social work CoP. My commitment through publication to challenge structural inequality (**Output 5**) and the use of, and encouragement towards, critical reflection (**Outputs 1, 3, 4, 5 and 6**) promotes a sense of ‘agency for change’ and is subsequently reinforced through my activism. “Educating for critical social work is vital if we are to remain an ethical and emancipatory project” (Morley 2016, p.54).

Online access statistics are not sufficiently coherent across different repository sites to demonstrate impact through accurate access and citation statistics. However, **Output 2** has contributed to the understanding around interdisciplinary education and the outcomes of the Review of Social Work Education<sup>20</sup> and involvement has resulted in much improved partnership working with the SSSC and Scottish Government evidenced by more regular meetings with a shared agenda. I presented my research (underpinning **Outputs 3 and 4**) to Scottish Government Minister Marie Todd (Childcare and Early Years) and the Social Services Strategic Forum in 2019, to help the Minister and Committee members understand more about the motivation of those coming into the social work and social care professions, as part of the Fair Work First consultation. This research (**Outputs 3 and 4**) also resulted in a public presentation and RGU podcast to celebrate 50 years of both the Social Work (Scotland) Act 1968 and social work education at the Robert Gordon University. My Publications around austerity, poverty and neoliberalism (**Outputs 3, 4 and Chapter 6 in Output 5**) underpinned my campaigning work on student poverty and resulted in a placement stipend for undergraduate students.<sup>21</sup>

Chapter 21 (**Output 6**) reinforced my expertise around issues relating to residential childcare and supported activism pressing Scottish Government and the SSSC around the SQA Level 9 qualification for residential childcare practitioners and contributing to these discussions as part of the root and branch review of Scotland’s care system. The revised standards influenced how social work education providers could continue to deliver qualifying courses during the Covid pandemic and established acceptance of remote and hybrid approaches to delivery, and to some placement experiences, and so contributing to the setting and maintaining of professional standards of the CoP.

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<sup>20</sup> See also the associated report on the SSSC website, available on:

<https://www.sssc.uk.com/knowledgebase/article/KA-01878/>

<sup>21</sup> I campaigned against this move (seeing its potential to increase the poverty trap for many students) as this decision would have resulted a negative income effect as Scottish Government withdrew funding to HEIs for travel and expenditure costs and were expecting students to pay their own travel expenses from the stipend. As a result, Scottish Government, agreed to continue paying student expenses in full, at least in the shorter term.

**Output 6** is listed as an essential text for 146 social work programmes across the UK and demand for **Output 5** in Scotland has been good for both first and second editions.

**Output 1** and **Output 2** impacted on course provision at RGU (and nationally re; **Output 2**). All outputs have impacted on the understanding and practice of future generations of social workers, promoting ongoing learning and strengthening the professional identity of workers, ensuring that their practices align with the ethical and practical demands of the CoP.

My engagement in the social work CoP through academic activity, providing theoretical and research foundations for practice-based activity, has specifically impacted the development of national social work education, its structures, processes, and practices through an evolving epistemological and ontological position. This comes at a time when, in Scotland, social work education again faces ongoing political and professional scrutiny, along with criticism for perceived shortcomings from both the profession and within practice (McCulloch, 2018).

## 6.0 Conclusions

Understanding Social Work in Scotland as a conceptual Community of Practice offers possibilities where both participatory interventions that prioritise collaboration and empowerment, and neoliberal approaches focusing on standardisation and efficiency, can be generated (Gray, Parker and Immins 2008). As identified in my research (**Outputs 3 and 4**), social workers face unique complexities in articulating their purpose due to the diverse nature of their practice and the array of changing contexts in which they operate, which **Output 2** addresses. There is an identifiable learning journey from student to social work practitioner which integrates theory, assessment, intervention, and practice which I contribute to through **Output 6** while being mindful of the importance of encouraging in-depth theoretical debate. Epistemology is crucial in that it helps us consider the underpinning theoretical and philosophical constructs of knowledge as beliefs that inform our actions (Hardy 2016). Adopting a Pragmatic approach, embracing diversity and plurality, provides the flexibility required to address the practical demands of inquiry, enabling the production of socially useful knowledge and an inclusive approach to practice and research (Hothersall 2019).

However, social work education is a complex field influenced by numerous historical, cultural, and institutional dynamics (as identified in **Outputs 3 and 4**) and influenced by ideology and hegemony and is constrained by host academic institutions that support programmes with curricula often grounded in a neoliberal world view and predetermined by central authorities (Garrett 2018). Through advancing a critical perspective across curriculum development and through collegial,

pedagogic and research practices, social work academics evidence meaningful strategies that ameliorate neoliberalism (Morley, Macfarlane and Ablett, 2017; see **Outputs 1, 2, 3, 4, 5 and 6**).

The adoption of a Pragmatic approach reconciles debates around the perceived relationship between ontology and epistemology, the forms and types of knowledge and the ‘best’ practice methods, allowing flexibility to produce knowledge that is socially useful according to ‘what matters’ rather than ‘what works’ (Hothersall 2019; see contributions from **Output 1 and Output 6**, Chapters 12 and 21). Where a focus is only on changing standards, codes of practice competencies and programmes, practice is not improved because the epistemological problem is not solved (Longhofer & Floersch 2012). Through this **Portfolio**, in promoting critical reflection and reinforcing ethical standards, the schism between these dominant constructions and the experiences and perspectives of frontline practitioners are bridged. Educating for critical social work by enabling graduates to understand, critique and transform practice through analysing power and social relationships is key (see **Outputs 1, 2, 5 and 6**). Furthermore, thinking carefully and critically together within a social work CoP appears to be as important from an academic point of view as it is from a practitioner standpoint in bridging this gap (Pyrko, Dorfler and Eden, 2017) and can help the profession formulate responses to ideological attacks on our discipline.

The extent to which social work education engages with challenges brought by neoliberalism are important (see **Outputs 1, 2, 3 and 4**) and should be encouraged as part of the political process to gain influence and seek to change the practice of social work as demonstrated through my **Activism**. My **Portfolio** promotes ongoing learning, strengthening the professional identity of workers, ensuring that their practices align with the ethical and practical demands of the profession (see **Outputs 1, 2, 3, 4, 5 and 6**).

The neoliberal creation of an efficient economy and its role in the modernisation agenda (addressed in **Output 4**) is contradictory to the values of social work and, therefore, attacks the profession’s moral code. Ultimately, although the nature and form of hegemony has evolved, useful insights into modern social work are achieved through consideration of broader economic injustices and social stratification, as demonstrated particularly in **Output 5**, providing a critically informed approach to social work education and preparing graduates to work effectively for social justice despite the neoliberal human service context. This level of critical reflection challenges neoliberalism, providing a “practical mechanism connecting the emancipatory aims of critical theory with social work education and practice” (Morley, Macfarlane and Ablett 2017, p.35). Through **Output 4** problems caused by the depoliticisation of the profession, the orientation towards outcome-focussed practice, discarding structural approaches in favour of pathological ones and the integration of health and

social care (p.72) are addressed and in doing so I help to continue shaping professional identity within a context of shared ethical principles.

In conclusion then, I maintain that the individual contributions from within my **Portfolio** have been both impactful and successful in preparing students for practice, ameliorating the impact of neoliberalism particularly through promoting critical perspectives and encouraging reflection, encouraging ideas (see **Outputs 1, 3, 4 and 5**) of social justice and equality through reflecting values central to a profession and directly influencing the worker's moral compass (**Output 3**). My contributions have gone some way to identify and reconcile theoretical and ideological differences that support social workers to manage divergent themes within certain practice arenas (Fook & Pease, 2016; Garrett, 2018).

The contents of this **Portfolio** promote a deeper understanding of core values, fostering reflexivity and promoting professional autonomy through encouraging critical engagement. They contribute to the CoP, providing space where the mobilisation of knowledge and generating alternative understandings (Jacobsen in Hothersall, 2019) and developing relationships which are greater than the sum of its individual members.

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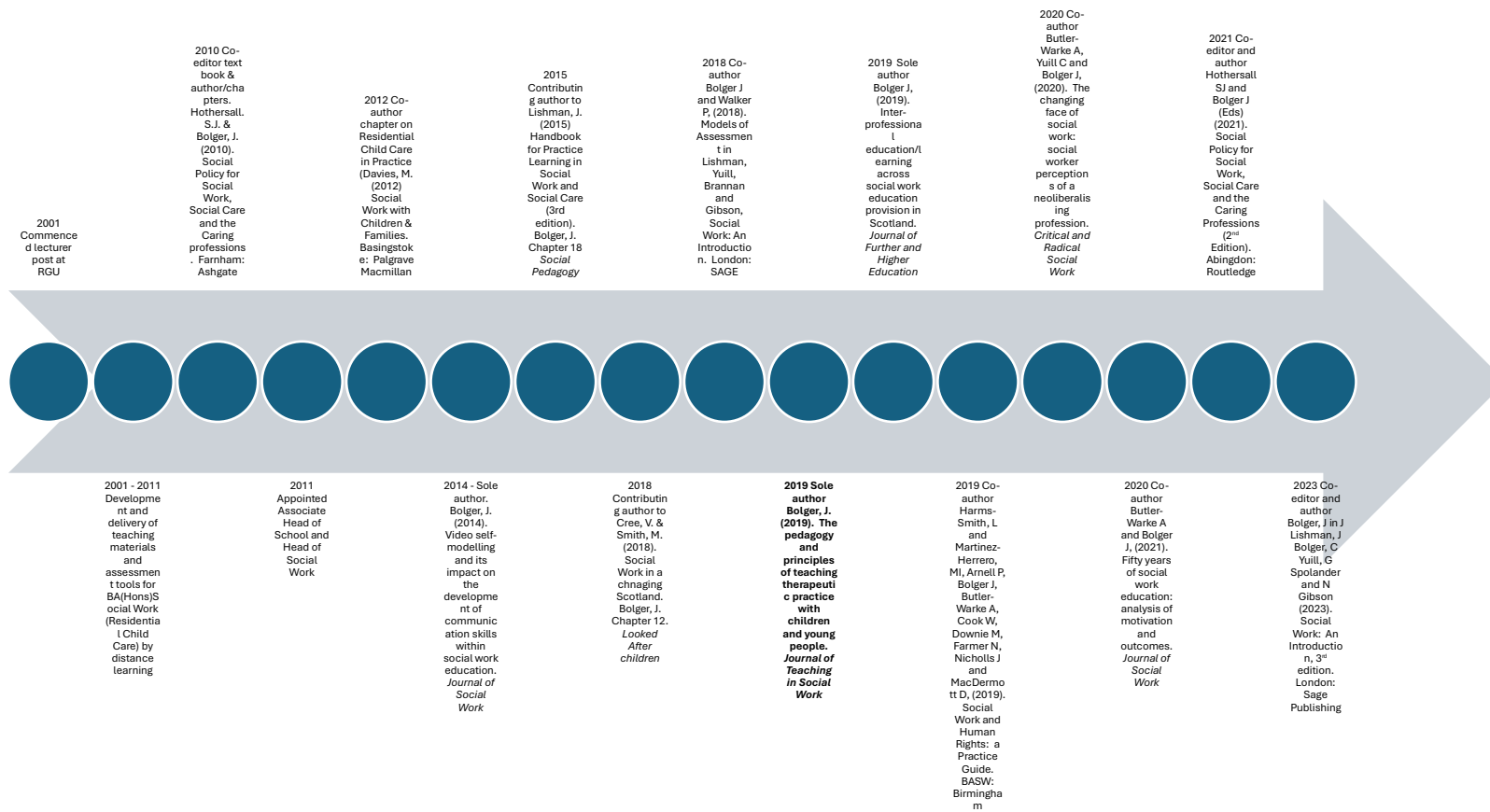
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## **Appendix 1 – Timeline**

This timeline has been devised to demonstrate my publication journey from 2001 when I was first employed at RGU until 2024 when my employment ended.







## Appendix 2 – Selected Outputs

I am submitting this Portfolio as part of a PhD by previously Published Outputs, through the Robert Gordon University. The framing essay is based upon 6 recent publications between 2019 – 2024:

Bolger, J. (2019) The pedagogy and principles of teaching therapeutic practice with children and young people. *Journal of Teaching in Social Work, 39(2): 181-188.*

Bolger, J. (2019) Inter-professional education/learning across social work education provision in Scotland. *Journal of Further and Higher Education, 44:5, 705-715.*

Butler-Warke, A. and Bolger, J. (2021) Fifty years of social work education: analysis of motivation and outcomes. *Journal of Social Work, 21(5), 1019-1040.*

Butler-Warke, A., Yuill, C. and Bolger, J. (2020) The changing face of social work: social worker perceptions of a neoliberalising profession. *Critical and Radical Social Work, 8(1), 59-75.*

Hothersall, S.J. and Bolger, J. (Eds) (2021) Social Policy for Social Work, Social Care and the Caring Professions (2<sup>nd</sup> Edition). Abingdon: Routledge.

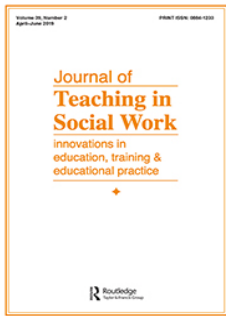
Lishman, J., Bolger, J., Gibson, N., Spolander, G. and Yuill, C. (Eds)(2023) Social Work: An Introduction (3<sup>rd</sup> Edition). London: Sage.

These Outputs are included in the following pages with emails from co-authors confirming my specific contributions.

## **Output 1**

Bolger, J. (2019) 'The pedagogy and principles of teaching therapeutic practice with children and young people', *Journal of Teaching in Social Work*, 39(2), pp.181-188.

(Total word count 3,262)



## The Pedagogy and Principles of Teaching Therapeutic Practice with Children and Young People

Janine Bolger

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# The Pedagogy and Principles of Teaching Therapeutic Practice with Children and Young People

Janine Bolger

Head of Social Work/Associate Head of School of Applied Social Studies, Robert Gordon University,  
Aberdeen, United Kingdom

## ABSTRACT

Technical approaches suggesting that systematically produced, generalized, and scientific knowledge are the most solid foundations for practice present significant challenges for the social work profession, in which the decisions faced often are not technical but rather moral, requiring the application of ethically based and intuitive skills. Meanwhile, the command, control, and measurement of outcomes in social work practice also present significant conundrums for the delivery of relational person-centered social work and social care. With a focus too often on efficiency rather than on effectiveness, this managerialistic approach frequently fails to acknowledge the complexity inherent in the act of caring. In this context and framework, teaching therapeutic practice with children draws a balance between traditional systematic teaching methods and use of creative media including art, play, and music. This article outlines the positive contribution to professional social work practice that the teaching of therapeutic approaches to child care can make.

## KEYWORDS

therapeutic child care;  
therapeutic approaches;  
relational working; creative  
media; practice contexts

## The incorporation of therapeutic practices into the curriculum

Social workers come in contact with individuals, families, and even communities when they are overwhelmed by “dysphoric emotions and distress,” when the balance in their lives is upset, and when they are encountering issues or difficulties that have a negative impact on “their sense of self and experiences” (Megele, 2015, p. 1).

Evidence suggests that the catalyst of change for many service users is the opportunity to form warm, empathic, and productive relationships with a worker who is interested and cares for them (Bellefeuille, Jamison, & Ricks, 2012; Jackson, Ajayi, & Quigley, 2005). The building of such a positive human relationship is at the very core of personal recovery, and it is the sense of a worker being in the present and attuned that transforms technical tasks of caring into nurturing developmental opportunities.

At the heart of these interventions lie relationship-based practices that enable and empower individuals, families, and communities. The purpose in

facilitating students' learning around therapeutic practice is to encourage them to look beyond the current emphasis, in practice, on technical and rational approaches that eliminate risk through information gathering and formulaic models of decision making to the more traditional and historical methods of social work.

In short, therapeutic practice is a curative approach serving to maintain an individual's health (Collins, 1989). Therapeutic interventions offer a sense of universality and a cathartic experience (Yalom, 1986). Moreover, such approaches relieve pain through the freeing of "stuck" points of development via the repair and reconstruction of the inner world, which can take place only through the provision of a secure base (Treischman, Whittaker, & Brendtro, 1969). Containment (Bion, 1962) and holding (Winnicott, 1964) will help repair and reconstruct the child's inner world. This process inevitably involves the building of relationships and affirmation, which are at the core of human experience.

The idea of "holding" was first used to describe the provision of an optimal environment for "good enough" parenting, beginning with an almost complete adaptation by primary carers to their infant's needs (Winnicott, 1964). The concept supposes that over time, the carer increases the amount of time between the children's emotional expression of need and their response as caregiver. Through this process, children discover that they can survive the process of feeling overwhelmed by their own needs until their caregiver demonstrates the capacity to meet those demands.

In conjunction with the notion of holding, the theory of containment (Bion, 1962) explains the way in which individuals are supported to use thinking to manage their experiences and emotions (Emond, Steckley, & Roesch-Marsh, 2016). The child's attachment figure typically provides the first experiences of containment in response to the infant's experiences of pain, discomfort, and even fear. Their active soothing of the infant through feeding, changing the diaper, rocking, and so on, accompanied by a verbal identification or confirmation of emotions and experiences, helps children to learn how to use thinking to manage their experiences.

The premise of therapeutic practice is that through engagement and connectedness, relational working occurs (Bellefeuille et al., 2012). Working therapeutically with children and young people allows for the opportunity to build relationships within the context of a secure base. In developing the quality of the relationship, we enhance the "hopefulness to remain curious and open to new experiences, and the capacity to see connections and discover meanings" (H. Smith & M. Smith, 2008, p. 71). Thereby, the building of positive human relationships is at the very core of recovery.

Good relationship-based practice requires effective use of self. This fact relies on the worker's knowledge of self and the underlying assumptions held about relationships and aspects (cultural, emotional, psychological, and political) that shape our identities (Megele, 2015). Such knowledge is the

foundation for growth and for the enhancement of professional identity and practice. These approaches generate a relational dialogue that is empowering to service users so that “you and I happening together makes us immediately different than we usually are” (Megele, 2015, p. 182).

### **Promotion of therapeutic approaches as tools for practice**

Historically, the geographical and emotional space reserved for therapeutic work was provided in specialized residential environments where a therapeutic community approach usually is applied in a residential setting and where educational provision often is incorporated. Currently, services for children and young people, requiring therapeutic interventions, are provided through health care, education, social welfare or criminal justice systems, and sometimes at home, within the community, or in group care settings (Fulcher & Ainsworth, 2006). For many of the young people who come to the attention of social services, trauma, abuse, and neglect sadly are a reality of life. Without the resolution of traumatic feelings of fear, helplessness and a loss of control likely are repeated. The individual’s vulnerability is increased, and behaviors and relationships are impacted. When providing good enough support for a child, whether living at home, with friends or relatives, in foster care, or in group care, it is hoped that recovery can be part of that reality (Tomlinson, 2004).

Instability or disruption in early life experiences can result in major problems for children and young people in trusting others and, therefore, in the potential for attaching not only to family but to subsequent caregivers. Faulty attachment brings about specific kinds of problems, including difficulty in managing emotions, lack of trust, and a need to be in control. Children who regularly experience uncontained emotions can be highly reactive, will experience difficulty in recognizing their need for (and others’ attempts to give) support, may struggle to manage normative rhythms and routines, and will generally be unable to reflect on their own behavior and its impact on others (Emond et al., 2016). Containing another person while helping them acquire the skills to self-contain is no easy or quick task; however, the social and emotional benefits of a good containing relationship and environment allow individuals to feel understood, safe, and respected. Containment involves absorption through calm receptiveness and active cognitive processing (Bion, 1962) culminating in empathetic acknowledgment. Even though children with attachment issues experience difficulties in building and maintaining relationships, attachment disorders can be repaired. Trust and security come with time, consistency, dependability, and repetition.

### **The purpose of promoting relational working**

The core component of therapeutic practice is the ability to respond to the emotional needs of individuals and groups, “to their impulse for emotional

development, and to the difficulties they experience in forming or maintaining relationships” (Sudberry, 2010, p. 150). Emotional development and the management of emotions are interrupted by experiences of trauma, abuse, and neglect. The key to therapeutic practice is to discover ways to provide opportunities for children to (re)discover the ability to use thinking to manage both their experiences and emotions, that is, self-regulation and containment (Bion, 1962).

Such helping relationships are complex and do not always sit well within dominant notions of professionalism (Biestek, 1961). It is vital that social work students and graduates reflect on and, if necessary, challenge the purpose of their role within an agency when working with children and young people. They might be required by their employer to take on a role that comes, for example, from care management and is likely to focus on monitoring of behavior rather than on supporting clients to explore and to learn (Smith & Smith, 2008). The question of who should do what in a helping process is central to the practice of social pedagogy (Storo, 2013). Students require support to understand phenomena at different levels of abstraction when they translate theory into practice. Storo (2013) suggested that practice can be understood as the realization of such thoughts. Humanistic values pervade social pedagogic practice and translate into a sense of equality between the worker, service user(s), and community. Interdisciplinary theories from the social sciences, social work, education, and allied health professions underpin holistic practice, supporting the balance between the professional, the personal, and the practical. Social pedagogy counteracts more risk-averse practices and is based on partnership through a commitment to relationship building, problem solving, and social change.

Key to the therapeutic endeavor is how the worker engages with the inner child. “This inner world consists of a mixture of the conscious and the less-than-conscious: thoughts and feelings, fears and imaginings, understandings and misunderstandings, dreams and nightmares, images of people and places and assumptions about their meaning or importance” (Ward & McMahon, 1998, pp. 11–12). Experiential approaches that facilitate engagement of individuals in activity around self-exploration, communication, and developmental reparation encourage involvement with the inner world via the therapeutic process (Malchiodi & Crenshaw, 2014).

### **Facilitating teaching around therapeutic practice with children**

The purpose of teaching around therapeutic practice with children is to promote awareness of the significance and potential of therapeutic relationships with children who are in receipt of social services. Students can be supported to consider the processes that facilitate and hinder the development of a therapeutic milieu and encouraged to become familiar with a range of therapeutic interventions. With a focus on philosophical and ethical issues, students can be introduced to the

origins and concepts that underpin therapeutic practice. This process begins with learning about the significance of early experiences. Teaching should consider a range of prerequisite knowledge and skills for working with families and groups and address an assortment of practice issues. Classes can be structured to enhance knowledge, skills, and application, and as such can be divided between interactive taught session, skills session, and project work.

Practice skills sessions encompass working with paint and clay, making masks, puppets, musical instruments, storytelling, singing, and using therapeutic photography as tools for supporting children and young people to express themselves. These sessions integrate exercises around the application of the specific skill to practice situations. Project work, which has been a core element of social pedagogical education in Scandinavia since the 1980s, provides an opportunity to consolidate and apply knowledge and skills in relation to “real-life” situations via a case study approach and to present a relevant program of intervention to service users and social work professionals.

### **Use of creative media in interventions**

The use of creative arts provides a combination of visual, tactile, auditory, olfactory, and kinaesthetic sensory experiences. Sensory-based experiences in early childhood can reinforce secure attachment and connections with others. Emotional self-regulation (the external and internal processes responsible for monitoring, reviewing, and modifying emotional reactions) along with empathy also can be encouraged through the use of creative arts (Perry, as cited in Malchiodi & Crenshaw, 2014). Malchiodi (2008) suggested that interventions based on the creative arts are normalizing in that they reinforce cross-cultural experiences relating to wellness practices, which might take the form of singing, storytelling, image creating, and such while offering opportunity to create comprehensive links between theory and practice. According to Perry (2008), such actions are effective in changing neural systems involved in stress responses and promoting secure attachment.

### **Preparing students for practice: Organizational, practice, and cultural contexts**

When preparing students to integrate therapeutic ideas and concepts with practice, it is important that awareness of organizational, practice, and cultural contexts be highlighted throughout the teaching program. Practice contexts are influenced by the current sociopolitical climate and local organizational culture (Lishman, 2012). Fulcher and Ainsworth (2006) commented on the lack of attention paid to the impact of the organizational context other than to acknowledge its existence. They suggested that there is a



tendency of organisational management to perceive the organisation as benevolent and supportive, allowing little room for a consideration of how this context impacts harmfully on the primary responsibilities of the care staff and what might be done to bring a greater balance between these two important demands. (Fulcher & Ainsworth, 2006, p. 89)

In short, too often the needs of the organization can detract from the nature of the individualized primary care provided. According to Maier (1979), the quality of care given has a direct correlation to the manner in which a worker is supported by the organization (as cited in Fulcher & Ainsworth, 2006). Opportunities to respond to the needs of traumatized children in creative and innovative ways usually are indicative of “thinking” cultures.

To develop and maintain a trauma-sensitive culture, students are taught that flexibility and creativity should be encouraged, whereas rigidity and reactivity should be discouraged. Creativity can be one of the best defenses against systems that are stagnant or punitive. The creation of a democratic environment, in which staff are supported to try new things, offer suggestions, and be involved in decision making within the context of the shared values of their organization, is encouraged because it allows space for creativity. It is recognized that strict hierarchical systems encourage the devolving upward of responsibility while handing down blame. By eradicating blame and, instead, engaging in shared problem solving, staff teams can discover a wider range of voices from which solutions can emerge.

The current emphasis in social work on seeking technical/rational solutions is reminiscent of the concerns for classification and order as demonstrated by the English social reformers of the 19th century. Whereas “the wider social context of behaviour, the impact of structural factors such as poverty and community fragmentation, have become marginalised in social work practice” (M. Smith & Whyte, 2008, p. 23). Furthermore, the trend toward managerialist approaches in social work practice has left many workers feeling that the skills they are required to use in practice are more instrumental and procedural than they would wish and have rendered irrelevant much of their training (Hatton, 2015).

Teaching content encourages students to identify opportunities for examining and contributing to the transformation of dynamics within the agency. This will inevitably involve workers, children, families, and management at all levels in order to achieve a positive culture through the creation of a unified organization in which all members participate in making decisions and accept responsibility for the safety and well-being of others. Such an outcome requires cooperation and congruence wherein workers mutually engage in a constructive manner and share an understanding of both their own circumstances and the task to be carried out

with service users. It is acknowledged that only when this phenomenon occurs can the emotional and development needs of traumatized children and young people be met and the resulting healing will take place.

### **Are therapeutic approaches to practice always the answer?**

Adopting approaches that are underpinned by psychodynamic models of practice can be open to criticism for individualizing problems and pathologizing the individual. Such approaches might also be disapproved of for a failure to consider the contexts of poverty and oppression that many clients face. Other aspects of a service user's reality, such as racism and gender stereotyping, could also be disregarded (Ward & McMahon, 1998). However, it might be argued that the reintroduction of psychodynamic interventions into social work can introduce both practical and developmental dimensions back into practice.

Further critique has been extended toward psychodynamic models for being too introspective (Ward & McMahon, 1998) but “effective psychosocial and relationship based practice in social work and social care is a deeply engaged experience that is systematic in thinking and person-centred yet persuasively directive in practice” (Megele, 2015, p. 6).

Psychodynamic ways of working present a real challenge to areas of social work practice that might be more likely to champion technical and rational approaches to case management. The rise of managerialism in welfare and education systems has resulted in a decline in the autonomy and discretion of frontline workers and a move toward routinized and prescribed activity. A trend toward “targeting, achieving predefined outcomes, and a heightened concern with accreditation and ‘hard products,’ has had a fundamental impact” (Smith & Smith, 2008, p. 136). Emphasis on structured activity can damage the quality of therapeutic work with its sole emphasis on outcome rather than process.

### **Conclusion**

Therapeutic views of social work, which focus on well-being, fulfillment, and personal growth through mutual interaction leading to empowerment, enable the individual or group to rise above suffering and disadvantage (Payne, 2006) and to challenge the more technical rational approaches to case management. The attempt to modify the perception and practice of therapeutic approaches through the integration of transformational and social order views results in a more modern application of therapeutic practice in social work education as a core to daily practice.

### **Disclosure statement**

No potential conflict of interest was reported by the author.

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## Output 2

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## Inter-professional education/learning across social work education provision in Scotland

Janine Bolger

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# Inter-professional education/learning across social work education provision in Scotland

Janine Bolger

Head of Social Work, Robert Gordon University, Aberdeen, Scotland

## ABSTRACT

This research study was undertaken to map out inter-professional education (also known as inter-professional learning) provision across higher education institutions (HEIs) delivering qualifying social work programmes in Scotland, identify the strengths and weaknesses of those approaches and ascertain the views of those working in the social services regarding the direct impact of such programmes on practice. Online surveys were completed by social work students across Scottish universities, representatives of those delivering inter-profession education/learning (IPE/IPL) and employers. Students and employers were generally satisfied with the type and quality of IPE/IPL offered, which was thought to be well-integrated through qualifying programmes. Provision was clearly articulated and implanted within strategy and course documents. This research found that IPE/IPL undertaken by social workers in training in Scotland was impacting on service delivery. However, it also found that institutional organisation continued to compound difficulties in creating relevant and useful IPE/IPL activity.

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## Introduction

From the 1970s onwards, a knowledge-based model of inter-professional education/learning (IPE/IPL) was developed. Content focused on curricula thought to be applicable to both education and practice in and between each of the professions taking part. It incorporated commonalities of language, knowledge and ideas that underpinned collaborative practice (Barr 1998) to the detriment of differences. An appreciation of the distinctive qualities of different professions resulted in the introduction of comparative learning. This fostered a better understanding of respective roles and responsibilities and with those a greater opportunity to develop mutual trust and to dispel stereotypes, resulting in strengthening of relationships and improvement in collaborative practice. Attempts to evaluate such claims have been inconclusive (Barr and Shaw 1995). Even where inter-professional education appeared to bring about a change in attitude, behavioural changes were not necessarily inevitable and, where they did occur, were not always long-lasting.

Until 2006 research into and evaluation of IPE/IPL provision within social work education received little attention, perhaps because social work students and educators have frequently been minority participants (Barr and Sharland 2012). That in itself is strange, not least because the Standards in Social Work Education (Scotland), the Professional Capability Framework (the rest of the UK) and the Social Work Subject Benchmark statement for social work education acknowledge that social work practice takes place in inter-agency contexts and that social workers are required to work collaboratively with others to achieve interdisciplinary and cross-disciplinary objectives.

In practice, findings from a wide range of inquiry reports and significant case reviews have repeatedly reinforced the argument for effective partnership working. The dangers of working in isolation from other agencies along with poor information sharing, failings in communication and inadequate multi-agency working arrangements have been linked to serious consequences. Significant case reviews, such as that relating to the death of Brandon Muir in 2008, identify a need for multi-agency ownership and leadership and raise matters concerning the evaluation and sharing of information (Hawthorn and Wilson 2009). 'However, we should be cautious not to view inter-professional working as the panacea to all social problems'.

Collaboration and inter-professional, interdisciplinary or multi-professional working have been sported almost as a talisman which, once touched, will rid the world of social work, health care and other human services of the narrow, tribal and often damaging practices that are held responsible for social tragedies. (Quinney and Hafford-Letchfield 2012, ix)

The Centre for the Advancement of Interprofessional Education (CAIPE) has long argued that collaboration is taught more effectively with students from more than one profession taught together. As demands have grown for both evidence-based practice and evidence-based education, pressure to subject IPE/IPL programmes to more rigorous evaluation has increased. It is generally acknowledged that there are signs of productive and effective IPE/IPL within social work education in the UK but that its claims for success have yet to be established. Practical, resource (timetabling and other curriculum requirements) and cultural (resistance to the crossing or blurring of traditional disciplinary boundaries) challenges have been seen as significant barriers to the embedding of IPE/IPL opportunities in professional training (Barr and Sharland 2012).

There is evidence to support the value and integrity of IPE/IPL. Learning in practice, experiential classroom-based learning and opportunities to build formal and informal relationships across professional boundaries have been evaluated favourably over time (Anderson and Lennox 2009; Joseph et al. 2015). Robust evidence relating to the more ambitious outcomes of IPE/IPL, such as sustained improvement in collaborative practice, better outcomes for service users and improvement in inter-professional services, is lacking.

### Inter-professional education/learning in social work education in Scotland

This study into inter-professional education/learning was commissioned by the Scottish Social Services Council (SSSC), the regulatory body for social work in Scotland, as part of phase two of the Review of Social Work Education in 2015–16. The aim was to explore what is currently addressed on social work courses in Scotland and how it is delivered. The study involved a literature review and a questionnaire survey. Ethical approval was gained from the school's ethics committee and participation in the project was voluntary. Anonymity was guaranteed through questionnaires that required individuals to name the HEI that they attended but not to provide any other identifying information. All participants were provided with information relating to protection of data.

The intent was to capture the views of employers, students and representatives of higher education institutions (HEIs) in relation to the efficacy and challenges of current approaches. A view as to what might strengthen the quantitative and qualitative experience of students in relation to IPE was formed. A process of *evaluation research* was adopted. A mixed-method design was employed via an online questionnaire to allow for information to be gathered from as many students as possible across all social work education providers in Scotland.

Final-year social work students on undergraduate and postgraduate programmes (full-time and distance learning) from six of the eight providers of social work education in Scotland were invited by the researcher, through their own institutions, to complete an online questionnaire. Out of a total population of approximately 459 final-year (undergraduate and postgraduate) students, there were 43 responses (approximately a 10% response rate). An academic lead for IPE/IPL from each HEI was sent an online questionnaire and, of the eight, six of the Scottish HEIs responded. Twenty-four employers

representing local authorities ( $n = 9$ ), third sector ( $n = 3$ ) and private ( $n = 2$ ) organisations that employed social work graduates from Scottish HEIs within the previous year participated.

### Search methods

A literature search was conducted in January 2016 using EBSCO, Web of Science, Science Direct and Google Scholar electronic archives. Manual searches were conducted of the *British Journal of Social Work* and the most common social care periodicals, as well as via the Institute for Research and Innovation in Social Services (IRISS), Social Care Institute for Excellence (SCIE), Centre for the Advancement of Interprofessional Education (CAIPE) and Social Services Knowledge Scotland (SSKS) websites.

Primary search terms were 'inter-professional education', 'inter-professional learning' or 'IPE/IPL' or 'interdisciplinary education'. Secondary search terms included 'student' and 'health education' and 'service users' and 'social work education'. The review focused on studies of the development or delivery of IPE/IPL, which explore the practice of IPE/IPL and the perceptions of students/employers or HEIs in relation to IPE. As the study's focus was around the provision of IPE/IPL within qualifying social work programmes in Scotland, only studies conducted in the UK were considered so as to allow for more suitable comparisons to be made. Given the limited amount of research into inter-professional education in the UK, the exclusion criteria were limited to studies related to IPE/IPL that did not involve social work students or focused on preparation for only one specific area of practice (e.g. domestic violence). A time limit of research conducted within the last 10 years was set.

### Research literature

#### Integration of IPE/IPL into the social work curricula

Drawing on a wide range of sources in their review of 'Interprofessional education for qualifying social work', Sharland and Taylor (2007) identified that there was a lack of social work-specific focus in IPE/IPL research. They found that IPE/IPL programmes predominantly involved collaboration only between the social work, nursing and allied health professions. Additionally, the majority of courses appeared to introduce IPE/IPL only in the latter stages of study.

Low and Barr (2008) determined how social work education providers in the UK deliver IPE/IPL training. The study of 13 HEIs ( $n = 72$ ) gathered views from students, tutors and service users, although the number of students that participated was small. It focused primarily on practical learning of skills such as teamworking. Information on delivery and assessment was also examined. Findings identified that the relationship between social worker and service user provided the foundation for good collaborative multi-professional partnerships. It was recognised that knowledge and skill development around inter-professional working was provided through education in the classroom and in practice and, as such, a number of logistical challenges were evident.

Barr, Helme, and D'Avray's (2011) progress report provided an in-depth view of IPE/IPL from 1997. Reference to available literature and to materials and research published outwith the usual commercial or academic publishing and distribution channels (grey material), augmented findings from HEA and CAIPE records, a survey and the use of case studies. The authors chronicled the rise of IPE/IPL and the pressures faced by professionals prior to its introduction, as well as the increasing demand for more overlap between professions. Claims that professional institutions were impeding the advance of IPE/IPL provision were generally discredited. The absence of national structures to bring together education and professional institutions, government departments and local government associations, the Higher Education Academy (HEA) and CAIPE to review progress, identify and act on related policy issues and support developments in delivery and practice was highlighted. The establishment of local partnerships appeared to sustain IPE while changing priorities, perceptions and circumstances in HEIs impacted on provision.



In a later study, Barr, Helme, and D'Avray (2014) examined prequalifying IPE/IPL between 1997 and 2013 in institutions delivering education and training to health and social care professions across the UK. Their review drew on three sources: available literature, an online survey and the use of reflective accounts with follow-up interviews with health and social care professionals. The study highlighted that at least two-thirds of universities ( $n = 127$ ) with qualifying courses in health and social care included IPE/IPL. Their findings suggested that IPE/IPL was becoming more integrated into professional programmes, with discrete IPE/IPL modules becoming less evident. Learning methods were interactive with a focus on development of mutual respect and understanding through consideration of professional similarities and differences. Face-to-face learning was augmented by e-learning and IPE/IPL elements within practice learning were strengthened. The role of the IPE/IPL co-ordinator was found to be crucial and institutional endorsement of programmes was critical. Unilateral changes in IPE/IPL provision across different professional programmes disrupted activity in others and internal and external evaluation of programmes placed differing value on the merit of IPE provision across professions. The synchronisation of inter-professional learning and assessment in practice learning was found to be particularly problematic.

The discussion paper published by Stevenson et al. (2012) examined IPE/IPL delivery at undergraduate level. With a focus on the introduction of IPE/IPL at Glasgow Caledonian University in 2004, it highlighted the implementation of a web-based peer-assessment tool for IPE/IPL. The paper identified how this method differentiates between students who are working effectively in inter-professional teams and those who are not.

### *Impact of IPE/IPL*

Few studies have assessed the effects of the impact of IPE/IPL. One exception is Anderson and Lennox (2009), who undertook a 10-year longitudinal study. Their evaluation focused on the Leicester Model used in an underprivileged area of the city where one of the first 'multi-disciplinary' centres was developed in 1995 in an attempt to more adequately meet the community's needs via one health care centre. They emphasised the need to integrate educational research in the development and delivery of IPE/IPL and to engage with practitioners who recognise the student's contribution to teamworking by placing users of services at the centre of the learning experience and through developing local working partnerships (involving HEIs, health and social care agencies and the third sector). The Leicester Model was recognised as one of the few examples of sustainable inter-professional learning within practice settings. Students were able to reconcile theory to practice whilst preparing for the realities of practice. This model has since been adopted nationally and also internationally in Belgium and Japan.

Foster and Macleod Clark (2015) addressed the shortage of empirical evidence related to the positive impact of IPE/IPL. This study on the stereotypical beliefs of undergraduate health and social care students from the University of Southampton regarding colleagues from other disciplines compared the views of 580 students from 10 health and social care professional groups at the beginning and end of their studies. The findings were compared to those from 672 students not exposed to IPE/IPL. Baseline patterns of stereotypical beliefs were similar for both intervention and comparison groups but, after completion of undergraduate studies, a greater decrease in those beliefs was found amongst the group that had experienced IPE/IPL modules.

Through their review of 20 studies undertaken between 1996 and 2003, Gillies, Simpson, and Walker (2004) identified key themes linked to inter-professional education/learning. A wide range of benefits in relation to the outcomes of existing IPE/IPL programmes was discovered, e.g. the acquisition of increased knowledge of roles and responsibilities, greater respect between professions, enhanced confidence in collaborative practice and diminished suspicion between professions. Barriers to effective inter-professional practice were considered to be financial, cultural, organisational and professional and believed to be linked to perceptions of status differentials. Other key findings were around the positive level at which IPE pre- and post-qualification was received and the innovative learning opportunities employed by HEIs.

## Summary of findings

Responses were received from students studying at both undergraduate ( $n = 300$ ) and postgraduate levels ( $n = 168$ ) and studying part time/distance learning (19% of respondents) and full time (81%). Response rates across HEIs varied from  $x = 19\%$  of postgraduates to  $y = 81\%$  of undergraduates.

Findings in relation to the key questions informing inquiry suggest the following.

### Nature and extent of IPE/IPL

The study identified that IPE/IPL is delivered in a range of different ways across Scottish HEIs. Common methods of engaging students in IPE/IPL appear to be through shared group activity with students from other professions, as part of both shared assessed modules and via discrete social work-focused modules, in practice learning (placements) and at dedicated IPE/IPL events.

The frequency with which students engage with IPE/IPL and the location within different programmes when students are exposed to such activity also varied. The following examples are highlighted in Figures 1–5 below:

- Group IPE activity took place on a weekly, monthly and yearly basis. Group IPE/IPL activity occurred during all but the final stage of qualifying programmes.
- Shared assessed IPE/IPL modules were delivered on some programmes.
- Discrete assessed social work-specific modules involving IPE/IPL were delivered regularly and across all stages of programmes.

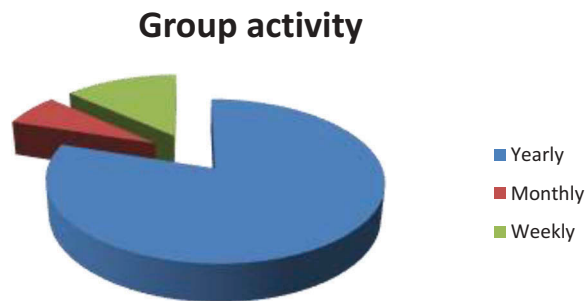


Figure 1. Group activity – frequency.

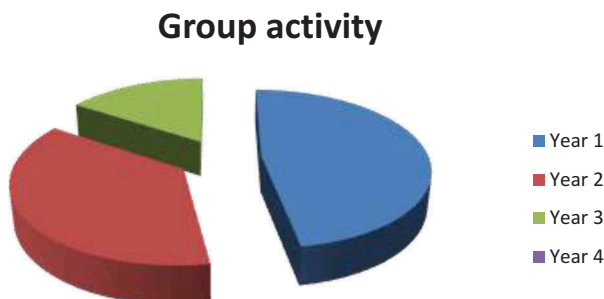


Figure 2. Group activity – occurrence.

### Shared assessed modules

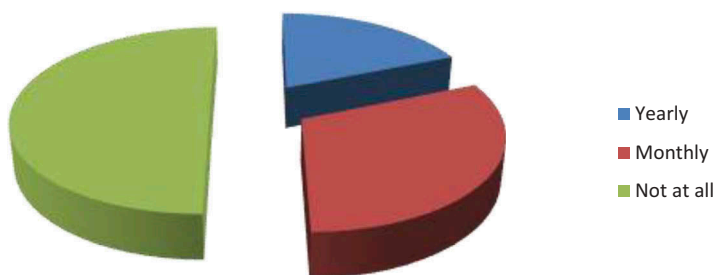


Figure 3. Shared assessed modules – frequency.

### Shared assessed modules

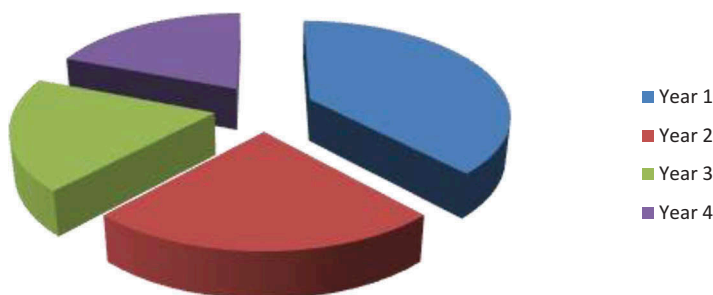


Figure 4. Shared assessed modules – occurrence.

### Discrete assessed modules

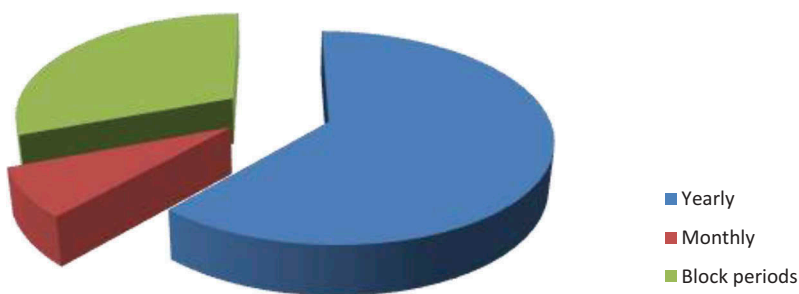


Figure 5. Discrete assessed modules – occurrence.

- IPE/IPL in practice learning was recognised by students across all learning in practice opportunities.

### *Content of IPE/IPL programmes*

Students reported that IPE/IPL programmes considered:

- Common and discrete professional roles
- Common and discrete professional values
- Common and discrete professional skills
- Common and discrete professional knowledge

Students stated that the most important and useful aspects of IPE/IPL for them centred on gaining knowledge and learning about other professional groups, their values, roles and inherent limitations.

IPE/IPL was delivered to social work students along with students from a range of professions that included nursing, midwifery, education, occupational therapy, physiotherapy, pharmacy, medicine, dietetics, police and sports science. Interaction was largely direct (face-to-face), with some indirect (online activity).

### *Changes brought about through IPE/IPL*

Kirkpatrick's (1967) model of educational outcome classification was partially adopted in order to consider the students' reaction to the educational experience, behaviour change as a result of the learning and outcomes (Carpenter 2011).

Students acknowledged improvements in collaborative practice, changes in attitude towards other professions and improvement in overall learning and of their skills. When looking at behavioural change as a result of IPE/IPL, students identified changes in their:

- awareness of different professional roles
- understanding of their role as social worker
- understanding of how different professional roles overlap
- understanding of the limitations of different professional roles
- understanding of activities that fall between specific professional roles
- ability to challenge stereotypical professional roles
- skills in inter-professional teamwork
- ability to recognise and adopt good models for collaborative practice
- preparation for professional practice in inter-disciplinary contexts

Five of the eight HEIs that participated delivered IPE/IPL opportunities across all their social work qualifying programmes.

### *Perceived strengths of IPE/IPL provision*

The majority of the HEIs explicitly articulated IPE/IPL provision in their school strategy and in their course documentation, with just under half of them also making explicit reference to it within their teaching and learning strategy. Awareness of the nature of IPE/IPL activity was high, with the majority of employers being aware of IPE/IPL programmes in their local universities.

Employers perceived graduates' understanding as follows with regard to:

- their own professional role and skills (48% good; 44.8% very good)
- the roles and skills of other professionals (62.1% good; 17.2% very good)
- the knowledge base and values of other professionals (62.1% good; 10.3% very good)
- the ability to develop and maintain relationships with other professional (55.2% good; 37.9% very good)
- the ability to work collaboratively with other professionals (51.7% good; 44.8% very good)

Notably, 27.7% of employers felt that graduates had poor understanding of the knowledge base and values of other professionals while 20.7% thought that there was poor understanding in relation to the roles and skills of other professionals.

### ***Impact of IPE/IPL***

Most employers (66%) considered that there was a positive impact on practice and service delivery as a result of IPE/IPL. Other employers were unable to make a comment on the impact of IPE/IPL.

The majority of students, HEIs and employers recognised that IPE/IPL helps graduates to be better prepared for professional practice in inter-disciplinary contexts. Practice placements are seen as fundamental in offering opportunities for students to work with other professions; however, shared group activity with students from other professional groups supports the transference of shared understanding from the classroom to practice settings.

In this research, the provision of IPE/IPL opportunities has helped students achieve a clearer understanding of their role as social workers through gaining a greater understanding of how different professional roles overlap. It has allowed them to acquire an understanding of the limitations of different professional roles and to identify and understand activities that fall between specific professional roles. IPE/IPL appears to have empowered students to challenge stereotypical views of different professional roles in addition to assisting them in developing skills in inter-professional teamwork. Finally, it has helped students recognise and adopt good models for collaborative practice.

### ***Challenges to the provision of effective IPE/IPL***

Only 50% of HEI representatives believed that IPE/IPL activity was positively received by students.

Some employers felt that the operation of different models for providing social care presented the greatest challenge for the future of IPE/IPL provision, together with different professional priorities within the workplace. Many employers surveyed believed that it was the hierarchies amongst the different professional groups that brought the greatest challenges for IPE/IPL, while others suggested that the reality of assisting graduates to understand the pressures faced by different professionals and addressing poor communication between different professionals were the greatest challenges.

### ***Discussion and conclusion***

Conclusions drawn from student feedback in this study must be considered somewhat cautiously given the small sample size and the participation of students from only five of the seven HEIs that provide social work education in Scotland. The employers who responded were self-selecting.

IPE/IPL within social work education across Scottish HEIs is delivered in an integrated manner through regular shared group activity, as part of shared assessed modules and in practice learning. To augment such practice, some HEIs run dedicated IPE/IPL events whereby students from across professions engage in a shared face-to-face activity. Face-to-face delivery is complemented with e-learning in line with recommendations from the *Review of Interprofessional Education in the United Kingdom* (Barr, Helme, and D'Avray 2014). There is evidence that IPE/IPL also continues to be delivered via discrete social work modules. The focus of IPE/IPL appears to be largely around the development of knowledge, skills and values and on understanding and development of professional identity and roles across professions (Chambers et al. 2013). The findings indicate satisfaction on the part of students and employers in terms of the value of collaborative learning, the focus of IPE/IPL and the timing, organisation and usefulness of IPE/IPL. Students appear to see themselves as active participants within IPE/IPL preparing themselves for working within integrated service contexts.

Issues relating to institutional organisation continue to present some challenges to how and when IPE/IPL is delivered (Barr, Helme, and D'Avray 2014). HEIs should be supported in aligning courses to optimise inter-professional learning with reference to staffing, timetabling and placement patterns. Furthermore, HEIs should continue to regularly review their IPE/IPL provision to ensure fitness for purpose and to develop it accordingly. In order to support the continued provision and integration of such activity, it would seem appropriate to avoid the imposition of regulation in terms of standardising practice and policy. Any attempt to impose standardisation would likely exacerbate any organisational challenges faced.

Caution must be exercised, however, in assuming that bringing a group from different professional backgrounds together will automatically change knowledge, attitudes, values and skills for the better (Gillies, Simpson, and Walker 2004). Consideration, therefore, must be given to the nature of the provision.

IPE/IPL provision appears to be clearly articulated and implanted within relevant strategies and course documentation in line with recommendations from the latest review (Barr, Helme, and D'Avray 2014). This, perhaps, emphasises the accepted relevance for practice of IPE/IPL and the importance ascribed to it. Employers suggest that IPE/IPL programmes prepare graduates well in relation to understanding the knowledge base, professional roles and skills of themselves and other professionals. Feedback suggested that many employers believe graduates have a good level of ability to develop and maintain relationships with other professionals and have good collaborative skills. Students, HEIs and employers realise that IPE/IPL helps increase awareness of and challenge many aspects of a range of professional roles, including their own, and contributes to skill development for professional practice. Employers note transferability of the outcomes of IPE/IPL to professional practice.

What is not clear, however, is whether IPE/IPL programmes have progressed sufficiently in terms of focus and content. Social work education has historically retained a focus on the promotion of relationships and the clarification of role, purpose and identity (Trevillion and Bedford 2003, cited in Gillies, Simpson, and Walker 2004). While learning methods have become more sophisticated, demonstrating imagination, industry and ingenuity (Barr, Helme, and D'Avray 2014) as evidenced by the range of IPE/IPL activity on offer, the content of IPE/IPL seems still to be largely focused on the roles and skills of different professionals.

This research suggests that, although learning across a range of areas is gained, the development of alternative knowledge bases requires greater attention. In addition, it appears that the more complex aspects of IPE/IPL (e.g. understanding limitations of each other's roles and responsibilities and addressing the responsibilities that fall between specific professional roles) require a greater presence within IPE/IPL.

The outcome of this study suggests that IPE/IPL provision might be further developed to encourage a greater focus on the different knowledge sets required for professional practice and should address some of the more complex areas of skill sets in relation to inter-disciplinary practice.

There are a number of challenges, however, to effective inter-professional learning present and future. Employers demonstrate concern relating to the impact of different professional priorities and hierarchies between professional groups within the workplace and in relation to the operation of different models of providing social care. Others suggested that finding ways to assist graduates to understand the pressures faced by different professionals and address poor communication between different professionals was the greatest challenge for newly qualified social workers (NQSWs) and for the development of relevant IPE/IPL activity.

Concern regarding the marginalisation of the social work profession in practice, mirrored through IPE/IPL provision, might be responsible for our findings. It is widely recognised that different training and philosophical approaches have resulted in the separate and distinctive evolution of professional groups each with their own identity (Fitzsimmons and White 1997, cited in Chambers et al. 2013). Support for a move of identity and commitment from being focused on the profession to being concerned with the organisation is required (Hafferty and Light 1995, cited in Chambers et al. 2013).

In an attempt to ensure that IPE/IPL programmes remain relevant to the workforce, HEIs should liaise with employers and NQSWs to continue the discussion about the ways in which IPE/IPL activity has contributed to the preparation of graduates for practice and to identify areas for inclusion in IPE/IPL programmes.

Issues of professional confidence and an ongoing focus on identity in and between all professional groups within the context of collaborative practice continue to be identified as areas for further development.

Although students and employers tended to view IPE/IPL positively, only half of HEI staff who have a lead role in the planning and delivery of IPE/IPL believed that associated learning opportunities were positively received by students. In terms of the impact on professional practice, just over half of students surveyed believed there had been a resulting change in their attitude towards working with other professionals and had gained learning from their IPE/IPL experience, including improvement in teamwork and other collaborative working skills. Just under three-quarters of the students surveyed felt better prepared as a direct result of IPE/IPL for professional practice in inter-disciplinary contexts.

It is important that the satisfaction with IPE/IPL activity in HEIs noted by participants in this study be acknowledged. It might be that, although the external challenges for IPE/IPL provision are changing, the internal ones are not. HEIs are not without the imagination or the capability to devise creative and useful IPE/IPL programmes. Organisational issues around its resourcing, planning and delivery constrain such provision. IPE/IPL in practice learning appears to be sufficiently integrated and can perhaps be strengthened. Partnerships with employers are established but could possibly be developed further. One of the constraining factors might be around a collective understanding of what IPE/IPL is. To focus purely on IPE/IPL as learning between student groups from different professions runs the risk of relegating synergies to those that are easily available rather than those that bring the most learning. Harnessing the most useful synergies opens up greater possibilities in terms of the content and locus of the learning experience.

## Disclosure statement

No potential conflict of interest was reported by the author.

## Notes on contributor

*Janine Bolger* qualified as a social worker in 1989 and has worked with youth in the Bronx, New York, in child protection in Moss Side, Manchester, and as the assistant principal of a residential special school in the Highlands. Moving to a lecturing post at the Robert Gordon University in 2001, her published work and research focuses on social policy, residential childcare, inter-professional working and teaching, and assessment.

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## Output 3

Butler-Warke, A and Bolger, J. (2021) 'Fifty years of social work education: analysis of motivation and outcomes', *Journal of Social Work*, 21(5), pp.1019-1040. Available at:

<https://doi.org/10.1177/1468017320911603>

(Total word count 7,634)

This output is co-written but **based entirely on my own research** and upon which my claim is based and exemplified within the publication. The publication is a supportive exercise between a developing academic and myself, led by findings from my research undertaken to celebrate 50 years of social work education at Robert Gordon University. My contribution to the writing of the publication then is approximately **1,500** words and is confirmed by attached communication from the co-author (below).

**From:** Alice Butler-Warke (sass)

**Sent:** Friday, May 17, 2024 2:47 PM

**To:** JANINE BOLGER (0211443) <[j.bolger@rgu.ac.uk](mailto:j.bolger@rgu.ac.uk)>

**Subject:** PhD statement

Dear Janine,

I am writing with regards to the outputs below:

Butler-Warke A and Bolger J, (2021). *Fifty years of social work education: analysis of motivation and outcomes*. *Journal of Social Work*, 21(5), pp1019-1040.

Butler-Warke A, Yuill C and Bolger J, (2020). *The changing face of social work: social worker perceptions of a neoliberalising profession*. *Critical and Radical Social Work*, 8(1), pp59-75

I understand that you are seeking to include one or both of these outputs in your portfolio for a PhD by Public Output.

Following the guidelines set out in Academic Regulations for outputs with co-authors, I can confirm your contribution to these publications. Whilst it is difficult to quantify the word count contributed by any party, I can state that the project was devised by you (JB), data collected by you (JB) and other research assistants, and analysed by you (JB) and me (ABW). Whilst much of the original writing is predominantly mine (ABW), subsequent editing by you (JB) and Chris Yuill (CY) added to the final text.

Thus, to reiterate, whilst much of the writing may have come from me (ABW), the project idea and data collection are attributed to you (JB) solely. Analysis and editing came from you (JB), me (ABW) and Chris (CY).

*I hope this is helpful and I am happy to discuss further or provide further elaboration should this be required.*

*Best wishes,*  
Alice

*Dr Alice Butler-Warke  
Lecturer in Sociology  
School of Applied Social Studies  
Robert Gordon University*

# Fifty years of social work education: Analysis of motivations and outcomes

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**Alice Butler-Warke**  and  
**Janine Bolger** 

School of Applied Social Studies, Robert Gordon University,  
Aberdeen, UK

## Abstract

- **Summary:** This article uses the 50th anniversary of social work education provision at one of north-east Scotland's universities as an opportunity to reflect on social work education outcomes and motivations for undertaking training. This empirical assessment is based on the detailed responses to questionnaires and interviews with social work graduates who studied between 1968 and 2012 to evaluate social work training and education among graduates. We use the Kirkpatrick model to evaluate social work education.
- **Findings:** We highlight the combination of prior experience with social work and a sense of altruism that served to motivate students to engage in training. We discuss the levels of preparedness for practice based on training and note that it is the combination of teaching and placements that benefits students most. We reflect on the centrality of a common set of social work values that arise from a period of introspection during education, and we show that these values are incorporated into both professional and personal life.
- **Applications:** We show that 'big picture' and evaluations of social work education are important in order to orient social work education in line with political and social change. We also suggest that educators should be cognisant of the importance of personal development and growth that are central to the training of social workers. Rather than seeing personal development as a by-product of social work education, we

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## Corresponding author:

Alice Butler-Warke, School of Applied Social Studies, Robert Gordon University, Aberdeen AB10 7AQ, UK.  
Email: a.butler2@rgu.ac.uk

argue that training that strengthens social work values of justice and empathy is imperative.

**Keywords**

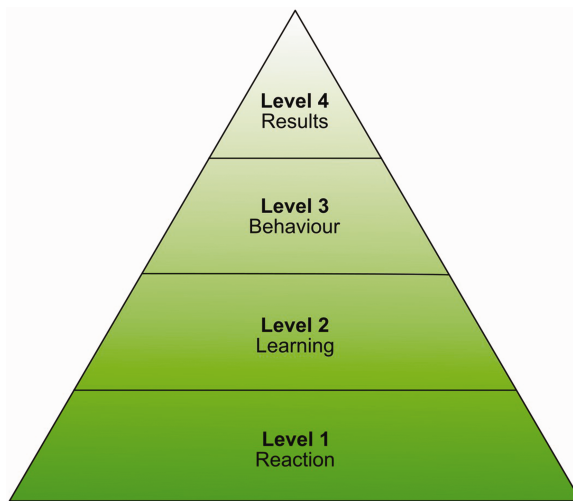
Social work, social work history, social work education, evaluation, social work values, curriculum

**Introduction**

Despite over a century of social work education programmes across Britain and around the world, there is a surprising lack of in-depth understanding of the outcomes of social work education (Carpenter, 2011; Orme, 2018). While there are module and course evaluations that give superficial insight, ‘bigger picture’ or longitudinal studies that consider course outcomes and the levels of preparedness for practice are needed in order that we can successfully understand the strengths and weaknesses of social work education (Orme, 2018). In this article, we address this bigger picture outcome gap through an empirical study that assesses and evaluates the outcomes of social work education. Our work goes some way to show how this gap can be filled through in-depth case studies, the findings of which can then feed back both into theory and practice. Our case study involves social work graduates from a university in the northeast of Scotland (referred to henceforth as ‘the university’), which has a tradition of educating social workers. Understanding the role of social work education in universities is of utmost importance as the social care sector experiences increasing cuts to funding that will affect future social workers (Evans et al., 2012).

Our focus on a Scottish university is particularly timely. In 2015, the Scottish Social Services Council (SSSC) – the regulatory body for social services work in Scotland – completed a review of social work education, and established that current qualifying education in Scotland is ‘fit for purpose’ but that the profession and universities needed to consider issues around access to education and new challenges faced by social workers in challenging times. Other topics that arose in the review were around continued professional learning and the potential for a mandatory supported year for newly qualified social workers (NQSWs). Our research was conducted three years after publication and shows that there is much to be learned from looking back at previous successes and failures.

Using the Kirkpatrick model as our evaluative frame, we are able to assess educational and training outcomes (Carpenter, 2011). This model uses four outcome ‘levels’ to gauge how impactful and meaningful training or educational instruction has been. These levels are reaction, learning, behaviour and results (Kirkpatrick, 1967 in Carpenter, 2011) and consider student satisfaction with a course or training programme, knowledge increase and application of knowledge.



**Figure 1.** The Kirkpatrick Model.

Using the Kirkpatrick model allows us to consider the successes and weaknesses of individual education programmes and to see how students apply their knowledge. We show the Kirkpatrick pyramidal model in Figure 1. We also acknowledge Stephen Webb's (2015) observation that social work identity is not widely understood or researched (p. 15) and, through reference to social work graduates' reflections, we offer insight into the ways in which social workers identify, the values with which they align, and how a social work education prepares students for the process of introspection and value acquisition. A mixed-methods approach was used for the study, combining questionnaires with a series of interviews, and focus groups. All participants were social work graduates of the university. A total of 33 questionnaires were completed and returned for analysis, 10 extended interviews were conducted, and 3 focus groups were held.

This article first briefly highlights what we already know about the outcomes and identities of social work graduates, before discussing the methods our case study used. We then explore the study's findings. The levels of the Kirkpatrick model are interwoven with the emergent themes in the main body of the article. First, in order to understand from where social work graduates come and what draws students to the profession, we reflect on graduates' journeys into social work, considering their experience with the field prior to the commencement of education and their motivations for undertaking study and showing that those undertaking social work education were motivated by a desire to ameliorate lives and society. We also provide data on the career paths of social work graduates and show that statutory posts remain the favoured career path for graduates. We then turn to graduates' reflections on the education that they received at the

university, which draws on Kirkpatrick's 'reaction' and 'learning' levels. Next, we turn to an oft-mentioned theme: social work values. This sense of a common ideology and value system serves as the link between Kirkpatrick's 'learning' and 'behaviour' levels, marking the transition point between impact of education, and modification of behaviour and actions. In the subsequent section, we turn to the impact of social work education and instruction, which ties with the 'behaviour' and 'results' levels of Kirkpatrick's model. We discuss the changes to self and society as a result of social work education and discuss graduates' perceived impact on service users and the community. Before offering some concluding comments, we also discuss respondents' self-reflection and retrospective assessment of their career as a social worker.

## **Outcomes and identities of social workers**

Recent research has indicated that social workers perceive themselves as compassionate agents of positive change (Yuill, 2018). Similarly, Miehl and Moffatt (2000) explore the notion of the social worker performing as a 'reflexive self'. Interestingly, Buchanan et al. (2007), in their study comparing social work and business degree students, highlight that social work graduates are more 'careerist' than business graduates, implying that social workers are motivated by career progression and status, which runs contrary to most literature that highlights the compassionate nature and motivations of social workers (Yuill, 2018). While this begins to address some uncertainties, we could still learn more about why social workers have historically sought to enter the profession, and how well prepared they feel for practice following their education.

As previously stated, there has been little research that adequately evaluates social work education from (a) a social work graduate's perspective and (b) from a longitudinal perspective that considers the longer outcomes and satisfaction rates as opposed to analysing immediate post-graduation employment outcomes, for example. Thyer et al. (1997) are an exception to this trend as they compared the effectiveness of distance learning versus in-person interaction for social work education, concluding that in-person teaching yielded better outcomes. Their study evaluated the success of the learning according to students' perspectives, but was primarily oriented at assessing the outcome of distance learning and televised instruction. Their study represents, however, an example of a study that considers the outcomes of social work education programmes.

While Thyer et al. (1997) did consider and evaluate the entirety of a course of instruction, most studies that have engaged in evaluation have largely considered how individual aspects of the social work education are beneficial to students in their career. A common theme in this section of the literature relates to evaluating the benefits of practical education. Barton et al. (2005), for example, evaluate the benefits of including placements in social work education and conclude that placements are beneficial as part of their degree programme and that they serve an important role from an employment perspective, 'with 60% of respondents

reporting that students were subsequently employed by the practicum agency' (p. 301). Whether this figure is still valid in light of the contraction of the social care sector needs to be examined further in future research. Fortune et al. (2008) found similar benefits when considering the outcomes of practice fieldwork putting skills into practice left students more confident in their abilities and was associated with 'greater self-evaluation of performance' (p. 239). Recent developments have seen the establishment of Social Work Teaching Partnerships (SWTP) that have been set up to address the challenges associated with providing robust practice learning experiences, in addition to improving the training experience more generally (Department for Education, 2016). The arrival of the SWTP system should permit a straightforward and streamlined process for securing student placements. It should be noted that the SWTP was developed by the Department of Education and the Department of Health and Social Care at a central UK government level, but the partnerships do not exist in Scotland.

Other aspects of professional and training practice have been evaluated, such as the role of mentorship, which has been found to be beneficial from both the perspective of the mentor and the mentee (Collins, 1994). Worth noting in Pauline Collins' (1994) study of mentorship in social work is that the evaluation measures that she uses are highly oriented towards financial gain – 'career success, career satisfaction, and income level' (p. 413) – as opposed to whether particular professional practice led to satisfaction with meeting core values, for example.

A study of the four-year Bachelor of Social Work degree at the University of Newcastle, Australia, evaluated the benefits of including critical thinking instruction in the curriculum. Evaluating the outcomes of this instruction using 'The Cornell Critical Thinking Test, the Ennis – Weir Essay Test and a qualitative student self-appraisal' showed that the critical thinking instruction helped social work students to hone their critical thinking skills (Plath et al., 1999). Studies such as this evaluate specific parts of a course of instruction in a 'snapshot' sense, considering the immediate effects and outcomes. What these studies *do not* do is consider the longer story of these outcomes, evaluating the educational experience in the *longue durée*, which is where our study intervenes.

## Methods

Coinciding with the 50th anniversary of the social work education programmes at the university, a call for participants was put out through local media, social media, alumni networks, and local councils and voluntary organisations. Respondents were asked to get in touch with a representative from the study if they wished to participate. Those interested in being involved with the study were emailed a questionnaire (see Table 1) consisting of nine questions that asked participants about their educational journey, subsequent career, reflections on their social work education, and aspirations for themselves and the field of social work more generally. A total of 33 participants completed questionnaires. This sample sizes we used in this study were selected in order to attain the depth of

**Table 1.** Questions included in questionnaire.

1	What motivated you to become a social worker?
2	When did you attend the university?
3	What qualification did you undertake?
4	What was it about the course that equipped you for subsequent practice?
5	Do you have any significant memories about your education/training?
6	Please provide a chronology of your post-qualifying employment.
7	What impact do you think you have had on individuals/families/communities with whom you have worked?
8	What has the personal impact of your education/training/practice been?
9	What are your aspirations of the future of your (or more general) social work practice?

analysis that we sought, and they correlate to other social work studies (see Aadnanes, 2017; Barton et al., 2005; Yuill, 2018). They had graduated from the university between 1968 and 2013 and had studied for one of the following qualifications: BA Applied Social Sciences with Diploma, BA Applied Social Science with Certificate of Qualification in Social Work (CQSW), Diploma in Social Work, Diploma in Social Work by Distance Learning, Certificate in Social Work (CSW), PG Diploma in Social Work, CQSW, BA Public Administration with CQSW, BA (Hons) Social Work, BA (Hons) Social Work by Distance Learning, MSc and Diploma in Social Work (DipSW), BA (Hons) Social Work with DipSW. All of our participants had started and, crucially, completed their social work education. Our sample does not account for any individuals who began a course of study and then dropped out, and this leaves a gap to be filled by future research.

The questionnaire respondents were asked if they wished to participate in in-depth interviews that would explore their responses in more detail. Ten interviews and three focus groups were conducted in the weeks following the submission of the questionnaires. The interviews and focus groups were semi-structured with a series of questions put to participants but, according to the flow of the conversation, topics evolved naturally. Participants were asked about their preparedness for practice following their education at the university, their reflections on their career, whether social work has changed as a profession, and advice that they would give to NQSWs. Those interviewed had graduated from the university between 1970 and 2013, with one participant being part of the first cohort of social work students taken by the university in 1968.

The questionnaire responses were quantitatively and qualitatively analysed, noting both numerical trends and common themes. Quantitatively, the data were analysed using a content analytic approach that employed descriptive statistics to draw attention to common trends, general themes and the frequency of certain responses. The audio-recorded interviews were transcribed and analysed qualitatively using a thematic content analysis to give an in-depth understanding of social work graduates' experiences and to provide context. When we present a participant's direct or indirect quotation, we use either a description of that



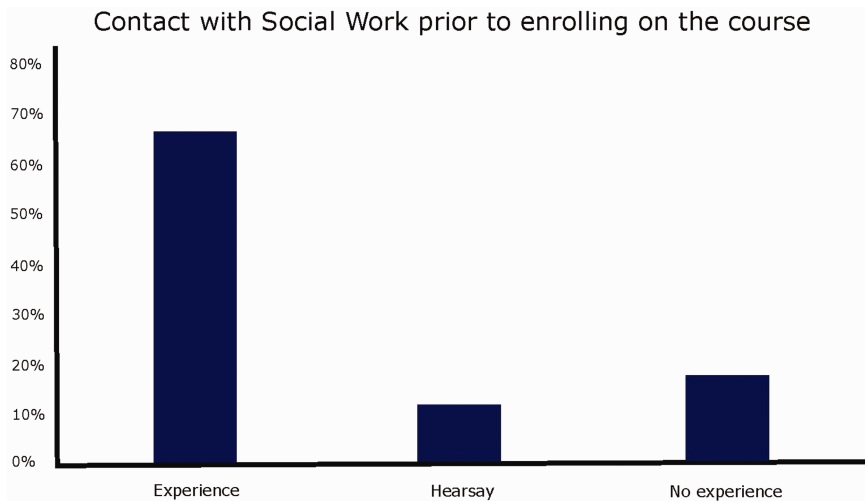
participant's background where relevant or a short abbreviated code that we developed to ensure anonymity (e.g. FG1).

## **Journey into social work**

The questionnaires offered us a useful means of assessing how social workers came to enter the profession. Questionnaire respondents were asked about their experience with the field of social work prior to deciding to enrol on a course at the university. Twenty-two respondents (66.7%) had had direct experience or contact with social work or another caring profession, or with vulnerable groups. Respondents in this category had worked at or volunteered at homeless hostels, hospitals and residential facilities and had observed social inequality and marginality first-hand. This is consistent with the literature that suggests that social work students have had direct experience with challenging life events or have seen social injustice first-hand (Rompf & Royse, 1994; Yuill, 2018). Four respondents (12.1%) had not had direct experience but had 'heard about' social work through friends in the profession or through having family involved in the field. Their contact with these individuals led them to pursue a similar career themselves. Finally, six respondents (18.2%) had no direct contact or experience with social work or a caring profession prior to enrolling on the course (see Figure 1).

The various motivations to pursue a social work career coalesced around the desire to make an impact on people and society (see Figure 2). As a respondent who had completed the CQSW in 1979 stated, 'I wanted to assist folk to get a fair deal and to improve their lives'. Only one respondent (3.1%) opted for a career in social work because of dissatisfaction in another field and another did not specify why s/he elected to transition into social work. Two respondents (6.1%) saw that a social work qualification would enhance their career opportunities. Two respondents (6.1%) reported that it was a respect for the social work values that led them to enter the profession. A further two (6.1%) had seen first-hand the work of inspirational social workers and wished to emulate them. Conversely, one respondent had seen the work of social work first-hand and had seen that it could be improved; this individual pursued a career in the profession in order to remedy the perceived shortcomings. Most common, however, the reasons given for entering the profession were a wish 'to help people' (30.3%), 'to work with people' (18.2%) and 'to make a difference' (21.2%); they all felt that social work was the means to achieve these goals. This fits with existing literature that suggests that social work students in England were motivated to train for 'altruistic' reasons (Stevens et al., 2012) and exhibited what Chris Yuill (2018) terms 'a compassionate self'.

Of note, is that those with no direct experience of social work overwhelmingly saw the field as a means 'to help people' (66.7%) and 'to work with people' (33.3%). This tells us something of the reputation that social work and social workers have in society; social work is perceived as a caring profession that has direct impact on lives. Relatedly, those who 'heard about' the profession through contacts saw social work as a means 'to make a difference' (50%).



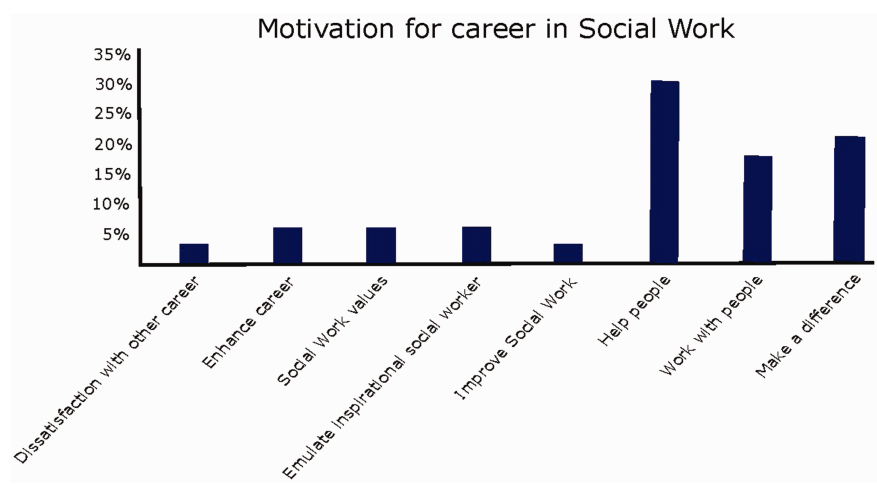
**Figure 2.** Respondents' contact with social work or other 'caring professions' prior to enrolment on course.

There is little research on the career paths of social work graduates in Britain. Research in the United States suggests that between 18% and 25% of social work graduates of government funded Title IV-E social work programmes moved out of public sector employment and into non-profit agency (or third sector in the British perspective) social work practice (Robin & Hollister, 2002). The remainder pursued careers in county, state, school or hospital agencies (statutory posts) (Robin & Hollister, 2002). To understand the career outcomes of British social work graduates, we asked respondents about their career path and progression after graduating from the university (see Figure 3). Respondents had pursued careers in the third-sector (3.0%), in statutory settings (48.5%), a combination of third-sector and statutory posts (42.4%) and in academic settings (3.0%). This suggests that statutory posts remain the favoured employment option among social work graduates in Britain.

Of note is that all social work graduates pursued careers in social work. This is highly unusual among British higher education; as Lee Harvey (2000) explains,

United Kingdom employers are at the forefront of 'any discipline' recruitment. That is, the majority of vacancies filled by graduates do not require someone from a specific discipline. On the contrary, employers recruiting in the UK often positively seek out graduates from disciplines other than that which would appear to be relevant. (p. 7)

Harvey notes medicine and engineering as exceptions to this trend but our research underscores the exceptionality of social work, too. Precisely why this is the case is beyond the scope of this article; however, it is notable that in the case of medical

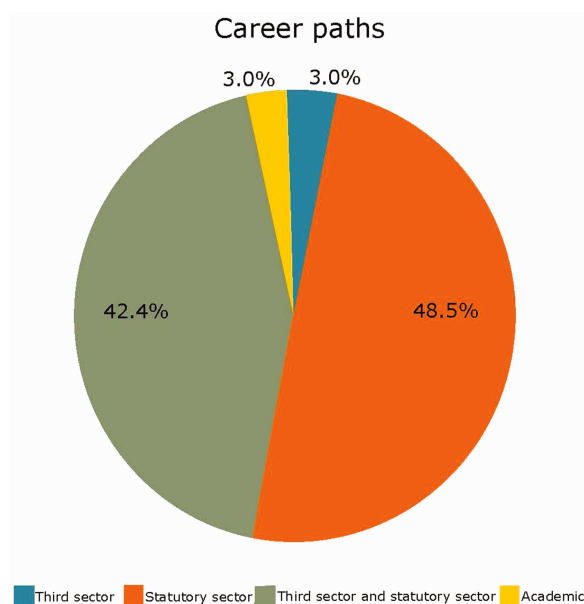


**Figure 3.** Respondents’ motivations for pursuing a social work career.

disciplines and social work, there are government bursaries available to students, and work is largely in the public sector meaning that jobs tend to be (or are perceived to be) more stable (Davies, 2017). If that were the sole explanation, however, it would follow that teachers, too, for whom bursaries are available, would largely progress into their target field, too. There is little current information that examines the employment outcomes of those in teacher training courses across the UK but a study from 1989 (therefore not taking into account the role of 21st century austerity) tells us that within six months of graduating, 72% of all teachers were employed in that field (Parkes, 1989). This suggests that fields with government-support and government oversight do largely correlate with subject-specific employment. An alternative explanation is that teaching, engineering, medicine, and, crucially for this study, social work, directly prepare students for professions, often through placements and sector-specific training. This is less the case for social science, arts and humanities programmes that prepare students more generally with countless transferrable skills. Horn and Zahn’s (2001) study of employment outcomes in a US setting suggests that ‘education and humanities and arts majors experienced the least favorable outcomes’ in terms of employment. This suggests that whilst high levels of subject knowledge and transferrable skills are generated in arts and humanities degrees, there is little linkage to a professional progression. Teacher training outcomes warrant further study.

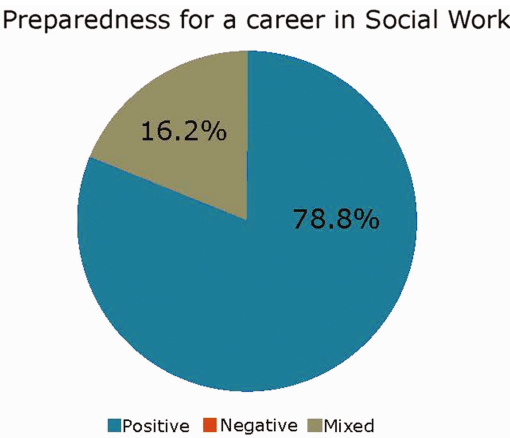
**Reflections on social work education**

The previous section highlighted students’ journeys into social work and their motivations for entering the profession, thereby giving a sense of the expectations



**Figure 4.** Career paths as reported by respondents.

that social work students have when commencing study. The next sections will evaluate the efficacy and ability of social work programmes to meet the desired outcomes. These discussions will directly involve use of the Kirkpatrick model of evaluation. The first and second levels of this model are 'reaction' and 'learning'. These refer to an assessment of the satisfaction with a given training programme or course of instruction and, relatedly, with the subsequent increase in knowledge. In this study, interview and focus group participants were asked to reflect on their education at the university (see Figure 4). All participants found that at least some elements of the course had prepared them well for their professional life. Over three-quarters of questionnaire respondents (78.8%) considered that the course at the university had prepared them entirely for their future work. The remaining 18.2% felt that some elements of their studies had given them an excellent grounding in social work. While the questionnaire responses allowed us to quantitatively assess the level of satisfaction with the education received, the interview data provided us with a depth of understanding. One interview respondent explains, 'I am very positive about my four years here, I really am' (LJ1, interview, 2018). The respondent continues, 'I loved my course. I loved studying and I loved the placements I did' (LJ1, interview, 2018). Another pointed to social work education as being about 'basically opening your eyes and getting you to question things' through both in-classroom teaching and through placements (FG1, interview, 2018).



**Figure 5.** Respondents’ perception of preparedness for a career in social work following study at the university.

When asked to consider which elements of the courses had prepared them for their careers, just under a quarter (24.2%) of questionnaire respondents felt that the teaching alone gave the necessary grounding, and 12.1% felt that it was the placements alone that had prepared them best. Generally, however, it was the combination of classroom learning (including seminars, tutorials and lectures) and placements that had led to a good level of preparedness for their career with 60.6% questionnaire respondents reflecting that the classroom learning grounded them in theory, whereas the placements helped to see social work in action (see Figure 5). One interview participant noted that ‘the two placements that I got at university really set me up for the rest of my career, so I do think there is a huge importance in getting the right placements for people’ (AH1, interview, 2018). Another participant picks up this theme, adding that, through placements, ‘you’re suddenly thrown into a world that’s completely new’ (JB1, interview, 2018) and that this is beneficial for growth. Other participants echo this, noting that there was significant benefit to having multiple placements, suggesting that the first placement was a chance to grow in confidence and as a person, where the second was about skill development (LJ1, interview, 2018). One respondent, reflecting on the choice of placements available, suggests that ‘if you have the opportunity to get a placement in the area that you would like to go into, then that would certainly help you when you’re leaving university to go into that field’ (FG3, interview, 2018).

But placements were not the only element of the course that was valuable; participants also appreciated the teaching they received at the university, with participants crediting their seminars and lectures for helping them to develop a deep understanding of people (JM1, interview, 2018). Small seminar groups were noted as being particularly beneficial with a respondent noting, ‘I learned a lot from other people... We couldn’t just sit back in the seminar groups; we were

expected to lead them, to read up, to contribute and that taught me a lot about stress' (FG1, interview, 2018). This points to the value of the education provided at the university: it was not just the content of the training that was educational but the format and structure of the course, too. As budget cuts continue to affect tertiary education, increased class size is generally seen as both a way of cutting costs (Nik Ahmad et al., 2019), and of increasing accessibility for students (Phillips & Ahrenhoerster, 2018). While our respondents felt that small seminar classes had been advantageous to their training, there is inconclusive evidence regarding the benefits of small class size (Shi, 2019). Universities must be cognisant as budgets are further constricted that, while there may be insufficient evidence to conclude that small classes yield higher performance outcomes, student satisfaction levels may rise with smaller group teaching.

Many participants now work as practice teachers and come into contact with students from the university who are now training to become social workers. These respondents were positive about the current training being provided and the readiness of university-qualified NQSWs for practice. One participant explains that 'I don't see any gaps (in the university training) that I am conscious of really' (MH1, interview, 2018), and a fellow participant adds that students from the university are advanced with theory in practice (AH1, interview, 2018). A former university student adds that 'I felt relatively prepared for practice and I would say that I felt more prepared for practice than I see people coming out' (CL1, interview, 2018), suggesting that, going forward, there is merit in reviewing previous curricula and pedagogies.

## **Social work values**

The Kirkpatrick model's third level is that of 'behaviour' which relates to the actions undertaken that reflect changes in attitude that arises through the 'learning' level. A key theme on which interview participants reflected is that of social work values, which relate to the learned attributes that, as social workers, the university graduates put into their practice.

The British Association of Social Workers (BASW) offers an international definition of social work that encapsulates some of the foundational principles and values:

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being (BASW, 2018)

Although the social workers in this study did not engage directly with the BASW definition, their responses highlight that they share these values. A participant refers to a desire 'to empower' service users (FG1, interview, 2018). Another refers to the importance of social change and equality (FG2, interview, 2018), underscoring the importance of liberation and social change.

In reflecting on the values needed to be a successful social worker, participants consider their own work. Relationships and the positive therapeutic value of relationships feature heavily in the discussion. One respondent explains this through commenting on the importance of ‘coming alongside’ individuals and working with them:

I really believe that we can make a difference if we have the right attitude and the right skills and the willingness to walk the walk . . . I have tried to be that social worker who comes alongside families and I am quite proud when I look back on the fact that I have worked with hundreds of kids and hundreds of families and most of them I would have seen positive change (LJ1, interview, 2018).

This aligns with the importance of equality and social justice. For the above respondent, social work should not be a top-down intervention but should, rather, be a means of working together for social change and empowerment.

For many participants, the values of social work are tightly entwined with personal values. One participant notes that ‘me as a social worker and me as a person are so intertwined now that I’m not sure I can see the difference anymore’ (JM1, interview, 2018). This highlights the deep and complex personal relationship that social workers have with their profession; this is best summed up by a participant who explains that in her work, ‘my most important resource is myself’ (JB1, interview, 2018).

In considering what advice they would give to NQSWs, interview participants reflect on the need to internalise social work values and to use them in quotidian practice. Firstly, respondents suggest that NQSWs should ‘stick to your values. Challenge anything that goes against that . . . Just remember your social work principles and measure what’s happening around you on those terms’ (SM1, interview, 2018). This response highlights the primacy of values-directed practice. Social workers seek to remind NQSWs that they need to foreground their values in their work and to use them to guide their practice.

Inherent in this advice is the assumption that social workers share a set of common values that both define their profession and guide practice. Other participants, while not directly advising NQSWs to adhere to these values, draw on the idea of the profession being impactful, which relates to the BASW’s assertion that the profession is grounded in ‘meeting human needs and developing human potential’ (BASW, 2018). A respondent in a focus group advises that ‘it is about remembering about the . . . maybe the brief contact you have with someone, it has a real impact on their life’ (FG3A, interview, 2018). This suggestion draws on the idea that social work has direct effect on people’s lives and that such influence should be valued by practitioners.

Related to the BASW (2018) code of ethics and reflection on values that centre around the empowerment of a person, one participant focussed on the need for

NQSWs to listen and to invest time, particularly with children. The participant explains:

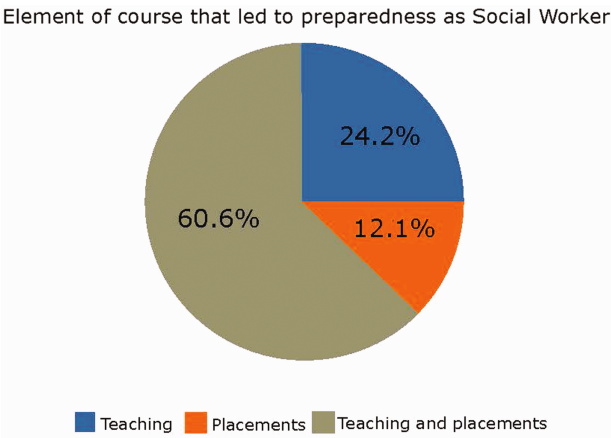
I think they need to make time to speak with children or to make sure there is somebody involved, not too many people but somebody who is really listening and speaking to the children... I think what gets missed is to make sure that the child understands what is happening. (RK1, interview, 2018)

This underscores the internalisation of social work values and the need to foreground these principles in practice and to use them as the guide-posts that orient practice. Cynthia Bisman (2004) refers to this set of values as the profession's 'moral core' and calls for practitioners to take pride in the set of values that guide practice and that 'respond[s] to the moral imperative of caring for the neediest among us'. It is clear that part of becoming a social worker involves an introspective process whereby social work students consider their personal value system and internalise the 'moral core' of social work. This introspective process forms part of what Stephen Webb (2015) describes in his discussion of the acquisition of social work identity. He suggests that 'professional identity does not come ready-made but is continually fashioned in the movements along ways of organisational and professional life' (p. 3), implying that identity is constantly being made and remade through introspection and practice. It is also consistent with Yuill's (2018) findings regarding social workers' identities coalescing around the notion of the 'compassionate self'. We suggest that educators do not treat the cultivation of social work values and the impact of students' personal lives as a by-product of social work education but rather recognise that these values are central to the development of students as social workers. The stresses faced by social workers should not be overlooked, however, and social work graduates will face time constraints, budget cuts and an increasing neoliberalisation of the profession that sits in opposition to social work values based on compassion and process (Butler-Warke et al., 2019; Yuill, 2018).

## **Impact of social work**

The fourth and final theme of the Kirkpatrick model is that of 'results' or the benefits/changes to self and/or society arising from the education undertaken. Questionnaire respondents were asked to reflect on the impact they had on individuals/families/communities during their career following their education at the university. This question posed in the questionnaire portion of the study relates to practitioners' perceived impact, assessed through self-reflective practice. A more in-depth study that surveys service users would be needed in order to assess the actual impact of social work practice. Two respondents (6.1%) did not engage with the question, and 9.1% reflected that their impact on service users was mixed, with one respondent, who completed a CQSW in 1990, suggesting that 'it is difficult to gauge the impact of my practice as it is not always apparent at the time'.





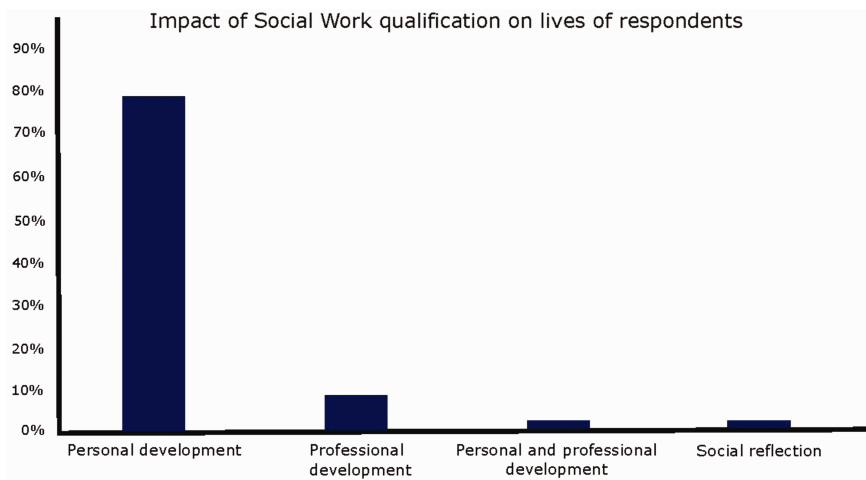
**Figure 6.** Respondents’ perception of which elements of the course prepared them best for their career.

Mostly, however, respondents felt that they had had a positive impact on those with whom they had worked, with 81.8% stating that their impact was positive.

The ways that respondents felt that they had impacted service users varied. Two individuals did not respond to the question. More than a quarter of respondents (27.3%) felt that their impact had been based on giving support. A further 15.2% thought that their role had been in the empowerment of individuals. Two respondents (6.1%) thought that they had given a voice to vulnerable individuals. Others responded more generally suggesting that impact can be improved and/or is not always obvious at the time of action (9.1%). Some reflected on the groups of people helped including children, families and learners. One respondent who completed a Diploma in Social Work in 1997 suggested that impact ‘varies as there are times I could reflect where my interventions did not always have positive outcomes for people. However, there are numerous other times when my direct interventions or support to others intervening has been life-saving’. This comment underscores the primacy of self-reflection in social work practice and the need to be able to assess and acknowledge positive and negative interventions.

In addition to having impact on others, a social work qualification had personal impact on questionnaire participants (see Figure 6). A total of 78.8% of respondents maintained that their qualification had contributed to a process of personal or self-development. A respondent, who completed a BA in Applied Social Studies with a Diploma in social work in 2000, explains that ‘I feel I have developed hugely in a personal sense, partly through a broadening knowledge, new skills, critical thinking and reflection’.

The theme of self-reflection and introspection is repeated frequently (Figure 7). Three respondents (9.1%) argue that their qualification has impacted them mostly in a professional sense, allowing them to progress in their career. One individual



**Figure 7.** Respondents' view of how their social work qualification has impacted their lives.

(3.0%) reflected on the impact of the qualification in both a personal and professional sense. While most individuals reflected on the role that social work had had on the self, one respondent (3.0%) felt that the qualification had permitted greater social insight, noting that 'working in has given me a real life insight to the disadvantaged lives many people in our city face due to age, illness, disability, poverty, addiction and many other factors'. Finally, one individual did not respond to the question on the personal impact of their social work qualification.

## Self-reflection

Related to the previous section where questionnaire respondents discussed the impact of their practice on both themselves and society, during the interview phase of the study, participants were asked to reflect on their career choice and they considered their work and their level of contentment with their career choice. This process of self-reflection – particularly in relation to identity – is crucial to social workers maintaining their sense of identity (Webb, 2015). All but one participant was content with the choice of becoming a social worker. The respondent who expresses regret for following a career in social work explains:

I have to be honest and say I honestly, in hindsight, I'd not be a social worker. I think, you know, it gets such bad press... Everything in the media is very against social work. I suppose my experiences within social work haven't been that great so, if I had a choice, I wouldn't do it again. No, I wouldn't. I often say I went into the wrong profession. It wasn't for me. But I still do it 21 years later and yes, I enjoy it but... if

I had another skill or something else, I would certainly do something else (FG3, interview, 2018).

Considering this comment, it is apparent that the social worker has had some negative experiences but, in fact, it is the poor reputation and representation of the profession that is the foremost reason for wishing to switch professions. All other participants interviewed did not regret their choice of entering social work (though they, too, reflect on the negative image of the profession in the media). One respondent acknowledges the challenges of a career in social work, but does not regret the choice of profession:

I don't have any regrets about coming into social work; I will say that it hasn't always been easy. I think I say that very honestly. If you think that choosing to go into social work will move you forward very fast and it will be easy, then you've chosen the wrong career path. (ST1, interview, 2018)

For others, however, the choice to be a social worker is entirely positive. One respondent refers to a 'sense of calling' (JM1, interview, 2018) and others refer to their 'passion':

In social work, I think we can make a difference. I really believe that we can make a difference. I really believe in our profession... I am very positive about my job. I could never imagine myself doing anything else and whatever passions I had that the training probably ignited a little more, they are still there. I still really believe in people and I still really believe that people can change, and I am incredibly passionate about our care-experienced young people and what they can achieve and what supports are required... I really believe in our profession. (LJ1, interview, 2018)

A respondent who also works as a practice teacher adds, 'I am still pleased that I am a social worker' (MH1, interview, 2018). A fellow graduate responds similarly:

I am absolutely still proud to be a social worker. It's not the easiest job in the world but I knew I wanted to be a social worker before I really knew what a social worker was, from a really early age and there is nothing else I would rather do. (AH1, interview, 2018)

In addition to being asked specifically to reflect on their career choice, during their interviews, participants showed a further tendency to self-reflect and they considered what being a social worker meant to them and how they had practised during their career. Respondents reflected on the quality of their work and were fair and balanced in acknowledging that there have been difficult times during which their work could have been stronger. A participant explains that 'I think I have done good work at times and at times I've done work that wasn't so good and I've reflected on that' (MH1, interview, 2018). Here, it is clear again that the role of

self-reflection is central in the practice of social workers, who can analyse and critically consider their own role in practice.

## **Limitations**

While this study has highlighted a 'bigger picture' outcome of social work education and the levels of preparedness for practice, our research is limited to a small sample size and to respondents who studied at a single university in the north east of Scotland. There would likely be regional differences in perceptions of preparedness reflecting local and regional government policies. As such, while our study can serve as a useful springboard for other institutions in areas of the UK to explore the outcomes of their social work education programmes, researchers and practitioners should be aware that our findings are region-specific. Relatedly, we acknowledge that this research has a UK focus; however, our findings can hint at global factors such as increasing neoliberalisation, bureaucratisation of the profession and financial constrictions that affect the profession, and we believe that these changes are experienced globally.

## **Conclusion**

This study has attempted to fill a gap in research by engaging in an outcome evaluation of social work education at the university between the commencement of the social work programmes in 1968 and the present day. Drawing on Kirkpatrick's evaluation model, we have examined how classroom and placement-based education have contributed to a stronger professional practice and have demonstrated positive outcomes for social work instruction that is beneficial to graduates, service users, and more broadly, the aim of social justice.

In this article, we first highlighted that 66.7% of participants had had direct experience of social work before commencing their education, showing that exposure to social work was generally positive and reinforced a desire to pursue a career in the field. Relatedly, we showed that the main motivations for involvement in social work were to 'help people' (30.3%), to 'work with people' (18.2%) and to 'make a difference' (21.2%). This concurs broadly with existing literature, but we were also able to dig deep into the data to find that even among those with no direct experience of social work that the profession has a positive reputation in relation to humane and equitable values. This is particularly encouraging given that several interview participants in this study commented that media representation of social work and social work practitioners is not always positive. We were also able to provide insight into the career paths of social work graduates in Britain, highlighting that, while many social work graduates will spend some time employed in the third sector, the majority pursue a career in the statutory sector.

Using the Kirkpatrick model, we showed that social work education serves as positive preparation for a career in the profession, and we stressed that, based on

questionnaire responses, it is the combination of classroom and placement education that adds value to education, with classroom learning serving to ground students in theory, while placements offer 'eye-opening' insight into the profession. Through a discussion of social work values – what Bisman (2004) terms the 'moral core' of social work – we showed that social work education helps students to internalise social work values. This internalisation bridges the gap between Kirkpatrick's 'behaviour' and 'learning' levels, showing that students and graduates learn a set of behaviours and attributes that they can put into their practice.

To assess the results of social work education, we asked participants to reflect on their impact on service users, the community and themselves. A total of 81.8% of respondents felt that they had had a positive impact on service users, and all respondents saw that their education had had an impact on their own life (personal, social or professional), highlighting that the impact of social work education is far-reaching. We also showed that, when asked to self-reflect on their career choices, most social workers have pride in the profession and they continue to internalise the values of social justice and empowerment in both their professional and personal lives.

This article has helped to fill a gap in knowledge regarding the outcomes of social work education in Britain. We have demonstrated that social work education is impactful and value-laden and we showed that, despite perceived negative media reputation, the profession has a reputation for promoting social justice and equality. We have shown that altruism and values remain central to the profession and that part of the process of becoming a social worker is the internalisation of these values. Our article suggests that social work education is largely successful in preparing social work students for practice and that satisfaction levels are, generally, high. Our study also found that the effects of social work reach beyond academic and practice realms and directly influence social work students' core values and moral compass. We suggest that educators consider the importance of personal development and growth as part of the education of social workers. This would be particularly important given that most students are motivated by values and beliefs that are grounded in social justice, and we argue that it is important to nurture these values during education.

As social work faces the monumental social and political changes of the contemporary moment (Scottish Executive, 2006), we need to understand the obstacles and successes of the past in order to move forward and in order to build an equitable and just future for all members of society. We suggest regular evaluation engagement in a 'big picture' sense to inform how social work education is meeting students' needs and expectations. This article has served as reflection on the positive outcomes of social work education over the last half century and, hopefully, offers an optimistic vision of the field moving forward. This study has involved only social work graduates and practitioners; it would be beneficial to conduct a follow-up study that moves beyond an assessment of *perceived* impact and, instead, asks service users to reflect on the *actual* impact of social work on their lives. This would allow for greater understanding about the role of social workers in society

and the changes to both curricula and practice that need to be implemented for social work to remain contemporarily relevant.

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### Ethics


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### ORCID iDs

Alice Butler-Warke  <https://orcid.org/0000-0002-7205-9832>

Janine Bolger  <https://orcid.org/0000-0002-0842-1745>

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## Output 4

Butler-Warke, A., Yuill, C and Bolger, J. (2020) 'The changing face of social work: social worker perceptions of a neoliberalising profession', *Critical and Radical Social Work*, 8(1), pp.59-75.

Available at: <https://doi.org/10.1332/204986019X15633629305936>

(Total word count 7,123)

This output is co-written but based entirely on my own research. The publication is a supportive exercise between a developing academic and me, led by findings from my research undertaken to celebrate 50 years of social work education at Robert Gordon University. My contribution to the writing of the publication then is approximately **1,000** words and confirmed by attached letter from the other author (below).

**From:** Alice Butler-Warke (sass)

**Sent:** Friday, May 17, 2024 2:47 PM

**To:** JANINE BOLGER (0211443) <[j.bolger@rgu.ac.uk](mailto:j.bolger@rgu.ac.uk)>

**Subject:** PhD statement

Dear Janine,

I am writing with regards to the outputs below:

Butler-Warke A and Bolger J, (2021). *Fifty years of social work education: analysis of motivation and outcomes*. *Journal of Social Work*, 21(5), pp1019-1040.

Butler-Warke A, Yuill C and Bolger J, (2020). *The changing face of social work: social worker perceptions of a neoliberalising profession*. *Critical and Radical Social Work*, 8(1), pp59-75

I understand that you are seeking to include one or both of these outputs in your portfolio for a PhD by Public Output.

Following the guidelines set out in Academic Regulations for outputs with co-authors, I can confirm your contribution to these publications. Whilst it is difficult to quantify the word count contributed by any party, I can state that the project was devised by you (JB), data collected by you (JB) and other research assistants, and analysed by you (JB) and me (ABW). Whilst much of the original writing is predominantly mine (ABW), subsequent editing by you (JB) and Chris Yuill (CY) added to the final text.

Thus, to reiterate, whilst much of the writing may have come from me (ABW), the project idea and data collection are attributed to you (JB) solely. Analysis and editing came from you (JB), me (ABW) and Chris (CY).

*I hope this is helpful and I am happy to discuss further or provide further elaboration should this be required.*

*Best wishes,*  
Alice

*Dr Alice Butler-Warke  
Lecturer in Sociology  
School of Applied Social Studies  
Robert Gordon University*

## article

# The changing face of social work: social worker perceptions of a neoliberalising profession

Alice Butler-Warke, [a.butler2@rgu.ac.uk](mailto:a.butler2@rgu.ac.uk)

Chris Yuill, [c.yuill@rgu.ac.uk](mailto:c.yuill@rgu.ac.uk)

Janine Bolger, [j.l.bolger@rgu.ac.uk](mailto:j.l.bolger@rgu.ac.uk)

Robert Gordon University, UK

This article engages with literature on the neoliberalisation of social work but advances the debate by building an argument based on interviews with social work graduates that reveal the perceived changes to the profession over the last 50 years. Based on lived experiences, we show that social work as a profession has experienced significant changes that have occurred both internally and externally to the profession. These changes form part of a larger ideological shift towards neoliberalism. Beginning with the Thatcher administration, intensifying under New Labour's Third Way and persisting under the Age of Austerity of Prime Ministers Cameron and May, the neoliberalisation of social work has sought to turn it into an outcome-oriented, information-gathering, surveilling profession that no longer relies on its critical and radical value base. We show, however, that despite the neoliberal assault, social workers remain optimistic about the future and loyal to their core values.

**Key words** neoliberalisation • austerity • Thatcher • training • education

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## Introduction

The year 2019 marks the sesquicentenary of the founding of the Charity Organisation Society (COS) in London in 1869 ([Social Work at Edinburgh University, 2018](#)). Along with the University Settlement programme and the social administrative processes of the Poor Law, the COS was an instrumental first step in the establishment of social work as a profession ([Lymbery, 2005](#)). Over the ensuing 150 years, social work training programmes emerged at colleges and universities throughout the British Isles and around the world ([Social Work at Edinburgh University, 2018](#)), signalling the formalisation of social work education.

This article takes the 150-year anniversary of the founding of the COS and the 50-year anniversary of the social work training programme at a university in north-east Scotland (henceforth referred to as 'the university') as a pivotal moment in the history of social work, and takes the opportunity to reflect on the recent imposition

of neoliberalism on the social work profession in Britain. While existing literature reflects on the current state of social work and, particularly, the neoliberal agenda's influence on practice (see, for example, [Ferguson, 2009](#); [Ferguson and Woodward, 2009](#); [Ferguson and Lavalette, 2013](#); [Spolander et al, 2014](#); [Rogowski, 2015](#)), we build our argumentation from in-depth interviews with social work practitioners in Scotland. This means that we unearth the lived reality of change in social work and use first-hand accounts to build a narrative of change, neoliberalism and austerity in the late 20th and early 21st centuries, thereby connecting the lived reality of perceived change with the larger structural and systemic vision. Due to the case-study site, the article is UK-centric but we acknowledge that neoliberalism's reach into social care is not unique to the UK.

Our study serves as a discussion with current theoretical literature. We weave together existing literature with our study's empirical data to give social workers a voice in describing the perceived changes in the field. We begin with a summary of the existing ideas relating to neoliberalism and its political genesis, with reference to particular exemplifying changes and policies, before discussing our methodology. We then use combined findings and discussion sections to interweave the voices of our participants with current debates. Before making concluding comments, we offer a discussion based on our findings connecting the existing literature on neoliberalism and the lived experiences of social workers, reflecting on how this larger politico-economic system manifests itself in social work practice.

## Neoliberalism and social work: a review

Neoliberalism is a feature of the past three decades ([Spolander et al, 2014: 302](#)). As [Harvey \(2016\)](#) explains, it is a 'political project carried out by the corporate capitalist class as they felt intensely threatened both politically and economically towards the end of the 1960s into the 1970s' by the perceived threat of radical and counter-revolutionary projects. The shift to a neoliberal society was no accidental transition; it was operationalised by politicians 'to reorder the political economy of post-war capitalism – modifying its existing class relations, its organizing structures, and its institutions of accumulation' ([O'Conner, 2010: 695](#)).

The central tenet of neoliberalism can be summed up as 'the belief that the free market and free trade are best suited to meeting human wellbeing' ([Rogowski, 2015: 54](#)). The neoliberal agenda relies on the market as the source of rights and freedoms, and the need for increased privatisation and financialisation. It is associated with 'public expenditure cuts, curbing the powers of trade unions and the privatisation of nationalised industries' ([Rogowski, 2015: 54](#)). Neoliberalism slashes the safety net of the welfare state and replaces it with a market-centric approach that foregrounds 'capital accumulation strategies over social concerns' ([Morley et al, 2019: 37](#)).

### *Thatcherism*

Prime Minister Thatcher (1979–90) is often seen as foundational in the onslaught of neoliberal policies in Britain ([Ferguson and Lavalette, 2013: 98](#); [Rogowski, 2015](#)); indeed, in the Conservative Party's (1976) *The right approach* document, it suggests that inequality, poverty and deprivation can be solved through 'market-centrism' ([Mudge, 2008](#)), privatisation and profit. The document states:

The main reason why we have not done better in providing for the needy is that our economy has not grown as rapidly as that of other countries, where more successful, more profitable, and less hampered private enterprise systems have produced more resources for improving the real standards of community services. (Conservative Party, 1976: 57)

The influence of neoliberalism on social work can be traced to Prime Minister Thatcher, though Thatcher's early years in office actually had little impact on the day-to-day practice of social workers (Rogowski, 2015). The Barclay Report, commissioned in 1980 and presented in 1982, sought to examine the role of the social worker in society, and called for a community social work approach. This was largely ignored by Thatcher's government, except locally in Scotland, where the Social Work (Scotland) Act 1968 had also seen inroads being made into care provision (Turbett, 2018). In her later years in office, the Thatcher government's actions had significant bearing on the profession. In 1989, it issued the Children's Act, which social worker Steve Rogowski (2015: 56) argues 'involved a change from working therapeutically with children and families to protecting children by means of surveillance and control'. This authoritarian turn matches the advent of authoritarian neoliberalism described by Bruff (2014: 113), 'which is rooted in the reconfiguring of the state into a less democratic entity through constitutional and legal changes that seek to insulate it from social and political conflict'.

Rogowski (2015: 56) notes that police, lawyers and the courts came to be involved in the inspection of social work actions. This inspection process was aligned with a greater neoliberal shift towards the bureaucratisation of social work, as exemplified in the case of the NHS and Community Care Act 1990. This 'resulted in direct, relationship-based work with adult users being replaced by social workers being embroiled in bureaucracy aimed at rationing resources, something that was to eventually affect social work with children and families' (Rogowski, 2015: 56).

### *New Labour and the Third Way*

The application of neoliberalism to social work can be seen even more clearly during the Third Way politics of New Labour (1994–2010) under Prime Minister Tony Blair (1997–2007), with the Third Way serving as 'an ideological shell for neo-liberalism' (Anderson, 2000: 11, quoted in Ferguson, 2004). Under the Third Way, which was supposed to take the best from both Left and Right politics (Ferguson, 2004), neoliberal values triumphed as a common-sense acceptance of capitalism thrived, the role of the individual – rather than the collective – rose, creeping privatisation increased, managerialism flourished and the state's role came to be based on monitoring, metrics and control. Situated as part of this larger neoliberal agenda, poverty and deprivation came to be markers of individual failure. Wealth came to be seen as a marker of individual success, and the lack of wealth came to be pathologised as a marker of personal failure for not accruing financial capital.

In his review of the neoliberal policies of the Third Way and their effect on social work, Ferguson (2004) notes that there grew a focus on value for money, which was 'led by managers whose primary remit is often to manage budgets rather than to meet the needs of clients, and too often staffed by demoralised practitioners who feel increasingly alienated from their organisations and from what now passes as social

work'. He similarly notes a privatisation of social work, with 'services being transferred to private or voluntary organisations which are cheaper because they are able to offer lower rates of pay and poorer conditions to staff....The overriding priority is keeping costs down, with profound effects on the morale of social workers' (Ferguson, 2004). Finally, he notes that the new outcome-oriented approach and the evidence-based approach rely on 'behaviourist approaches which measure behavioural change and which usually have a strongly individualistic focus, with little concern for wider social factors' (Ferguson, 2004).

A further means through which the bureaucratisation of social work practice was made manifest was through New Labour's unveiling of the *Framework for the assessment of children in need and their families* in 2001 (Rogowski, 2015). For Garrett (2003), the Framework standardised care provision through the use of rigid, technologised metrics in order to 'ration resources at the expense of meeting the need' of children and families (Rogowski, 2015: 58). While the advantage of the Framework lies in its ability to systematically interrogate the needs of the child, its weakness lies in this strength. The Department of Health publication introducing the Framework states that the new procedure 'gathers together the essential information about the child including ethnicity, household composition, parental responsibility and agencies currently involved with the child and family' (Department of Health, 2000: 1). For Parton (2008, quoted in Rogowski, 2015: 58), this systematised, bureaucratic approach to social work transitions the field 'from a concern with the "social" to the "informational"', in line with a broader neoliberal New Labour agenda (Garrett, 2003). For Rogowski (2013, quoted in Rogowski, 2015: 59), it is the use of the information gathered as part of the Framework that signals the bureaucratic turn and resultant neoliberalisation of social work as 'after information has been gathered, parents are often simply told to change their behaviour/lifestyle or face the threat of losing their children by adoption to middle-class families; this an example of the aforementioned authoritarian, punitive turn'.

### *Neoliberalism and the Conservative governments*

The changes under the Conservative governments of Prime Ministers Cameron (2010–16) and May (2016–19) have continued to wreak hardship and suffering in relation to social work and welfare. Prime Minister Cameron unleashed the 'Age of Austerity', whose punitive sanctions have hit hardest the most vulnerable in society and have taken away the safety net on which people rely. According to Levitas (2012: 320), these cuts are simply the latest part of 'a thirty-year process of redistribution to the rich'. Conservative cuts are closely linked to the notion of the Big Society, introduced by Prime Minister Cameron in 2010. Couched in the language of community, voluntarism and citizenship, the Big Society builds on Thatcherite and New Labour models of citizenship (Davies, 2012). It diminishes the role of the state in the provision of services and assumes that (untrained) volunteers can bridge the gap left behind. The Big Society has been widely discussed elsewhere (see Ishkanian and Szreter, 2012) but it warrants inclusion here in relation to social work. As Levitas (2012: 322) explains:

Talk of the 'Big Society' is ... little more than an attempt to get necessary social labour done for nothing, disproportionately by women, by pushing

work back across the market/non-market boundary.... We'll axe the programme for intensive social work with families with multiple problems, and replace it with untrained volunteers in the Working Families Everywhere programme, headed up by millionaire Emma Harrison.

The Working Families Everywhere programme is 'a pilot project in which unqualified volunteers will enter the homes of 100,000 "problem" families to "inspire" them into work by their example' (Gold, 2011). According to Levitas (2012), the programme diminishes the role of the social worker, assuming that untrained volunteers can provide the same services. It also adds a moralising dimension whereby 'decent' citizens are meant to enthrall others. This is antithetical to the values of social work, in which relationships and processes are foregrounded; the scheme also serves as an example of the way in which the Big Society served as a conduit for cuts in services while simultaneously presenting as supporting the aims of community empowerment. With councils being allocated lower budgets – and poorer areas being disproportionately affected by these reduced budgets – care provision has suffered.

Jones (2017) notes that the Conservative Party's attitude towards social work is troubling, and implies both that social workers are overly idealistic and that individuals are responsible for their lot in life. He references the speech made by Secretary of State for Education Michael Gove (2010–14), in which Gove states:

In too many cases, social work training involves idealistic students being told that the individuals with whom they will work have been disempowered by society. They will be encouraged to see these individuals as victims of social injustice whose fate is overwhelmingly decreed by the economic forces and inherent inequalities which scar our society.

This vision of social work is detrimental both to social workers and to service users. It frames structural issues as having no bearing on the fate of an individual and, rather, that the individual remains responsible for his/her outcome.

## Methods

Noting these vast social, political and economic changes that have affected social work and social workers, it is necessary to assess how social workers perceive these changes. To mark the 50-year anniversary of the implementation of social work programmes at the university, the department wanted to engage with graduates of the university's social work training programmes to ascertain how their careers had progressed, whether they felt that their education and training had prepared them for practice, and, crucially, how they viewed changes to the field of social work since their graduation.

The call for participants was disseminated through social media, local media, alumni networks and local councils and voluntary organisations; graduates were asked to contact a member of the research team if they wished to be part of the study. A total of 33 respondents were first sent an eight-question questionnaire that probed their career path, levels of preparedness, aspirations and reflections on their time in social work. This sample size was deemed to be suitable for the research as the sample included social workers of a variety of ages, academic qualifications and career

backgrounds. The sample size roughly correlates or exceeds that employed in similar studies that also follow an exploratory framework (see [Barton et al, 2005](#); [Aadnanes, 2017](#); [Yuill, 2018](#)). The 33 respondents were asked if they wished to be involved in a more in-depth interview or focus group, and in the weeks following the submission of the questionnaires, a series of ten interviews and three focus groups were conducted. All respondents were graduates from the same university, having graduated between 1970 and 2013, and had studied for a: BA Applied Social Sciences with Diploma; BA Applied Social Science with Certificate in Qualification in Social Work (CQSW); Diploma in Social Work; Diploma in Social Work by Distance Learning; Certificate in Social Work (CSW); PG Diploma in Social Work; CQSW; BA Public Administration with CQSW; BA (Hons) Social Work; BA (Hons) Social Work by Distance Learning; MSc and Diploma in Social Work (DipSW); or BA (Hons) Social Work with DipSW. The interviews were recorded and transcribed. Copies of the transcripts were sent to respondents for their approval before the analysis stage of the study. The interviews were thematically analysed following an inductive thematic analysis approach that allowed codes to develop as the research progressed. A second round of coding sorted the initial codes into more inclusive themes that were subsequently examined to note commonalities and differences.

## Perceived external changes that impacted on practice

We divide our findings and discussion according to perceived external changes and perceived internal changes. In interviews, respondents noted imposed external pressures that are largely politico-economic and technological in nature, as well as noting changes that occurred *within* the profession. The fourth section discusses these external changes and uses interview quotations to give first-hand accounts of the perceived changes imposed upon social work in the latter half of the 20th century and early 21st century. The fifth section examines the internal changes.

### *Poverty and austerity*

The first change noted by participants relates to the perceived increase in poverty and deprivation in society. Poverty and social inequality have increased since the 1980s ([Dorling et al, 2007](#)), in line with the implementation of a neoliberal politico-economic agenda. [Dorling et al \(2007: 4\)](#) note that ‘Britain is moving back towards levels of inequality in wealth and poverty last seen more than 40 years ago’. The austerity agenda in Britain that emerged during the Conservative–Liberal Democrat Coalition (2010–15) and continued under the Conservative government (2015–present) has only worsened the dire situations in which the most vulnerable members of society find themselves. One social worker in this study explains that general rising levels of poverty have imposed changes on the nature of social work:

“I think, in terms of the level of poverty and deprivation, that’s increased quite significantly and that, obviously, has had an impact on the kind of work we’re involved in. And I think certainly, sort of, at the latter end of the last ten years, things have become far worse than what they have ever been, so families are reaching us within Children and Family Service and now issues are far more entrenched.” (CL1, interview, 2018)



The poverty that the participant mentions cannot be thought of without considering the austerity measures that exacerbate the already dire situation for vulnerable members of society. Unleashed after the ‘financial crisis’ of 2007–08, austerity measures were brought in by Conservative Chancellor George Osborne during the Conservative–Liberal Democrat Coalition (2010–15). The Child Poverty Action Group (CPAG) notes that Osborne ‘announced spending reductions of £32 billion a year by 2014/15, of which £21bn was to come from so-called “welfare reform”.... Social security was a prime target of austerity, and the government presented existing levels of spending as “unaffordable”’ (Tucker, 2017: 8). In fact, CPAG continues:

cuts made between 2010 and 2015 remove around £14.5 billion a year from the social security budget, by both reducing the value of benefits and restricting entitlement.... With pensioner benefits protected by the triple lock, the weight of these cuts has fallen heavily on working age people and families with children. (Tucker, 2017: 8)

This means that austerity is hitting hardest those who are already most vulnerable. The ‘triple lock’ refers to the UK government policy that ‘guarantees that the basic state pension will rise by a minimum of either 2.5%, the rate of inflation or average earnings growth, whichever is largest’ (Inman, 2017). For Ferguson and Lavalette (2013: 96), the cutting of services as part of the austerity agenda ‘reflects the determination of those who manage global capitalism that the costs of the crisis shall be paid by the mass of ordinary people who played no part in its creation’.

For another participant, austerity has been a major change to social work. The participant comments that “we just feel that there are fewer options you can give people. We are going out there and asking them what *they* can do, rather than going out and offering services” (FG2, interview, 2018). Another respondent reflects that cuts have affected social work practice but that social workers are trying to “make the best of the resources we have got and we are very creative” (AH1, interview, 2018). This fits with existing research by Ferguson and Lavalette (2013) that sees the pernicious effects of the politico-economic austerity agenda on social work. While austerity hits hardest those most vulnerable in society, social workers are thwarted in their quests because of cuts to social services. One way in which this occurs is through the:

imposition of ‘higher eligibility criteria’ in social care[, which] is a polite way of saying that basic services that people require for a decent existence and to which they have been entitled for decades will no longer be available and that they will have to get by, somehow, without that support. (Ferguson and Lavalette, 2013: 96)

Perhaps more blatant than higher eligibility criteria are funding cuts and streamlining. One participant notes:

“I think the pressures, the cuts, local authority funding, is just a huge issue for social work nationally.... I think it’s very sad, actually, how pressed we are in terms of budgets and I think that there is a risk that if we are squeezed any further, that children will be placed at risk, particularly in children’s services in social work where there is no fat to trim.... I think that we live

in a world where you have to look at efficiency and streamlining and how do we get best value for money.” (LJ1, interview, 2018)

Another respondent in this study states that “we are now in a period where we have to kind of streamline our services and make sure that people we are actually supporting are the people that require it” (FG3, interview, 2018). A fellow participant adds that “it is a real balancing act having to look at the whole population and having to decide which groups need support and money really” (FG2, interview, 2018). Here, the impacts of austerity are clearly felt by participants, who recognise changes in their daily practice as a result of government measures.

### *Technology as a form of managerialism*

External changes were not limited to poverty and austerity. Participants also reflected on the changes to the profession that have been enacted because of technological advances that hint at the rising tide of managerialism. Concerns have long been raised about the role of computers and information technology in social work. In his 1985 book *Computers in social work*, Bryan Glastonbury (1985: 7) asks whether computers ‘will destroy the “essence” of social work’, and, more recently, Garrett (2005) and Burton and Van den Broek (2008) reflected that computers are becoming a central part of social work. One participant explains that technology, combined with cuts to administrative staff (in part, because of technological developments), has turned social workers into administrators:

“When I first started, we obviously didn’t have computers. I remember writing all of my case notes and I also remember having an admin. There were four social workers who had an admin attached to them, and our admin worker typed up all of our children protection reports and our panel reports. So, we didn’t do any of that admin side of things, which really allowed us to spend the majority of time with our families, and that’s a huge change. I think we are more IT [information technology]-literate and it is quicker to do things like that yourself but I think we have taken on a massive admin role as well as the social work role.” (AH1, interview, 2018)

This observation meets Glastonbury’s anxieties regarding the impact of IT on social work. He feared that while ‘computers could become a boon to the social worker ... there is every risk that in the hands of insensitive political and managerial control they could add to the already high stressfulness of the task’ (Glastonbury, 1985: 8). This reflects the neoliberal trend towards managerialism, which Harlow et al (2012: 536) describe as being ‘a means of making material the ideology or discourse of neoliberalism’. The managerial turn serves as an ‘apolitical mask’ that disguises the political project of neoliberalism ‘carried out by the corporate capitalist class ... [to] curb the power of labor’ (Harvey, 2016). Managerialism presents under the supposedly benign guise of increased efficiency and technological change but, in fact, imposes business and administrative principles on a profession defined by its moral core.

Another participant affirms that technological advances have led to social workers becoming administrators but acknowledges that a benefit of technology is that

“communication between people, including other disciplines, has probably improved through email” (RK1, interview, 2018). This optimism is not widely held, however, and another participant reflects that with technological advances has come a loss of in-person contact between social workers that is detrimental to safety and morale (FG3, interview, 2018).

## The changing nature of social work

While the previous section reflected on participants’ comments related to the external changes that affected social work, this section touches on the perceived changes to the profession that either occurred internally or were directed singly at the social work profession. These changes affect the day-to-day reality of social work practice. Respondents note many changes to the field of social work that coalesce around the depoliticising of the social work identity and a change to the nature of practice through a shift away from relationships and processes towards outcome-based work, which also focuses on the pathology rather than the systemic or structural nature of an individual’s problems. The changes to social work that related directly to the profession also include integration and specialisation.

### *Depoliticisation*

Participants observe that social work used to be inherently political, in line with the radical social work movement that emerged in the 1970s (Ferguson, 2009). One respondent in our study notes that “back in the 1980s, we were all quite political and we challenged all of the managers and we all stuck together” (FG2, interview, 2018), highlighting both the sense of camaraderie within the profession and the political roots of the field. Another respondent adds that “I think when I qualified ... newly qualified social workers really saw themselves as challenging the system” (SM1, interview, 2018). This internal politicisation of the profession by social workers themselves is tied to the profession’s foundational values of social justice and empowerment (BASW, 2014). One respondent further explicates the interweaving of politics and social work values, first explaining that the field previously “was very much driven by your value base, and what brought people into the profession was about having a belief or having something you wanted to promote which would lead to better equality or better services” (FG2, interview, 2018). The respondent then continues that “I don’t see that in students that I work with these days”, suggesting that this internal politicisation of the profession has changed over time, becoming less ‘radical’ (Ferguson and Lavalette, 2013).

This depoliticisation is no coincidence; it is part of successive neoliberal government attempts to manage and re-craft social work training through the Thatcher government’s Diploma in Social Work and the Blair government’s BA Social Work. These programmes have been criticised by Rogowski (2015: 56) for producing ‘predictable, reliable and compliant rather than fully fledged (semi)autonomous professionals’, who are not grounded in the critical, radical values that are at the heart of social work. This government reshaping of social work training has attempted to erode the core values of social work through a bureaucratisation of social work training while simultaneously creating ever-more perilous social conditions for service users in which social workers would need to intervene.

### *Individualising, pathologising and moralising*

The reasons for this transformation seemingly connect to a larger ideological shift, which another respondent discusses:

“I think when I came into social work in the 70s, we were very political and very much about social change and about mobilising people through group work and, you know, there were a lot of projects in the community that gathered people together. There was less emphasis on the individual being at fault for their problems, which is, I think, what happened in the 80s with Thatcherism and things.” (FG1, interview, 2018)

Here, the participant notes not only that social work has become less political, but also that there has been a shift in the ideological assumptions underlying the field that connects with a larger political agenda, which will be discussed in more detail in the next section. For this respondent, there has been a distinct shift away from concern with the structural or systemic issues in society that impact on the lives of individuals to a pathologising and moralising focus on the individual being responsible for his/her actions without concern for the wider structural causes.

This shift has impacted on the type of work undertaken by social workers on a daily basis; one respondent notes that preventive community work, such as that based at family centres, has been cut (LJ1, interview, 2018), with a renewed focus on a ‘fighting fires approach’ that deals only with crises relating to the individual rather than the wider structural causes of the problems. Another participant affirms this, adding that “dealing with crisis after crisis, you are not actually dealing with any of the issues behind some of the behaviours and feelings that people are experiencing” (FG2, interview, 2018).

### *From processes to outcomes*

In addition to the ideological shift that transitioned social work’s focus from social, political and economic structures to a pathological view of the individual that demonises poverty, the profession has seen a transition from a process-based approach that stresses the importance of relationships to an outcome-based approach that values high levels of efficiency with reduced government expenditure. This outcome-oriented approach, which serves as a political tool for measuring and monitoring to whom services are being directed and the efficacy of interventions, is contrary to the relationship-based work that practitioners laud.

The shift to the outcome-oriented approach was sudden and imposed top-down within the profession, with little input from social workers on the ground. One respondent explains:

“We became outcome-focused and I was struck by the fact that the whole profession just suddenly goes, ‘Oh, yeah, we’re outcome-focused now’. There was no debate or anything about it or anything; it seemed to be that the Scottish government said, ‘You guys are now outcome-focused’ and we all go, ‘Ok, fine’ and that was it.” (MH1, interview, 2018)

This comment highlights key aspect of the neoliberal agenda: it is electively imposed by governments for the benefit of dominant bodies. The switch to measuring outcomes as the marker for 'successful' social work is problematic, however. Continuing the observation, the respondent notes that it can often take many years to see the effects of an intervention, thus rendering measuring outcomes very difficult (MH1, interview, 2018). For another respondent, this requirement to measure outcomes led to some unethical practices. The respondent describes how, during a particular case, "I got a phone call from a team leader ... saying, 'Well, you know how it is ...' and they were describing the outcome that they wanted in this case, which they shouldn't have been doing at all and I was absolutely horrified" (JB1, interview, 2018). In this instance, practice was geared towards a certain outcome with little regard for the process and its organic development. The horror felt by the participant stems from the favoured process-oriented approach that stresses the importance and primacy of relationships and the therapeutic benefit of the process of intervention, which is, arguably, far more difficult to measure. One respondent sums up the importance of relationships, stating: "that's what social work is all about; it's about relationships" (LJ1, interview, 2018).

A fellow graduate affirms that training was structured around the importance of fostering relationships, adding: "when I first started, the whole emphasis was on relationship building and that was really important, and I think we've lost that a little bit" (AH1, interview, 2018). However, practitioners reflect that relationship-building still remains central to their practice, despite externally imposed government cuts, explaining that "we do that [build relationships] without a great deal of resources" (AH1, interview, 2018).

### *The integration agenda and specialisation*

Alongside the ideological shift away from the primacy of relationships sits the restructuring of the profession through the integration agenda that has seen social care married with health care, affecting practice. The Children's Act 1995 also led to a restructuring of the field as practitioners had to decide whether to specialise in child or adult service provision. One participant explains the benefits of specialisation, noting that, "through the split, there has been a greater sense of identity and confidence within the profession, and not feeling like you've just got to know such a wide range of information" (RK1, interview, 2018). This positive feeling is echoed by another participant, who adds: "I think with childcare, it's more about shared responsibilities, much more about you all having a part to play and actually also accepting your own limitations" (FG1, interview, 2018). Here, the participant is reflecting on the multi-agency and multi-party approach that has arisen because of specialisation. Embracing this multi-party approach with greater in-depth subject knowledge, another participant adds that in relation to work with children, "you are getting a much more holistic sense of the child and how to meet their needs" (RK1, interview, 2018). Negative aspects of specialisation, however, are that "it can create fractions. This can distract from the focus on the child and, in some cases, can cause delay" (FG1, interview, 2018). Specialisation has also not, historically, been favoured; rather, it was seen as preferable "that people actually get an opportunity to see broader aspects of social work" (SM1, interview, 2018).

Just as opinion of specialisation is mixed, with some arguing that it is divisive and others maintaining that it leads to enhanced practice, so too are opinions regarding

the integration agenda. The integration of health and social care in Scotland can be traced back to the 1999 Joint Future Group that sought a level of integrated care as part of a larger ‘modernisation’ agenda, consistent with the newly devolved Scottish Executive’s aims for community care (Burgess, 2016). One of integration’s most recent manifestations is through Scotland’s Health and Social Care Partnerships, implemented in 2016. One participant in this study maintains a positive vision of the increasing integration between health and social care, explaining that “it’s about appreciating the differences and the differing roles but actually also being comfortable with the things that overlap between health and social work” (JM1, interview, 2018). While other participants also acknowledge that some good has arisen from the integration agenda, most describe the joining of health and social care – where social care is perceived as the ‘junior partner’ – with a tinge of regret. Through integration, there has been “a real eradication of the role of social work” (FG3, interview, 2018) and social workers fear that, “eventually, the larger partner will take over” (MH1, interview, 2018). Another respondent explains that social workers struggle being managed by a person based in the health system, feeling as if social work is being entirely subsumed by health:

“We feel like we’re just kind of being railroaded into a way where the values and the way we were taught and trained to work is just being overridden by this massive organisation, as in Health, and it’s frightening for people, and even for quite newly qualified social workers in my team, they’re saying that as well because ... that’s not why they came into social work.” (FG3, interview, 2018)

Finally, one respondent reflects that integration is not working: “it’s like putting a square peg into a round hole. You know, we just have completely different thinking” (FG3, interview, 2018).

## Connecting back: the neoliberalisation of social work

The interviews with university graduates reveal some significant changes experienced in the profession, and their responses connect to the larger debate about the neoliberalisation of social work discussed at the beginning of this article. While the university has adapted to the changes through educational provision, the field of social work has changed significantly. Respondents note that the experiences of social work practice have changed, and their responses point to larger, encompassing ideological shifts that have affected the field.

Such ideological shifts have clearly influenced the day-to-day experience of being a social worker. Poverty, deprivation and austerity have led to cuts that have impacted the services that social workers can provide, as previously noted by participants and discussed in this article. However, the changes noted in the previous section (a shift to an outcome focus, to specialisation, to integration and to a concern with the individual rather than social structures), which have changed the experience of delivering social work, stem from a larger politico-economic and social-ideological shift in society: the creeping intensification of neoliberalism and the external, top-down attempt to apply neoliberal principles to social work. Our findings correlate with: Yuill’s (2018) work finding that the social worker is unable to enact his/her ‘compassionate self’ and, instead, is mired in an outcome-oriented practice; Fenton’s (2014) determination that



criminal justice social workers suffer 'ethical stress'; and [Garrett's \(2010\)](#) assertion that neoliberalism has impacted on social work practice through an emphasis on private agencies.

The participants interviewed for this study largely concur with analyses that see a changing politics and explain how the larger ideological shifts affected their practice. Participants identified a neoliberal shift that seeks to make the social worker an agent of social control who manages and – where necessary – punishes the vulnerable. This is exemplified in the creation of Youth Offending Teams (YOTs) in 1998. For [Rogowski \(2015: 57\)](#), YOTs enshrined neoliberalism's punitive essence and were ultimately responsible for the 'criminalising of nuisance'. For [Fenton \(2014\)](#), a criminal justice social work that focuses on 'correcting' the individual without considering the broader context amounts to a form of social control, which is far from the vision of an empowering social work based on concern for equality and human rights in which respondents believe so passionately.

The funding of social work and the cuts that the profession has seen also hint at the rising tide of neoliberalism. Cuts are central to the neoliberal agenda that sees government cut spending to reduce deficits – this is clearest under the Conservative Party's austerity policies that see services cut and resources diminish. However, public sector withdrawal was also seen under New Labour and, as such, the story of the current 'cuts' begins earlier. Under New Labour, there was a renewed focus on the use of third sector agencies and competitive tendering to deliver government policies ([Haugh and Kitson, 2007](#); [Morley et al, 2019: 39](#)), thereby decreasing the role of the Keynesian welfare state. Participants note that, indeed, local authority social work is receiving increasingly high-tariff, "entrenched" cases that have been allocated to third sector agencies first (CL1, interview, 2018).

Streamlining is closely linked to cuts. [Ferguson \(2004\)](#) notes that efficiency, streamlining and managerialism go hand-in-hand, all to support the paring down of service provision and funding. For [Rogowski \(2015: 58\)](#), 'completing bureaucracy speedily so as to ration resources and assess/manage risk became the overriding goal' of New Labour's social work project. The Munro Review, driven in part by the high-profile death of Baby Peter in 2007, examined the levels of bureaucracy in the social work profession, finding that there was, in fact, too much bureaucracy faced by social workers and too little attention paid to the needs of the child ([Rogowski, 2015: 59](#)). Counter-intuitively, however, Munro called for increased managerialism to combat this challenge ([Rogowski, 2015: 59](#)).

Our participants pointed to an issue that is an effect of streamlining and cuts: the re-emergence of the question of deserving and undeserving recipients of services and aid, which represents a broader theme in the neoliberalisation of society ([Wacquant, 2009: xvii](#)). In this way, poverty and vulnerability become subject to judgement and problematisation, connected with notions of crime and deviance ([Hancock and Mooney, 2011](#)), and morality. However, in constructing this vision of poverty, further cuts and streamlining are justified and normalised in an attempt to only help those who 'deserve' it.

Connected to this streamlining is New Labour's outcome focus and integration projects that were part of the modernisation agenda: 'the package of reforms on the New Labour agenda' ([Midwinter, 2001: 311](#)). For New Labour, 'modernisation' meant, in part, 'a need to shift from a focus on inputs to a concern with outcomes' ([Midwinter, 2001: 312](#)). For Blair (1997, quoted in [Ferguson, 2004](#)) himself, modernisation

was concerned with creating ‘an economy fully attuned to a new global market’, underscoring his concern for a neoliberal economy. Under New Labour came an increased concern for ‘partnership working’ (Miller, 2010: 116) through a switch to an integration approach. As previously discussed, this was picked up in newly devolved Scotland and promoted, in part, through the *Joint future* report and subsequent Joint Improvement Team (Miller, 2010: 120).

Creating an efficient economy that showed tangible and measurable results was part of this modernisation agenda, and the outcome focus in social work formed part of this. Outcome measures – performance measurement, metrics and indicators – can justify spending or the withdrawal of funding. Furthermore, returning to Ferguson’s (2004) explanation, he reminds us that such a system ‘lends itself to behaviourist approaches which measure behavioural change and which usually have a strongly individualistic focus, with little concern for wider social factors’. This fits with the ideological shift that sees a pathologising of the individual and a disregard for societal and structural issues. Instead of engaging in preventive, community-based work, and instead of focusing on the therapeutic benefit of relationship formation, social work under a neoliberal regime seeks to move the focus away from process and need, and towards outcomes instead, failing to focus on the primacy of relationships (AH1, interview, 2018).

## Conclusion

This article has engaged with current literature on the politicisation and neoliberalisation of social work but has supplemented traditional document and policy analysis with an argument based on changes perceived by social work graduates, most of whom are or have been practising social workers. We began by discussing the external changes that social workers have noticed are bearing down on their profession, including austerity and technological changes. We then discussed the changes *within* and internal to the profession, highlighting the depoliticisation of the field, the shift to outcome-oriented practice, a pathological rather than structural approach, the integration of health and social care, and specialisation. All of these led to social workers feeling less engaged and less able to conduct their practice in the way in which they would like and were trained to.

Social work graduates noted that their profession had changed significantly and we wove their stories in with the specificities of the neoliberalisation of the profession, showing that the changes noted by academics are being felt ‘on the ground’ by practitioners. Our study was retrospective, asking graduates to look back on changes that they had noted since beginning in practice, and the benefit of this approach is that we were able to capture perceived change over time. It would be advantageous to complete further research with service users who have been involved with social work for many years to gain an understanding of whether their experiences have changed in the face of the neoliberal onslaught or whether the changes to the profession remain invisible to service users.

Neoliberalism under the guise of Third Way politics and the Age of Austerity is antithetical to the values of social work and targets the profession’s moral core (Morley et al, 2019: 36). Yet, even in this hostile environment, the social workers interviewed for this study remain optimistic about the profession and maintain an allegiance to its values in the face of the neoliberalising profession. They are operating in a system that does not support their values of equality, empowerment and social justice, and



yet, with few resources available, they continue to offer support and guidance on a daily basis. They continue to build relationships with service users “without a great deal of resources”, explains one participant (AH1, interview, 2018), thus highlighting the determination to adhere to social work’s founding principles despite ideological shifts. Against a system that promotes increasing reliance on metrics and outcomes, one participant offers advice for daily practice in the context of creeping neoliberalism: “stick to your values. Challenge anything that goes against that” (SM1, interview, 2018).

### Conflict of interest

The authors declare that there is no conflict of interest.

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## Output 5

Hothersall, S.J and Bolger, J. (Eds) (2021) Social Policy for Social Work, Social Care and the Caring Professions (2<sup>nd</sup> Edition). Abingdon: Routledge.

This output is based on **4 chapters** written in an academic text book co-edited by me. This is the second edition of the book edited by Steve Hothersall and Janine Bolger.

1. 'From devolution to Brexit' pp83-92 (4705 words)  
This chapter is written entirely by me.

# 5

## FROM DEVOLUTION TO BREXIT

*Janine Bolger*

Scotland was promised a referendum on devolution, by the Labour Party, in the run-up to the 1997 general election. This took place just four months after the election, and a process of devolution was started, leading to a Scottish Parliament based in Edinburgh being created in 1999.

### Introduction

Devolution is the transfer of power by central government to local or regional administrations, adding a layer of accountability as much as a layer of government (Mitchell, cited in Cree and Smith 2018). Each devolution legislature has its own unique settlement established through Acts of the UK Parliament bringing decision-making closer to the people of Scotland, Wales and Northern Ireland.

In 1997 a majority of the electorate voted to establish a Scottish Parliament with associated legislative devolution. The Scotland Act 1998 established a devolution settlement which followed a 'reserved powers' model. The single-chamber Scottish Parliament sits in Holyrood, Edinburgh, with 129 Members of the Scottish Parliament (MSPs) usually elected on four yearly terms but with the Scottish Elections (Dates) Act 2016 extending the term from four to five years to avoid a clash with UK Parliamentary elections due in 2020. MSPs are elected through mixed-member proportional representation. The Scottish Government is led by a First Minister who, with the approval of the Scottish Parliament, appoints Cabinet Secretaries, Ministers and Law Officers to lead on devolved portfolios.

### Historical context

The original parliament of Scotland existed from the early 13th century and was the national legislature of the independent Scottish nation. The Union of Crowns (1603) drew the Scottish kingdom closer to England (although England and Wales had already become a single state via the Laws in Wales Acts 1535 and 1542). The Act of Union (1707) dissolved the existing parliaments of England and Scotland, and a Parliament of Great Britain was established at

Westminster. This Union was not federal, although it did retain three aspects of institutional autonomy for Scotland: the Church of Scotland, a Scottish educational system and Scots Law. After the Act of Union, a Secretary of State for Scotland existed as part of the new government of Great Britain but was abolished in 1746 and, thereafter, the Home Secretary had responsibility for Scottish Affairs (although in practice much of this power was discharged by the Lord Advocate). The Union with Ireland Act 1800 resulted in the kingdoms of Great Britain and Ireland being united. Following the formation of the Irish Free State in 1922, Scotland remained part of the renamed United Kingdom of Great Britain and Northern Ireland.

Scotland was given administrative devolution through the Secretary for Scotland Act 1885 with a Scottish Office and a dedicated Minister with ongoing provision for the protection and retention of distinct social and legal institutions in Scotland. Post 1892 the Scottish Secretary was always a member of the Cabinet, and in 1926 the position was elevated to that of a full Secretary of State. At first the Scottish Secretary's responsibility's covered law and order and education. In 1919 a Scottish Board of Health was created, presided over by the Secretary for Scotland. Following the Reorganisation of Offices (Scotland) Act 1928, some of these Boards became statutory departments of the Scottish Office.

## Background

The Scotland Act 1978 gave legislative effect to the proposal for devolution following a referendum, held on 1 March 1979. The Act also created a rule which required 40% of the total Scottish electorate to vote for devolution. Although a majority of those voting supported a Scottish Assembly, the threshold was not met as only 63.8% of the total electorate turned out to vote, which meant that only 32.9% of the total electorate joined the majority. The Scotland Act 1978 was subsequently repealed.

Pressure for devolution increased following the 1987 general election where Conservatives lost all but 10 Members of Parliament in Scotland. In 1989 a Scottish Constitutional Convention was convened to agree to a blueprint for a Scottish Parliament. In 1995 the Labour Party committed to a pre-legislative, two-question referendum on establishing a Parliament in Scotland with tax-varying powers. In 1997 the Labour Party won the UK general election. Subsequently the Referendums (Scotland and Wales) Bill was introduced, receiving Royal Assent on 31 July 1997. The 1997 Act made legal provision for a non-binding referendum and did not include an electoral threshold. Seventy-four per cent of voters agreed there should be a Scottish Parliament, with 63% agreeing it should have tax varying powers, and with voter turnout at 60.4%. The Scotland Act 1998 was passed by the UK Parliament at Westminster to establish the Scottish Parliament. Furthermore, the Act defined that Members of the Scottish Parliament would be elected under the Additional Member System and the Scottish Executive was to be led by a First Minister. A statutory requirement that Scotland have a minimum of 71 constituencies at Westminster was removed, enabling a further reduction in representation.

The Scottish Parliament has the power to pass primary legislation but not to legislate on reserved matters, and so everything not specifically listed in statute as being the responsibility of the UK Parliament (reserved) is devolved to Scotland. Reserved matters are subdivided into *general* and *specific* reservations. General reservations include the Crown, defence, the Union, the UK Parliament, international relations (including trade and development) and the Home Civil Service. Specific reservations include financial and economic matters, home affairs, trade and industry, employment and social security. Concurrent powers exist where

there is shared responsibility between the devolved administration and the UK Government and both can pass secondary legislation in respect of specific policy areas such as elements of social security and equal opportunities devolved by the Scotland Act 2016. Anything not listed as a specific reserved matter in the Scotland Act is automatically devolved to Scotland, including justice and policing, health and social work, education and training, the environment, local government and economic development and internal transport (see Chapter 1).

The Scottish Parliament has full legislative powers over devolved matters, and its laws are known as Acts of the Scottish Parliament. The devolution statute made allowances for further transfers of power. For example, in 2003 the Scottish Parliament assumed control of Scotland's railways, and the Scotland Act 2012 and the Scotland Act 2016 transferred greater fiscal and welfare powers to the Scottish Parliament.

The UK Parliament remains sovereign (or legislatively supreme) in relation to UK laws and retains the right to legislate in all areas relating to Scotland. The independence referendum in Scotland highlighted long-running debates concerning the constitutional status of the UK's devolved legislatures and the difference between legal and political sovereignty.

### ***Governance***

The Office of the Secretary of State for Scotland (previously the Scotland Office), supports the Secretary of State in promoting the best interests of Scotland on reserved matters at UK Government level.

The Scottish Parliament has a committee system although does not distinguish between Standing and Select Committees as in the UK Parliament. The Scottish Parliament is governed by Standing Orders and a Corporate Body which is responsible for providing the necessary property, services and staff. There are seven mandatory committees set out in the Standing Orders. The committees scrutinise both legislation and policy and can initiate their own inquiries in relevant subject areas.

The Corporate Body is chaired by the Presiding Officer, who also convenes the Parliamentary Bureau which allocates time and sets the work agenda in the chamber. The Bureau consists of one representative from each political party. Expenditure, administration and policy of the Office of the Secretary of State for Scotland, including its relations with the Scottish Parliament, are examined by the Scottish Affairs Committee, a Select Committee of the House of Commons. They work principally by undertaking inquiries, choosing their own subjects and seeking evidence from a wide range of groups or individuals. The Committee produces reports setting out their findings and making recommendations to Government.

The Joint Ministerial Committee (JMC) is an important forum for discussions between the UK Government and devolved administrations in Scotland, Wales and Northern Ireland. The main forum is known as the JMC (Plenary), chaired by the Prime Minister, and meets once a year. The JMC European negotiations sub-committee was established following the June 2016 referendum. The Scottish Government also attends meetings of the British-Irish Council established under the 1998 Belfast Agreement.

### ***How legislation is passed***

The Scottish Parliament makes laws on devolved matters. Public Bills can be introduced by a backbench MSP (Members' Bills), introduced by a Cabinet Secretary or Minister (a Government Bill) or proposed by a Scottish Parliamentary committee (a Committee Bill). Private

Bills can also be initiated by external promoters. In the first stage of the process parliamentary committees consider the general principles of a Bill and consult with members of the public and external stakeholders. MSPs debate and then vote on the Bill in Chamber. In the next stage a parliamentary committee considers the Bill in detail and decides on proposed changes/amendments. Finally, the Scottish Parliament considers further amendments to the Bill and MSPs decide whether to pass or reject. Through the UK membership of the European Union, Scotland has been subject to decisions about legislation and policy made at the EU level and applicable to all member states.

### ***Devolution and public expenditure***

The Barnett formula is a mechanism used by the UK Treasury to automatically adjust funding allocated to the devolved governments of Scotland, Northern Ireland and Wales and is applied only to expenditure on issues for which the devolved administrations are responsible. The formula is calculated partly in relation to the population of each nation and partly on which powers are devolved to each of them. When the UK Government increases or decreases its funding for departments (as announced in Spending Reviews, Budgets and Autumn Statements), the amount of money allocated to devolved governments is also proportionately altered and awarded en bloc. This block grant feeds into the total budget of each devolved government, and it is up to them to decide on their own spending priorities. The policy commitments of each government will determine what a sizeable part of their budget is spent on and has implications for their public finances during times of austerity. In Scotland, in addition to the block grant, other funding comes from sources such as HMRC National Insurance Fund, part of the funding for NHS Scotland, and from taxes and revenues.

### ***The impact of devolution on the delivery of health and social care***

Systems of local government responsible for the delivering of services remain broadly as they were prior to devolution. However, there have been evolutionary changes in the processes through which they are delivered which have resulted in greater freedom to pursue different long-term care strategies. These do not, however, represent radical change, as devolved countries are constrained by the tax and benefits systems with powers reserved to Westminster. Those countries treated more favourably by funding, through the Barnett distribution formula, can afford to provide better services. Changes in the primary system of care, funded by local government, has become a greater focus purely because devolved bodies can form their own policies for delivery; however, this should not negate the contribution of secondary care systems, funded by the Department of Work and Pensions, in supporting care needs (Bell 2010). Free personal care for older people (through the Community Care and Health (Scotland) Act 2002), specific legislation around public support and protection all reflect a particular Scottish culture and identity. Many developments have continued on the themes underpinning the Social Work (Scotland) Act 1968 around social justice, inequality, poverty, early intervention and prevention.

While devolution arrangements give Scotland control over following a different policy direction from the rest of the UK, it does not allow it the economic means to see it through. Scotland's progressive reform is echoed through recommendations made in *Changing Lives: 21st Century Review* (2004) which called for improved levels of co-production, increased



partnership working, changes in training, more responsibility for front-line staff and the creation of para-professionals. In 2011 the (*Christie Commission on the Future Delivery of Public Services*) examined how public services in Scotland could be secured in order to deliver improved outcomes. The principles of Christie, relating to what it was like to live and work in Scotland, were introduced into discussions around the independence referendum in 2014 with a focus on the design and delivery of services with service users. Christie's ethos around choice and participation could also be seen in the Social Care (Self-Directed Support) (Scotland) Act 2013. The Public Bodies (Joint Working) (Scotland) Act 2014 provided a framework for the integration of services with a greater emphasis on supporting people in their own homes and communities. In doing so, it also appears to have fragmented social work services and allowed for health, and education, to dominate strategic agendas (Daniel and Scott 2018).

## Current policy agenda in Scotland – developments and strategies

### *National performance frameworks*

For nearly two decades, policymakers and regulators have endeavoured to improve the quality of services by designing and applying national indicators of performance. The purpose being to identify, measure and routinely monitor elements of practice performance against indicators of effectiveness and efficiency, to assess the quality of care provided. The National Performance Framework for Scotland aims to:

- Create a more successful country
- Give opportunities to all people living in Scotland
- Increase the well-being of people living in Scotland
- Create sustainable and inclusive growth
- Reduce inequalities and give equal importance to economic, environmental and social progress

To help achieve its purpose, the framework sets out 'national outcomes' which describe the kind of Scotland it aims to create around. It involves reflecting the values and aspirations of the people of Scotland, is aligned with the United Nations Sustainable Development Goals and helps to track progress in reducing inequality (Scottish Government 2019; and see Chapter 4). The same ideals are echoed through the Scottish Government's 2020 Vision for the delivery of health care services (Scottish Government 2016) whereby everyone is supported to live longer, healthier lives at home or in a homely setting. One element of this strategic vision is of an integrated health and social care provision. Other performance indicators in health and social care include the New Health and Social Care Standards (2018) and a raft of other resources (Care Inspectorate 2019).

### *Efficiency*

In response to the Christie review of public services in 2011, the Scottish Government set out the *Four Pillars of Public Service Reform*, followed in 2013 by *Changing the World: the 3-step Improvement Framework for Scotland's Public Services*, to prompt self-assessment and debate to find new and better ways to achieve their outcomes. Alongside sits the *2020 Framework for*

*Quality, Efficiency and Value*, refocusing efforts to improve quality of care, including safety, health of the population, value and financial stability.

### **Centralisation**

Holyrood remains one of the most centralised administrations in Europe with the Scottish National Party having merged further education colleges, fire services and police forces, created 14 health and social care partnerships, moved road maintenance from councils to Transport Scotland and placed a requirement on councils to share resources. Patterns of local control involving co-production with councils and community councils, housing associations, development trusts, social enterprises and tenants groups could mean that “a small group of players in the Scottish Government is set to control even more aspects of everyday life”, thus threatening democratic processes (Riddoch 2018, online).

The centralisation of specialist health services in Scotland is not a new idea and was championed through the Kerr report (Scottish Government 2005). The report set out a framework to allow the NHS (Scotland) to deal with current and future challenges such as overall poor health, health inequalities and the ageing population.

### ***Involving individuals and communities in design and delivery***

Co-production describes the relationship between those who deliver and those who use services, drawing on their knowledge, skill and resources to find solutions to agreed-upon issues. Co-production means being equal partners and co-creators. The Joint Inspection Team (co-sponsored by the Scottish Government, COSLA and NHS Scotland), working in strategic partnership with the Third and Independent sectors, provides support to local partnerships to support the integration of co-production approaches within health and social care. Other public services such as the police and the national Violence Reduction Unit have been leading on co-production approaches within deprived areas with high crime rates. The embedding of co-production and community capacity building involves organisational cultural and whole system change (Loeffler *et al.* 2013).

### ***Integrated service provision***

The integration of health and social care provision is one of Scotland’s major programmes of reform. The purpose of integration is to ensure that health and social care services are joined up so that people receive the correct care and support, whatever their needs are and whenever they need it.

Two models of integration were identified: the first ‘the Body Corporate’ where the local authority and health board delegate responsibility for planning and resourcing health and social care provision to a joint integrated board; the second being the ‘Lead Agency’ where either the local authority or health board take lead responsibility for planning, resourcing and delivering integrated services. The first model has been the most popular model of provision. The *National Health and Wellbeing Outcomes* identify what health and social care partners are aiming to achieve through integration. Integration Authorities have been created as a result of the Public Bodies (Joint Working) (Scotland) Act 2014. The integration of health and social care services was predicted to save up to £157 million as a result of reducing unplanned

admissions to hospital, delayed discharges and other inefficiencies. Set up costs have been estimated at around £34.2 million up to 2017 and £6.3 million thereafter (Burgess 2016).

An update on the progress of the integration of health and social care (Audit Scotland 2018) highlighted that more collaborative ways of service delivery had been introduced, but that more needed to be done in terms of financial and strategic planning, that appropriate leadership capacity must be in place and that a greater level of engagement by all partners was required.

## **Themes, issues, critical debates, problems in relation to social work/care practice**

### ***The impact of Brexit***

In 1975, 67% of the population of the United Kingdom voted to remain in the European Community in the first nationwide referendum. Forty-one years later, the 51.9% vote by the electorate to leave the European Union has been interpreted as a manifestation of anger towards the political and economic status quo in conjunction with a victory for populism (Ishkanian 2019). It is important to understand how political and socio-economic changes, especially since the financial crisis in 2008, created a situation where a vote for Brexit could take place. All over the western world we have seen the rise of right-wing populist movements partially based on a discontent with neoliberal policies and electoral politics (Ishkanian 2019; and see Chapter 3). Commentators suggest that those living on low incomes, with social conservative views and, largely, with a strong English identity were more likely to vote Leave, and outside Scotland and London, support for Brexit was highly polarised along educational lines (Goodwin and Heath 2016). Others suggest that culture and attitudes were more likely to be the reason than economic inequality (Kaufmann 2016), while still others remind us of the support for Brexit from the political left who claim opposition to the European Union on the basis of socialist principles exercised through anti-racist policies and the advancement of worker's rights (Choonara 2015). Brexit brought together people with diverse political and ideological views. In Scotland, only 38% of the electorate voted for Brexit.

Since the Brexit vote, the First Minister has supported the residency rights of EU nationals in Scotland, “championed cosmopolitanism in Scottish society, industry and education, emphasised the important contribution of European nationals to the Scottish economy, and issued reminders about the rich history of multiculturalism and liberty in Scotland since the Enlightenment” (Knight 2017: 240).

The devolution statutes all include strict requirements to comply with EU law (Hazell and Renwick 2016). In order to remove this requirement from the UK statute book, Westminster would also need to legislate to remove the requirement from the devolution statutes. In accordance with the Sewel Convention, the UK Parliament will not normally legislate on devolved matters, or extend devolved powers, without the passing of a legislative consent motion by the relevant devolved institution. This is partly set out in the Scotland Act 2016 (section 2), but with no reference to changes to devolved powers and, indeed, the Scottish Parliament might be reluctant to grant legislative consent to any widening of powers implied as a result of removing the EU law constraint (Hazell and Renwick 2016). This lack of consideration suggests that devolution has not been a central concern in planning Brexit. In 2018 the Scottish Parliament introduced a *Continuity Bill* to protect devolution and to prepare

Scotland's laws for Brexit. The Bill will come into effect if the Scottish Parliament decides not to consent to the EU Withdrawal Bill.

At the time of writing, in the event of a no-deal Brexit, it is anticipated that changes to market access and free movement of goods could result in a fall in Scottish exports of between 10% and 20%; an initial reduction of business investment in Scotland by £1 billion; a fall in exports and overseas investment and a reduction in the demand for sterling; a rise in inflation and in interest rates; a fall in international migration to Scotland resulting in an economic slowdown and a subsequent increase in unemployment (Office of the Chief Economic Adviser 2019). Furthermore, Scotland currently employs 12,000 non-UK EU nationals in the social care sector: that is 3% of the total workforce (Alliance Scotland 2016). Following the Brexit vote more than a third of social care services reported unfilled job vacancies whilst the number of non-UK EU nurses beginning work in the UK fell by 87% (Alliance Scotland 2016). Brexit is likely to mean reduced availability of services and of some goods. Additionally, withdrawal from the EU may result in loss of employment and of consumer protection and rights, as well as greater difficulties in finding opportunities to study, work and retire overseas, and brings with it the potential for qualifications not being recognised across Europe (Scottish Government 2018).

### ***A call for independence***

In the political turmoil that followed the Brexit vote, the Scottish National Party argued that the result revealed that the need, and mandate, for a second independence referendum in Scotland was solid. A UK that the majority of Scots voted to remain in, in 2014, is not the same as the UK outside the EU.

In meantime, the Scottish Government will be eager to protect its country's interests with regards to fisheries and agriculture, the environment, state aid to industry and other aspects of the economy which have received significant EU funding. Following Brexit, and depending on the nature of the relationship between the EU and the UK, Scots may find themselves having to choose between being British or European. If Scotland achieves independence, it will have to re-apply to join the EU and then might be required to join the euro, and for the first time since 1707 there could be a hard border between England and Scotland (Hazell and Renwick 2016). Any border between Northern Ireland and the Republic will become the border between the UK and a trading block of 27 member states and will set a precedent for any future border between Scotland and England. However, once outside the single market, separation of the union poses an economic risk and a danger to social and cultural cohesion. Being part of the UK might be seen as more important to the majority of Scottish people than being part of the EU. Scottish MPs in Westminster hold the balance of power in the House of Commons compared to the limited influence of only 6 MEPs in Brussels. Scotland's public sector relies on funding from the UK Treasury, and Scotland not only uses the pound but has a say in the setting of interest rates.

### **Chapter summary and conclusions**

The system of devolution across the UK is, currently, unequal with different arrangements in Scotland, Northern Ireland and Wales. The handling of powers that return from Brussels and sit within devolved competence is adding a further layer of complexity to arrangements through which the UK is governed (Rycroft 2019). The relationship between the Scottish

and UK Governments has been further soured by the Brexit process, with little opportunity for consensus where a UK Government is willing to agree to a hard Brexit, outside both the customs union and single market, and a Scottish Government apparently keen to re-open the independence debate (Rycroft 2019). One option might be for power to be further devolved to communities through local governments, “bringing power and resources closer to people is key to delivering better outcomes for communities and inclusive growth across the country” (Local Government Association 2019, online). With the focus of governments across the UK being concentrated on the demands of Brexit, it is unlikely that there will be capacity to agree to individual deals and so some are calling for new localism settlements. The question would be whether there is a greater devolution settlement that would be supported across the UK and would be sustainable in the long term.

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2. 'Poverty, austerity and social exclusion' pp95-113 (original chapter 9854 words total; re-worked chapter 7,972 words total)

This chapter is co-written by me and represents a re-writing of a chapter (original authored by myself and Pedro Morago) and is confirmed by letter from the co-editor and also from Dr Butler-Wark who co-edited the chapter in the second edition. My contribution to the writing of the publication is at least 4927 words and is confirmed by attached letter from co-editor and from Dr Butler-Wark.

Morago, Pedro<P.Morago@tees.ac.uk>

To:You

Fri 01/11/2024 11:28

To Whom It May Concern:

I can confirm that

- Janine Bolger and I were co-authors of the original chapter 'Poverty and Social Exclusion' of the book entitled *Social Policy for Social Work, Social Care and the Caring Professions*;
- Janine's contribution to the original Chapter constituted approximately 50% of the word count;
- I gave permission to Janine Bolger and Dr. Alice Butler-Warke to update the above mentioned chapter.

Kind regards,

**Pedro Morago**

**Senior Lecturer in Research Methods**

**Course Leader for the MSc Evidence-based Practice**

**E: [P.Morago@tees.ac.uk](mailto:P.Morago@tees.ac.uk) T: 01642 384569**

01/11/2024

To whom it may concern, I was contacted by Janine Bolger in relation to the chapter 'Poverty, austerity and social exclusion' that features in *Social Policy for Social Work, Social Care and the Caring Professions*, 2nd edition.

It is my understanding that the chapter in the first edition of the book ('Poverty and social exclusion') was jointly written by Pedro Morago and Janine Bolger. This was written prior to my involvement in the project. My understanding is that the concept for the chapter was devised by both authors. The revised chapter required rewriting to capture significant changes occurring in policy and in academic literature over the preceding nine years. I led on the re-write, including additional information relating to terminology, poverty in Scotland, austerity, and critical debates in poverty. Janine contributed to the 'Social work and poverty' subsection and reviewed the entire chapter prior to submission.

I am happy to be contacted to provide further information if required: [alrb1@st-andrews.ac.uk](mailto:alrb1@st-andrews.ac.uk)

Yours faithfully,

Dr Alice Butler-Wark

# 6

## POVERTY, AUSTERITY AND SOCIAL EXCLUSION

*Janine Bolger and Alice Butler-Warke*

### Historical context/perspectives/background

This chapter focuses on poverty and austerity in Scotland. Scotland has a devolved parliament, meaning that the Scottish Government (formerly the Scottish Executive), has powers over health, education, and local government. Since the implementation of the Scotland Act 2016, Scotland has gained powers over welfare, meaning that the Scottish Government will have responsibility for Universal Credit payment (see Chapter 9), disability benefits (see Chapter 14), and payments relating to funeral expenses (Kennedy *et al.* 2019). The national UK Government based in Westminster controls 'reserved' powers relating to areas such as national security and immigration (see Chapter 1).

As a result of the Scotland Act 2016, the Scottish Government will have full responsibility for these devolved benefits by April 2020. The Scottish Government had initially stated that it would deliver all of the devolved powers by 2021. However, it has since been announced that until 2024, the national Department for Work and Pensions (DWP) will deliver benefits on behalf of the Scottish Government (Kennedy *et al.* 2019). The Scottish Government has received criticism for this delay with critics arguing that the Scottish Government has long criticised Westminster's stance on benefits and yet, when given the chance to ameliorate the situation for Scottish citizens, has simply delayed the rollout of devolved welfare (Gordon 2019).

In this current climate, it is particularly important to consider both the idea of and the lived realities of poverty. The argument has long been that the Scottish Government can only apply a sticking plaster to the wounds created by Westminster (Sinclair and McKendrick 2012), but now Scotland has the chance to act and to address the poverty in its midst. How will the Scottish Government rise to the challenge? First, it is necessary to understand what we actually mean by 'poverty' and, as we shall discover, there is no simple definition. We then need to think about where poverty comes from or its causes before we consider the current levels of poverty in Scotland. As the chapter progresses, we shall then give an account of some of the actions taken in Scotland to combat poverty, and to consider the current debates and themes as they apply to social care in Scotland.



## Poverty

In 2015, the Scottish Government published findings that suggested that “83% of people said that the gap between those on high incomes and those on low incomes was too large” (2015: 3). Are these 83% of people talking about poverty? Are they talking about the gap between the rich and the poor, and is that the same as talking about poverty?

There are several ways of measuring poverty, and the variances arise from a lack of agreement in what actually constitutes poverty and what it means to ‘be’ in poverty. In the United Kingdom there are conventionally two ways of defining and measuring poverty. It can be defined in ‘relative’ or ‘absolute’ terms. As we shall discuss, there is a sense that these conventional ways of defining poverty do not meet the public’s expectations or perceptions, and we may need to consider a new definition of poverty. Nevertheless, even these new definitions and measures of poverty come back to an absolute or a relative focus, as we shall see.

Relative poverty allows us to see how well off an individual or group is compared to – or relative to – the rest of the population. Individuals deemed to be ‘in poverty’ by this relative measure fall below 60% of UK median income in that year. The rate varies each year according to income levels, and “the people at the bottom end are considered to be in poverty in comparison to everyone else” (FullFact 2019, online). Because the rate varies each year, relative poverty can be seen as a snapshot view of poverty at a given moment in time.

Absolute poverty gives us a longitudinal view of poverty and is not adjusted for annual income levels. It gives us a sense of how poverty has varied over time. Absolute poverty, as used by the UK Government, refers to an income less than 60% of the median income in 2010–2011. The UK definition of absolute poverty is not the same as the UN definition, which sees absolute poverty as being the inability to afford to meet basic needs and to access basic services (UNESCO 2017). Townsend (1954) explains that the need to better understand and define poverty arose in earnest after World War II when B. Seebom Rowntree’s poverty studies were considered more deeply and poverty measures were perceived to be somewhat arbitrary in nature. Townsend perceived costs and expenditure relating to food to be a good measure of poverty. The years since the end of the war have involved numerous debates and proposed measures of poverty. Notably, in 1995, the United Nations World Summit for Social Development established official definitions for poverty based on need (Spicker 2007).

The UK Government, whether it is using absolute or relative measures of poverty, uses *income* as a means of defining poverty, yet having a low income does not equate to ‘being in poverty’; likewise, a high income is not a guarantee of being ‘out of poverty’ (Social Metrics Commission 2018). Two families may have the same income but may encounter unavoidable expenses (such as those stemming from incapacity/disability or caring responsibilities) that affect their ability to meet their basic needs. Research tells us that the general public in the UK feels that current poverty definitions and measures are too narrow and rely too much on income (Hall, Leary and Greevy 2014; and see Chapter 4). Participants in a Joseph Rowntree Foundation (JRF)-funded project identified poverty as not being able “to meet certain needs and their day-to-day experience, rather than their relative income” (Hall, Leary and Greevy 2014: 11). Taking this into consideration, organisations and academics in the UK have attempted to rethink how we define and measure poverty.

The Social Metrics Commission (SMC) was established to try to develop a new definition and measure of poverty. Their report, published in 2018, moves away from an income-based angle and sees an individual as being in poverty “when their resources fall so far behind those

available to the rest of their society that they are not able to meet their needs” (Social Metrics Commission 2018: 62). The SMC’s approach is revolutionary in several key ways. It moves away from a focus on the individual and instead measures poverty at a family level, based on the assumption that in a family setting, individuals will pool their resources. The SMC measure also takes into consideration any assets that a family possesses, shifting the focus away from income and instead to all material resources. It also addresses the inescapable costs that some families may accrue because of incapacity/disability, housing, debt or childcare. Under the new measure, the SMC estimates that some 14.2 million people in the UK live in poverty. This is roughly comparable to the UK Government’s ‘Low Income After Housing Costs’ level for 2017/18 which comes out at 14 million of the UK population in poverty (McGuinness, Booth and Francis-Devine 2019).

The SMC approach to poverty is novel and may yet require reworking and rethinking as it is applied; however, it is a positive step in redefining poverty in such a way that moves away from purely a low-income perspective and can be seen as being aligned to other efforts to utilise broader metrics to determine well-being (see Chapter 4).

## What causes poverty?

The new definitions and measures of poverty tell us that income alone is not the cause of poverty. But what *does* cause poverty? Since the 19th century, social reformers have been concerned with trying to categorise and understand poverty and its distribution. The most famous example of this can be seen with Charles Booth and his *Inquiry into Life and Labour in London* (1886–1903). Booth, a social reformer, was seeking to prove wrong socialist allegations that a quarter of London’s population lived in poverty. He set about mapping and classifying the streets of London to depict the levels of poverty there and the social class of the residents, ultimately – and despite his initial intentions – showing that more than a quarter of the population *were* living in poverty. Notable are his comments on the poorest ‘class’, which he refers to as “vicious, semi-criminal”, thereby casting judgement on the moral character of those living in the most precarious conditions (London School of Economics 2016, online).

Booth’s ‘poverty maps’ and their ‘illustrations’ of moral character illustrate well one of the two main ways of viewing poverty. The first, which Booth’s maps exemplify, is a cultural or behavioural view of poverty, and the second is a structural view, which can be exemplified by Friedrich Engels’s (1887) work on the working class in England at the close of the 19th century. The cultural view puts the onus on the individual to remove himself or herself from poverty and sees that being in poverty is the result of individual, moral or behavioural failings or deficiency (Jordan 2004). The structural view sees poverty as part of a broader social, political and economic ecology where the individual is in a state of poverty because of structural or systemic oppression, often in the form of racial or class violence (Jordan 2004). In Engels’s work on the working class in Manchester, he attacked the social, political and economic structures that led to the destitution of so many (Engels 1887).

Part of the cultural view of poverty, which was popularised in the 1980s by Charles Murray, the American sociologist who, controversially, perpetuated myths of the underclass and of welfare dependency, is the idea of the ‘undeserving poor’. Booth’s assertions that the poorest on his maps of London were ‘vicious’ and ‘semi-criminal’ is an early example of the view of the criminalised ‘undeserving poor’. For those who adhere to this view, the implication is that cultures of worklessness prevail and, because poverty is seen as the fault of the individual,

it is not society's responsibility to ameliorate the conditions of poverty. In general, left-leaning political parties favour the structural view of poverty, and right-leaning parties put forward a discourse of cultural poverty (and see Chapter 2).

But which view of poverty does the British public hold? One of the ways to assess what the general public believes causes poverty is to consider how they respond to the act of benefit distribution, which is a response to poverty, and to those who are unemployed, with the state of unemployment being linked to poverty. In general, there has been a hardening of attitudes towards those who are unemployed (Taylor-Gooby and Taylor 2015), and over half of the population surveyed as part of the British Social Attitudes Survey in 2014 thought that benefit rates were too high and, as a consequence, discouraged work: that people are lazy and that benefits claimants do not deserve help, harkening back to the idea of the undeserving poor and the view that poverty is a conscious and rational *choice*. Relatedly, people vastly overestimate the number of fraudulent welfare claims, suggesting that nearly a third of claims are fraudulent when the actual figure is less than 1% (Bell 2013). This public perception of poverty aligns closely with the cultural view of poverty, and there is a significant belief that the media is, in part, responsible for perpetuating the view of the undeserving 'scrounger' (Morrison 2019).

## Austerity

One of the reasons put forward as to why views have hardened in relation to poverty comes down to austerity. Julie MacLeavy (2011) explains austerity as 'a motif for the array of cuts and retrenchments in public spending deemed necessary to recoup the debts incurred by states in order to finance banking bailouts and fiscal stimulus packages' in the years following the 2008 global financial crisis (2011: 357). It amounts to budget cuts to local authorities, prisons and police as well as in housing. Health and social care throughout the UK has been affected as, in the case of health, spending has not increased in line with inflation, and in the case of social care, spending has decreased despite an increase in demand for services (Watkins *et al.* 2017). Though Prime Minister Theresa May (2016–2019) declared in 2018 that the period of austerity was over, this is highly contested, and the effects of austerity linger as seen in spheres relating to disability rights – foodbank usage, for example (Ryan 2019; Bamba 2019).

What does this mean for daily life in Britain? At its most devastating, the austerity measures in Britain in relation to cuts in health and social care spending are estimated to have led to more than 120,000 deaths (Watkins *et al.* 2017). Professor Philip Alston, the United Nations (UN) Special Rapporteur on extreme poverty and human rights stated, in 2018, that austerity in Britain has been packaged as necessary from a financial perspective, in order to prevent economic collapse, but points to the fact that many of the cuts to services have ultimately cost the country more when emergency measures have to be enacted to counter the acute damage unleashed by austerity (Alston 2018). It is important to note that austerity has been packaged in the language of nostalgia and of unity in a time of crisis, harkening back to the austerity measures invoked during the Second World War. This can be seen in Prime Minister David Cameron's (2010–2016) promotion of the 'Big Society' agenda in England (largely avoided in Scotland) that masked government cuts through a discourse on volunteerism, community empowerment and citizenship.

Since the rollout of austerity measures in 2010 by the Conservative–Liberal Democrat Coalition government, homelessness has increased, and in Scotland since 2016 there has been

a 12% increase in the numbers of former social renters who are now homeless (JRF 2019). Community centres and libraries have closed due to a slash in funding (Alston 2018). Benefits have been cut, while poverty has risen, and levels of loneliness and isolation have been perceived to rise (Alston 2018). Where there were just 29 foodbanks prior to the rollout of austerity, there are now close to 2,000 foodbanks operating in the UK, and many of those requiring assistance from foodbanks have jobs (Alston 2018), findings echoed by Garthwaite (2016) and Lansley and Mack (2015). Simply put, austerity means that people can no longer make ends meet. Relatedly, deprivation and poverty have been shown to affect health and well-being outcomes (Bambra and Garthwaite 2015). In a damning commentary on the social effects of imposed austerity, Alston declared that “for almost one in every two children to be poor in twenty-first century Britain is not just a disgrace, but a social calamity and an economic disaster, all rolled into one” (Alston 2018, online).

## Poverty in Scotland

While the UN Special Rapporteur’s comments on the rise of poverty and the role of austerity in poverty in Britain as a whole are negative, his comments on poverty in Scotland were more hopeful and showed some potential for improvement (Alston 2018). Indeed, as we shall see, since devolution, poverty figures in Scotland have decreased, particularly in comparison to the rest of the United Kingdom.

Between 1979 and 1995, Scotland (along with Wales) had a lower life expectancy and greater health inequality than England partly because of income inequality (Gravelle and Sutton 2003). Prime Minister Margaret Thatcher’s (1979–1990) Conservative Party unleashed benefit cuts and cuts to industry across the nation, but Scotland was hit particularly hard. Scotland in general, and the west of Scotland (around Glasgow), was an industrial epicentre during and after the industrial revolution. In 1911, more than half of Scotland’s population was working in industry, ranging from shipbuilding and coal mining to steel manufacture and jute production (Walsh, Taulbut and Hanlon 2008). This reliance on industry remained fairly constant until the 1970s and 1980s when the Conservative Party, first under Edward Heath (1970–1974) and then under Thatcher (1979–1990), unleashed a campaign to privatise industry (Feigenbaum and Henig 1997) and to remove state subsidies that had propped up nationalised industries such as steel and coal. This can be seen as part of a larger neoliberalisation of politics that characterised the era (and see Chapter 3 on Ideology).

Scotland’s levels of poverty remained fairly static throughout the 1980s and 1990s but devolution changed the landscape, with Sinclair and McKendrick (2012: 62) noting that “overall, poverty in Scotland fell in the first decade of devolution”. In 2009–2010, 17% of the population of Scotland was in relative poverty compared to 24% ten years earlier in 1999–2000 – the decrease is particularly evident among the retired population (Sinclair and McKendrick 2012). Child poverty, too, has decreased since devolution both in terms of absolute and relative poverty. Both absolute and relative child poverty rested at 30% between 1998 and 1999 (Sinclair and McKendrick 2012) but, by 2016–2017, after housing costs, 24% of children in Scotland were living in relative poverty (NHS Health Scotland 2019). This is less than the UK average where 30% of children are in poverty, with the highest rate in London (Child Poverty Action Group 2019d).

Devolution has certainly impacted the state of poverty in Scotland, and devolved Scotland has seen the greatest reduction in poverty levels across the constituent parts of the UK.

However, Lodge, Henderson and Davies (2015) maintain that poverty reduction has not been the priority of the Scottish Government, with its focus primarily on the campaign for Scottish independence. Rather, policies have been ‘populist’ and anti-Westminster (Lodge, Henderson and Davies 2015: 45). As the authors, writing for the Institute of Public Policy Research (IPPR), argue, however, simply because the Scottish Government’s policy has not been overtly ‘anti-poverty’ does not mean that they are not involved in ‘tackling poverty’ (Lodge, Henderson and Davies 2015: 45). Examples of policies that are primarily populist and anti-Westminster in nature yet have had the consequence of reducing poverty are the implementation of free prescriptions, abolition of tuition fees, and a £20 million fund to combat the bedroom tax imposed by Westminster (Lodge, Henderson and Davies 2015).

Scotland’s approach to poverty is slightly different from the rest of the UK, and this is seen by the establishment, shortly after devolution, of the Scottish Social Inclusion Network (Scottish Social Inclusion Network 1999). In comparison, Westminster established a Social Exclusion Unit. The difference may appear merely semantic, but where Westminster is considering social exclusion as “what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime, bad health and family breakdown” (Batty 2002), the inclusion focus of the Scottish Government suggests a focus on ameliorating the situation.

Despite devolution having a positive impact on poverty reduction relative to the rest of the UK, Scotland still experiences significant poverty and has also felt the impact of the national austerity rollout. The UK as a whole has seen levels of child poverty rise incrementally since 2012, and in Scotland, child poverty figures are forecast to rise to 34.5% by 2020–2021 (NHS Health Scotland 2019). These recent and projected gradual increases in poverty coincide with Westminster-initiated austerity measures. The Scottish Government’s response to rising poverty (through, for example, tackling period poverty through providing free sanitary products to all students and Funeral Expense Assistance to combat funeral poverty – see the next section for more discussion) can be seen as tackling the symptoms of austerity unleashed by the national government. Whether this amounts to an anti-poverty agenda being incorporated into a broader anti-Westminster agenda (Lodge, Henderson and Davies 2015) remains to be seen.

As this section has shown, devolution has helped alter the landscape of poverty in Scotland but not completely. Devolved powers have not been a ‘magic bullet’ for Scotland; many areas still suffer extreme wealth inequality and health inequality. The infamous ‘Glasgow effect’ reminds us that areas around Glasgow have higher levels of premature mortality than other comparable post-industrial cities such as Liverpool or Manchester even when normalised for factors such as alcohol consumption and smoking (Walsh, Taulbut and Hanlon 2016). Current thinking suggests that, rather than a behavioural or cultural view of the Glasgow effect, we must think in structural terms: historical overcrowding, lack of government investment, low investment in housing repair, and material and economic deprivation can be seen as the causes for this phenomenon (Walsh, Taulbut and Hanlon 2016). Poverty is still a reality in Scotland.

## Current policy agenda in Scotland: developments and strategies

This section will detail some of the recent developments in Scottish policy that are designed to ameliorate poverty for residents in Scotland. These developments range from one-off payments to help low-income families to pay for a loved one’s funeral, to national pledges to

reduce child poverty. Not all policy developments are discussed here, but those that are discussed give a taste of the government's focus on poverty and the type of poverty it is challenging. Whether these policies will make the desired impact particularly in light of UK-wide austerity and the spectre of a recession after the UK leaves the European Union, remains to be seen; however, the policies highlight Scotland's commitment to a fairer life for all residents. For clarity, we have divided the section into 'key legislative decisions and proposals' and 'benefits, grants and initiatives'.

## ***Key legislative decisions and proposals***

### ***Fairer Scotland Action Plan***

The Scottish Government has established itself as a champion of equality and anti-poverty initiatives. In 2015–2016, the government held a 'Fairer Scotland conversation' that gathered the opinions of more than 7,000 Scots (Scottish Government 2018e). As a result of the priorities that those involved in the conversation set out, the government announced a Fairer Scotland Action Plan that focuses on building "a better country – one with low levels of poverty and inequality, genuine equality of opportunity, stronger life chances and support for all those who need it".

The Plan has 50 overall actions that it hopes to implement and five overall aims that it hopes to achieve:

- A Fairer Scotland for All
- Ending Child Poverty
- A Strong Start for All Young People
- Fairer Working Lives
- A Thriving Third Age

Regular progress reports highlight the areas of achievement and underscore aspects that require more attention. Ultimately, the Action Plan serves as a blueprint for the government's actions and many of the legislative decisions and benefits discussed in the remainder of this section (such as the Best Start Grant, the Child Poverty Act and the Living Wage) have been part of this framework.

### ***Poverty and Inequality Commission***

As outlined in the Fairer Scotland Action Plan, the Scottish Government established the Poverty and Inequality Commission. An independent chair leads the panel of experts who have knowledge and experience in areas relating to poverty and inequality. The purpose of the Commission is to advise the Scottish Government on how to create a more equal society. The Child Poverty (Scotland) Act 2017 required the Commission to monitor progress towards child poverty reduction and to advise ministers on issues relating to child poverty. The Public Services Reform (Poverty and Inequality Commission) (Scotland) Order 2018 broadened the remit of the Commission to providing advice on issues pertaining to poverty and monitoring reduction attempts. Importantly, the Commission listens to and builds its programme of scrutiny based on lived experiences of poverty (Scottish Government 2017b).

### *Child Poverty (Scotland) Act 2017*

In 2010, the UK Labour government passed the Child Poverty Act that followed PM Tony Blair's 2001 promise to eradicate child poverty by 2020. The Act set out four key targets that all parts of the UK were to meet by 2020:

- 1 For less than 10% of children to live in households of relative poverty
- 2 For less than 5% of children to live in families of material deprivation and relative poverty
- 3 For less than 5% of children to live in families of absolute poverty
- 4 For fewer children to live in persistent poverty (CPAG 2019a)

The Act also established the Child Poverty Commission to advise the government. This was rebranded in 2012 as the Social Mobility and Child Poverty Commission, and in 2016, the focus on child poverty was omitted entirely from the commission's name as it evolved into the Social Mobility Commission (CPAG 2019a).

In 2016, the Welfare Reform and Work Act issued by the Conservative Party abolished the Child Poverty Act. The government's focus changed from 'poverty' to that of 'life chances', 'worklessness' and 'social mobility'. The Act required that the Secretary of State must provide data on children living in workless households and their educational attainment. This shifted the government's attention away from poverty and towards ideas of social exclusion.

The Scottish Government opted out of this new approach and instead decided to initiate its own targets (NHS Scotland 2018). A year later, in 2017, the Scottish Government passed the Child Poverty (Scotland) Act with the pledge to eradicate child poverty in Scotland by the year 2030. The Act decreed that by 2030:

- Less than 10% should be living in relative poverty (how many families are on low incomes compared with middle-income households).
- Less than 5% should be living in absolute poverty (how many low income families are not seeing their living standards improving over time).
- Less than 5% should be living with combined low income and material deprivation (how many lower-income families cannot afford basic necessities).
- Less than 5% should be living in persistent poverty (how many families live on low incomes three years out of four) (Scottish Government 2018f).

Unlike the UK Conservative government's shift away from material drivers of poverty towards a cultural and social exclusion framework, the Scottish Government's attention was focused on what it considered to be the main causes of poverty: income from work and earnings; costs of living; income from social security (Scottish Government 2017b).

The purpose of the Act is, in part, to measure and monitor progress in eradicating child poverty. As established by the Act and implemented in 2018, the Child Poverty Delivery Plan planned to introduce a Scottish Child Payment of £10 per week to ease child poverty (JRF n.d.). This payment will be effected in 2021 for children under six, and 2022 for other children (JRF n.d.). Despite this promised payment, economic forecasts and modelling predict that child poverty in Scotland will be higher in 2023–2024 than in 2016–2017 (Corlett 2019). It remains to be seen whether the Scottish Government can, through the Child Payment, ease child poverty and meet its targets.

### *Ending Homelessness Together Action Plan*

The Scottish Government has established a commitment to combatting homelessness. The Ending Homelessness Together Action Plan establishes the government's approach not only in tackling existing homelessness but in preventing homelessness from occurring. The Action Plan stems from the Homelessness and Rough Sleeping Action Group established in 2017 that asked 400 people with lived experience of homelessness to highlight priorities (Scottish Government 2018d). The resultant Action Plan established the preventative approach that is supported by the Ending Homelessness Together Fund of £50 million that will support local authorities in responding to homelessness. The Action Plan takes a person-centred approach that sees all cases of homelessness as unique and in need of a tailored response that is in line with the individual's needs. The Action Plan has set a limit on the amount of time families and pregnant women can spend in temporary accommodation and, going forward, will reduce this time limit across all households (Gollan 2019) to ensure that individuals experiencing homelessness are settled into a permanent home within seven days. The Action Plan relies on other Government schemes such as the Affordable Housing Supply Programme (see the next sub-section) and the establishment of Social Security Scotland that will promote dignity, fairness and respect (Gollan 2019). The Plan highlights the government's focus on the individual and on preventative work that will combat problems before they arise.

### *Affordable Housing Supply Programme*

The Housing and Social Justice Directorate has implemented a housing investment plan that will benefit individuals and families on a low income. Framed in the language of creating a fairer Scotland, the Scottish Government is seeking to build 50,000 affordable homes by 2021 of which 35,000 will be social rented housing. The increased budget of £591 million in 2019–2020 and £630 million in 2020–2021 will be split between Scotland's councils. The strategy has been implemented to combat the rising cost of housing relative to wages (Davidson 2019). The Affordable Housing Supply Programme (AHSP) is the Scottish Government's response to a growing need for affordable homes. In 2015, the housing charity *Shelter* deemed that there had been a downturn in the construction of affordable homes since 2007, correlating with the national and international financial crisis (Powell *et al.* 2015). AHSP housing will be available through social rent as well as “a plethora of low-cost homeownership and mid-market rent schemes” (Powell *et al.* 2015: 1) providing a wide range of availability and affordability options. The AHSP is an example of the Scottish Government responding to national level crises at a Scottish level.

### *Living Wage*

The Scottish Government has, since 2011, been a Living Wage employer in order to promote a fairer working environment in Scotland. There is a difference between the National Minimum Wage, the National Living Wage, and the Living Wage. The National Minimum Wage (NMW) is calculated by Westminster and varies according to age and type of work. The highest NMW is £8.21 per hour payable to adults over the age of 25 as of 1 April 2019. The National Living Wage is a renaming of the NMW and remains at £8.21. The Living Wage is not legally binding at a UK level but is calculated by the Living Wage Foundation based on



how much people need to earn to make ends meet. This figure is £9.00 per hour for all of the UK apart from London where it is £10.55 per hour (Scottish Living Wage 2019). A new Job Start Payment will be introduced in Scotland (Scottish Government 2018a).

There will be developments in the Scottish Government's Fair Work agenda to help in tackling poverty and inequality with an increase in the number of people receiving the real Living Wage. Action will be taken to help disabled people into work. Investment will be made to help up to 2,000 women return to work after a career break, particularly in sectors where women are under-represented (Scottish Government 2019c).

The Scottish Government pays all staff (including NHS staff) and all subcontractors, such as cleaners, the Living Wage of £9.00. Further, the Scottish Government is encouraging other private and public sector employers to meet this target. Through the Scottish Business Pledge, the government is encouraging businesses to sign and pledge towards fair work. The Scottish Business Pledge explains that paying staff the Living Wage is good for business reputation, productivity, staff well-being and, ultimately, promoting a fairer Scotland. As of September 2019, a total of 657 businesses had signed the Pledge (Scottish Business Pledge 2019).

### ***Benefits, grants and initiatives***

As discussed earlier in the chapter, the Scotland Act (2016) saw welfare provision being devolved to Scotland. The passing of the Social Security (Scotland) Act in 2018 led to the establishment of Social Security Scotland, the part of the Scottish Government responsible for payment of benefits and grants that are being rolled out on an ongoing basis. Social Security Scotland addresses poverty indirectly through the payment of benefits such as Disability Living Allowance and Attendance Allowance but directly through several programmes.

However, benefits have declined in relation to incomes because benefits are tied to prices rather than average incomes and this has reduced their effectiveness. Restrictions on eligibility for benefits have been tightened, e.g. tax credits and family benefits under Universal Credit are limited to the first two children only (born after 6 April 2017). However, as a result of demographic changes, there has been an increase in the number of people who rely on benefits, e.g. the elderly and low-paid working families. There are increasing numbers of people reliant on means-tested rather than contribution-based benefits and, in Scotland, welfare benefits make up at least 50% of gross income for those in the first two deciles of the population in Scotland (Scottish Government 2019d). Benefits play a large part in helping to reduce income inequality.

The Scottish Parliament has been transferred powers over some benefits, under the Scotland Act 2016. This includes disability benefits, Carer's Allowance, and Winter Fuel and Cold Weather Payments, giving them the power to create benefits and to top up existing ones. For example, low-income families in Scotland will receive an additional £10 per week in an attempt to lift them out of poverty.

The government is working to promote awareness and encourage take up of the Council Tax Reduction Scheme, having increased the child allowance by 25% within the scheme and, in doing so, invested £1.4 billion to date. They plan to have increased the number of workers, by 7,500, receiving a pay increase to the Living Wage in 2019. This is part of a longer-term target to increase by 25,000 the number of Living Wage recipients (Scottish Government 2018a).

The year 2018 saw the opening of the government's new social security agency, Social Security Scotland. This represents a fundamental shift in the delivery of social security underpinned by the values of dignity, fairness and respect. They have published a Social Security Charter setting out people's rights and the support that this new system will offer. Carer's Allowance Supplement was also introduced in 2018 and increases the Carer's Allowance by 13% (see Chapter 14). In 2019 the Scottish Government made the first payments of £300 under the Young Carer Grant. Best Start Grants are being paid, supporting families on lower incomes by providing £600 on the birth of a first child and £300 on the birth of any later children. Families will be paid a further £250 for each of their children at key points in their early years, e.g. starting nursery and school (Scottish Government 2018a).

Financial support is also given to people on lower incomes, through Funeral Expense Assistance, who have been bereaved and are struggling with funeral costs. In addition, an Older People's Framework is introduced, setting out how improved equality outcomes for older people will be delivered in addition to how the contribution of older people can be maximised (Scottish Government 2018a).

We discuss next some of these benefits, grants and initiatives in greater depth. In addition to benefits paid by Social Security Scotland, other Government agencies are responsible for additional poverty-amelioration schemes.

### *Best Start*

As part of the Scottish Government's Child Poverty Delivery Plan 2018–2022 and its belief that 'Every child deserves every chance', there are a number of initiatives aimed at combatting the conditions of poverty in which almost one in four children lives in Scotland. The Scottish Government believes that a child's early years can have significant impacts on the life of that child, its family, community, and the future of Scotland and that tackling child poverty can both improve conditions for the child and positively affect his or her future and life chances. The government also recognises that health inequalities exist and detrimentally affect low-income populations (Scottish Government 2017a).

The Best Start Grant is one of the benefits that falls under the jurisdiction of Social Security Scotland. It replaces the UK Government's Sure Start Maternity Grant and is aimed at parents and carers on a low-income to assist with raising and caring for a child (Citizens Advice Scotland 2019). The Grant comprises three sub-payments:

- The *Pregnancy and Baby Payment* – a one-off payment of £600 for a first child or £300 for a second or subsequent child. It is to help with the costs of pregnancy or having a baby such as maternity clothes, a cot or a pram.
- The *Early Learning Payment* – a one-off payment of £250 to help with the costs of having a pre-school child; for example, the costs of day trips, books or toys for home learning.
- The *School Age Payment* – a one-off payment of £250 to help with the costs of having a child of school starting age, such as the costs of a new school bag, to pay for school trips or after-school activities (Citizens Advice Scotland 2019).

These payments are not loans and do not have to be repaid. The turn-around for payment following application is quick; applicants will be informed about the outcome of their

application within 14 days of application with payment within the following seven days (MyGov.Scot 2019)

### *Funeral Support Payment*

Funeral poverty is a phenomenon that has risen recently whereby individuals are not able to meet the costs of a funeral for a loved one. The figure has risen by 50% in three years (Fair Funerals Campaign 2019). The act of not being able to give a loved one a suitable funeral is a highly sensitive issue and those who suffer funeral poverty feel a high level of stigma. In light of rising funeral poverty (Fair Funerals Campaign 2019), in 2019 the Scottish Government opted to replace the social fund funeral payment. The new Funeral Support Payment will help low-income families to fund the cost of a funeral.

The Funeral Support Payment will cover the costs of a burial or cremation and transport costs of the body and mourners, as well as providing £700 for other funeral-related costs (CPAG 2019c). The Payment is an example of the Scottish Government responding to a new form of poverty that has arisen, in part, because of cuts enacted at a Westminster level and the rising costs of the funeral 'industry'.

### *Scottish Welfare Fund*

Part of a Scottish system whereby individuals can receive emergency payments, the Scottish Welfare Fund (SWF) is part of Social Security Scotland. The SWF is allocated at a local authority (LA) level, meaning that Social Security Scotland provides a budget to LAs. Applicants then apply to their LA for one of two grant types: a Crisis Grant or a Community Care Grant. Both are available to low-income individuals. The former is available to low-income individuals who have experienced some form of disaster such as a house fire, and the latter is available to low-income individuals setting-up or keeping a home in the community (Scottish Government 2019c).

The Scottish Government explains that:

Between April 2013 and September 2018, the SWF helped 316,095 individual households with awards totalling £181.6 million. A third of households were families with children, while just over half were single-person households with no children.

*(Scottish Government 2019c)*

Where the UK Government abolished the Social Fund and attendant crisis loans and community care grants, the Scottish Government has described the SWF as a 'safety net' (Scottish Government 2019c). By implementing the SWF at the LA level, LAs can respond to particular local needs, to some extent reinvigorating the welfare ethos within §12 of the Social Work (Scotland) Act 1968.

### *Investing in Communities Fund*

In response to a need for grassroots action and dignity rather than top-down imposed action, the Scottish Government has implemented an 'Empowering Communities' programme, a key aspect of which is the 'Investing in Communities Fund' (Scottish Government 2019e), which

falls under the Local Government and Communities Directorate. The government has established the ICF based on the premise that it “promotes a more responsive, community-led, place-based approach. One that is flexible and can adapt to existing and emerging community issues, circumstances and priorities” (Scottish Government 2019a). The Fund is available by application to community organisations from areas of disadvantage (according to data from the Scottish Index of Multiple Deprivation or similar) who propose community-based projects that can support and improve the lives of residents “where the deep-seated impacts of disadvantage, poverty and inequality need support to develop long term solutions” (Scottish Government 2019e: 2).

The ICF is founded on the Place Principle advocated by the Scottish Government. The Place Principle is based on collaborative work and an acceptance that place affects an individual's and a group's sense of identity (Scottish Government 2019b). The importance of place in considering poverty cannot be underestimated; the literature on neighbourhood effects suggests that an individual's life chances affect where they live, meaning that place and poverty are closely intertwined (van Ham *et al.* 2012).

## Themes, issues, critical debates: problems in relation to social work/social care and practice

### *What type of poverty?*

As the previous section highlights, the Scottish Government has made significant efforts to combat entrenched poverty. What type of poverty is the government prioritising, though? As we have seen, there is a high level of focus on combatting child poverty.

As we have discussed, the Scottish Government is taking further steps to tackle child poverty through interventions such as the introduction of a new £100 minimum school clothing grant, a £12 million intensive parental employment support programme, a £7.5 million Innovation Fund (in partnership with the Hunter Foundation), eradicating holiday hunger by providing an additional £2 million of funding to tackle food insecurity among children (Scottish Government 2018b). Furthermore, targets set out in the Child Poverty (Scotland) Act 2017 will be met through the government's Child Poverty Delivery Plan (2018–2022) *Every Child, Every Chance* (Scottish Government 2018b), which focuses on a range of new or improved interventions including:

- Investment in intensive employment support for parents supporting those who are employed to move into work, build new skills and increase earning potential
- Support for employer-led projects focusing on parenthood in families at high risk of poverty via increased funding for the Workplace Equality Fund
- More money for school uniforms and sports kit through a new minimum payment for the School Clothing Grant
- More support for childcare, after school and holidays
- Saving on fuel bills through the Warmer Homes Scotland programme
- Personalised advice for low-income families from a Financial Health Check Service, helping families avoid paying higher costs for essential goods and services
- Investment in growing the affordable credit sector
- A new income supplement

- Investment for the further education sector to support sustainable routes to positive destinations
- Practical support for pregnant women and families through the Healthier Wealthier Children approach
- New, targeted, education programmes for Gypsy Traveller families

The child poverty initiatives listed above fall under the Scottish Government's 'Child Poverty Delivery Plan'. The Scottish Government explains that:

The Poverty and Inequality Commission said that while the Delivery Plan needed to focus on work and earnings, costs of living and social security, it shouldn't ignore other issues that could help families in poverty now. They specifically mentioned quality of life – and within that, we'd include the importance of addressing adverse childhood experiences and working to ensure that children's home and community environments are safe and nurturing, and help all children to fulfil their potential.

*(Scottish Government 2018b: 73)*

This is a noble angle, and certainly alleviating poverty for vulnerable children should – and must – be a priority as we work towards a future with reduced levels of deprivation (and see Chapter 15).

### ***Pensioner poverty***

The Child Poverty Action Group (2019b) explains that in addition to children, other groups experience high levels of poverty; 30% of children in the UK are experiencing poverty, and 50% of people of Bangladeshi origin are in poverty. We see fewer initiatives targeted at alleviating poverty in minority ethnic communities. We must, then, ask questions about who is being left behind as the government attempts to alleviate conditions of poverty.

In 2015–2018, relative poverty after housing costs for pensioners in Scotland was 15% (150,000 pensioners each year). Before housing costs, 18% of pensioners (180,000 pensioners) were in relative poverty. Relative pensioner poverty had started to rise again in 2013–2016 (before housing costs) and 2014–2017 (after housing costs) (Scottish Government 2019d).

Pension Credit guarantees pensioners £167.25 or £255.25 (with partner) weekly for 2019. For people aged 65 years or older and in receipt of the state pension or other social security payments that qualify for the payment, there are one-off Winter Fuel payments which pay between £100 and £300 (if over 80 years of age) per eligible household for 2019–2020. People aged 75 years or over and who receive Pension Credit will continue to receive a free TV licence after June 2020.

### ***Word choice***

Throughout this chapter, we have described the inability to meet one's material needs as 'poverty' but labelling people as 'poor' – the adjectival form of 'poverty' – can be stigmatising. The 'Stick Your Labels' campaign by the Poverty Alliance in Scotland sought to change the language that is used when discussing poverty in an attempt to reduce stigma. The campaign cautioned against using terms like 'workshy', 'scrounger' and 'shirker' while further educating

people about the causes and effects of poverty. Equally, referring to areas as ‘disadvantaged’ or ‘sink estates’ can be problematic and stigmatising (Butler 2019). Social workers and policymakers need to think about the language that they use when framing poverty to reduce emotional harm.

### ***Social work and poverty***

There are both moral and economic reasons why social workers should be involved in tackling poverty. Poverty is associated with almost every social issue that social workers deal with. The global definition of social work (International Federation of Social Workers 2014, online) states that it is “a practice based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work”. Anti-oppressive social work should be transformative and to mutual benefit, which should be helpful in a challenging economic climate.

There has been an historic danger of overlooking poverty because it is experienced by so many service users. However, there is an increasing recognition of the significance of poverty and social exclusion as indicators of the diminished life chances of many. Social workers can be directly involved in the relief of poverty by focusing on partnership, prevention and empowerment (Mantle and Backwith 2010). Poverty, as a structural problem, impacts on the daily practice of social workers who are faced with issues of chronic unmet need, a shortage of resources and the enormity of the systemic nature of poverty in families. There are, however, few practice tools that include addressing poverty, or inequality, at its core (McNicol 2017). Furthermore, social workers are constrained in the work they do as a result of imposed approaches to performance management in response to the government’s modernisation agenda (Mantle and Backwith 2010).

It is suggested that radical practice can be embedded in processes that work both within and against the structures of the employing agency, although radical social and community work expresses some concerns about the capacity of people to create ‘collective solutions’ to the ‘problems they face’ (Hatton 2015). As poverty is sometimes seen as suggesting exclusion from full rights of citizenship “in the social political and civil spheres and undermines people’s ability to fulfil the public and private obligations of citizenship” (Lister 1998: 29), community social work with its long-standing association with empowerment, is a local initiative where close connection with the community can ensure targeted effective intervention, is preventative and involves partnership. Community work focusses on bringing people with a shared focus together, deciding what their needs are, and, together, taking action to meet those needs through developing projects to gain support or by campaigning to ensure the needs of the community are met.

### **Chapter summary and conclusions: a fairer Scotland?**

The Scottish Government’s ‘A Fairer Scotland’ approach sees Scotland as the UK leader in issues relating to poverty and inequality. By 2030, the government explains, its goal is to achieve “a fair, smart, inclusive Scotland, where everyone can feel at home, where fair work helps businesses to thrive and create jobs, where poverty rates are amongst the lowest in Europe, and where there is genuinely equal opportunity for all” (Scottish Government

2018c, online). Implicit in this goal is the Scottish Government's assertion that it needs to ameliorate the situation established by the UK Government in Westminster, highlighting the tensions in UK politics (see Chapter 3).

Certainly, whether or not the poverty amelioration policies are based in part on and in a larger political debate, the Scottish Government is promoting a fairer politics. Is it achieving a fairer society? We can use several metrics to ascertain quantitatively how Scotland is performing relative to the rest of the UK. The Gini coefficient is a 0–1 measurement that sees the most equal society ranked at 0 (i.e. where everyone in the society has the same income) and the most unequal society ranked at 1 (i.e. where only one person possesses the entirety of the country's wealth). Scotland's Gini coefficient between 2014 and 2017 was 0.32 (Walsh and Whyte 2018). For the UK as a whole, the Gini coefficient for the same time period was 0.34 (McGuinness and Harari 2019), meaning that Scotland is marginally more equal than the UK as an entirety; however, it remains far behind more equal societies such as those that follow a truly Nordic model. There is a rapidly growing body of literature based on extensive empirical research that highlights the health and social manifestations of inequality (Garthwaite *et al.* 2016; Smith, Bambra and Hill 2016; Pickett and Wilkinson 2015; Wilkinson and Pickett 2010; Marmot *et al.* 2010).

Another way to try to ascertain the levels of equality in Scotland versus the rest of the UK is to consider median income levels per week before housing costs. In Scotland, between 2015 and 2018, the median income before housing costs was £499 (Scottish Government 2019d). In the UK as a whole between 2017 and 2018, the median household income before housing costs was £507, suggesting that the weekly income of families in the UK as a whole is higher than in Scotland. Troublingly, data also suggests that in Scotland, lower incomes are getting lower while higher incomes are getting higher (Scottish Government 2019d).

Statistical data suggests that Scotland is no more equal than the rest of the United Kingdom; however, Scotland's efforts to combat inequality and poverty are high and, as we have seen in this chapter, the government has made strong pledges to improving the situation. Whether this amounts to tangible change remains to be seen.

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3. 'Welfare Rights' pp147-161 (6,852 words)

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# 9

## WELFARE RIGHTS

*Janine Bolger*

This chapter will begin with a look at the historical development of welfare support and the systems which deliver it. The chapter will give an overview of the benefit and tax systems in Scotland and will end by looking at the current agenda for welfare support and the implications of this for funding and service delivery.

### Introduction

Since 1969 ‘welfare rights’ has been the generic term used to explain the activity of ensuring that people are informed of and are receiving their entitlement to state benefits in the United Kingdom. Advisers are usually employed through the local authority or advice agencies and offer free and independent information, provide support in applying for welfare benefits and can represent appeals regarding benefit claims and entitlements.

Such a system of welfare support has not always been readily available, however, and it is interesting to reflect on chronological developments of the provision of relief for those who are unable to provide for themselves adequately, or at all, through paid employment.

### A history of the welfare rights and benefits system

In 1579 in Scotland, an Act for Poor Relief established a system that would last for more than 300 years and would provide for the “Punishment of Strang and Idle Beggars, and Reliefe of the Pure and Impotent” (and see Chapter 2 on the History of Social Policy). Local parishes were compelled to make lists of their poor to ensure lodgings for those who could not take care of themselves, and to allow landowners to take the offspring of beggars into unpaid work. The administration of poor relief was undertaken, in 1597, by the church authorities who raised monies through donations, collections, interest from loans, land rental and fees for church services.

From the late 1500s the notion of ‘settlement’ in a specific parish was introduced in order to tie people to particular locations in line with feudal ideas and to ensure that the costs of poor relief was borne by those parishes with responsibility for individuals. With this notion of

settlement in place, people could be removed if they attempted to draw relief outside the area of their residence. Their parish of origin was accountable for costs incurred in their removal. To aid in identifying where poor people originated from, certificates of settlement were given in England and Wales, while in 1586 in Scotland, poor people were given their town's 'mark'. Residence was initially defined as living in one parish for five or more years without begging or claiming relief. Resident status could be lost through non-residence in a specific parish of four years or more. Women could gain residence through marriage.

Presumably to deter the 'idle', Scotland established correction houses in 1672 in all its burghs where beggars could be detained and put to work. By 1774 'out-relief', where benefits or cash could be made available out with the workhouse, was made in Glasgow. The demand for payments exceeded the supply, and provision was inconsistent. With Scotland retaining its own judicial system as a result of the Act of Union in 1707, resulting in English Acts not having the force of statute in Scotland, it was 1845 before reform came about through the Scottish Poor Law Act. The implementation of this Act outlined the responsibility for administering poor relief in the form of cash, of kind or in the form of 'poorhouses' overseen by Parochial Boards in each parish. All applications for relief were assessed by an Inspector appointed to each parish for this purpose. In Scotland there was no access to poor relief for the able-bodied poor (those who were fit and healthy but in low-paid work or unemployed), nor was there any legal right to appeal if it was denied.

The Local Government (Scotland) Act 1889 established county councils which assumed many of the powers previously held by parochial boards and Justices of the Peace. By the time a further Local Government (Scotland) Act was passed in 1929, many poorhouses had been transformed into Public Assistance Institutions offering care to the sick, the elderly and infirm and to unmarried pregnant women. With the functions of parish councils being passed on to larger district councils, poorhouse buildings were refurbished, sold or demolished in readiness for the National Health Service.

Although the Poor Law was not abolished until the 1948 National Assistance Act came into force, stigmatised provision through the Poor Laws was replaced by the 1911 National Insurance Act (which was actually passed in 1908). National Insurance is a system of taxes and social security benefits. This Act, often regarded as the foundation of modern social welfare in the UK, provided medical and time-limited unemployment benefits through funding by fixed payments from employers and workers. These reforms were part of a larger collection of social reforms, but at this point social welfare provision offered only the right to a minimum level of income, support or service for those aged over 70 years and for some unemployed people. UK social security reform on a larger scale was not actually completed until 1948 (Bateman 2005). Welfare rights advocacy became evident from the 1930s through groups such as the National Unemployed Workers Movement who represented those who had been refused benefits through ruthless means testing and those who were entitled to, but not receiving, payments (Bateman 2005).

Citizen's Advice Bureaus (CABs) were created in the 1940s specifically to assist those whose situation had changed as a result of the war. In 1948 the legal aid scheme, designed to offer free or low-cost legal advice to those living on low incomes, was implemented, and in 1967 the UK's first law centre opened, with the first local authority-employed welfare rights workers appearing in 1969 (Bateman 2005). Increasing levels of employment due to the high demand for un-skilled labour during the 1950s and 1960s resulted in a low demand for benefits. The Child Poverty Action Group (CPAG), instituted in 1965, became a leader in the

welfare rights field in the UK, developing its advocacy role only “as a result of publicising the problem of poor take-up of benefit entitlement and being asked by individual claimants for help with benefit problems from about 1967 onwards” (Bull 1982, cited in Bateman 2005: 8).

Margaret Thatcher’s Conservative government in 1979 implemented free-market economic policies that impacted on inflation and unemployment and instituted policy changes on both benefits and taxation. High inflation not only lost people their jobs but brought retired people on low incomes into poverty. Along with increased numbers of lone parents, the recognition of the roles and responsibilities of carers (see Chapter 8) and a growing realisation of the needs of young disabled people (see Chapter 14) all served to increase the need for welfare advice, while throughout the 1980s aspects of the benefits system were whittled away (Bateman 2005). Opposition from a range of professional social work bodies and trade unions resulted in an investment in in-house welfare rights services by local authorities, utilising publicity campaigns encouraging claims for additional help under schemes that were about to be cut or altered and the affirmation of local authority staff as advocates (Bateman 2005). There was a remarkable degree of continuity in the reform trajectory between 1979 and 2010 with welfare reform increasing the use of conditional entitlements (Edmiston 2017).

The election of a New Labour government in 1997 resulted in major reforms to the benefit system through the ‘welfare to work’ initiatives for lone parents, young people and those with a disability, tax credit schemes, improvements to maternity benefits, gradual increases to mean-tested benefits for older people and changes to the administration of social security. There was also the abolition of higher rates of benefit for lone parents, changes in incapacity benefit and in benefits for people from abroad, additional use of sanctions to modify the behaviour of claimants and the introduction of a range of benefits with no right of appeal (Bateman 2005). This saw welfare conditionality targeting more individuals previously exempt from activation methods (Edmiston 2017).

By the 2010 general election there was cross-party political consensus on the need to review welfare provision with competition between the three main political parties to appear to be the toughest on welfare reform. The Conservative–Liberal Democrat Coalition government of 2010 acquired a political and policy mandate for the retrenchment of welfare provision by blaming the welfare system for welfare dependency and public sector debt (Edmiston 2017). Prime Minister David Cameron announced, “the age of irresponsibility is giving way to the age of austerity” (Cameron in Edmiston 2017: 262). Such welfare reforms are having compound negative effects on low-income households (and see Chapter 3).

## The benefit and tax credit system

Employment and social security is a reserved matter (see Chapter 1). However, as a result of the Scotland Act 2016, Scottish and UK Governments can both pass secondary legislation in respect of some elements of social security. The Department for Work and Pensions (DWP) has responsibility for the overall administration of social security benefits (other than council tax benefits and housing benefits which are administered by local authorities) (UK Government 2019a). Tax credits, child benefit and the guardian’s allowance are dealt with through Her Majesty’s Revenue and Customs (HMRC) (UK Government 2019b). Most claims for benefits under state retirement age are administered through Jobcentre Plus, an executive agency of the DWP, while the Pension Service deals with pensions and pension credit. The Disability and Carers Service deals with carer’s allowance and disability benefits.

The Department for Work and Pensions has responsibility for the Child Maintenance Service in Great Britain. Appeals over entitlements to benefits are made to the Social Security and Child Support Tribunal (unless in Northern Ireland), while disputes over tax credits are processed through HMRC (UK Government 2019a).

Benefits are either *means-tested* or *non-means-tested*. Means-tested benefits are paid only if, on investigation, it is found that you have limited income and capital (Table 9.1). You are not required to have made National Income contributions. Means-tested benefits include:

- Income Support/Income-based Jobseeker's Allowance (JSA)
- Pension Credit
- Housing Benefit and Council Tax support
- Cold weather and funeral payments, Sure Start Maternity Grant (or Best Start Grant in Scotland)
- Tax Credits (Child Tax Credit/Working Tax Credit)
- Universal Credit
- Income-related Employment and Support Allowance (ESA)

**TABLE 9.1** Benefit entitlements

<i>Circumstances</i>	<i>Benefits/Tax Credits</i>
Bereaved	Bereavement Allowance Bereavement Support Payment Funeral expenses payment
Carer – responsible for a child	Carer's allowance (CA) Child tax credit (CTC) Child benefit (CB) Guardian's allowance (GA) Statutory maternity pay (SMP) Statutory paternity pay (SPP) Statutory shared parental pay Statutory adoption pay (SAP) Maternity allowance (MA)
Disabled	Disability living allowance (DLA)/Personal Independence Payment (PIP) Severe Disablement Allowance (SDA) Attendance allowance (AA) Industrial injuries disablement benefit Cold weather payment (CWP)
Incapable of work	Employment and Support Allowance (ESA) Statutory sick pay Cold weather payment
Have a mortgage	Income support (IS) Income-based jobseeker's allowance (IJA) Pension credit (PC) Council tax reduction (CTR)
Low Income and not enough money to meet certain needs	Universal Credit Community care grant and/or Crisis grant (from the Scottish Welfare Fund) Budgeting loan/Budgeting Advance (if entitled to UC)

<i>Circumstances</i>	<i>Benefits/Tax Credits</i>
Pensioner	State retirement pension Pension credit (PC) Winter fuel payment Cold weather payment
Pregnant	Statutory maternity pay Maternity allowance Best start maternity grant or Employment and Support Allowance
Tenant	Housing benefit Council tax reduction
Unemployed and seeking work	Contribution-based jobseeker's allowance (CJA) or Income-based jobseeker's allowance or Universal Credit

Certain benefits are available if specific conditions are met and do not require investigation into your finances, although earnings or occupational pensions will be taken into account for benefits designed to compensate for loss of income. These are known as non-means- tested benefits and include:

- Attendance/Carer's Allowance
- Child Benefit
- Disability Living Allowance (DLA) or Personal Independence Payment (PIP)
- Bereavement payments
- Incapacity Benefit
- Industrial disablement benefit
- Statutory maternity/paternity/adoption pay
- Statutory sick pay

An example of how confusing the welfare benefits system can be is evident when considering benefits such as Jobseeker's (JSA) and employment and support allowances (ESA) which are both means-tested *and* non-means-tested; income-based JSA is means-tested and contributions-based, while JSA is non-means-tested; Income-related ESA is means-tested and contributory ESA is non-means-tested. A combination of tax credits, means-tested and non-means-tested benefits may be claimed (Daguerre and Etherington 2014; Slater 2012).

Current policy agenda

The current welfare rights agenda highlights pressures which direct ongoing work. These include:

- Increased levels of means-testing
- Austerity and welfare reform
- The welfare fraud agenda



- The welfare to work agenda and increased monitoring of the economically inactive
- Poverty and the Benefits and Tax Credits System
- The impact of demographic changes

### ***Increased levels of means-testing***

Changes in the social security system since 1979 have resulted in greater numbers of people falling below the threshold for means-tested benefits and have necessitated the development of benefits which can be claimed by wider sections of the population (e.g. pension and tax credits). Means-tested benefits can, in themselves, create poverty traps discouraging claimants from undertaking paid employment and encouraging them to rely on benefits which will render them less well off in the long term (Atkinson *et al.* 2017). Means-testing aims to redistribute wealth through ensuring an adequate income for all; however, they are costly to administer and prone to high levels of error. Means-testing appears to favour both the poor and the rich at the expense of the middle classes, for example through targeting pension provision. The rich are favoured due to a reluctance to impose tax increases and a preference to make spending cuts with the more affluent people assuming that cuts will not be aimed at them.

Greater entitlement arises from the problem of benefits such as retirement pensions increasing only in line with prices rather than with earnings (i.e. they are index linked), which results in a need for a 'safety net' for poorer pensioners without adequate retirement provision (Dornan 2017). The current economic climate means that the income from savings will also be much reduced because of a lower interest rate.

The main drawbacks vis-à-vis delivering benefits through means-testing are around poor take-up levels and the complexity of making a claim which can result in delays, errors and overpayments which lead to a greater number of challenges by applicants. The unit cost of administering housing and council tax reduction benefit claims is almost 16 times higher than for non-means-tested benefits such as Child Benefit (Child Poverty Action Group 2019a). Errors by both claimants and administrators are inevitably high, with £1.3 billion of benefits being underpaid and £2 billion being overpaid in 2010–2011 (Child Poverty Action Group 2019a). The stigma, intrusiveness and embarrassment associated with sharing, in detail, one's lack of resources, along with the complexity of making a claim, are thought to be largely responsible for poor take-up levels for means-tested benefits. Universal benefits, such as Child Benefit, reaches 96% of low-income families compared to 80% take-up of the child tax credits or means-tested benefits intended for them (Child Poverty Action Group 2019b). Means-tested benefits are withdrawn as work hours or savings increase, resulting in little financial advantage in working more.

Beresford (2013) suggests that means-testing creates division and misunderstandings, hurting people who are neither rich nor very poor. The government anticipates that the introduction of Universal Credit will go some way to address the shortcomings of means-tested benefits through consolidation of various benefits into one payment and will blur the distinction between in-work and out-of-work claimants (Morris 2016).

### ***Austerity and welfare reform***

Welfare reform in the UK is a national strategy implemented by a Westminster government but applying, almost in every detail, to the whole of the UK (Beatty and Fothergill 2014).

The notion of austerity has arisen from the *responsible politics* of the Conservative Party and the *Big Society* policies of the Conservative-Liberal Democratic Coalition government which built upon the *Third Way* approach of the previous New Labour government. Following the global financial crisis in 2007–2008, the UK Government has been most radical in its welfare reform, resulting in its Welfare Reform Act 2012 (Van Kersbergen, Vis and Hemerijck 2014), although some of these reforms were already in process prior to the crisis. Roughly two-thirds of UK spending cuts have been directed at welfare state provision. *Austerity* has been used to rationalise retrenchment and cuts in public spending thought necessary to finance ‘banking bailouts’ and ‘fiscal stimulus packages’ (MacLeavy 2011: 357). The policy agendas of welfare reform and fiscal consolidation have become enmeshed. The introduction of reforms to benefits and taxes has resulted in entitlement to benefits now carrying with it a responsibility to look for work. Welfare reform has been regressive, through the reduction of extent and level of welfare entitlements, with the poorest half of the population losing most as a proportion of their income, and the top half gaining (with the exception of most of the top 5%) the most (De Agostini, Hills and Sutherland 2014). Over time, the focus of the government’s reform programme has moved away from simplifying the welfare system and towards cost cutting (Hudson-Sharp *et al.* 2018). Faced with such financial constraints, households are having to manage on low-income social security supplemented by “borrowing money, reducing fuel and food consumption, ‘going without’, seeking support from family and friends, making use of foodbanks, restricting expenditure to the ‘basic necessities’ and not engaging in social or recreational activities” (Edmiston 2017: 266).

Generally speaking, the impact of welfare reform has been greater in urban areas and specifically in older industrial areas where there is high worklessness (Beatty and Fothergill 2014).

### ***The welfare fraud agenda***

Benefit fraud has been a political focus since the 1980s, although figures published often overestimate the scale of the problem by including figures for incidences where the DWP has, through their own error, overpaid the claimant. Figures taken from local authority ‘weekly benefit savings’ have been shown to grossly exaggerate the situation in comparison to the DWP’s calculations. In 2012 government figures estimated benefits overpaid due to fraud at £1.2 billion and tax credit fraud at £380 million. Together these constituted less than 1% of the overall benefits and tax credits expenditure and less than benefits overpaid and underpaid due to error at that time (Citizens Advice Scotland 2013) and the amount is less than one third of total unclaimed benefits (Centre for Economic and Social Inclusion 2014). The focus on fraud is thought to be responsible for preventing many people claiming benefits to which they are entitled.

### ***Welfare to work agenda***

Although work incentives have a central place in the welfare reform agenda, it has been noted, half of adults in poverty are actually living in households where at least one person is in work (Morris 2016). Employment growth has been strong and there has been some movement from benefit dependence to work. For those on incapacity and disability benefits, the movement to work has been less obvious with the impact largely relating to experiences of

the Work Capability Assessment (WCA) of the Employment and Support Allowance (ESA), where assessors have lacked understanding of specific conditions such as those that fluctuate in severity and symptoms (Hudson-Sharp *et al.* 2018). Significant gaps exist in the provision of personalised support to assist those requiring the most specialised assistance into work. Problematically, reduced incentives for second earners to work more than a few hours might discourage participation in the labour market, particularly from women (Hudson-Sharp *et al.* 2018). In addition, the deterioration in labour market conditions with a rise in zero-hours contracts (the ‘gig economy’ – and see Chapter 4), increased temporary working and reluctant part-time work and self-employment have not been taken into account when considering work incentives.

Welfare conditionality and sanctions accompany continued delivery of benefits which have resulted in mandatory job search requirements, work-focused interviews, training and support schemes, and both minimum and maximum sanctions for withholding benefits (4 weeks to 3 years). Where there were issues in claiming, it was found that one in three had health issues, mental health or a learning disability, with only 28.7% of referrals turning into sanctions (Oakley 2014). This supports insecurity and poor pay and brings low-paid workers “under the stigmatising effect of conditionality and sanctions, eroding their moral standing” (Morris 2016: 107). The Equality and Human Rights Commission suggests that the government could revert to the original design where the benefit system is simplified, where out-of-work and in-work benefits are aligned and where transition into employment is made easier in order to reduce the negative impacts of welfare reform (Hudson-Sharp *et al.* 2018).

### ***Poverty and the benefits and tax credits system***

Twenty per cent of people living in Scotland were living in relative poverty, after housing costs, in 2015–2018, with 640,000 working age adults living in absolute poverty, after housing costs (Scottish Government 2019). As a result of the changes to benefits, pensions, tax credits and direct taxation, poverty is especially prevalent in lone parent families, children and large families, families with at least one disabled person, families where nobody works or where there is a dependency on irregular work or zero-hours contracts. It is estimated that “more than 14 million people, including 4.5 million children, are living below the headline, with more than half trapped in poverty for years” (Butler 2018, online).

The introduction of Universal Credit combined with the two-child limit on Child Benefit and the Benefit Cap will impact on the families of children with an average loss of £3,441 a year for almost half of low-income families (Savage 2019). The Policy in Practice research carried out for the Children’s Commissioner’s Office (England) found that 40% of families with children are worse off with Universal Credit and 32.1% of children living in cash shortfall would find themselves in surplus if the two-child limit was removed (Policy in Practice 2019). There is a predicted 8.5% drop in income for Scotland’s poorest families and a 7.8% drop for female-led lone-parent families by 2022 (Holyrood 2019). In Scotland alone the welfare cuts are expected to result in a cut in social security spending of £3.7 billion in 2020–2021. Scotland is the only UK country to have ambitious targets to reduce, and eventually eradicate, poverty by 2030. The Scottish Government has pledged to boost the incomes of the poorest families with a £10 per week payment for each child, in addition to child benefits payments (Carrell 2019). Through a ‘Tackling Child Poverty’ delivery plan, £12 million is being invested in intensive employment support for parents, a new Financial

Health Check service has been introduced and there has been an increase in school clothing grants. The Scottish Government has pledged to spend around £125 million each year to help protect people from the worst impacts of UK Government welfare cuts and support those on low incomes (Holyrood 2019).

Britain's aged population has, to a large extent, been spared the worst of the UK Government's initial austerity policies. However, attacks on public sector pensions and poor performance of private pensions, in addition to the freezing of the higher personal tax allowance, suggest that many older people will be poorer than they had expected. Fifteen per cent of Scotland's pensioners were living in relative poverty, after housing costs, in 2015–2018 (Scottish Government 2019).

Poverty rates remain higher (24%) for those families with a disabled person (Scottish Government 2019). In Scotland, disabled young adults are more likely to be workless than non-disabled adults and experience higher rates of poverty (Scottish Government 2017). The higher costs of living with a disability, reduced opportunities to undertake paid work and the inadequacy of state benefits to offset such financial disadvantage goes some way to explain the link between poverty and disability (Allcock 2019, and see Chapter 14, this volume).

Much of the research available with regard to immigrants, legal and illegal, challenge perceptions that they might be in the UK to profit from the benefits system. However, in reality, white British family units were the most likely out of all ethnic groups to receive state support and Chinese family units were the least likely to (UK Government 2018). Family units in the Bangladeshi, Black, Mixed, Pakistani, and other ethnic groups were the most likely out of all ethnic groups to receive income-related benefits and tax credits. Since 2009–2010, the percentage of family units receiving any type of state support has declined for all ethnic groups apart from the Bangladeshi and Chinese groups (UK Government 2018). Cultural and religious factors are often responsible for influencing negative perceptions of benefits leading to non-claiming, under-claiming and delayed claiming and the attachment of shame and stigma. This reluctance to claim benefits is more concerning when we consider the gap between employment rates for ethnic minorities and that for whites (Crawford *et al.* 2008). Overall, people from minority ethnic groups in Scotland are more likely to experience poverty than the majority white population (Kelly 2016). Finding work to match qualifications, the clustering of minority ethnic workers in low-paid employment, limited access to religious and culturally sensitive inclusive services and social isolation are all barriers to inclusion for minority ethnic groups (Kelly 2016).

Levels of homelessness have remained relatively static in Scotland but with more people forced to remain in temporary accommodation, with a 12% increase in the use of bed and breakfast accommodation. However, the majority (88%) of Scottish Councils believe that welfare reform, over the next two years, will increase levels of homelessness (Fitzpatrick *et al.* 2019).

In the Poverty and Inequality Commission's response to the Scottish Budget 2019–2020, the following specifically targeted policies for reducing poverty were identified:

- The Tackling Child Poverty Delivery Plan committed to introducing a new income supplement for families by 2022.
- Changes to the child-related elements of Universal Credit.
- Investing £12 million to provide intensive parental employment support.
- Investing £5 million over three years to help 2,000 women into work after a career break

- Investment in Early Learning and childcare to support parents into work and help some of the groups most vulnerable to poverty (i.e. single parents, women).
- Building affordable homes and tackling fuel poverty.

*(Poverty and Inequality Commission 2019)*

### ***The impact of demographic change***

Scotland's population has been increasing slowly, but consistently other than the 1990s, every decade since the 1970s, and reached 5.47 million people on 1 July 2019 (Population UK 2019). The largest ethnic group in Scotland is the white community, estimated to be around 96.2% of the population. The slow population growth is attributed to a reduction of international migrants to Scotland, which have halved since 2016, and a rise in the number of deaths alongside a fall in the number of births (SPICe Spotlight 2019). With increasing numbers of people over 65 years, it is estimated that by 2028 more than a fifth of the population in Scotland will be 65 years or older (SPICe Spotlight 2019).

People above the state pension age are more likely to create fiscal pressures in areas like health and welfare spending, whilst also exiting the labour supply, resulting in lower tax revenues.

*(SPICe Spotlight 2019, online)*

The general improvement of living standards and health care has contributed to an increased ageing population (and see Chapters 11 and 13). An ageing population alters the balance between those paying into the system (workers) and those being supported (e.g. pensioners). As the population ages, so will the workforce, and productivity, alongside economic success, will be increasingly tied to that of older workers. By 2050 the working age population between 50 and state pension age is expected to have reached 34% (Government Office for Science 2019). By 2040, nearly one in seven people will be aged 75 years or older. Currently, employment rates are 86% for 50-year-olds, 65% for 60-year-olds and 31% for 65-year-olds (Government Office for Science 2019). Supporting the ageing population to lead longer, and fuller, working lives will involve access to new technologies, re-skilling and improving workplace design. Age alone is not a good indication of hardship as in general, more affluent people tend to live longer.

With people living longer, there will also be greater pressure on:

- Housing – the challenge will be to cater to the needs of a more diverse group of older people with more women than men, more people living alone and more childless people. Across the UK, there are projected to be 1.42 million more households headed by someone aged 85 or older by 2037. This constitutes an increase of 161% over 25 years (Government Office for Science 2019). The effects of poor housing, on all age groups, are estimated to cost the NHS £2.5 billion per year. Adaptation of existing housing stock will be key (and see Chapter 20).
- Health and care systems – Although generally, people are remaining healthier, ageing will inevitably increase ill health and disability in the population. There will be a change away from acute towards more chronic conditions, long-term frailty, multiple morbidities and cognitive impairments. With additional pressures on the health and care systems,

families and communities will be expected to play an increasing role in the provision of care services (and see Chapter 11).

- The benefits system – retirement ages are expected to continue increasing, and there have been changes in other benefits for older people: In May 2019 the rules changed so that both members of a couple must reach state pension age to claim Pension Credit; Pension Credit will include a new housing credit to help towards rent. This may not happen until 2023 at the earliest. As Child Tax Credit is being abolished, Pension Credit now includes additional amounts for dependent children. If you are a pensioner with a younger partner, and claim Universal Credit, your Housing Benefit is reduced if you're considered to have more bedrooms than you need in your home. However, in Scotland, if you are assessed as needing personal and nursing care, you will receive this regardless of income, capital assets or marital or civil partner status. If you live in a residential care home, you will be expected to contribute towards your remaining accommodation costs.

## Developments

In 2010 the Conservative government announced the introduction of Universal Credit, designed to simplify the system of working age benefits, through a streamlined payment, reduce in-work poverty, improve work incentives and increase benefit take-up whilst reducing error and fraud (Dwyer and Wright 2014). The migration of benefit recipients began in 2013 but, as a result of a number of IT blunders and design faults, will not be fully implemented until 2022–2023. It replaces the child tax credit, housing benefit, income support, income-based JSA, income-related ESA and working tax credit. Designed to be more generous to the majority of claimants, it is proving, as a result of cuts, to be less generous to the majority.

From 2013 Personal Independence Payments (PIPs) have gradually been replacing Disability Living allowance (DLA) for people of working age (16–64 years). The parents of those children aged between 3 months and 16 years can still claim DLA for their child if they need additional help with daily living tasks or with mobility (if aged between 3 and 16 years). The PIP is a non-means-tested benefit and is intended to assist with the additional costs arising from ill health or disability (and see Chapter 14). When fully introduced, it is expected that around 600,000 fewer people will receive PIP than would have received DLA, and expenditure will be £2.5 billion a year lower than it would otherwise have been. In a report in February 2014, the National Audit Office said that “poor early operational performance” had led to “long uncertain delays” for PIP claimants (Parliament UK 2015).

A new support package, the Best Start Grant, is a package of three new Scottish benefits to help parents and carers on low incomes with the costs of having a child in the family. It replaces the Sure Start Maternity Grant for people living in Scotland and incorporates the Pregnancy and Baby payment (a one-off payment of £600 for a first child or £300 for a second or subsequent child), the Early Learning Payment (a one-off payment of £250 to help with the costs of having a pre-school child) and the School Age Payment (a one-off payment of £250 to help with the costs of having a child of school starting age) (Citizens Advice Scotland 2019).

Welfare cuts identified by the Conservative government in 2014 included changes to child tax credits which will be paid only for the first two children in any family. Between 2017, when they came into force, and 2020, it is estimated that the cuts will affect up to 515,000

parents across the UK. Cuts of £29 per week to ESA, despite a House of Lords defeat of the plan in 2015, were found to be wrong in principle and ineffective in practice by Disability Rights UK (Welfare Weekly 2017). While plans to cut housing benefit for young people aged 18–21 were reconsidered by ministers for fear of increasing the cost of homelessness and for contradicting Theresa May's pledge to 'govern for the most-needy in society', amendments resulted in support for housing costs being claimed within Universal Credit.

## The social work role in relation to benefits

The bulk of welfare rights work is carried out by welfare benefit advisers and welfare rights caseworkers working mainly in the voluntary sector and in local authorities. Advisers and caseworkers are employed to ensure that service users receive their full entitlement through advising them on employment rights and benefits, including housing benefits and tax credits. They frequently work directly with the public and are also involved in making assessments and helping make applications for benefits. Welfare Rights Caseworkers represent service users at appeal tribunals and other hearings. Most social workers, therefore, are not required to have detailed knowledge of welfare rights but should pride themselves on having a working knowledge of the structure of the benefit and tax credit system. They should be able to identify issues that may affect entitlement and should appreciate the importance of advice and advocacy, as they have frequent contact with those who are reliant on benefits or who might have financial or debt problems.

## Chapter summary

In examining the future of the welfare system and taking into account the issues highlighted in this chapter with regard to funding, austerity measures, demographic change and the additional services which might be required to meet those changing needs, it is clear that there are still a number of reforms to the welfare system to take effect or have their full impact felt. The rationale for welfare reform embeds a set of moral assumptions, and as such, the question is how to evaluate and even contest such a system (Morris 2016). Welfare-to-work programmes, combined with Universal Credit, highlight a fundamental change to those principles upon which the British welfare state was founded, with those who are unemployed or low paid being held responsible, "not only for a lack of paid employment, but also [for] partial engagement with the paid labour market and the levels of remuneration they may receive" (Dwyer and Wright 2014: 33; and see Chapters 3 and 4, this volume).

In looking to the future, we might hope that a number of benefits, outlined in this chapter, are further reformed in light of the disproportionate impact on some marginalised groups. The Equality and Human Rights Commission suggests that consideration of how welfare-to-work policies could be used to support the equal participation of lone parents and women; how to support disabled people who are able to work; and how to ensure that disabled people and their families are adequately financially supported if they are not able to work is key (Hudson-Sharp *et al.* 2018).

The Scottish experience of welfare reform has been different from that of the rest of the UK. Unique responses have been made to mitigate the worst effects of welfare reform: for example, Scotland will have spent in excess of £125 million over 2018–2019 to provide discretionary funds for those most in need. The Welfare Reform (Further Provision) (Scotland)

Act 2012 was introduced to shift some of the burden of these changes to social security and protect vulnerable individuals in Scotland, and the Welfare Funds (Scotland) Act 2015 placed a duty on local authorities to provide a 'safety net' for vulnerable people in an emergency situation (White 2016). The Scottish Government aims to mitigate against the impact of austerity and cuts, not least through its implementation of the Social Security (Scotland) Act 2018. Although considerable challenges are faced in resourcing in preparation for the delivery of the second wave of benefits, the new agency has been set up following the development of a Social Security Charter and a Scottish Commission on Social Security (Scottish Government 2018).

It has been the financially poorest local authorities that have been impacted the most by welfare reforms (Beatty and Fothergill 2014). Welfare reform has resulted in increased demand on the social services workforce, especially those working in the third sector and support services. Workers are spending more of their time signposting and supporting service users at a time when resources are tight (White 2016).

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4. 'Health and Health Inequalities' pp183-198. Bolger, J. and Morago, P. (5,649 words)

This output represents the re-writing/updating of a chapter from the book's first edition (2011) written entirely by Pedro Morago, an academic, who felt they did not have the relevant knowledge and expertise to contribute to a new edition. My contribution to the writing of the publication is approximately **4,000** words and is confirmed by attached letter from co-author (below).

**From:** Morago, Pedro <P.Morago@tees.ac.uk>

**Sent:** Wednesday, June 19, 2024 4:22 PM

**To:** Janine Bolger (sass) <j.l.bolger@rgu.ac.uk>

**Subject:** [External] Re: Contribution to Social Policy for Social Work, Social Care and the Caring Professions

*To Whom It May Concern:*

*I can confirm that*

- *I was the sole author of the original chapter 'Health and Health Inequalities' of the book entitled Social Policy for Social Work, Social Care and the Caring Professions;*
- *Janine Bolger re-worked the above chapter with my permission;*
- *The re-working of the above chapter now constitutes approximately 50% of the word count.*

*Yours faithfully,*

**Pedro Morago**

**Senior Lecturer in Research Methods**

**Course Leader for the MSc Evidence-based Practice**

# 11

## HEALTH AND HEALTH INEQUALITIES

*Janine Bolger (with Pedro Morago)*

### Introduction

This chapter does not intend to provide a comprehensive analysis of health policy as a key area within the broad subject of social policy, nor does it provide a discussion of different health care systems. Rather, the focus is on the phenomenon of socio-economic inequalities, which negatively affects a considerable proportion of social work service users. Thus, the chapter begins by presenting a brief introduction to the concept of health and other associated notions like health care and health care policy, which is followed by an overview of health care provision in the UK as well as of the organisation of the National Health Service (NHS) in Scotland. The chapter then examines the phenomenon of socio-economic health inequalities in the UK and the policies developed in order to tackle it, and ends by considering some of the implications of such inequalities for social work practice.

### Background – health, health care and health care policy

The World Health Organisation (WHO): defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organisation 2019). Such a wide definition of health has been criticised as idealistic and impractical as well as for describing a state which seems to correspond more to happiness than to health (Bickenbach 2015). Furthermore, different commentators have urged the WHO, since it first appeared in 1948, to provide a more realistic definition of health that allows us to measure and compare states of health and disease as well as to objectively evaluate the effectiveness of health programmes wherever these are implemented (Bok 2004; Üstün and Jakob 2005; Huber 2011). However, the definition provided by the WHO has also the merit of presenting an integral view of health which takes into consideration the different dimensions of the human being. Largely as a result of such a holistic approach, health care is now widely regarded as the delivery of services aimed at (1) preventing and treating illness, (2) promoting, preserving and restoring mental and physical health, and (3) tackling socio-economic factors that may have a negative impact upon the individual’s health. Health care

policy, therefore, refers to the set of governmental strategies and initiatives related to the financing and provision of services, the scope of which falls within any of those three broad areas. The following sections will provide an overview of how health care is organised in the UK as well as of the structure of the National Health Service in Scotland.

## Health care provision in the UK

The National Health Service (NHS), founded in 1948, is now the world's largest publicly funded health service. The main principle underpinning the NHS is that health care should be available to all who require it. In the United Kingdom, health care expenditure accounts for 9.6 percent of the GDP. Health care is devolved in England, Scotland, Wales and Northern Ireland.

In the UK, the health care market is dominated by the public sector, with the National Health Service (NHS) providing around 74% of all health care services. In 2018–2019 NHS commissioners spent £9.2 billion, a 7.3% share of their total revenue budget, on services delivered by the private sector with a further 3.7%, or £4.5 billion, spending on services from the voluntary, not-for-profit sector and local authorities (Kings Fund 2020). The vast majority of public expenditure on health is paid for by general taxation, while the rest of the money is financed through sources such as National Insurance contributions, charges, land and property sales and tobacco duty.

From a comparative point of view, levels of health care expenditure in the UK are slightly above the median expenditure for member states of the Organisation for Economic Co-operation and Development (OECD): but below those of France, Germany and the Scandinavian countries (Office for National Statistics 2019). This meant that the UK spent £197 billion on health care in 2017, equating to £2,989 per person with the OECD median at £2,913 per person (Office for National Statistics 2019). Publicly funded health care spending is slightly higher in Scotland than in England. For example, in 2017 Scotland had a total NHS expenditure of £2,160 per capita compared to £2,057 spent by England in the same period (BBC News 2017). Higher spending has not, however, produced a healthier population, suggesting that the relationship between the level of spending on health care and population health is problematic and complex (Irvine and Ginsberg 2004).

Finally, it is necessary to highlight that a considerable amount of health work is carried out every day by the informal sector, namely, carers who are not formally integrated into the health care market; for example, women caring for and giving support to relatives who are ill or frail (Scottish Government 2015a, and see Chapter 8). The contribution of this unpaid labour in the community to the functioning of the whole health care system is so important given that, according to Scotland's 2011 Census, around 759,000 adults, 17% of the adult population (aged 16 and over), and 29,000 young carers (aged 4–15 years) provided care to one or more people (Scottish Government 2015a). This is believed to be an underestimation, particularly in relation to low-level caring provided which includes emotional rather than physical support (Carduff *et al.* 2014).

## The National Health Service

Despite the importance of the private and the voluntary sector (formally integrated in the health care market) as well as the informal sector, the vast majority of health care in the UK

is provided, as stated earlier, by the NHS. Before 1948, health care was provided through different sources such as private services, insurance schemes, charities and voluntary hospitals. However, these services did not cover the health needs of large sectors of the population like those who were not insured workers and chronic patients who could not afford to pay for their health care, the care of whom was often left to overcrowded and poorly resourced infirmaries. In addition, hospital care was not included within insurance-based schemes, so that only primary care was provided to insured workers in return for their contributions.

This situation was addressed in 1948 with the creation of the NHS, which was founded upon the following principles:

- *Comprehensiveness* of the services provided, covering all health needs of the population.
- *Universality and equity*, which means that all members of the UK population have the right to equitable access to NHS services regardless of income, socio-demographic background and health status.
- *Free health care* at the point of delivery, financed from general taxation.

While the NHS has remained a cornerstone of British society since 1948, the three principles have been somehow eroded over the last decades with the introduction of charges for some services – e.g. prescriptions (but only in England unless patients meet specific criteria for exemption), some dental treatment (but with dental examinations being free of charge only at NHS dentists in Scotland) and spectacles (although eye tests are free of charge in Scotland) – and the prioritising and rationing of resources (Parkin and Loft 2020). On the other hand, the growing importance of a service user's right to receive high quality and a transparent and accountable service has resulted in a relative decline of medical dominance within the NHS. Another major change to the NHS was the process of decentralisation in the organisation and provision of health care services introduced by the 1990 NHS and Community Care Act (Department of Health 1990). The 1990 Act also established the *purchaser/provider system*, which applies market principles to the provision of health care services, and the NHS Trusts, independent organisations which provide hospital services as well as care in the community in the areas of mental health, learning disabilities and older people.

## The National Health Service in Scotland

In 1999 responsibility for health was devolved to the Scottish political institutions. Thus, the Scottish Parliament has now the legislative power to pass laws in the area of health and the Minister for Health and Community Care within the Scottish Executive is the responsible for the overall running of the health and community care services in Scotland. The Scottish Executive Health Department is the government department designed to set health care policies as well as to manage the NHS.

In Scotland, the NHS provides the following services or levels of care:

- Primary care, which includes general practice, dentistry, optics, pharmacy and community nursing. These services are mostly delivered by *community health partnerships* which, although formally integrated within NHS boards, manage their own budget and have relatively high decision-making levels.

- Secondary or hospital care, provided by the NHS Boards – which own hospitals and are managed by their own board of governors – and several Special Health Boards.
- Tertiary care, which consists of highly specialised services for unusual or complex clinical problems.
- Community care for older people, individuals with mental health problems and individuals with a learning disability is also provided by NHS Boards in partnership with local authorities.
- Public Health, which involves major initiatives aimed at disease prevention as well as health promotion among the general population of Scotland. These areas are the responsibility of Public Health Departments integrated into each NHS Board.

## Current policy agenda

### *Health inequalities in the United Kingdom*

Despite the NHS principles of comprehensiveness of care and equitable access to NHS services for all sections of the UK population, some groups appear to be significantly healthier than others. This phenomenon is not new: health inequalities in Britain have been reported since the 19th century (Graham 2009; Farr 1864), nor is it exclusive to the UK, with health inequalities being consistently found within other countries (Beckfield and Olafsdottir 2013). What is worrying is that, since the 1970s, the health gap in the UK has increased more quickly than in previous decades and seems to have considerably widened compared to other developed countries (Rowlingson 2011; Marshall *et al.* 2019).

While health inequalities can be somehow associated to factors such as geography, age, gender, ethnicity, mental health status and disability, a considerable body of evidence suggests that socio-economic inequalities are the main contributor to the health divide. The first major study addressed to investigate health differentials between social classes in the UK was commissioned by the Labour government in 1976. The study – known as the *Black Report* (Black *et al.* 1980) – showed an overall poorer health experience amongst lower occupational groups: for example, mortality levels for unskilled manual workers were 2.5 times higher than for professional workers. The findings of the Black Report were confirmed and expanded by *The Health Divide* (Whitehead 1987) and the *Independent Inquiry into Inequalities in Health* (Acheson *et al.* 1998). This inquiry, also known as the *Acheson Report*, found that the health gap in the UK had been widening since the 1970s. Thus, by the early 1990s mortality amongst unskilled workers was three times higher than for those in professional occupations. The increase in life expectancy between the late 1970s and the late 1980s was greater for individuals in the highest occupational groups (two years for men and women) than for those in the lowest classes (1.4 years for men and one year for women), while *all* socio-economic classes experienced statistically significant absolute gains in life expectancy between 1982–1986 and 2007–2011 (Office for National Statistics 2015), although males have gained more life years than females since 1982–1986 within each socio-economic class. This is consistent with longer-term trends for the life expectancy gap between the sexes, which has narrowed markedly since the early 1980s (Office for National Statistics 2015). However, between 2014–2016 and 2015–2017, life expectancy in Scotland decreased by approximately 0.1 years for both males and females. This is the first time in 35 years that life expectancy estimates have decreased for both sexes (National Records of Scotland 2018).

The problem of health disparities is particularly serious in Scotland. First of all, comparative studies show that health and life expectancy in Scotland are poor compared to the rest of the UK and most Northern and Western European countries (Palmer, MacInnes and Kenway 2008), and this growing, unexplained mortality has become known as the ‘Scottish Effect’ (Collins and McCartney 2011). The gap between UK and Scottish life expectancy is wider than in 1999–2001, by 0.3 years for females, while for males the gap has remained constant (National Records of Scotland 2014). For example, life expectancy for men in Scotland, although improved, is still 3.3 years lower than male life expectancy in Sweden, which is 79.9 years. The life expectancy of women in Scotland is 4.9 years lower than that of women in France, who have a life expectancy of 85.7 years (National Records of Scotland 2014). For men in the most deprived areas of Scotland, nearly 24 fewer years are spent in ‘good health’ (Molony and Duncan 2016). Molony and Duncan (2016: 257) claim that

health inequalities contravene the principles of social justice because they are avoidable; they do not occur randomly or by chance but are socially determined by circumstances largely beyond an individual’s control. These circumstances disadvantage people and limit their chance to live a longer, healthier life.

A major report by the Scottish Government (2018a), measuring the gap between the most and least deprived area since 1997–1998 (‘the time series’), identifies the long-term monitoring of health differentials within Scotland:

- In relation to Premature Mortality (under 75 years), the gap has reduced by 17% from its peak in 2002.
- The gap relating to Coronary Heart Disease Mortality has more than halved since its widest point at the start of the time series.
- The gap for Alcohol-Related Admissions has reduced by 43% since the start of the time series and, for alcohol-related deaths, is currently 30% lower than at its peak in 2002, although it has been increasing since 2013 and is still 10% higher than at the start of the time series.
- The gap in Low Birthweight has reduced by 25% since its peak in 2004.
- Cancer Mortality – the gap has reduced by 22%.
- The gap for Limiting Long-Term Conditions is currently slightly higher than at the start of the time series in 2008–2009.

*(Scottish Government 2018a)*

There has been little change, or the gaps are less clear, with regard to other indicators: mental well-being, heart attack admissions, cancer incidence, all-cause mortality (15–44 years) and healthy birthweight (Scottish Government 2018a). However,

more people are living in Scotland with one or more complex health conditions. They require more health and social care and that requirement will increase as they age. Fewer people are able to work and remain in work as a result of health problems or because of the requirement to care for loved ones who are unwell.

*(Scottish Government 2018b: 5)*



People with greater income and wealth are generally healthier (NHS 2017). For those experiencing poverty, small increases in income make a larger difference than they do for those who are already affluent. Ill health can also result in individual declines in income, particularly when the welfare benefit system is limited. The impact on life expectancy of further economic growth, however, is less clear, and other factors such as social infrastructure and poverty levels could be more important (NHS 2017).

The information presented in this section demonstrates that, despite certain progress in Scotland's overall health profile, substantial health inequalities remain between different socio-economic groups. The question as to why it occurs will be explored in the following section.

## Themes, issues and critical debates

### *Explanations for socio-economic inequalities in health*

When examining the literature, we can find a wide range of theories that try to account for the phenomenon of socio-economic health inequalities. Some of the commonest categories of explanation will now be examined.

#### *1 The artefact explanation*

It has been suggested that the differentials in health between socio-economic groups are simply the *artefactual* result of flawed research studies (Shrecker 2013). Certainly, defining and measuring such broad variables as health and socio-economic status present considerable methodological challenges to researchers (Smith 2013). However, a consistent body of evidence from a large number of studies using different methodologies and timescales allows us to say that socio-economic inequalities are real rather than artificial.

#### *2 The 'Health Selection' hypothesis*

Literature makes links between socio-economic status and health, identifying better health outcomes for people with higher occupational status, education and income; the higher the social position, the better the health experienced. Health inequality is therefore not only an issue of poverty, but is related more widely to economic inequality and social mobility (Wilkinson and Pickett 2010). The worst performing areas for social mobility are no longer found in inner city areas but in remote rural and coastal areas, and former industrial areas. There is also no direct correlation between the affluence of an area and its ability to sustain high levels of social mobility; for example, some of the most deprived areas in England offer good education, employment opportunities and affordable housing (UK Government 2017).

#### *3 The role of health services*

This explanation associates significant inequalities in the access to and use of health services across different social classes with socio-economic variations in health status. In the UK, early studies found that middle and affluent socio-economic groups had access to more and better health care services (Blaxter 1984; Le Grand 1978). The availability of, and access to, good medical care tends to vary. Of significance are the 'hard to reach' groups of people who

suffer poorer health outcomes and access services less. Certain groups within society may be described as 'hard-to-reach': a term that includes the homeless, individuals with problem drug or alcohol use, people living with HIV, asylum seekers and refugees, people from black and minority ethnic groups and people from sexual minority communities, those with sensory impairments, people with learning disabilities, people with mental health or substance misuse problems, and older people with a variety of physical, sensory, intellectual and mental health difficulties. These individuals may face barriers to engaging with services (for instance, language or cultural barriers) or are reluctant to engage with services and therefore deemed 'hard to reach' from a societal perspective (Eni-Olotu 2016).

Access to health services may vary for many reasons, including location and the travel distance to health care services, available transport and communication services, waiting times for treatment and information about the availability and effectiveness of treatments (Eni-Olotu 2016).

As MacIntyre (2000) points out, although health care systems have important responsibilities in reducing inequalities in health, many of the factors contributing to such inequalities lie outside the health care sector.

#### 4 Health-related behaviours (cultural/behavioural explanation)

The hypothesis that health-related behaviours – in particular diet, smoking, exercise and alcohol consumption – can explain inequalities in health has traditionally attracted considerable interest, to the extent that such behaviours have been the focus of major policies to improve public health in the UK. For example, in the 1980s and early 1990s, strategies in this area primarily tended to encourage individuals to take personal responsibility for their own health. Also, more recent initiatives, like those intended to promote fresh fruit and vegetable consumption, emphasise the need for healthier lifestyles among the general population. Certainly, research studies provide some evidence of the impact of health-related behaviours *with* the greatest improvements evident in higher socio-economic and educational groups (Kings Fund 2020). These behaviours significantly increase the risk of chronic disease, including cancer, and reduce life expectancy:

- 66% of the adult population are not meeting recommended minimum levels of activity although reported levels of physical activity are rising.
- 26% are obese and rates of obesity are predicted to continue to rise while 70% do not consume the recommended amount of fruit and vegetables.
- 21% smoke although levels are declining slightly.
- 27% of men and 18% of women drink more than recommended safe limits of alcohol (Kings Fund 2020).

Rates of drinking, smoking, drug-taking and obesity have fallen in the young and levels of activity are increasing (largely through increased activity at school). However, 80% of children still have a poor diet and do not eat the recommended amounts of fruit and vegetables.

Despite such evidence, it has been suggested that health-related behaviours can account for only between 10% and 30% of the total gradient between socio-economic status and health. Furthermore, a number of studies show that lifestyles are often influenced by people's social and economic circumstances, so that unhealthy behaviours such as poor dietary

patterns, smoking, lack of exercise and alcohol abuse might not be simply the result of personal choice or lack of knowledge but outcomes closely related to adverse socio-economic factors (Kings Fund 2020).

## 5 The psychosocial explanation

In developed societies, psychosocial factors associated with social status are a major contributor to inequalities in health (Public Health England 2017). In particular, it is believed that the stress caused by a sense of relative deprivation with respect to other members of society operates as a serious determinant of socio-economic inequalities in health. This hypothesis would account for lower life expectancy in Britain – a society with relatively high income inequalities – compared to more egalitarian countries. Another environmental stressor such as low levels of control over work has also been found to have a negative impact on the health status of individuals in lower-status jobs (Department of Health 2014).

## 6 Materialist explanations

A large amount of evidence from research studies shows a strong association between material circumstances in which people live and work and health. In particular, the following factors – largely determined by socio-economic status – are increasingly recognised to have a direct impact on individuals' health and well-being:

- *Low income and poverty:* Several studies show a relationship between low income and poor health (Smith, Bambra and Hill 2016; Hughes *et al.* 2017).
- *Deprivation in childhood:* Adverse material circumstances during the early years of life may cause a higher incidence of cardiovascular and respiratory diseases in adulthood (Raphael 2011; Cheval 2019; Wickham *et al.* 2016). In addition, poverty-related factors like low birthweight and poor maternal nutrition are also associated to increased morbidity and mortality in adult life (Watkins, Kotecha and Kotecha 2016).
- *Educational attainment:* This is related to self-reported health in later life, through the socio-economic circumstances derived from occupational status and also – although to a slightly lesser extent – through a higher propensity to follow advice in relation to health-related behaviours (OECD 2019; Bibby 2017).
- *Unemployment:* This is regarded as having a negative impact on physical and mental health as well as on social participation (British Medical Association 2017).
- *Lone parenthood:* This has been linked to significant health disadvantage, often caused by a combination of insufficient income and the stress of being the sole carer (Marryat and Martin 2010).
- *Work environment:* Poor working conditions – like those still experienced by many individuals in the lower occupational groups – are associated with worse health outcomes (NHS 2019).
- *Housing:* There is strong evidence of the relationship between homelessness and inadequate housing conditions – like dampness – and a higher prevalence of respiratory diseases (UK Government 2019) and mental health problems (Office for National Statistics 2018). Also, the influence of different types of tenure has been studied, and the results

show that renters have, in general, lower socio-economic status and poorer health than owners (Joseph Rowntree 2013).

- *Area influence:* Deprived areas are more exposed to material hazards such as pollution and heavy traffic road (UK Government 2018). Besides, people living in those areas have poorer access to shops, recreation and sport facilities, public transport and health care services compared to those living in more affluent areas (Chatterjee *et al.* 2019).

Although these factors play an important role in determining the health status of individuals from different socio-economic groups, their impact – some authors claim – does not occur overnight but, rather, over the lifetime of individuals, an argument which underlies the following explanation.

## 7 The life course perspective

For this approach, mutually reinforcing dimensions of deprivation and social exclusion which operate throughout the lifetime of individuals in lower socio-economic groups (e.g. poverty and low income, unemployment, poor skills, unfair discrimination, poor housing or homelessness, a dirty and dangerous environment, poor access to services, etc.) have a significant influence on their health status through both material and psychosocial processes (Dewilde 2003). Therefore, health inequalities would be the outcome of cumulative differential exposure, throughout the life course, to such adverse factors (Seabrook and Avison 2012).

## Policy developments and strategies

As noted earlier in this chapter, initiatives in this area during the 1980s and early 1990s put considerable emphasis on the role of health-related behaviours (Fulop *et al.* 1998). However, the evidence presented in the *Independent Inquiry into Inequalities in Health* (Acheson *et al.* 1998): showed the major impact of socio-economic factors on health inequalities. Shortly after the publication of the *Independent Inquiry*, the British Government published the public health white paper *Saving Lives: Our Healthier Nation* (Department of Health 1999). At least three of the Scottish Government's 15 National Outcomes (Scottish Government 2007) were related to a growing concern for giving children the best start in life, preparing them to succeed and improving the life chances for children, young people and families at risk.

The increasing focus on health inequalities in Scotland (Scottish Government 2008) and an emphasis on early years grew in prominence. The two most significant policy developments in Scotland that brought these aspects together were *Equally Well* (2007), from the Ministerial Taskforce on Health Inequalities (Scottish Government 2008), and the *Early Years Framework* (a joint initiative between the Scottish Government and the Convention of Scottish Local Authorities) (Scottish Government 2009).

## We live longer, healthier lives

Further consideration of the link between particular social and economic features of society and the distribution of health was demonstrated in the final report of the Commission on Social Determinants of Health (2008), established by the World Health Organisation, and in Michael Marmot's strategic review "Fair Society, Healthy Lives" (Marmot 2010). The

Marmot Review recognised that action on health inequalities requires a focus across all the social determinants of health and with action from both central and local government. It summarised that the reduction of health inequalities would require action on the following six policy objectives:

- “Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention” (Marmot 2010: 10).

In 2011, funding from the Department of Health supported the implementation of these six objectives through the launch of the Institute of Health Equity.

A systematic and more concerted approach to reducing health inequalities, by addressing unwarranted variation in care, is identified within the National Health Service Long Term Plan launched in 2019 (Scottish Government 2019). Meanwhile the *Health Equity in England: The Marmot Review 10 Years On* report (Marmot *et al.* 2020) identified that life expectancy in England has slowed for the first time since 1900, suggesting that society has stopped ‘flourishing’ and that the health inequalities gap has increased. NHS Scotland’s *Healthcare Quality Strategy* (Scottish Government 2010), the 2020 Vision and the Public Bodies (Joint Working) (Scotland) Act 2014 proposed that reducing health inequality was fundamental to improving service quality (NHS Health Scotland 2014) while NHS Scotland’s 2017–2022 strategic framework identified the delivery of a ‘fairer and healthier’ policy as its first strategic priority (NHS Health Scotland 2018a).

The following *National Performance Framework – National Indicators* were designed to measure the impact of the *fairer and healthier* strategic priority on Scottish Government purpose as identified in the National Performance Outcomes:

- Increase physical activity
- Improve self-assessed general health
- Improve mental well-being
- Reduce premature mortality
- Reduce the percentage of adults who smoke
- Reduce alcohol-related hospital admissions
- Reduce the number of individuals with problem drug use

(NHS Health Scotland 2018a: 4)

A strong and sustained focus on reducing inequalities remains a theme through *A Healthier Future* (Scottish Government 2018c) where the health and socio-economic impact of an unhealthy diet is identified. “Overall, around 32% of adults living in the most deprived areas are obese, compared with 20% of those living in the least deprived areas”, and “the total annual cost to the Scottish economy of overweight and obesity, including labour market related costs such as lost productivity, is estimated to be between £0.9 billion and £4.6 billion” (Scottish Government 2018c: 6). Six related key public health priorities are listed recognising the

significance of leading healthy lives. Additionally, the First Minister for Scotland has pledged to halve childhood obesity by 2030 (Scottish Government 2018c).

It is recognised that children and families living in poverty and growing up in low-income households experience many disadvantages, experiencing many negative health and social consequences throughout their life (NHS Health Scotland 2018b). In 2017–2018 almost one in four children (240,000 children) in Scotland were living in relative poverty, and this is expected to rise to one in three by 2021 (NHS Health Scotland 2018b).

Children who experience poverty can experience poorer health, developmental and educational outcomes than their more affluent peers (NHS Health Scotland 2018b). Targets set out in the Child Poverty (Scotland) Act 2017 were embedded in the *Every Child Every Chance: Tackling Child Poverty Delivery Plan 2018–2022* (Scottish Government 2018d) and identified actions in relation to the three main drivers of child poverty (costs of living, income from work and earnings and income from social security). The NHS Health Scotland Report *Working and Hurting? Monitoring the Health and Health Inequalities Impacts of the Economic Downturn and Changes to the Social Security System* (NHS Health Scotland 2018c) identifies worrying trends such as rising levels of child and working age poverty and a lack of improvement in adult mental health. Positive indicators such as rising employment, historically low death rates from violence and suicide and fewer benefit sanctions sit alongside data which finds stagnation in “*working-age mortality from ischaemic heart disease, alcohol, road traffic accidents and assault, and the possible reversal in previously improving trends in mortality from respiratory disease*” (NHS Health Scotland 2018c: 7).

The Kings Fund (2016) identify the wider impact of the NHS on determinants of health, support to change health behaviours and issues with services. With regard to tackling poverty the NHS has a clear role as an economic and employing power in local communities. Additionally, health policies should consider the more complex patterns of unhealthy behaviours and take into account how they are frequently concentrated among the poorest in society (The Kings Fund 2016).

The Nuffield Trust report *Learning from Scotland's NHS* (2017) identified that Scotland has adopted ‘pioneering’ initiatives to deal with particular health inequalities and that it improves the quality of the health care it delivers by engaging the “altruistic professional motivations of frontline staff to do better, and building their skills to improve” (The Nuffield Trust 2017: 3). It noted that Scotland has experience and history of integrating different parts of the health and social care system, using legislation to get these efforts underway. In Scotland, a number of policy initiatives have sought to encourage greater integration of health and social care services. These have included the Joint Futures Group in 1999, the Community Care and Health (Scotland) Act 2002, the Community Health Partnerships in 2004, the Integrated Resource Framework in 2008 and the Commission on the Future Delivery of Public Services (the Christie Commission) in 2011. The Public Bodies (Joint Working) (Scotland) Act 2014 provided the legislative framework to bring together adult health and social care in Scotland into a single, integrated system. In some regions, children’s services and social work criminal justice services have also been integrated. Integration, through the creation of 31 integration authorities, has been the most significant change to health and social care services in Scotland since the creation of the NHS in 1948. The aim of the integration of services is to improve care and support for all by joining up services with a focus on anticipatory and community-based preventative care. In 2015, the *National Health and Wellbeing Outcomes* was introduced in response to the priority for the Scottish Government to improve the quality and consistency

of outcomes and to ensure that people and carers receive a similar experience of services and support (Scottish Government 2015b). One of the key features of the 2014 Act highlights the importance of locality planning, building upon a proposal from the Marmot Review (2010) that “Effective local delivery requires effective participatory decision making at local levels. This can only happen by empowering individuals and local communities” (Bruce and Parry 2015: 46).

## Conclusions and implications for social work and social care

Despite the principles of free and equitable access to NHS services for all the members of the population and comprehensiveness of the services provided, health inequalities remain a major public health problem across the UK. A large body of evidence from research studies suggests that a combination of mutually reinforcing socio-economic factors is the driving force behind the health divide. Consequently, reducing health inequalities requires a strategic, multidimensional response which addresses the underlying determinants of such inequalities, such as poverty and social exclusion, unequal distribution of wealth and life chances, and adverse living and working conditions.

Although recent policies in the UK adopt more holistic and integrated approaches to tackling health inequalities, it is not clear whether such initiatives, still largely focused on behaviour change, will be sufficient to achieve higher levels of social justice and a better distribution of wealth, resources and opportunities, although it is largely recognised that the effects of inequality are more prevalent in less equal societies (Molony and Duncan 2016). In addition, policies are unlikely to have short-term effects: there is increasing evidence that the socio-economic determinants of health inequalities operate throughout the life course, so that even if current initiatives helped improve the circumstances of the most deprived social groups, it might take years or decades for such policies to produce a significant reduction of the health gap. There is a danger that the short-term issues might detract from longer-term planning (Alderwick 2019).

The implications of the phenomenon of socio-economic health inequalities for social work are broad since a high proportion of social work service users experience poor health. As shown by the evidence examined in this chapter, health inequalities and unhealthy lifestyles are not simply the result of choice or lack of knowledge among lower social groups, but outcomes derived from the interaction of a range of adverse socio-economic factors. Therefore, it is essential for social work agencies to promote non-judgemental attitudes towards service users as well as to lessen a culture of blame in relation to this phenomenon. Besides, social work can actively collaborate in the process of tackling health inequalities by:

- Promoting the social inclusion of service users
- Ensuring that anti-discrimination practice is fully developed
- Empowering service users to gain control over their lives
- Providing appropriate material, emotional and social support to families – especially single-parent families – living in deprivation
- Making sure that service users are getting all the benefits they may be entitled to
- Helping service users to access appropriate health care services, particularly those – like cancer screening services – that are less available in deprived areas

- Providing appropriate support to individuals who are particularly vulnerable to poor health, such as looked after children, individuals with a learning disability, older people, individuals with substance misuse problems, and individuals with HIV/AIDS

Finally, and given that tackling health inequalities requires holistic, multi-factorial – and, consequently, multi-agency – strategies, it is crucial that social services engage and work in partnership with health services, housing services and any other agency with an active role in reducing deprivation and inequality.

## Chapter summary

This chapter has looked at the phenomenon of health inequalities and considered some of the theories and explanations advanced to account for this. We have also looked at some of the effects of such inequalities and considered what the implications might be for social work and social care practice.

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5. 'Education and Training in Scotland' pp278-294 (8,362 words)

This chapter is written entirely by me.

# 16

## EDUCATION AND TRAINING IN SCOTLAND

*Janine Bolger*

This chapter will provide a summary of key developments in education since the creation of the Scottish Education Department in 1885. It will look at the state's role in the provision of education and the partnership between central and local government. The concept of life-long learning and training opportunities for 16- to 24-year-olds will be explored. The chapter ends with the consideration of disadvantage within the education system with reference to social class, gender, disability and ethnicity.

### Introduction

Following devolution in Scotland, new legislation dealing with education is a matter for the Scottish Parliament. With the exception of a few sections which make reference to Scotland, Education Acts for England and Wales do not apply. The Education (Scotland) Acts are supplemented by regulations which have the force of law. They assume, unless the contrary is stated, that the provision of existing Acts are still in force.

### Historical context

There is a long and distinguished history of educational provision in Scotland. By end of the 15th century there were already three universities in Scotland. St Andrews opened in 1411, Glasgow in 1451 and Aberdeen University in 1495. However, only the most privileged were able to attend. In the Middle Ages (1216–1347) schools were run by the church, and usually only the wealthiest, or those wishing to become priests, attended school at all. By the 16th century the burghs (towns) were involved in funding schools. In 1560 John Knox (1510–1572), a renowned Protestant reformer, campaigned for elementary schools to be established in every parish (British Council, Scotland 2004).

Over the 17th century the Scottish Parliament passed several Acts to encourage the establishing of schools. The Education Act 1696, the final Act of the series and believed to be the first national Education Act, provided for a school in every Parish, a fixed salary for the teacher and financial arrangements to cover the running costs. As a result of the many schools

established in Scotland by the church, societies, individuals or larger towns, by the mid-19th century a large proportion of the population was literate. The Factory Act 1802 and the Labour of Children in Factories Act 1833 ensured that children under the age of nine years could not work and, instead, were compelled to enrol in schools run by the factory owners. At this time, children between the ages of 9 and 13 years could work a maximum of 8 hours each day while 14- to 18-year-olds could be employed for up to 12 hours.

In 1840 the first Inspector of Schools for Scotland was appointed, charging government with the responsibility to raise educational standards around improvement in the management of schools, the methods of teaching employed and around discipline in classrooms. Children living in the workhouse system (see Chapter 2), which operated from 1845 until 1931, were given up to three hours of education each day. The focus of teaching in these institutions was on reading, writing, arithmetic and the Principles of Christian Religion. In 1864 a commission was set up to examine the state of education in Scotland, which led to the most important event in education in Scotland in the 19th century in the form of the Education (Scotland) Act 1872.

This act created a Board of Education for Scotland, established the responsibility of parents to ensure that 5- to 13-year-olds received education and provided funding for education from a local property tax. It also established the principle that all Head Teachers required a certificate of competency to teach and that all teachers should be trained. It took education out of the hands of the church and made it the responsibility of local elected bodies (School Boards) through the local authorities. Initially fees were charged for school attendance unless you were lucky enough to live in an industrial area such as Edinburgh or Aberdeen where there was a charity or 'ragged school' which provided free education, food and sometimes clothing and lodging for those who were too poor to pay. The 1878 Factory Act increased the age at which children could work to 10 years and reduced the number of hours that 10- to 14-year-olds could work to half days.

In 1885 the Scotch (later Scottish) Education Department was created. It was initially located in London but moved to Edinburgh in 1922. Following this, a single external exam system was established in 1888, and 1890 saw the introduction of free Primary Education for all. The age for compulsory education was extended to 14 years in 1901 although this was relaxed for those over the age of 10 who had reached the approved standard in reading, writing and arithmetic.

There were further striking developments up to 1945. Two hundred new secondary schools were founded between 1900 and 1914. From 1918 until 1936 Local Education Authorities were created to replace School Boards. Schools owned and run by the Roman Catholic Church came into the State Education system in 1918. The Education (S) Act 1936 defined Scottish primary education as covering 5 to 12 years and separated it clearly from secondary education

## ***Post World War II***

After the Second World War we saw the publication of major reports reviewing primary and secondary education. 'The Primary Memorandum' (1965) set out the curriculum for primary schools and was designed to catch the interests of children with a wide range of abilities together with the development of teaching methods suitable for mixed-ability classes (children proceeding at different rates in the same class). In secondary education the aim of

equal educational opportunity was met via the change from selective (through the 11-plus exam) to comprehensive schools. General changes to the public examination system increased accessibility to larger numbers, creating the need for bigger schools. The 1960s also saw a rapid extension of vocational further education (FE) provision through evening classes, full-time and day-release courses taught in almost 50 new FE colleges.

### ***The curriculum***

*The Munn Report* (1977) established the Curriculum in third and fourth years of Scottish secondary schools. The 1978 HMI Report picked up on this and suggested that it necessitated an ending of remedial education in mainstream schools. *The Dunning Report* (1977) informed the exam system as we know it in Scotland today by introducing assessment for all at the age of 16 years. Its aim was to provide for the whole school population at leaving age.

In 1997, The Scottish Office launched *A Curriculum Framework for Children in Their Pre-School Year* (H.M. Inspectors of Schools 1997) which they extended with additional guidelines in 1999. It recognised the value of a range of experiences for children in the three-to-five age range both within day care and home settings. It recognised the central importance of relationships in the learning process for children during the early years. Learning and development was promoted in the following areas:

- Emotional, personal and social development
- Communication and language
- Knowledge and understanding
- Expressive and aesthetic development
- Physical development and movement

*(Scottish Consultative Council 1999: 5)*

The inter-relationship between assessment, planning, staff interaction, reporting, recording, reflection and evaluating was also emphasised.

### ***Additional support needs***

The *Warnock Report* of 1978 focused on the educational needs of children and young people with disabilities, stating that children with such needs should be educated in mainstream schools wherever possible. It introduced the term 'special needs'. The recommendations of this report were finally embedded in the 1981 Education (Scotland) Act. The 1981 Act also embodied the notion of partnership, encouraging parents to participate in decisions about their child's perceived special needs. The 1980 Education (Scotland) Act, which was also based on partnership with parents, gave the power to provide pre-school education and stated the ages of compulsory education. It also legislated for the duty of each education authority to provide 'adequate' and 'efficient' 'school education'. The fundamental right to education was subsequently enshrined in Article 2 of the European Convention on Human Rights.

*The Beattie Committee* (1998) reported on post-school education and training for young people with special needs. The year 1998 also saw the introduction of the National Grid for Learning (NGFL) which intended to support, sustain and renew IT development in

schools for teachers and pupils. Over £130 million has been designated to this project since 1999. However, Information Communication Technology (ICT) in early years education did not receive a great deal of attention until five years later when the report “Early Learning Forward Thinking: The Policy Framework for ICT in Early Years” (2003) was published. For this age group ICT includes the use of computers, digital cameras and printers, digital toys and electronic equipment. Despite the delay, it is thought that Scotland is the first country in the world to have an ICT strategy for the under-fives (Scottish Executive 2003b).

### ***Partnership and integration***

Through the 1980s the government introduced measures to involve parents more fully through representation on School Boards, resulting in the publication of a Parent’s Charter in 1991 (revised in 1995) (Blake *et al.* 2006). Continuing on this theme, the 1981 Education (Scotland) Act gave parents rights to choose the most appropriate school for their child (Highlight 1995). The 1981 Education (Scotland) Act breached Article 12 of the United Nations Convention on the Rights of the Child (1992) in that it appears that the child does not have the right to express their view on this matter. The 1981 Act was also incompatible with the Children (Scotland) Act 1995 which confers the right for each child who can form a view on matters affecting her to express those views if she so wishes. The 1981 Act supported the concept of special needs identified in the publication of the Warnock report (1978) and established the Record of Needs, a legally binding strategic support plan outlining the individual needs of the child.

Guidance on the planning of pre-school education and childcare and the establishment of Childcare Partnerships (1998) was key to the introduction of the Green Paper “Meeting the Childcare Challenge: A Childcare Strategy for Scotland” in May 1998. Three key medium-term goals were outlined around the securing of good-quality, part-time pre-school education for every child where the parent wishes to have one (by 1998–1999) and (by 2002) for every three-year-old where the parent wants a place; the increase of quality childcare, for children aged from birth to 14 years, that is accessible and affordable as well as integration of early-years’ service provision. This document clearly linked early education and the work agenda through childcare and family tax credits. Powers were given to education authorities to provide pre-school education in centres other than its own schools, e.g. private day nurseries, playgroups, etc., which can be commissioned to offer services on behalf of the council. Such provision became known as ‘partner providers’. Furthermore, the notion of planning provision would be supported and overseen by the creation of Childcare Partnerships from the network of local childcare providers (Scottish Executive 1998).

The guidance and the subsequent green paper also led to the establishment of Childcare Information Services in each local authority. The idea behind the partnerships is to provide information for parents with regard to the availability of local childcare and to assist, through funding and offering advice, the introduction of more childcare and out-of-school care. In order to meet the Scottish Social Services Council requirements, this has necessitated training for all early years and out-of-school care workers.

The year 1999 introduced phase one of pilot projects on Integrated Community Schools. Thirty-seven projects were developed as part of the Scottish Executive’s Social Inclusion



strategy. Projects varied from single primary/secondary schools to cluster schemes. Projects were designed locally to meet local needs around:

- 1 The needs of individual pupils
- 2 Engagement with families
- 3 Engagement with the wider community
- 4 Integrated provision of education, social work and health education and the promotion of services

(*Scottish Executive 2002*)

### ***Vocationalism***

The 1980s saw a debate around *new vocationalism*. It introduced new qualifications with an emphasis on work-related knowledge and skills to assist effective performance in the workplace. Education became more widely available in both Further and Higher Education throughout the 1990s. As a result, there was an increase in the number of universities and the establishment of Scottish Education funding. The Education (Scotland) Act 1996 set up a new exam authority in the form of the Scottish Qualifications Authority (the SQA) which took on responsibility for the development, accreditation, assessment and certification of qualifications other than degrees. It also granted powers to the Scottish Minister for Education to introduce regular testing and assessment at S1 and S2 stages.

### ***Supporting the workforce***

The publishing of the *McCrone Report* in 2000 (agreed in 2001) offered a clearer career structure, better conditions of service, better pay and strategies for developing and supporting the teaching profession (McCrone 2000). Local authorities spent an estimated £2.15 billion in implementing the Agreement. All but one of the milestones were met by 2004. Particular success was recognised in the form of the *Teacher Induction Scheme*, providing a reduction in class contact time to allow adequate opportunity for preparation, and the provision of additional support and administrative staff. It is acknowledged that it is difficult to assess whether value for money has been achieved because clear outcome measures defining what the Agreement was intended to achieve were not included (Auditor General Scotland 2006).

### ***Gaelic education***

As part of the key project in the National Plan for Gaelic (2007–2012), a study of existing provision, factors that facilitate and inhibit the development of Gaelic medium provision and of the support necessary to develop sustainable, high-quality Gaelic medium pre-school education and childcare began in January 2009. The report was published in July 2009 and updated thereafter. The third and most recent national plan (2018–2023) states that the increased use of Gaelic must be at the heart of what individuals, families, communities, public authorities, private sector and voluntary groups do (Bord Na Gaidhlig 2018). The Education (Scotland) Act 2016 contains provision for Gaelic education and establishing a process by which parents can request Gaelic-medium primary education for their child.

## Current policy agenda in Scotland – developments and strategies

### *The Curriculum for Excellence*

Following on from a 2002 Ministerial debate about aspirations for children and young people, a *Curriculum for Excellence (CfE)* was implemented in schools between 2010 and 2011 (Scottish Executive 2006a). Conferences and professional development events focused on the future shape of the curriculum and the most appropriate approaches to teaching and learning in order to achieve its aspirations. The CfE's focus was on four fundamental capacities around building successful learners and confident individuals who are responsible citizens and effective contributors. Its intent was to lay the foundations for a lifetime of learning for under 15s, incorporating primary and the first stages of secondary schooling but also early learning from age 3 onwards (Organisation for Economic Cooperation and Development 2015). Related programmes, e.g. 'Assessment Is for Learning' and 'Determined to Succeed', were considered in order to promote coherence across policy areas. An independent review of the CfE was published in 2015. The purpose of the review was to inform ongoing development of education policy, practice and leadership in Scotland. The review found that levels of academic achievement were above international averages in science and reading and similar in mathematics, that Scottish schools are inclusive, that there are positive attitudes and connections with students and that risk behaviour is improving (Organisation for Economic Co-operation and Development 2015).

### *Improving standards*

In 2000 the Minister for Children and Education launched a new self-evaluation guide, *The Child at the Centre*. The guide was intended as a practical support for use by all centres providing care and education for three- to five-year-olds (Scottish Executive 2000). Meanwhile, the Standards in Scotland's Schools (Scotland) Act 2000 reiterated the notion that education should be tailored to age, ability and aptitude and should aim to develop the personality, talents and mental and physical abilities of children and young persons to their fullest potential. A greater differentiation of classroom work to match the range of abilities present and the increased attention to young people with special educational needs, whether in mainstream school or special units, was called for.

In 2002 the National Care Standards for Early Education and Childcare up to the Age of 16 were introduced, and subsequently revised in 2009. They are regulated under the Regulation of Care (Scotland) Act 2001 through the Care Commission. The standards reflect the rights of children and young people as set out in the United Nations Convention on the Rights of the Child (signed up for in 1991). The emphasis is on the resources to interpret the standards and provide evidence of this to the Commission. The most specific standards are around staffing ratios, space and policies (National Care Standards Committee 2002). During this same period, *Meeting the Needs of Children from Birth to Three* was published (Scottish Executive 2003c), using findings from research to guide professionals in the care of very young children. Based on this document, Local Authorities are expected to provide training for the sector, and resources are inspected using this as a guide to good practice (Scottish Executive 2003b).

The Education (Ministerial Powers of Direction) (Scotland) Act 2004 strengthened the Ministers' powers to work with Local Authorities to raise standards in Scotland's schools. In cases where established steps of inspection and/or professional support and development do not secure improvements, powers are extended to intervene as a last resort. It also enables Ministers to ensure that education authorities carry out actions identified by the Inspectorate. In 2003 the project *Building Our Future Scotland's School Estate* resulted in the significant refurbishment or the rebuilding of 300 schools and 75 other schools were 'improved' (Scottish Executive 2003a).

In February 2006, HMIE launched its report *Improving Scottish Education 2002–2005*, giving an overview of the Scottish education system. Strengths and weaknesses were identified, and an agenda for improvement was set and has been implemented through both local and national policy. A follow-up report covering the period of time from 2005 to 2008 examines an even more comprehensive range of services and functions including the educational psychology services, prison learning, skills and employability and local authority child protection services (HM Inspectorate of Education 2009). The report was reviewed in 2009, identifying improvements for children in primary schools, in special schools, in colleges and in relation to community learning as a result of the report (HM Inspectorate of Education 2009).

In 2016 *Delivering Excellence and Equity in Scottish Education* was published to outline the steps that the Scottish Government would take to achieve key improvements in education, building on the work contained in the *National Improvement Framework*. Subsequently, the Scottish Government published *Blueprint 2020: The Expansion of Early Learning and Childcare in Scotland*, setting out the government's vision for extended expansion, underpinned by the principles of quality, flexibility, accessibility and affordability (Scottish Government 2009).

The *National Performance Framework* (NPF), originally launched in 2007, and updated in 2019, evaluates national outcomes around a number of areas including that of individuals being well educated, skilled and able to contribute to society (Scottish Government 2019). The *National Improvement Framework* (NIF) identifies six drivers for improvement: school leadership; teacher professionalism; parental engagement; assessment of children's progress; school improvement and performance information. The information gathered will be analysed and used to inform improvements to help deliver excellence and equity in education.

Devolved School Management was introduced in 1993 with the twin aim of providing greater flexibility to Head Teachers and improving local decision-making in order to allow for responses to the needs of individual schools. Revised guidance published in 2006 and then 2012 empowered Head Teachers still further to deliver best outcomes in line with the objectives of the CfE, *GIRFEC* and the *Early Years Framework* (Education Scotland 2012). The Schools (Consultation) (Scotland) Act 2010 devolved the management of elements of the expenditure of education down to school level.

### ***Integration of additional support for learning***

Under the *Education (Additional Support for Learning) (Scotland) Act 2004* (Scottish Executive 2004) the term 'Special Educational Needs' was replaced by 'Additional Support Needs' and the 'Record of Needs' document was replaced by a 'Coordinated Support Plan'. In addition, new duties were specified under this Act so that an integrated service is provided through joined-up working; Coordinated Support Plans are reviewed annually and focus on the individual's educational outcomes. The rights of children and parents are strengthened

with a duty placed on schools to provide new mediation services for those with additional support needs. The Act was subsequently amended by the Education (Additional Support for Learning) (Scotland) Act 2009 so that 'additional support' includes support given outwith school but that helps a child get the most from their education. In addition, children looked after by the local authority are automatically assumed to have additional support needs and strengthens the duties that they have towards any disabled child. The 2009 Act allows parents to request a specific type of assessment at any time and to make a placing request to any state-run or independent school in Scotland. In relation to coordinated support plans, reasons for an appeal have been extended, as have the powers granted to the Additional Support Needs Tribunal. Further amendments through the Education (Scotland) Act 2016 gives children aged 12–15 a range of rights under the Additional Support for Learning Act including to have their views taken into account and noted in their Coordinated Support Plan.

### **Parental involvement**

The Scottish Schools (Parental Involvement) Act 2006 modernised the notion of partnership with parents with an expectation that education authorities will actively promote such involvement in their child's learning, in the daily life of the school and in considering general educational issues. The Act makes provision for representation by parents on the School Council through either the Parent Forum or through Parent Councils (if the forum wishes to create one) (Scottish Executive 2006d). Councils replaced School Boards as the mechanism for parental involvement in schools. Recommendations arising from the review of the impact of the 2006 Act formed the basis of a consultation on legislative changes strengthening the duties placed on schools to engage more fully with parent councils. The involvement of parents from early-years settings has also been called for with a suggestion of greater links between parent councils and pupils. It is proposed that Head Teachers should gain further duties to allow for engagement with the entire parent forum.

The impact of the Act was reviewed within the context of the Scottish Government's Programme for Government (2016 to 2017) and concluded that parental involvement in a child's learning has positive outcomes for the child, their family and their school, and helps to raise attainment (The National Parent Forum of Scotland 2017).

The *Learning Together: National Action Plan on Parental Involvement, Engagement, Family Learning and Learning at Home 2018–2021* sets out a vision for parental involvement and engagement from pre-birth to age 18. It provides a national vision, taking account of the national and international evidence base regarding parental engagement, but allows for community innovation and flexibility with a shift in emphasis from 'involving' to 'collaborating with' parents and families (Scottish Government 2018a). Parent Councils will be supported to act as a partner in school improvement with individual involvement in improvement activity and policy development being encouraged. A national implementation and oversight group has been created and involves the National Parent Forum of Scotland, parents and other education agencies.

### **Health and well-being agenda**

In 2003 the criteria for free school meals was extended to include families on child tax credit and families where parents are students, as well as the introduction of new nutrient standards

for school meals and the provision of larger portions of nutritious food at no extra cost (Scottish Executive 2010). Nutritional Guidance for Early Years followed in 2006 (Scottish Executive 2006b), updated in 2015 and via 'Settling the Table' in 2018 (NHS Health Scotland 2018) and remains an important feature of all integrated and Care Commission-only inspections of pre-school and childcare settings. The focus on guidance around the provision of meals for Early Years, Primary and Secondary levels has been keenly debated at national and local levels, while the media have reported on the more extreme reactions from disapproving parents (Scottish Executive 2006c). The *Schools (Health Promotion and Nutrition) (Scotland) Act 2007* was introduced to place health promotion at the heart of school activities, with *Better Eating, Better Learning* guidance introduced in 2014 driving further improvements to school food and to pupils' learning about food and its contribution to health and well-being (Education Scotland 2019).

### **Early years education**

The Scottish Government's Early Years Framework (2009), aimed at giving children in Scotland the best start in life, outlined the steps that Government, local partners and practitioners in early years services needed to take to break negative cycles of inequality through early intervention. In 2011 the "*Early Years Framework: Progress so far*" review report was published. Key messages included confirmation of effectiveness of early intervention alongside themes of enablement and the need for integration of services (Scottish Government 2011). The Children and Young People (Scotland) Act 2014 included provisions to increase the amount and flexibility of free early learning and childcare for three- and four-year-olds. The expanded provision for two-year-olds has since been made available to every eligible child from a workless household in Scotland, as well as families that receive certain welfare benefits such as Jobseeker's Allowance (Care Inspectorate 2019). The term 'early learning and childcare' (ELC) was introduced through the Children and Young People (Scotland) Act 2014 as a generic term to cover the entire range of early education and childcare available in Scotland. Key documents supporting the ELC include *The Early Years Framework* (Scottish Government 2009), *Building the Ambition* (Scottish Government 2014a), *How good is our early learning and childcare?* (Education Scotland 2016), *Pre-birth to three: Positive Outcomes for Scotland's Children and Families* and the *Curriculum for Excellence* (Education Scotland 2010).

The Early Years Framework seeks to maximise opportunities for a positive start in life to provide a strong platform for the future success of Scotland. Furthermore, it seeks to address the needs of those children whose lives, opportunities and ambitions are being constrained by Scotland's historic legacies of poverty, poor health, poor attainment and unemployment (Scottish Government 2009). Those legacies are being addressed, to some extent, through the Education (Scotland) Act 2016 which includes provision to consider socio-economic barriers to learning.

*How Good Is Our Early Learning and Childcare* (2016) is a self-evaluation tool which takes a fresh look at the developing needs and reflects the changes and increased provision of the sector today. It was introduced in an attempt to achieve consistent levels of performance outlined in the Education Scotland Corporate Plan. The framework consists of 15 quality indicators divided into three categories: Leadership and Management, Learning Provision and Successes and Achievements. The quality indicators contained within *How Good Is Our Early Learning*

and *Childcare* (Education Scotland 2016) follow a similar pattern and fully complement those written in *How Good Is Our School?* (Education Scotland 2015).

### ***Young people not in education or training***

Set up in 2008, *Skills Development Scotland* (SDS) is one of the nation's enterprise and skills agencies. "SDS works with the Scottish government and other public bodies to shape and implement strategies that drive Scotland's economic growth and social inclusion" (Skills Development Scotland 2019). Key targets, objectives and priorities are identified at the start of each business year by Scottish Ministers. SDS is responsible for Scotland's Careers Services, skills planning, apprenticeships and employability in addition to supporting employers.

The Scottish Government set out their commitment *Opportunities for All* (2012) supporting young people to participate in post-16 learning, training or work (Scottish Government 2012) prior to launching their youth employment strategy *Developing the Young Workforce* (2014) to implement the recommendations of the *Commission for Developing Scotland's Young Workforce* (2013) published in *Education Working for All! – Developing Scotland's Young Workforce* (2014) (Scottish Government 2014b). This implementation plan outlined how the Curriculum for Excellence, an expanded Modern Apprenticeship programme, a regionalised college system and employer involvement could be brought together to create a vocational education system sitting alongside the existing higher education system. The overarching target of that programme was to reduce the level of youth employment by 40% by 2021. The level of youth unemployment, excluding those in full-time education, has already decreased by 47.4% since 2014 (Scottish Government 2019).

*Work First Scotland* (replacing what was *Work Choice*) and *Able Scotland* offer employment support to those with disabilities or health conditions and helped 1,615 and 138 people, respectively, begin employment in the first 15 months of their operation (Scottish Government 2018b). Youth employment in Scotland is lower than in the UK as a whole.

*Fair Start Scotland* is the new employability service, launched in 2018, which utilises the government's limited employment support powers, devolved by the Scotland Act 2016, to provide person-centred, tailored support to those who face multiple barriers but who want to work but need assistance to enter and remain in the labour market. There is commitment from providers to adhere to the principles of *Fair Work* which includes a guarantee to avoid the use of zero-hours contracts and to pay the living wage. Further levels of integration will be supported through "*No One Left Behind – Next Steps for the Integration and Alignment of Employability Support in Scotland*" (Scottish Government 2018a).

Following the establishment of the Scottish Parliament, there was a renewed drive to increase participation in post-16 education. The initial intention was to expand full-time education through the introduction of Apprenticeships from 1994. Foundation Apprenticeships offer school pupils a taste of the world of work, while Graduate Apprenticeships take work-based learning up to, and including, master's degree level. Through Modern Apprenticeships, delivered via the existing *Skillseeker* programme, it was recognised that a viable work-based learning route would be a more cost-efficient way of acquiring skills than through full-time vocational education. Modern Apprenticeships are designed to lead to recognised vocational qualifications and take two years to complete after mainstream education is finished. Currently more than 37,000 young people are engaged with Modern Apprenticeships, with 91% still in employment six months after completion and 96% of employers

saying that apprentices are better equipped to do the job (Apprenticeships Scotland 2019). The take-up of apprenticeships was largely by young males directly from school (Canning and Lang 2007). The service-based sectors have recruited a more diverse group, including older apprentices; however, retention of these apprentices on the programme and later, in work, has been problematic. It has been suggested that the most-able apprentices are more likely to be drawn towards Further and Higher Education and that the more successful apprenticeships have been those at intermediate skill levels. Success is also evidenced where there has been a “perceived trade-off between current and future earnings; when the nature of the work was regulated . . . and when the leaner versions of education and training were avoided” (Canning and Lang 2007: 175).

### Themes, issues, critical debates and problems in relation to social work/care practice

Underpinning critical debate around the improvement of education and training in Scotland are issues relating to disadvantage and disaffection. Poor educational attainment results in more limited employment opportunity and reduced earnings, with direct and indirect impacts on health, life expectancy and engagement with society (Schools Analysis and Research Division 2015).

The *Scottish Attainment Challenge*, launched in 2015, is about achieving equity in education for every child and with a particular focus on closing the poverty-related attainment gap. It is underpinned by the National Improvement Framework, the CfE and GIRFEC (Scottish Government 2004). The £750 million *Attainment Scotland Fund* provides investment between 2016 and 2021 through the *Pupil Equity Fund* (PEQ) and the *Care Experienced Children and Young People Fund*. The PEQ is allocated directly to schools and is targeted at closing the poverty-related attainment gap, while the Care Experienced Children and Young People Fund is distributed to local authorities to offer specifically targeted initiatives, activities and resources to support the improvement of educational outcomes of this group of disadvantaged young people.

Educational disadvantage can be attributed to issues such as socio-economic status, gender, ethnicity or disability (Whitney Crenna-Jennings 2018).

### *The impact of class*

In education across the UK, and with the exception of Gypsy Traveller children, white working-class boys perform the worst. The Head of OFSTED in 2013 identified that only 35% of white girls and 27% of white boys from low-income families achieved 5GCSEs (grades A–C). Previous and ongoing concerns about black male pupils is thought to be as a combined result of a black culture and a school system that discouraged aspiration (Malik 2018), and this theory is also being used to explain the poor attainment of children from low-income families. This is refuted by Stahl (2016) who suggests that white working-class boys have aspirations, wanting a home, trade and family they would provide for, but that these aspirations do not necessarily fit with a more middle-class definition of what ‘aspirational’ is. Malik (2018) reminds us that not all black pupils perform badly, although three ethnic groups appear to fall behind, those being African-Caribbeans, Pakistanis and Bangladeshis. Three other minority ethnic groups, the Chinese, Indians and Africans, fared better than

the average. The differences were not thought to be simply ethnic, however. The migrants from those groups where educational attainment is low have come to Britain, largely, from working-class and peasant backgrounds. Migrants from India, China and Africa tend to be more middle class (Malik 2018). Evidence was found that white working-class boys, and some middle-class children, wanted out of what they viewed as an overly competitive education system (Thompson 2016). Only a quarter of boys from working-class backgrounds get professional or managerial (middle-class) jobs, and only 7% of the population attend independent schools (HM Government 2011).

Children living in low-income families experience a worrying drop-off in progress at secondary school (HM Revenue and Customs 2017). The gap between the attainment of poorer pupils at the end of their primary education and at the end of secondary school has widened. Low-income families have made less progress year on year since 2012 compared to their more affluent peers. The Social Mobility Commission found that even when “bright pupils from low-income families outperform their more advantaged peers at primary school, they are likely to be overtaken at the next stage of their education” (Social Mobility Commission 2017: i). Children from lower-income households are less likely to have the routines and resources for undertaking homework, and their parents are less likely to engage with school and the broader education system. The report warns that the secondary school drop-off means that poor children are failing to finish school with the qualifications that will create opportunities for them to succeed in life (Social Mobility Commission 2017: i). There is a growing recognition that under-achievement begins early in the school career and is often linked to poor arrangements for learning support. In excess of £20 million has been allocated to promote integration of children who have additional support needs and, in addition, more than £8 million from the Standards Fund to promote inclusion.

Young people from lower social classes often undertake sub-degree courses and enter Further Education (FE) colleges studying subjects which lead to less well-paid jobs (Paterson and Iannelli 2007). The Garrick Report in 1997 claimed that universities (HEIs) in Scotland had greater success than the rest of the UK in recruiting students from lower socio-economic backgrounds. This appears to be due to differences in the belief of the value of education in Scotland and in the access to higher qualifications via the FE sector (Paterson and Iannelli 2007). In 2000, 16% of those admitted to the 19 Russell Group universities were from the three social classes covering the most disadvantaged groups, while in 2005, the UK Universities and Colleges Admissions Service (UCAS) found that 24.72% of those accepted to university were from the four lowest socio-economic groups (Reay, Crozier and Clayton 2010). In 2006 the Higher Education Funding Council for England identified that those universities, in the UK, with the greatest success at widening access also had the highest drop-out rates (Reay, Crozier and Clayton 2010). In 2017–2018, 15.6% of Scottish students starting courses were from Scotland’s 20% most deprived areas, with an increase in the retention figure to 89.4% in that same year (Scottish Funding Council 2019).

### *The impact of gender*

Issues of gender can be seen to merge with those of class but is also an area of concern in its own right. In England, girls outperform boys in all subject areas by the end of primary school (Adams 2019). It seems that girls continue to make stereotypical choices with regard to areas of study and with respect to choices of career. Women continue to be overrepresented in



lower-paid jobs, which include part-time employment, and are on average paid nearly 20% less per hour than their male counterparts (Joyce and Xu 2019). With regard to attainment in England, in public schools, boys obtain better 'A' Level results whilst girls obtain better GCSE results, whilst in comprehensive education girls generally outperform boys. Girls in single-sex comprehensive schools, however, achieve higher results than their peers in co-ed schools or single-sex male comprehensives. The obstacle to achievement for boys seems to be around a perception that school is uncool. In addition, girls tend to be better disciplined, better at doing homework, etc., and better at sitting and listening.

Women now constitute almost 60% of the full-time population in Higher Education (Paterson and Iannelli 2007). At university level, more women obtain upper seconds while more men receive firsts, thirds and passes. Generally, we see that women tend to choose arty, creative 'soft' subjects, which may lead to lower-level, less well-paid occupations with more restricted chances of career progression, whilst men are more likely to choose science-based subjects. However, between 1998 and 2002, and only in Scotland, the percentage of women entering sciences equated the percentage of men (Paterson and Iannelli 2007).

### *The impact of ethnicity*

Underachievement in primary school can be related to levels of fluency in English and insufficient access to extra support. By the end of secondary education, the results appear to be more class specific regardless of ethnic origin. Ethnic minority pupils from low-income families make greater progress at secondary school in comparison to more affluent pupils and to low-income White British pupils. Low-income Black African, Chinese, Indian, Other, Pakistani/Bangladeshi and White Other pupils make progress that is either above or in line with the national average for all pupils. This is thought to be attributable to the parents of low-income ethnic minority children being willing and able to provide effective support for progress at home, particularly those who have migrated to the UK (Social Mobility Commission 2017).

In 1994 Ofsted, the Office for Standards in Education (England), reported that the educational achievement of ethnic minority pupils was improving. However, they found that:

- Children from Gypsy/Roma families are most at risk educationally.
- Pakistani pupils' performance is below that of indigenous peers; however, once they become proficient in English, their performance matches or surpasses that of native English speakers (Gillborn and Mirza 2000).
- Generally, girls from ethnic minority groups attain most highly.

Even among groups born in the UK, Blackburn, Dale and Jarman (1997) show that Chinese, Other-Asian and Black-African groups were highly qualified, while Black-Caribbean, Pakistani and Bangladeshi groups were far behind. Cheng (1996) suggests that for some ethnic groups there could be a cultural and traditional emphasis placed on education.

### *The impact of disability*

Little has been implemented by successive governments following the 1978 Warnock Report which stated that wherever possible, children with disabilities should be educated in

mainstream schools. This has been reinforced through the UK's Special Educational Needs and Disability Act 2001. The Disability Discrimination Act 1995, subsequently repealed and replaced by the Equality Act 2010 (except in Northern Ireland), ignores education other than to recommend that they have a duty to provide access. The Education (Disability Strategies and Pupils' Educational Records) (Scotland) Act 2002 supported the requirements of the Disability Discrimination Act 1995 covering such issues as accessibility strategies with regard to the building and curriculum (Scottish Executive 2002). The Education (Scotland) Act 2016 extends children's rights in existing additional support for learning legislation.

Studies on the progression of children and young people with impairments tend to be small scale, often single cases with poor evidence. The 2001 school census showed that children with disabilities make up approximately 6% of the school population in Scotland (45,701 with Special Education Needs. About 2% (16,000) of Scottish school children have a Record of Needs (RON) under the old Act. Approximately 57% of children with special needs are taught in mainstream school, but only 29% of those with RON spend all their time in mainstream classes.

Disabled people, it appears, are three times as likely to have no qualifications as non-disabled, while 19% of 16- to 24-year-olds with disabilities have no qualifications (compared to 6% of non-disabled in the same age group). In 2001 only 4% (6,912) of Higher Education students declared that they were disabled (Disability Rights Commission 2003). Educational attainment for children with disabilities appears to be impacted on by health-related stigma in the forms of 'felt' and 'enacted' stigma (Platt 2018), the former being the suppression of educational expectation placed on children experiencing disabilities and, the latter, by increasing risk of being bullied (Platt 2018; and see Chapter 14, this volume).

## Conclusion

The promotion of inclusion of all children and young people in mainstream education and training in Scotland is significant. However, in order to combat disadvantage, more successful strategies should be implemented throughout schooling rather than looking at problems after the age of 16 years. The Education and Skills Act 2008 requires all 16- to 18-year-olds to remain in education or training by 2015, but this is not the case in Scotland, where the school leaving age remains set at 16 years. However, an *Activity Agreement* may be available for young people not in education, employment or training in Scotland which helps young people gain skills and confidence. The plan helps a young person prepare for employment, training, education or volunteering. After-school clubs during the earlier years of education can offer additional time for young people to acquire the knowledge, and practice the skills, that they require. Youth programmes can be utilised to help young people engage in diverse groups which encourage and acknowledge the contribution of participants (Miller 2004).

Educational issues which relate to the community, family and environment should be considered. Engaging with those who did not have successful experiences within the education system can also be carried out within the community. Projects through Sure Start, Skills for Life and Neighbourhood Renewal started tackling this (National Literacy Trust 2005b). Addressing problems across all aspects of the young person's life was at the core of the Integrated Community Schools projects in Scotland. Seen as a vicious attack on the cycle of under-achievement, these schools focused on the integrated provision of school education, family support and health education and promotion services. By October 1999, over 30 local

authorities were running projects with some 150 schools involved. The integration of services came with its own problems in relation to joint working, including “practical issues of different working hours, holiday arrangements and accommodation, and professional issues of confidentiality, procedures and levels of formality” (National Literacy Trust 2005a: 1). However, although there was little hard evidence of their success in the short term, it was suggested that three years was too short a period to judge the effectiveness of the project (National Literacy Trust 2005a). Subsequently a number of these ‘new’ Community Schools have succeeded in becoming integrated.

Perhaps the value placed on academic subjects should also be considered. For example, society appears to pay little heed to the emotional IQ of children and young people. We continue to value the ‘hard’ outcomes over and above ‘soft’ ones within the educational system as a whole and tend to neglect the importance of self-esteem and relationship building. Goleman (1996) argues that emotions play a greater role in thought and decision-making than is usually acknowledged and is a key contributing factor to individual success.

We have looked at the growth and development of educational provision across Scotland and the developments around training and further education opportunities. Our discussion has also considered some of the broader issues that may act as barriers to inclusion and some of the strategies in place to minimise these. We have also considered some of the issues for social work and professional practice.

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## Output 6

Lishman, J., Bolger, J., Gibson, N., Spolander, G. and Yuill, C, (Eds)(2023) Social Work: An Introduction (3<sup>rd</sup> Edition). London: Sage.

This output is based on 2 of 3 co-written chapters in the third edition of this best-selling core text co-edited by me, the first and second editions having been published in 2014 and 2018 respectively. I am drawing on my contributions to two specific chapters:

*Bolger, J. and Walker, P. (2023). Models of Assessment In Lishman, J., Bolger, J., Gibson, N., Spolander, G. and Yuill, C. (2023) Social Work: An Introduction (3rd ed). London: Sage*

(Total word count **6,280**)

This chapter is co-written by me and represents a re-writing of a chapter original authored by myself and Patrick Walker and is confirmed by communication from him (below).

My contribution to the writing of the publication is at least **4,000** words.

**From:** Patrick Walker <pcampbellwalker@gmail.com>

**Sent:** 15 October 2024 19:25

**To:** JANINE BOLGER (0211443) <j.bolger@rgu.ac.uk>

**Subject:** chapter

*Dear Janine, Please find below:*

*To Whom It May Concern:*

*I am writing with regards to the output:*

*Bolger, J. and Walker, P. (2023). Models of Assessment In Lishman, J., Bolger, J., Gibson, N., Spolander, G. and Yuill, C. (2023) Social Work: An Introduction (3rd ed). London: Sage*

*I understand that you are seeking to include this output, with others, in your portfolio for a PhD by Public Output.*

*Following the guidelines set out in Academic Regulations for outputs with co-authors, I can confirm your contribution to these publications.*

- *Janine was the joint author of the original chapter and her writing constituted at least 50% of the word count for the 2014 and 2018 editions.*
- *Janine Bolger re-worked the above chapter for the 2023 edition with my permission and the additional word count is all hers.*

*Yours faithfully,  
Patrick Walker*

# 12

## MODELS OF ASSESSMENT

JANINE BOLGER and PATRICK WALKER

### Key Themes

- Assessment is a core activity of social work practices, which should be a process capable of responding to dynamic factors in the lives of people with lived experience.
- Assessment is underpinned by a series of principles that serve to guide and direct practice.
- The legal and policy context of assessment is essential to understand as this sets a mandate for appropriate social work practice.
- Models and frameworks for assessment provide guides for practitioners and are underpinned by the skills and knowledge to inform the 'what', 'how' and 'why' of assessment.
- The relationship between theory and assessment.

- Assessment is founded on partnership with people with lived experience, but may be undertaken in both voluntary and involuntary contexts.

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### INTRODUCTION

The concept of assessment is generally associated with notions of appraisal, making judgements, forming opinions or calculating the value of something. While these provide a helpful starting point, they require much further examination when applied to a social work context, where assessment is a discrete, core activity and a key skill. This chapter will introduce you to elements of social work assessment, incorporating principles, context, models, frameworks, skills and practice issues. It will draw reference from across the range of service user groups and invites you to reflect on and critically explore the material.

To begin to understand the meaning of assessment in social work, consider your understanding of assessment in your day-to-day life. Everyone makes numerous assessments every day in order to navigate their way through the daily interactions and situations that they face. In making these day-to-day assessments, you will use a wide variety of perspectives that give meaning to the information that is presented, or help sift the information that is presented or found. Perhaps personal experience helps you, or perhaps your own cultural beliefs offer a way of interpreting situations or environments. Some of these factors will have relevance to assessment in social work and highlight the importance of being self-aware.

### DEFINING ASSESSMENT IN SOCIAL WORK

Despite the large body of literature regarding assessment in social work, it remains a much-debated area, not least because of the variety of approaches, perspectives and frameworks that are available. There is certainly agreement that assessment is a core activity, but less consensus on what constitutes a good assessment and whether it is separate or integral to intervention. Coulshed and Orme (2012) describe assessment as an ongoing process, which is participatory, seeks to understand the service user and their situation, and sets a basis for planning how change or improvement can be achieved.

In a similar vein, Payne (2008) identifies assessment as something that is continuous and ought to be part of a cycle. In this respect, assessment is seen as a *process* rather than an *event*, although Payne highlights that practice reality often does not reflect this. Emphasising the process aspects, Milner et al. (2020) put forward a framework for assessment with five key stages:

1. preparing for the task;



2. collecting data from all involved;
3. applying professional knowledge to analyse, understand and interpret the information gathered;
4. making judgements;
5. deciding and/or recommending.

For our purposes, we propose defining assessment in social work as a structured activity with the characteristics shown in Figure 12.1.

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## PRINCIPLES OF ASSESSMENT

The purpose of this section is to offer some principles, or core common features, of assessment. The discussion here cannot be prescriptive, but rather is indicative, for reasons that will become apparent. Assessments are frequently *context specific* and consequently are shaped by the inclusion of particular elements and influenced by the manner in which the assessment is undertaken.

### Case Study

Consider the following three different types of assessment that may take place under the auspices of services for children and young people.

1. An assessment in a family centre may focus on elements of parenting capacity or parent–child interaction.
2. A comprehensive assessment for a children's hearing (in Scotland) may require capturing a much wider picture of the child in the context of their family, school/community and social setting.
3. An assessment in a youth justice team may employ a standardised, struc-

As a consequence, we need to be very clear about our role, remit and the context of any assessment.

Guiding principles help clarify and direct practice in all areas of assessment. They may be drawn from ethical frameworks, theoretical perspectives, legal obligations and practice guidance, and are important because, although various frameworks can be used in assessment, it should be remembered that, as Statham and Kearney point out, 'social work can never be a *purely* technical activity based simply on assessment formats, models or methods' (2015: 127, emphasis added). In short, assessment does not have a purpose but purposes. This suggests that some underpinning and orientating principles are required when beginning and undertaking the assessment process. Five key principles are presented here.

### PRINCIPLE 1: UNDERSTANDING NEED

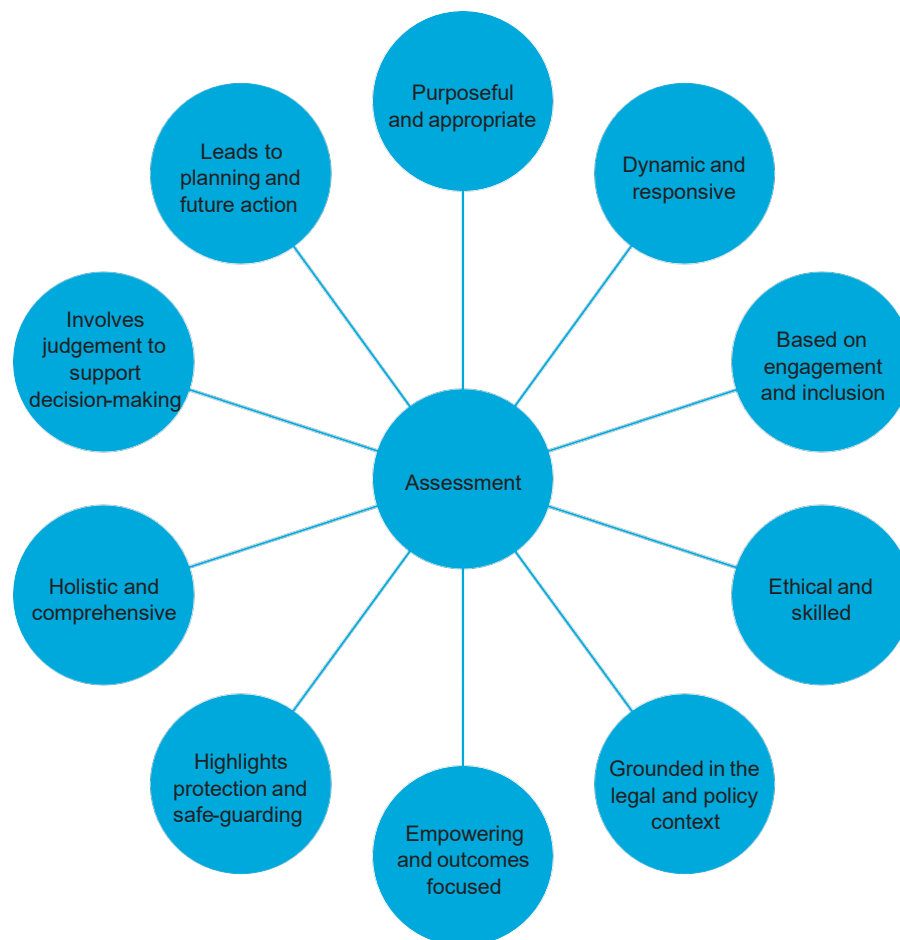
Daniel and Humphrey (2015: 146) state clearly that **need** 'can offer a guiding principle for the social worker'; it orientates the practitioner towards exploring and understanding the service user's situation. In some cases, need will be immediate – for example,

in situations of child or adult protection. In other cases, need may emerge over a longer period and relate to support and quality of life – for example, befriending to address social isolation.

Horder (2002: 117) notes that ‘good assessment in social work has always been needs-led’, although he alerts the reader to the fact that need can be understood differently by

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people and can become a ‘contested’ concept. Horder goes on to suggest that need is ‘in most cases defined by others rather than as perceived by the person being assessed’. This is the practitioner’s dilemma: how to understand, take into account and respond to the service user’s view of their needs, while also acting within an employers’ requirements, using professional theories and with **normative** concepts of need in mind.



**Figure 12.1** Structure of assessment in social work

Spicker (2017) offers the following: The idea of need refers to:

- the kinds of problem which people experience;

- requirements for some particular kind of response; and
- a relationship between problems and the responses available. A need is a claim for service . . .

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and points the reader towards Bradshaw's (1972) taxonomy of need, summarised as:

- *Normative need*, which is identified according to a norm (or set standard); such norms are generally set by experts. Benefit levels, for example, or standards of unfitness in houses, have to be determined according to some criterion.
- *Comparative need* concerns problems that emerge by comparison with others who are not in need. One of the most common uses of this approach has been the comparison of social problems in different areas in order to determine which areas are most deprived.
- *Felt need*, which is based on the perspective of the people who have it.
- *Expressed need*, which is need people say they have. People can feel need that they do not express and they can express needs they do not feel.

Need, as a principle, can determine what the social worker may have to explore in assessment. If children need, for example, a secure relationship with their parent or caregiver, to grow and develop, then the absence of it becomes a risk to them. Similarly, if an adult with mental health problems needs support and counselling to manage auditory **hallucinations**, then an absence of such support may significantly impact on the person's health and well-being. By understanding need and drawing on broader knowledge and theory, the practitioner is able to consider the person's situation and to explore approaches to relieving the unmet need.

### Exercise

The word 'need' is used commonly by everyone, so the expression 'needs-led' should be fairly straightforward. However, think about when you and others use the word and substitute the word 'want' in place of 'need'. How often is 'want' a more appropriate term, and how often is 'need' the correct description of the situation?

## PRINCIPLE 2: WORKING WITH SYSTEMS AND ECOLOGY

Most of us are part of systems, networks and connected relationships that serve to shape and influence our lives in complex and multifaceted ways. Users of social work services are no different.

Bronfenbrenner's Ecological Systems Theory (cited in Daniel and Humphrey, 2015: 141) suggests that individuals are situated 'within layers of systems from immediate family up to wider society' and any assessment is required to take account of these layers of connections and influences. Although this theory was developed in the context

of child development, the levels and systems identified are just as applicable in work with

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other service user groups. The central aspect to draw on here is an understanding of how different factors influence and are influenced by the individual. The ripple model proposes four interconnected levels surrounding the individual:

1. *micro-system*: the family, school, workplace, etc.;
2. *meso-system*: the interaction of two different micro-systems;
3. *exo-system*: the community/external environment;
4. *macro-system*: the sociocultural context.

Bronfenbrenner later added a fifth level, the *chrono-system*, this being the dimension of time relating to an individual's life events and environment – for example, the influence of time in relation to reactions to the death of a parent, relocation, a relationship breakdown, and so on.

### PRINCIPLE 3: BUILDING ON STRENGTHS

If social workers are to work collaboratively with individuals and families, the assessment process must take account of capacities, strengths and protective factors. In doing so, social workers will take an assets-based approach which seeks to recognise resilience and capacity for change (Daniel et al., 2010). An assessment that explores strengths can reveal an individual's or family's ability to resolve their difficulties using their own skills and expertise without becoming disempowered through service involvement. The very process of assessment can help individuals or families to identify and utilise latent strengths and thus reduce dependency on professionals.

This principle is relevant when working with all people with lived experience and in all domains of social work, whether the practice base is termed 'Children and Families', 'Learning Disability Services', 'Social Work with Older People', and so on. Assessments that focus purely on deficits are not only likely to be demoralising and incomplete, but also run the risk of being oppressive, result in inappropriate labelling and potentially limit an individual's (and their network's) abilities to resolve their difficulties themselves. Compensatory strengths need to be explored, identified and added into the equation whenever they are present.

### PRINCIPLE 4: BEING PERSON CENTRED

We have outlined above the principle of systems and ecology, and believe that such a perspective is important. While there is a requirement to keep this ecological perspective, it must be emphasised that no assessment should lose sight of the fundamental needs of the child or adult at the centre. Taking a person-centred or child-centred approach sharpens the focus of social work practitioners to their primary concern. It can, in practice, be all too easy to become sidetracked into the needs of others. It is a reality that social workers are often engaged in working in complex situations where the voices of these 'others' are stronger and more articulate. A person-centred approach to assessment should involve direct interaction with the adult or child and be informed by the theoretical and knowledge base underpinning practice.

## Exercise

Consider your own situation now. What are the positives and negatives in your own situation? How do you interact with your family and how does your family interact with neighbours, friends, work and the wider community? How much of this is relevant to your current situation?

## PRINCIPLE 5: TAKING AN INTERPROFESSIONAL APPROACH

An interprofessional approach to assessment highlights the importance of recognising that different professionals have particular areas of expertise. No one professional can have the whole picture that makes up the lived existence of an individual. Given that each profession will have unique insights and understandings, it is important to pull these together and make sense of them. The value of interprofessional practice is brought into sharp relief through the following quotation from Bronstein (2003: 229 cited in McLean, 2007: 339). In it, she describes interdisciplinary collaboration as ‘an effective interpersonal process that facilitates the achievement of goals that cannot be reached when independent professions act on their own. . . .’ Interprofessional assessment therefore brings together professional perspectives, and, when these are collated and acted on, it offers potential for a more comprehensive, coherent and relevant approach to assessed needs across multiple, but connected, areas of people’s lives.

Of course, when we speak about taking an interprofessional approach (see Chapter 14), there is a tendency to focus on the contribution of professionals, but this is not the whole story. By no means should people with lived experience and their families be excluded from such an approach – they are experts on themselves.

The assessment of risk forms a significant component of many assessments. Risk may be defined as ‘the possibility of beneficial and harmful outcomes, and the likelihood of their occurrence in a stated timescale’ (Albert et al. in Titterton, 2005). The majority of risk assessments focus on a situation, a happening or decision, and identify where risk might be considered as ‘likely or unlikely’, ‘harmful or beneficial’. The management of risk involves the identification of strategies to help in moving risk from the likely and harmful to the unlikely or beneficial categories. See Chapter 13 on Risk Assessment.

## THE LEGAL AND POLICY CONTEXT OF ASSESSMENT

Across the four jurisdictions of the United Kingdom, there is a raft of legislation and policy concerned with social work and social care. Much of this legislation and policy impacts directly on the assessment process, and consequently it is essential to acquire

this knowledge and learn to use it effectively. We shall address some of the broader points that you need to be aware of, but for more detail you should also refer to Chapters 2 and 3.

One of the characteristics of assessment we identified earlier was that it should be grounded in the legal and policy context. When undertaking assessment, it is vital that you are aware of what you can do, what you must do and what you may not be allowed to do. In a legal context, ‘powers’ are what you *can* do in specific circumstances, ‘duties’ are what you *must* do in specific circumstances and ‘restrictions’ refer to any limitations placed on the worker (Thompson, 2015a). Whatever your field of practice, you need to establish the legislative and policy framework within which your work takes place.

Given that the law generally regulates the activities of social work practitioners and the organisations those practitioners work for, it is essential to recognise that the law also holds those practitioners and organisations to account for the work undertaken. This may seem on the one hand intimidating, but it is the natural companion of having legislation and policy that gives you a mandate for practice, particularly in the context of social work in statutory settings.

The third general point is that legislation and policy can act as a powerful tool in empowering people with lived experience and promoting their rights. Often, you will work with people with lived experience who have a limited understanding of their rights and are not fully aware of the options that are available to them. By understanding the law and what can and should be done, you can assist people with lived experience to improve the quality of their lives, achieve their outcomes and protect their interests (Johns, 2014).

Lastly, it is important to be aware that while the law may appear prescriptive, it is applied in the context of individual lives, with all the complexity that brings. In this sense, social workers still need to be able to make judgements and ‘negotiate tensions between legal principles and processes and the values and approaches that underpin social work practice . . . ’ (Gordon and Davis, 2011: 1).

## MODELS AND FRAMEWORKS OF ASSESSMENT

The increased emphasis on assessment in social work, particularly of risk, has created more theories about the purpose, process and practice of assessment. Increased focus on recording has resulted in the production of a number of proformas, many of which are used by a range of professionals, including those in health, social work and education. These standardised formats are supported with social work values and theories, and so can be viewed as value based. The information gathered is from the worker’s perspective and, therefore, the outcome of the assessment can be influenced by the attitudes and values of the assessor. The social worker has a responsibility to the service user to be both reflective (consciously looking backwards) and reflexive (using innate skills in the moment) on their practice.

Agreement is required between ‘what to do’, ‘how’ it can be done and ‘why’ it needs to be done. Above all, the purpose of assessment must be clear (Doel and Shardlow,

2005). Assessment frameworks do not ensure effective practice in their own right as they only provide us with a framework to assist what is a complex activity. The process of assessment must be underpinned by knowledge around ‘current policy trends, professional codes of practice, the attitudes of the workers, their managers, the organisations involved and should be supported by good assessment skills’ (Statham and Kearney, 2015: 127–8).

The purpose of carrying out an assessment is usually to identify levels of need or risk, or to form an understanding when making first contact with the service user. Depending on the kind of information we need to gather, Smale et al. (1993) offer us three models – the Procedural, the Questioning and the Exchange – to guide us in carrying out assessments.

1. The *procedural* model, often associated with guidance related to legislation, involves using systems that are devised to ensure consistency and thoroughness in data collection. Consequently, eligibility for and allocation of services is often decided upon based on such data. This model can provide only a snapshot assessment, paying little attention to the individual’s strengths and abilities, their individual rights and concerns about quality of life (Milner et al., 2015). The concern is that such systems can replace rather than support or inform judgements made by professionals (Barry, 2007, cited in Milner et al., 2015), and may be viewed as rigid, time-consuming (lots of forms) and as meeting the needs of the worker and agency rather than those of the service user. The difficulty arises when information is collected on an individual by different professionals with a different focus (health, housing, etc.) but stored separately. This results in an inadequate understanding of the total experience of any individual by any one professional. Workers can become caught up in the process of gathering information rather than in trying to understand what the service user needs. On a more positive note, this systematic manner of collecting large amounts of data has also contributed to the evidence base for social work practice.
2. The *questioning* model of assessment focuses on the nature of the questions and how the information is used. Using this approach, problems and solutions reside with the individual, and the social worker’s task is to identify the problem and highlight the most appropriate approach to resolve the issue. A criticism of this model is that it can be seen as oppressive, given that the social worker takes on the role of expert and makes the final decision. However, if questions are asked in order to try to understand what is impacting on the current situation, and if a range of perspectives are sought, then this does not have to be the case.
3. When adopting the *exchange* model, the service user becomes the expert about their own needs, and by being involved in their own assessment becomes empowered. It acknowledges that the worker’s expertise lies in their problem-solving abilities. The aim, by developing trust and involving all parties, is to seek a compromise. The worker takes on responsibility for managing the process of assessment. The focus is on a holistic assessment of the context in relation to the individual over time (Coulshed and Orme, 2012).

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Recognition of the importance of service user and carer perspectives in assessment is evident through the practice of user-led, user-defined and self-assessment, all of which go beyond the accepted ideas of ‘involvement’. A fully user-led assessment comprises



a user-defined assessment (constructing both the process and the criteria) and a user-conducted assessment or self-assessment (without the immediate involvement of professionals) (SCiE, 2007). Direction of the assessment process with oneself as the beneficiary raises questions about the accuracy of assessments made, the effectiveness of the process and the experience for users (Griffiths et al., 2005, cited in SCiE, 2007). However, as a more common feature of healthcare and social care, examples can be found where people with lived experiences' views about their own needs have been raised to those of 'expert' through developments such as direct payments, the In-Control programme, the Expert Patient Programme and in the participation in inspections of Councils and services by the Commission for Social Care Inspection and the Care Inspectorate. User self-assessment serves to provide greater access to assessment and can provide an earlier alert to need. It can allow people with lived experience to prepare for professionally conducted assessments and provide a check on services currently being used. It can also challenge cultural values around the dependency of particular groups (Griffiths et al., 2005).

The following case study demonstrates how models of assessment can support specific approaches to information gathering.

### Case Study

1. The Common Assessment Framework (CAF)/Early Help Assessment (EHA) is a shared assessment tool used across agencies in England. The Framework for the Assessment of Children in Need and their Families is used in Wales. The UNOCINI (Understanding the Needs of Children in Northern Ireland) Assessment Framework is used in Northern Ireland and the GIRFEC (Getting it Right for Every Child) approach in Scotland. Each focuses on how practitioners across all services for children and adults can work together to ensure that children and young people have their needs met with reference to a range of outcomes and indicators that can be applied in any setting and circumstance. These approaches are underpinned by a set of common values and principles, and the success of such approaches depends on a standardised assessment and the application of shared tools and models. All approaches require a lead professional. In sharing information with other professionals, recording information on a single system, identifying needs and services, establishing a plan and reviewing both the plan and the provision, it would appear that a procedural model is being employed.
2. The Single Shared Assessment (SSA) of community care needs in Scotland, the Single Assessment Process (SAP) for older people in England, the Unified Assessment in Wales and the Northern Ireland Single Assessment Tool (NISAT) combine elements of both procedural and questioning models. SSA is the 'streamlining of the assessment process to enable the needs and outcomes for the individual to be identified and subsequent interventions and

services put in place' (Scottish Government, 2009b: 1). The sharing of information across agencies is crucial, so the process encourages joint working and captures information required for holistic, person-centred assessment.



3. In an SSA, a 'lead professional' coordinates the gathering of information for the assessment and ensures that a plan is made and reviewed and that the identified services are delivered. 'Care management' is the name for this process, and it is focused on the needs of individuals with complex or changing needs. Three different types of assessment (Simple, Comprehensive or Specialist) can be carried out, depending on the needs of the service user, and assessment is undertaken by different professionals depending on their level of training and expertise. The legal context for care management is provided through the National Health Service and Community Care Act 1990, and in Scotland is augmented by the Regulation of Care (Scotland) Act 2001 and the Community Care and Health (Scotland) Act 2002. The process of an SSA involves people with lived experiences and carers, and is intended to be person centred. However, for older people, information is also gathered through an Indicator of Relative Need questionnaire, which consists of 12 multiple-choice questions under section headings: activities of daily living; personal care; food/drink preparation; mental well-being and behaviour; and bowel management. The answers to each question are scored and the totals for each section are calculated. The scores are intended for planning purposes and not to determine eligibility for services.
4. Motivational interviewing (see Chapter 24), used in substance misuse counselling, is both client-centred and semi-directive. The approach attempts to increase the service user's awareness of the consequences of their behaviour and to encourage reflection on the benefits that might be achieved through change. The approach is non-judgemental, non-adversarial and non-

confrontational. The eight key interviewing techniques of asking leading questions; reflecting resistance; acknowledging the advantages of behaviours; raising awareness of discrepancy between the present and the desired situation; elaborating on self-motivational statements; offering non-dogmatic information; voicing the service user's doubts and summarising selectively (Miller and Rollnick, 1991) fit well with the exchange model of assessment.

Having chosen a specific model and framework for assessment, the social worker must also consider the knowledge that underpins assessment. The range of knowledge used to support the assessment should include awareness of developmental theories, social systems theories, policies, organisational knowledge and knowledge of research. The point is to bring together information and resources in order to personalise the provision (Statham and Kearney, 2015).

#### THE ASSESSMENT RELATIONSHIP

The task of assessment should be underpinned by skills that convey 'genuineness, warmth and acceptance, encouragement and approval, empathy, responsiveness and sensitivity' (Lishman, 2009: 76). Cowager (1994) suggests that the strengths that the service user brings are key to developing the helping relationship. Strengths-based

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assessments may support the service user to draw on their own resources to examine alternative ways to improve their situation and to build their confidence. As previously outlined, assessments focusing on deficits may serve only to disempower the service user and reinforce inequalities between them and the social worker. The social worker's role is to develop the service user's capability to assist themselves. This is known as empowerment.

According to Cowager (1994), a good assessment relationship involves the social worker in:

- examining the personal and environmental strengths of the service user and carrying out a multidimensional assessment of such strengths;
- utilising meaningful and appropriate language;
- negotiating mutual agreement over the assessment;
- apportioning no blame.

In addition, we would add:

- discovering the uniqueness of the service user by understanding an individual's identity and life choices that are formed by their life experiences, culture and ethnicity, and the way in which others have responded to them.

Any attempt to form a genuine partnership will involve good skills of listening and interviewing, and will focus on the individual and their unique circumstances rather than the procedure.

## REFLECTION ON SELF IN ASSESSMENT

Social workers must be aware of how their own attitudes, values and power based on their gender, age, ethnicity and life experiences might impact on the process and/or the outcome of the task. Through becoming aware of 'self' (often assisted by education and training), workers can consciously adapt their stance, if necessary, in order to practise in an anti-oppressive manner. It is also important for the worker to gain an understanding of how people with lived experience may inform their perceptions of, and attitude towards, the social worker's involvement.

## INVOLVEMENT OF PEOPLE WITH LIVED EXPERIENCE

A key social work value concerns the involvement of people with lived experience in decisions about their own situation and discussions about other issues such as service provision and agency policy. O'Sullivan (2011) identifies four levels of client involvement: where the outcome of assessment is the result of decision-making by others; consultation, where the service user's opinions are taken into account; partnership, where joint decisions are made between people with lived experience and the social

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worker; being in control, where decisions are made by the service user without the facilitation of a social worker (this is the highest level of involvement). Decisions might be the person with lived experience's life decisions, decisions to protect others, or decisions about resources or service delivery. Unless an individual's capacity is in question or there is a concern that the safety of others might be compromised, service users should have control over decisions about their own lives. The reason to choose a lower rather than a higher level of involvement must be justified, and limits should be placed on the type of involvement only if there are grounds to do so (O'Sullivan, 2011).

### Exercise

Read Chapter 16 and try to identify situations where service user involvement might be problematic

## WORKING WITH RESISTANCE

Social work practice is often undertaken during challenging and stressful times, so it is hardly surprising that service users are not always welcoming and appreciative of such involvement (Taylor, 2011). The service user may experience difficulties in containing

the emotions elicited by their situation and the consequent involvement of social work services. For example, the person with lived experience may experience feelings of failure or loss of control over life events, and the individual response will be dependent on the nature of their situation and on their preferred coping strategies (informed by their previous life experiences). Social workers have to manage a range of behaviours, and aggressive and violent reactions cannot be ruled out. Dockar-Drysdale (1968) suggests that violence represents a breakdown in communication and is a symbolic way of finding someone to help contain feelings of fear and anxiety.

In social work, the term ‘resistance’ is used to describe those service users ‘who are unwilling, or feel coerced into engaging with you’ (Taylor, 2011: 11). Taylor (2011) suggests that individuals might be reluctant to become engaged because of a rigid interpretation of life events that impedes consideration of other ways of thinking or acting. The worker’s belief in the capacity of the service user to change, however, is central to the helping process, as service users may display **ambivalence** (conflicting emotions) or be reluctant to engage. The latter may be a result of a distrust of authority due to the worker’s potential role in relation to prosecution or removal of liberties (as a result of offending behaviour, severe mental health problems or child protection cases). There is a greater risk of experiencing aggressive or violent behaviour where:

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- the individual has experience of a subculture where violence is the norm;
- the individual perceives that any unpleasantness generated is a deliberate and personal attack on them;
- the person is disinhibited – for example, through alcohol or drugs;
- there is an expectation that violence will be rewarded – that is, by influencing the decision or withdrawal of the worker;
- there is a belief that no other action is possible – for example, where there is evidence that violence has been used frequently as a coping mechanism (Breakwell, 1989).

## THEORIES THAT UNDERPIN ASSESSMENT

There are two possible relationships around theory and assessment. First, theory about assessment seeks to explain its nature and the processes or function it performs. Second, theory for assessment suggests that there is a set of ideas that assist in the decision around what information is to be collected, how it should be collected and how it might be used in forming understandings and recommendations (SCIE, 2007). For instance, a variety of different theories can be applied from psychology and social psychology. Consideration of theories such as social learning theory, psychodynamic theory or attribution theory can be helpful in assisting workers to understand the probable cause of an individual’s behaviour.

To maximise the possibility of engaging an individual, sustaining a relationship, or even calming a situation, it is crucial for the worker to demonstrate empathy and to practise good communication skills, particularly active listening. People with lived experiences and carers outlined a range of specific skills and values demonstrated by social workers who were felt to be good communicators. These included:

- being polite and punctual;

- listening to what is being said;
- doing what is stated and agreed;
- explaining what will happen and why without using jargon;
- being honest. (Diggins, 2004)

In conclusion, resistance may be seen as a way in which people with lived experience attempt to regain some of their ‘perceived’ loss of power and control by refusing to recognise risks to self or others, not accepting the need for change or being unwilling to accept options presented to them. The concept of principled negotiation might assist in finding a way forward. By focusing on the interests rather than the attitudes of those involved, separating the people from the problem and trying to find options for mutual interest before agreeing criteria for evaluating the result of the negotiations, a resolution to any stalemate might be found. However, legal and policy requirements might mean that negotiation is not an option (e.g., because of protection issues) or that due to their personal values and principles an individual might be unwilling to negotiate on certain matters (e.g., around the use of alcohol). In planning a response, discussions should take

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place with colleagues and relevant agencies, involving the service user wherever possible. Any response should recognise that safe practice is beneficial for both the worker and the service user.

### Critical Thinking

Building collaborative approaches with people with lived experiences is vital in assessment work. The current practice agenda, especially personalisation and self-directed support, emphasises the role of self-assessment. Gardner (2014) notes that there has been much professional resistance to the concept and she highlights that we mistakenly assume that self-assessment involves only the service user. In self-assessment, however, service users are major participants because, quite simply, they know themselves best. The social worker participates too, supporting, offering information and assistance. Gardner’s interpretation of self-assessment is interesting and provides a useful point for you to consider.

During or after your most recent period of practice learning, critically appraise your practice in respect of a collaborative assessment.

## CONCLUSION

This chapter has offered particular frameworks, methodologies and supporting theoretical concepts which are an integral part of good social work assessment. The following central themes should be borne in mind when undertaking assessment in work with people with lived experience:

- Assessment is a skilled activity that is crucial in setting the context of engagement with people with lived experience.

- A central theme is of partnership and empowerment, but recognising that at times assessments are carried out with people with lived experience who are either hesitant or unwilling participants.
- Assessment is underpinned by a broad knowledge and skill base, as well as a series of guiding principles that support practitioners in their role.
- Assessment in current practice contexts frequently involves working alongside other professionals, allowing for the sharing of perspectives and a more comprehensive and holistic approach.
- The tools and frameworks that have been proffered in this chapter should be utilised with both care and professional judgement rather than implemented in a technical and formulaic manner. These tools offer a 'guide' rather than a 'map'.
- Assessment is a dynamic activity that should always be viewed as a process rather than a one-off event.

### Reflective Questions

1. Considering the concepts of need and Bronfenbrenner's Ecological Systems Theory, identify what a person requires from their immediate caregivers or family in order to develop or progress. Go on to consider how a person's development or progress may be influenced by the wider world and what difference being part of a supportive community environment can make.
2. What questions might you ask during the assessment process in order to explore 'strengths'? Consider how the questions you ask interface with the model of assessment being used.
3. As part of preparing for one of your social work placements or practice opportunities, spend time researching the legal and policy context of the field you will be working in. During placement, reflect on how legislation and policy shape the work that your placement agency undertakes. Consider the extent to which statutes directly determine the social work role in different settings.

### RECOMMENDED READING

Milner, J., Myers, S. and O'Byrne, P. (2020) *Assessment in Social Work* (4th edn).

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This chapter is co-written by me and represents a re-writing of a chapter original authored by myself and Jeremy Millar and is confirmed by communication from the co-editor (below).

My contribution to the writing of the publication is at least **4,500** words.

**From:** Jeremy Millar <jezmillar@icloud.com>

**Sent:** 16 October 2024 10:45

**To:** JANINE BOLGER (0211443) <j.bolger@rgu.ac.uk>

**Cc:** JBolger66@outlook.com <JBolger66@outlook.com>

**Subject:** Portfolio output

*To Whom It May Concern:*

*I am writing with regards to the output:*

Miller, J., with Bolger, J., (2023). *Working in the Life Space*. In Lishman, J., Bolger, J., Gibson, N., Spolander, G. and Yuill, C. (2023) *Social Work: An Introduction* (3rd ed). London: Sage

*I understand that Janine is seeking to include this output, with others, in a portfolio for a PhD by Public Output.*

*Following the guidelines set out in Academic Regulations for outputs with co-authors, I can confirm her contribution to these publications.*

- *Janine was the joint author of the original chapter and her writing constituted at least 50% of the word count for the 2014 and 2018 editions.*
- *Janine Bolger re-worked the above chapter for the 2023 edition with my permission and the additional word count is all hers.*

*Yours faithfully,*

*Jeremy*

*Jeremy Millar*

[jezmillar@icloud.com](mailto:jezmillar@icloud.com)



# 21

## WORKING IN THE LIFE SPACE

JEREMY MILLAR with JANINE BOLGER

### Key Themes

- The concept of life space refers to understanding the totality of people's relationships in the context of a particular setting.
- The setting may be any day or residential context where people come together.
- It draws upon a range of psychological theories such as psychodynamic, field theory and relational theories of interaction.
- The life-space approach emphasises the important role of setting in people's lives, as setting is not just a place that simply contains what people do, but actively informs and influences what takes place.
- Developing a therapeutic relationship is essential in order to realise any change for the person with lived experience.

## INTRODUCTION

## Oakhill 1

Walking up the drive to Oakhill at 2pm on a Sunday afternoon, Charlie is wondering if Hailey has made up with Ethan and whether Danny returned last night after his visit home. Where did he go and who was he with? At least Sunita is on shift, always a dependable and a calming influence on residents and staff. They'll be cooking tonight, another bonus. Drat, Charlie forgot the ingredients they had asked her to pick up. Oh well, a trip to the shop will be a good opportunity for her to take Jo out and catch up. It's been a while since their last key work session. She did remember the new Justin Bieber CD for Emma who has been talking about it for weeks.

Danny's curtains are drawn: it looks like he's back but still in bed. Jo's bike is propped against the wall, no bike lock, again! Chris Brown's 'Go Crazy' is playing from an upstairs window and, given the comments she can hear, Charlie suspects they are watching the video that goes with it. She makes a mental note to speak with the boys later about it and how uncomfortable it makes the girls living in the house feel.

The above passage begins a series of 'snapshots' from a residential childcare setting that will serve to illustrate working in the **life space** throughout this chapter. While the focus of this narrative and analysis is around children, young people and adults who share the life space, it is important to note that the life space concept applies to all group care settings and all people with lived experience and those that provide for their care.

This chapter explores working in the 'life space', one of the many terms used in social work and social care that is in certain respects hard to pin down. Many social workers and other care staff have worked for many years in a variety of social care settings with no awareness of the concept of 'life space' and function quite capably enough, providing a good service and ensuring that no intentional harm comes to anyone with whom they work. As Ward and McMahon (1998) state, however, working intuitively is never enough, and a firm grasp of the theory behind actions is necessary to create the best possible interaction between the social worker and the person with lived experience.

Without an understanding of the life space, social workers cannot tap into and exploit what Garfat (2003) refers to as the 'magic' that exists in group care settings. This 'magic' is contained in the talents and untapped potential of *all* the people who live and work in the group care setting. It offers the prospect of the hope of desired futures being realised, lays to rest the ghosts of past trauma, reconciles loss and heals broken trust; it also contains pain in the moment and helps individuals rewrite their personal narrative.

The chapter begins by exploring what the concept of life space seeks to understand. The roots of life-space theory are explored next, examining the ideas of thinkers such as Freud and Lewin, before turning attention to the centrality of psychodynamic approaches, especially that of the role of the ego.

## THE LIFE-SPACE APPROACH

Life-space work is neither individual case work, nor group work, nor individual case work conducted in a group context, although there will be a substantial overlap in the area of skills and techniques used. The lifespace is a therapeutic discipline in its own right. The approach offers a therapeutic intervention in people's lives that acknowledges prior loss, builds on individual strengths with the goal of restoring ego integrity and prepares the individual to go forward in life better equipped for future adversity. Central to all change is the therapeutic relationship. Keenan (2015) likens the life space to a jelly. When you prod any surface of the jelly, it wobbles all over. This useful visual image succinctly illustrates just how interrelated and interdependent all the individuals are in any group care setting. The life space is therefore a method of perceiving, reflecting on and understanding the dynamic nature of the interpersonal relationships of all who participate or live in a *particular setting*.

The characteristics of any life space are inherent in its social structure and institutional context. Each group care setting has its own mini society with dynamics, hierarchies and a cultural life of its own. It replicates the society outwith but is more intense. The dynamics change due to the frequency of arrivals and departures; the hierarchy is both structural and informal, and the culture is transmitted through the routines and rituals of the setting. The nature of the institutional context depends on the scale and on the inter- and intra-group processes. In any institution there will sometimes be tensions between the needs of the individual for personal choice, space and expression of individuality, and that of the organisation towards standardisation and efficiency.

The focus of setting is the 'space' element in the name 'life space', referring not to emptiness or a void, but the space in which someone lives. Understanding setting or space is important because all people exist within a context that enables, or constrains and conditions their actions and affects their self-esteem. The group care context can be considered in terms of its structure and culture. Structure refers to those aspects that can be observed, the mechanisms by which the institution achieves its goals and the relationship between its different parts. Culture refers to the subjective processes by which staff and residents reflect, interpret, ascribe meaning and adapt behaviour. The higher the degree of concordance between resident and staff cultures, the better the outcomes for all. The power that setting or space can exert over people was identified by Goffman (cited in Keenan, 2015), in his research on the power of 'total institutions'. 'Total' refers to institutions where all aspects of daily life – for example, sleeping, eating, bathing and socialising – take place within one institution. The main problem associated with total institutions is that, because the needs of the institution are prioritised over those of the residents, they completely overwhelm and reorder the personality and identity of residents. The end result can be that the residents become 'institutionalised' and dependent upon the institution, not just for their basic needs but also their sense of self.

The situation just outlined could be described as the extreme end of how setting or space can influence someone, but all settings do that to some degree or other because they require people to act in certain ways and to conform to particular norms and rules. Space therefore should not simply be understood as the location or container in which

various activities occur, but rather as an active presence in people's lives that informs and shapes what those activities are and how they take place.

### Exercise

Think of how differently people may behave in a pub in contrast to being in a church. There are obviously different ways to behave in each setting, but are there certain attributes of each setting that prompt that behaviour?

In certain respects, the life-space approach can be described as a 'magpie' approach, where it draws on other theories and perspectives in order to build its overall understanding of how people's lives can be improved. The main traditions that the life-space approach is built on are psychodynamic and relational theories of interaction, and these are discussed in greater detail elsewhere in this book, including Chapters 6 and 7. What those other approaches all share is a concern with how various forces and processes affect an individual's sense of self and their current well-being. Some of these forces and processes are internal, as is clear in psychodynamic theory with its Freudian emphasis on the conflicts between conscious and unconscious motivations, but given the centrality of space in the life-space approach, there is also an appreciation that processes external to a person play a crucial role in self-development and sense of self. It is this fusion of theories incorporating both internal and external influences on the self that allows the life-space approach to be holistic and take account of all the various dimensions of an individual.

At the heart of the life-space approach lies the therapeutic relationship. Here are some basic statements to bear in mind before the practice of working in the life space is more fully explored in the rest of this chapter.

- The term 'life space' offers a conceptual understanding of the totality of interaction and interdependency within the group care setting. It includes an awareness of the importance of the environment on actions and feelings, as well the setting's place within the wider community.
- The life space exists even if we do not name it or acknowledge it as such.
- Within the life space, workers regularly undertake specific interventions, known as life-space interviews.
- The principles of the life-space interview (Redl, 1966; Sharpe, 2009) have been packaged into a range of crisis de-escalation and management tools that constantly evolve and use names such as Therapeutic Crisis Intervention (TCI),

Crisis, Aggression, Limitation and Management (CALM), Strategies for Crisis Intervention and Prevention (SCIP).

- **‘Opportunity led’** as an intervention (Ward, 2002) draws heavily on the concept of the life space.
- The ethos or the philosophy of the group care setting should make reference to an understanding of the life space and how other practice interventions complement and support this approach.
- Working in the life space is about conscious use of self in relationship with all other individuals in the life space.
- Working in the life space involves being a reflective and reflexive worker who consciously engages with the ‘what’ and ‘why’ of their actions.
- Working in the life space is as much about the little things in group care such as a smile in the morning, a cup of tea and catch-up after a long day, as it is about supporting people through major life crises and critical events.
- Conscious understanding of the life space and using the techniques of the life space interview by workers contribute to the maintenance of a **therapeutic milieu**.

## THE ROOTS OF LIFE-SPACE THEORY: FREUD, LEWIN AND REDL

Aichhorn (1878–1949), a contemporary of Freud, was an educator who was encouraged by Freud’s daughter, Anna, to study psychoanalysis. Aichhorn had a keen interest in delinquent behaviour in children and set up a school to work with these children. In an account of their work in *Wayward Youth* (1951), Aichhorn identified some key aspects of intervention and qualities in workers which are at the root of working in the life space. Among these are:

- Delinquency is a failure in normal development.
- Punishment only suppresses overt behaviour; it does nothing to address the causes of the delinquency.
- Most delinquency is a result of relationship difficulties.
- The cause of delinquency is different for every person with lived experience.
- The worker needs to understand and start where the person with lived experience is emotionally and environmentally situated.
- A worker can never be a ‘friend’ to a person with lived experience. (ICfTC, 2009)

The importance of relationship as a catalyst in ‘therapeutic treatment’, the involvement of family, the understanding that behaviour is complex and informed by past experience, as well as current challenges, were particularly noted. Punishment was not a useful intervention, and the leadership of the group was seen as vital to producing positive outcomes. Coming from an understanding of psychodynamic theory, the therapeutic milieu approach was based on the growth of the child being facilitated through unconditional love and acceptance in their relationships with the adults caring for them.

Redl, building on their experience working with Aichhorn and Lewin (1890–1947), established their own residential project developing practice in the treatment of troubled and troublesome children. The following quote encapsulates the philosophy behind some of their work:

The surest way of finding out things about children who are hard to know is to live with them. With the children we talk about, this invariably means to live with them in a group setting. And, because of another one of their main characteristics, it also means to live with them in an ‘action’ rather than a mere ‘discussion’ style of relationship. (Redl and Wineman, 1957: 30)

The concept of living in ‘action’ refers to a reciprocal relationship between the child and the adult, not one in which adults control and constrain the child: in the life space, it offers a dynamic experience for both the adult and the child.

The influence of Lewin, a social psychologist with no foundation in the psychodynamic approach, is apparent in the above quotation. Lewin is credited with naming the ‘life space’ as part of the development of field theory where they looked at how individuals acted in the environment, and field theory is defined as ‘the totality of co-existing facts which are conceived of as mutually interdependent’ (Lewin, 1951: 240). This is where Keenan’s jelly analogy helps illuminate Lewin’s complex description. Redl effectively brought together the external understanding of behaviour as a response to the ‘field’ and the internal workings of the ego-influencing behaviour in the moment. This assists when considering the personal issues of one resident which can impact on the whole group depending on their own personal experiences and coping mechanisms (direct impact) while the personal issues of one resident can result in the acting out of others according to their own make-up (indirect impact). Workers may act out these issues too (Keenan, cited in Lishman, 2015).

In the 1960s, Trieschman and colleagues published their seminal book on working in the life space, *The Other 23 Hours: Child-Care Work with Emotionally Disturbed Children in a Therapeutic Milieu* (1969). The authors of *The Other 23 Hours* were all practising residential childcare workers and the book describes the therapeutic milieu and the opportunities for workers to influence, intervene and shape the lives of the children in their care. The title of the book relates to the 23 hours of the day when the child is in the care of residential staff rather than in a counselling one-to-one session with a therapist. The authors illustrate how the daily life events of living in the life space – waking up, mealtimes, activities, etc. – can be utilised therapeutically.

## THE LIFE SPACE IN PRACTICE

These core texts about the life space were developed around group living with troubled children and young people, and rely heavily on the concept of ego psychology, an approach that understands behaviour in terms of the healthy or disturbed functioning of the ego: ‘The ego is the central functioning part of the personality which is conscious, aware and determines our day-to-day activities and relationships in a rational

reality-based way' (Gibson, 2015: 99). Psychodynamic concepts are discussed in more depth elsewhere in this book and it is recommended that you read Chapter 26 on counselling in conjunction with this chapter. In the context of therapeutic milieu practice, the use of therapists has been utilised as much to support the staff team to understand the behaviour of the residents as for one-to-one counselling sessions with residents.

People with lived experience in group care settings have generally experienced loss, often compounded by other difficulties in their lives. For older people, these may be a deterioration in their health and cognitive functioning. Adults with learning difficulties may have encountered a range of adversity, including discrimination, over-protective environments and not having their voice heard on matters affecting their life. Children and young people in care settings have often suffered a range of abusive and neglectful behaviours prior to entering the care setting. This list is far from exhaustive, but illustrates the need for the work undertaken in the milieu to be therapeutic in terms of being responsive to individual need and offering personal growth and healing. (For a discussion of older people and the environment, see Bond et al., 2007.)

Our understanding of the role of the ego in supporting an individual to make sense of, interact with and have their needs met in the real world was developed by Freud (1946) and Erikson (1950). Winnicott (1965) increased understanding of the parental role in nurturing ego development with the concept of the 'holding environment' in which the parent/carer 'holds' the extreme emotional arousal of the child and hands it back in a more manageable form by consistent calming and predictable presence. This is central to the use of the life-space interview. If ego development has been disrupted by adverse life events, and especially an absence of nurturing during the formative years (Ainsworth and Bowlby, 1965), we can expect this developmental weakness to be played out in a range of behaviours that cause society concern and often lead to the individual requiring specialist forms of care and support. Redl and Wineman (1957) identify from their work 22 aspects of ego function that are disrupted or compromised to some degree in the children they were working with. Below is a pen picture of a child lacking ego integrity.

### Case study: Jay – the angry child

Our child, let's call him Jay, is a mini-cyclone liable to blow up for no apparent reason. Jay is generally distrustful of all adults and, when faced with an adult imposing authority, will have no hesitation in striking out both verbally and physically. Jay appears to lack empathy and will become involved in quite sadistic bullying behaviour, struggling to look after and respect property, both their own and other people's. Quite often Jay will destroy belongings that appear to have significant meaning. Education and other structured activities present a tremendous challenge to Jay whose ability to take on new learning is undermined by a low tolerance threshold coupled with a fatalistic belief in their own ability to master tasks. Jay will invariably sabotage an activity that causes frustration and seldom completes anything finding both praise and criticism hard to accept.



Leave anything lying around and Jay will take it, fiddle with it and possibly break it, denying responsibility for any action, even in the face of concrete evidence. With no obvious internalisation of guilt feelings, Jay responds to adult concerns with apparent indifference and disdain for any concern demonstrated.

Anxiety levels will soar for Jay once placed in a group situation and will be expressed through egging on others to disrupt and oppose the adults who are supervising. If it all gets too much, Jay will run from the situation often taking others along too. There will be constant power struggles over apparently trivial issues and any attempt to buy compliance with the promise of a reward later for good behaviour will be doomed, as will any appeal to group solidarity and Jay's own role in letting down the rest of the group.

Possibly the most frustrating aspect of Jay's behaviour is an apparent inability to learn from past experience or to draw causal links between actions and consequences.

Redl and Wineman offer a further case example:

One day the boys were quite excited about an incident that happened to one of the kids in their class. He had been skating in the street and was hit by a car, suffering concussion and broken ribs . . . It was thus quite surprising to us when both Andy and Bill, in defiance of the rules, started to skate in heavy traffic in front of the Home just before dinner. (1957: 129)

Despite the staff pointing out the consequences of this action for the injured boy, Andy and Bill could make no link to the inherent risk to them and accused the staff of acting unreasonably to curtail their fun. To an uninformed observer, this form of behaviour is bizarre in the extreme. Any adult attempting to appeal to the child's innate sense of right and wrong, personal accountability for behaviour or conscience over doing wrong, will be totally perplexed and may possibly react in a way that would escalate an already difficult situation.

The preceding examples give a glimpse into the mindset of a child who is lacking ego integrity. It is an unsettling place to be as it is a world of impulse, irrationality, self-destructive acts and a complete absence of internalised controls. Trieschman et al. (1969) examine how the therapeutic milieu can be utilised to develop ego strength and ultimately the desired controls from within.

## THE IMPORTANCE OF RELATIONSHIP

A fundamental part of this therapeutic process is the relationship between the workers and the children in their care. It is in this relationship that the workers' insight into and understanding of the roots of extreme behaviour begins to address both the nurturing facet of ego development expressed by unconditional positive regard (Rogers, 1961), or love as we commonly experience it, and the cognitive building of the interpersonal skills that allow the child to respond to and interact appropriately with their environment.



Child development with ego growth ‘needs to develop an array of behaviour (feelings, ideas) that can deal with the environment in such a way as to satisfy impulses *and* develop a sense of competence about dealing with people, things and events’ (Trieschman et al., 1969: 19). Lewin (1948), examining relationships in groups and the resolution of conflict, identifies the key role of leadership to effect change through the promotion of desirable outcomes and management of negative influences. This is in essence the nature of the therapeutic relationship described by Trieschman et al. (1969).

It might be useful at this point to investigate some of the reasons for children arriving at our door with such a level of damage to their ego development.

## ATTACHMENT AND BRAIN DEVELOPMENT

Media reporting concerning feral children, immoral and uncontrollable, threatening the way of life of decent citizens, can make it tempting to attribute blame to poor or absent parenting, exposure to violent games, deprivation or flaws in the education system. Some of these factors do play a role in disadvantaging many of the children in the care system, but the essential message to learn about the life experiences of the children in our care is that of the severity of the impact on their ego development of the almost total absence of any continuity of nurturing care in their lives, particularly in their early years. Often this is compounded by exposure to traumatic events (domestic violence, sexual abuse) creating living conditions of continual stress. Redl and Wineman and those who have developed working in the life space and utilising the therapeutic milieu were aware of the work of Bowlby (1953) on attachment and this impacted on their understanding of behaviour. However, the connections that have subsequently been made to the adverse impact on brain development of trauma in infancy were yet to be established (Brown et al., 1998; Hughes, 2006; Perry, 2002). It is in this area of understanding the extent of damage to brain growth through neglect and trauma that we start to make sense of anti-social, destructive behaviour at a deeper level. The therapeutic power of the group setting, in conjunction with skilled workers, offers the best hope of building and repairing the ego damage behind the most challenging of behaviours. Ward and McMahon sum up this position with the statement: ‘The capacity for intuition, however, is not enough on its own. If people are going to develop and use their capacity for intuition they will need to be working within a “facilitating environment” (Winnicott’s phrase again) of organizational support’ (1998: 33).

### Oakhill 2

The smell of freshly baked pancakes wafts down the corridor. Ethan is trying out his cooking skills as he is preparing to leave us in six months’ time. Charlie greets him and Ricky, another colleague on the outgoing shift. ‘A lovely treat for our afternoon

(Continued)

tea', she comments. Charlie notices Hailey hovering down the corridor outside the lounge. 'Hi', she says with a warm smile as Hailey flounces out of sight. Charlie is left thinking that things are probably not resolved between Ethan and Hailey. Too much attention of a positive nature for Ethan may inflame the situation. Ricky catches her eye and smiles ruefully. She senses it may have been a difficult shift at times.

Hailey struggles to form and sustain relationships resorting to self-harm when things become overwhelming. Each new addition to Oakhill presents a challenge for her as she attempts to make friends only to find that her extreme mood swings, demands for attention and self-harming displays cause people to recoil from her. Hailey took a shine to Ethan, but he appears not to be interested.

Hailey's eyes betrayed such despair. They looked through Charlie as she attempted, from the door of the room, to encourage her to come through and enjoy some pancakes. The previous shift had seen Hailey bring in a DVD of a martial arts film that Ethan had talked about but then ignored in preference to leaving to see mates down town. Hailey, now alone, picked at her arms with a razor, producing lots of blood across already scarred skin. Poor childhood experiences through extreme neglect at the hands of a chaotic drug-using mother who exchanged sex with herself and Hailey for drugs. Drugs in turn became a way out for Hailey and at only 14 is barely literate, having missed significant amounts of schooling. Her mother and extended family have rejected her and there appears to be no one to call a friend. During two periods with foster carers from the age of nine, Hailey's behaviours became progressively more extreme with aggression towards others and self almost a daily occurrence. Six months into her stay at Oakhill, there are glimmers of progress as trust builds and there appears to be a growing understanding that the staff will not give up.

Charlie reels off a list of tasty toppings for the pancakes, leaving a known

The above case study has illustrated a life-space intervention. Knowledge of Hailey's traumatic upbringing and awareness of the potential damage to brain development and subsequent ego integrity through abusive and neglectful life experiences demanded a nurturing approach, building on meeting primary needs (nice food) in an accepting and non-pressurised manner. The relationship is key to engaging with young people such as Hailey. Maier (1979a), in his 'Core of care' paper, offers a wonderfully clear analysis of the key components that facilitate working in the life space, and Ainsworth and Fulcher (1981) offer more contextual material. In trying to produce changes to behaviour, workers are often drawn into a behavioural control and modification model of interacting with children and young people. While life-space practitioners would not rule out any considered intervention – and it may be appropriate to utilise star charts and reward-based plans with some children – these would only work in conjunction with loving and nurturing relationships. In the case of work with extremely traumatised adolescents such as Hailey, the goal is to support an individual's management of their emotional state by developing controls from within. Presenting behaviour is an articulation of deep psychological pain and confusion. Hailey struggles to read social situations and

consistently repeats negative experiences. For someone with such life experiences sanctions such as ‘grounding’, withholding allowance money and stopping access to ‘treats’ are insignificant, merely serving to reinforce perceptions of adults as hostile, punitive and untrustworthy. In the interaction with Hailey, a social worker would also need to be aware of their own emotional response to the extremes of her behaviour and their own personal history of dealing with painful episodes.

## USING OPPORTUNITIES

### Oakhill 3

Jo breezes into the office where Charlie is finishing catching up with Sunita. ‘Hello stranger’, Jo says to Charlie. ‘I keep missing you, but how about we catch up with a trip to the shop?’ Charlie responds. Much of Jo’s behaviour is of the completely age-appropriate adolescent type of testing authority, but struggling with boundaries around relationships with older females including those on the staff team. Charlie reflects on her own relationship with her adolescent daughters. She has to be careful that she doesn’t confuse how she responds to Jo with her approach towards her own girls. Jo didn’t ever know her dad and her mother entered another relationship when Jo was 12. Jo’s mother has had a child with this new partner.

The walk to the shop is a chance to catch up with Jo who is doing well in school and enjoying a part-time job. Discussion about Jo’s mother is a no-go area. As they talk Charlie senses a tension creeping up on me. What is this about? Charlie feels she needs to raise the as-yet unspoken question about Jo’s plans for her imminent sixteenth birthday. ‘I wish you were my mum,’ Jo says out of the blue.

*Think quickly how you’re going to work with this opening into Jo’s inner world?*

In the short walk to the shop several important themes emerge: anger at an emotionally unavailable and neglectful mother, and loss and grieving for an absent but idealised father figure. To maximise support for Jo, Charlie cannot simply be led by a gut reaction, as she needs to understand Jo’s loss (perhaps in the context of her own relationship with my daughters), to ‘hold’ much of the anger in relation to Jo’s mother, and also to respond to a desire to have Charlie as her mother. Understanding processes of transference and **countertransference** are relevant in this exchange.

The apparent complexity of this task can be understood by reference to ‘opportunity-led’ work that draws upon the life-space interview approach and this approach is illustrated below by further reference to the case study with Jo.

Ward (2002) identifies the critical importance of responding rather than reacting in the moment. This form of positive reaction requires the worker to be at all times consciously processing information and feelings in both themselves and those they are relating to. In the exchange between them, if Charlie had reacted to Jo’s desire for her to be her mother by saying, ‘That’s silly, Jo, you know I can’t be your mum,’ it is likely that she would have been pushed away, blocking future chances to explore Jo’s need to

find answers in respect of how her mother treated her. Trust could be easily broken by a hasty reactive response. By responding with a considered reply, Charlie is able to make the most of a therapeutic opportunity. Preparation is everything when working in the life space.

Coming on shift, Charlie was thinking of Jo, their relationship, issues that needed to be discussed and how to consciously structure the opportunity to talk about them. The walk to the shop was the opportunity. As they walked, they entered the first element of Ward's model, 'observation and assessment'. Charlie was observing Jo's mood and the reaction would inform how other areas for discussion might be brought up. Charlie was also conscious of her own anxiety around the major unspoken issue of Jo's sixteenth birthday. Jo then makes a profound statement and in that moment Charlie is scrambling to make sense of the situation and not destroy the opportunity by reacting thoughtlessly. Here the second element of an opportunity-led intervention can be introduced into the interaction: 'assessing the context' concerns an awareness of the wider context, such as the emotional climate (Ward, 2002). In part, the imminent birthday celebration is creating anxiety. Relationships both present and absent, including Jo's absent father, and the views of peers in the home and friendship groups are also significant. Links here can also be made to the developmental stage of 'identity versus role confusion' (Erikson, 1950).

In the moment, Charlie takes all these factors into consideration in formulating a decision on how to respond. It is important to pay attention, to respond in a manner that addresses the most *urgent* aspect first. Threats to the safety of the person or others would be a priority. While not an issue in the walk with Jo, it is always worth thinking about who else is present or whether any mood-altering substances have been consumed. Charlie must also be conscious of what is feasible. Does the moment lend itself to action? Will there be time to explore and conclude a discussion? It is crucial to consider timing in relation to how long you still have on shift. It would be disrespectful to leave Jo anxious about the discussion of birthday plans only half an hour before going off home. This walk and talk takes place early in a 12-hour shift, leaving plenty of time and space to follow things up with Jo. Finally, there are ethical considerations. Is the conversation confidential, out of others' earshot? Is the approach congruent with core social work values and are there any legal considerations? For Jo in this situation, the strength of relationship combined with the privacy element make it an ideal opportunity for the final stage that is action.

It is clear that Jo's anxiety needs to be addressed concerning the up-and-coming birthday. The discussion fits with the goals in Jo's care plan and the time to do it is the present.

#### Oakhill 4

'Wow Jo, you certainly know how to catch my attention!' I respond. 'I'm guessing you're pretty anxious about stuff at the moment. I'm listening and we've got plenty of time.' Jo starts to talk about her fears about their birthday, that Jo's mother Anne

won't show up preferring to focus on the new baby. Jo is confused as Anne has promised to pass on information about Jo's dad when she's older and she fears that might be now. Jo looks straight ahead as we walk slowly. Charlie lets her talk, offering little input as Jo works a lot of her feelings through. Something tells me that she has many of the answers and it is not the time to jump in with suggestions. As they approach the shop, Jo has reached a natural pause and Charlie makes eye contact and offers a warm smile that acknowledges the strength she displayed in pouring all her feelings out. Charlie tells Jo that this is one of her best qualities. They agree to firm up a plan of action on the walk back to the house and Charlie says that she's flattered that Jo would like her for a mum. The discussion is to be continued as they have shopping to get.

The nature of this exchange with Jo contained the final stages of Ward's (2002) opportunity-led intervention. Charlie acknowledged the gravity of what Jo was communicating and offered space for her to control the content, time and direction of her concerns and fears. Charlie was prepared and able to 'hold' (Winnicott, 1965) and 'contain' (Bion, 1962) the emotional content of what Jo was sharing. Charlie acknowledged that Jo had set her up for this role with her attention-grabbing statement. It was an explicit expression of trust and an unconscious plea for emotional stability. In responding to Jo, she offered both immediate reassurance and a long-term promise of using the relationship to negotiate the upcoming birthday and potentially tension-filled family contact. Jo's honesty regarding her struggle with her sense of identity signposted the requirement for family work and the exploration of a mother-daughter relationship. On their return to Oakhill, the door closed metaphorically on the 'opportunity-led' intervention. However, the work in the life space continues and the workers move between all the ongoing threads of the entwined relationships.

## CONCLUSION

The example offered in this chapter from the life of Oakhill illustrates the rich tradition of working in the life space, which offers a cohesive model of work in the therapeutic milieu, a place in which the power of relationships structured around caring, compassionate, committed, insightful, reflective and available adults engenders growth and healing. In this holistic approach, workers bring their knowledge of attachment, understanding of the impact of trauma, attention to detail in the environment and consistency of self to bear on the milieu producing the recipe for anger, pain and a sense of abandonment to be redressed and children to be given a sense of mastery – the ability for emotional regulation and controls from within.

### Oakhill 5

Shared moments of joy, sitting around the table tucking into a curry. Gentle conversation, some laughter and the sharing of memories and of future plans over the meal reinforce the rhythm of life in Oakhill.

### Reflective Questions

1. The issue of how people's emotional lives are influenced and shaped by the space (the location, the building, the institution) in which they live has been a key focus of this chapter. Reflect further on the importance of space. Think of different locations that you have experienced and try to identify how they made you feel or act in a way that is different from other spaces.
2. The connection and relationship between the person with lived experience and social worker is important within this form of intervention. Reflect on how an effective relationship could be established within an institutional setting, such as a residential care setting, and what challenges and opportunities may be encountered in such a context.
3. The life-space approach has mainly focused on residential childcare settings, but what other spaces in a person's life may have been influential in shaping their emotional self? Think about home, school, and so forth.

### RECOMMENDED READING

- Connelly, G. and Milligan, I. (2012) *Residential Child Care: Between Home and Family*. Edinburgh: Dunedin.
- Smith, M., Fulcher, L. and Doran, P. (2013) *Residential Child Care in Practice: Making a Difference*. Bristol: Policy Press.
- Trieschman, A., Whittaker, J.K. and Brendtro, L.K. (1969) *The Other 23 Hours: Child-Care Work with Emotionally Disturbed Children in a Therapeutic Milieu*. New York: Aldine De Gruyter.
- Ward, A. (2006) *Working in Group Care: Social Work and Social Care in Residential and Day Care Settings*. Bristol: Policy Press.
- Ward, A. and McMahon, L. (ed.) (1998) *Intuition is Not Enough: Matching Learning with Practice in Therapeutic Child Care*. London: Routledge.

## **Appendix 3 – Timeline with Activism**

The following chart identifies the influence of my publications on my activism, my activism on my publications and instances where both apply from 2019-2024. The activism has championed change and addresses what I see as systemic issues.

Bolger, J. (2019) The pedagogy and principles of teaching therapeutic practice with children and young people

Bolger, J (2019) Inter-professional education/learning across social work education provision in Scotland

Harms-Smith, L and Martinez-Herrero, MI, Arnell P, Bolger J, Butler-Warke A, Cook W, Downie M, Farmer N, Nicholls J and MacDermott D, (2019) Social Work and Human Rights: a Practice Guide

Butler-Warke, A. and Bolger, J. (2021) Fifty years of social work education: analysis of motivation and outcomes

Butler-Warke, A., Yuill, C. and Bolger, J. (2020) The changing face of social work: social worker perceptions of a neoliberalising profession

Hothersall, S.J. and Bolger, J. (Eds) (2021) Social Policy for Social Work, Social Care and the Caring Professions (2<sup>nd</sup> Edn)

Lishman, J., Bolger, J., Gibson, N., Spolander, G. and Yuill, C. (Eds)(2023) Social Work: An Introduction (3<sup>rd</sup> Edn)

2013 – 16 Review  
of SWEd

202-23 Widening  
Access to SWEd Gp

2016-20 Root & branch  
review of care system

2011-24  
SFC  
Funding

2018-20  
Social  
Work  
Services  
Strategic  
Forum

2020-24 SWEP  
Rep

2019-22 Convenor  
Heads of SW Gp

2023-2024  
NQSW &  
GA Gps

