

Section three: The referral of social workers to the GSCC

Holding social workers to account and protecting the public

Between the financial year 2008/09 to 2009/10 there was a 63 per cent increase in the number of referrals about social workers

In addition to setting standards for the profession and communicating these to the sector, one of the most important ways in which the GSCC protects the public is by investigating and taking action against those social workers whom members of the public, people who use services, employers and the police have concerns about.

When the GSCC receives a referral it must decide whether this is a complaint under our rules. Not all referrals made to the GSCC are treated as complaints and not all complaints are referred through to the conduct panel for a hearing. When something is determined to be a complaint the GSCC will investigate this and where it considers that there is a real prospect that the conduct panel will find misconduct against the registrant it will refer the case through to a hearing.

It is important to stress that only a tiny proportion of those on the register have been referred to the GSCC in the past year (1.1 per cent) and an even smaller proportion have had a finding of misconduct against them (0.3 per cent) over the past eight years.

Between 2004 and 30 September 2011 the GSCC has received 4,670 referrals about registrants. Eighty-eight per cent (4,118) of these relate to qualified social workers and 12 per cent (552) relate to social work students (see **Table 6**). It is interesting to note that between the financial year 2008/09 to 2009/10 there was a 63 per cent increase in the number of referrals about social workers. This increase in referrals in recent years is an experience which many other professional regulators have witnessed. For example, the General Medical Council (GMC) saw an increase of 24 per cent in complaints about doctors between 2009 and 2010.¹⁴

14. The General Medical Council 'The State of medical education and practice 2011' p.59. The Nursing and Midwifery Council experienced a 57 per cent increase in the number of referrals between 2010 and 2011. See 'Complaints against nurses and midwives rise by 57 per cent' Nursing and Midwifery Council:31/03/2011 www.nmc-uk.org/Press-and-media/Latest-news/Complaints-against-nurses-and-midwives-rise-by-57-per-cent/

There are many possible explanations for this increase, including greater awareness of professional regulation within social care and health. However, it is striking that such a large increase in referrals to the GSCC occurred following significant media publicity about the tragic death of Peter Connelly. Also, at the time when there was an increase in referrals to the GSCC, there

was also an increase in the number of referrals to local authority children's services departments about the safety of children, perhaps suggesting that public concern about the practise of social work, in general, had risen.¹⁵ However, having witnessed a sharp rise from 2008/09 to 2009/10 the number of referrals the GSCC has received has remained fairly stable for the past couple of years.

Table 6: Number of conduct referrals received by financial year and registrant type

Type of registrant at time of referral	04/05	05/06	06/07	07/08	08/09	09/10	10/11	April-September 2011	Total	%
Qualified social worker	13	390	385	461	538	873	1012	446	4,118	88
Social work student	-	10	48	61	75	130	160	68	552	12
Total	13	400	433	522	613	1,003	1,172	514	4,670	100

15. Patrick Butler 'Councils struggling with big rise in child referrals' The Guardian www.guardian.co.uk/society/2010/apr/20/child-protection-survey

The largest increase in the number of referrals between 08/09 and 09/10 came from people who use services and/or a relative or friend of a service user which suggests perhaps that awareness of the GSCC increased amongst this group during this period

For the purposes of this report we analysed the 4,118 referrals about qualified social workers we received between April 2004 and 30 September 2011. In terms of who referred information to the GSCC, employers of social workers have been the main source of referrals about qualified social workers, with 34 per cent coming from this group. [see **Table 7**] This reflects the important role that employers play in ensuring that concerns about social workers are notified to the professional regulator. This figure is similar to the nursing profession, where the Nursing and Midwifery Council (NMC) received 41 per cent of its referrals from employers.¹⁶

Interestingly, the GSCC received referrals from 895 social workers about themselves, which was the

second largest source of referrals. This suggests that registered social workers take adherence to the GSCC codes of practice seriously and are willing to notify us where they consider that they have concerns about their own suitability to practise.

People who use services were the third largest source of referrals to the GSCC (17 per cent) and 13 per cent of referrals came from members of the public. Interestingly the largest increase in the number of referrals between 08/09 and 09/10 came from people who use services and/or a relative or friend of a service user which suggests perhaps that awareness of the GSCC increased amongst this group during this period.

16. Nursing and Midwifery Council Annual Fitness to Practise Report 2010-2011 Table 11

Table 7: Source of referrals about social workers split by financial year referral received

Referrer type	04/05	05/06	06/07	07/08	08/09	09/10	10/11	Apr - Sept 2011	Total	% of total
Registrant's employer (past, current or prospective)	1	91	140	176	213	322	340	135	1,418	34%
Self referral		112	125	152	135	131	171	69	895	22%
Service user	8	73	54		57	175	172	141	680	17%
Member of the public		28	31	110	90	121	138	13	531	13%
Relative/friend of a service user		8		1	2	29	79	42	161	4%
An organisation that is not the registrant's HEI or employer	1	15	23	11	5	10	36	15	116	3%
Police (Notifiable Occupations Scheme)			1		11	35	39	13	99	2%
No record	3	62	10	5	2	12			94	2%
Work colleague (not referring on behalf of registrant's employer)						22	19	12	53	1%
Anonymous referrer		1			6	6	17	5	35	1%
Member of GSCC staff			1	5	13	3	1	1	24	1%
Social worker (not referring on behalf of registrant's employer)					4	6			10	0%
Registrant's higher education institution				1		1			2	0%
Grand total	13	390	385	461	538	873	1,012	446	4,118	100%

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It is interesting to compare the volume of referrals received by the GSCC with that received by other similar regulators. The Health Professions Council (HPC) – which will take over the GSCC’s functions in 2012 – registers 215,083 individuals and in 2010/11 received 759 referrals which is around 0.35 per cent of those that it registers.¹⁷ The GSCC registered 100,634 social workers and social work students and received 1,172 referrals in 2010/11 which is 1.1 per cent of those that it registers. Care must be taken with these figures as exact comparisons are not possible given the differences between the HPC’s fitness to practice system and the GSCC misconduct procedure. However it appears that the GSCC has received

proportionately more referrals about social workers and social work students than the HPC has about the professions that it regulates. Given that many factors influence rates of referral within a profession no conclusions should be drawn from this comparison about standards within the social work profession.

It is important to remember that not all of the referrals that the GSCC received were treated by the GSCC as complaints. The GSCC can only treat a referral as a complaint where there is a specific allegation of ‘misconduct’ which is about an identifiable registrant. ‘Misconduct’ is defined in our Rules as conduct which calls into question a registrant’s suitability to remain on the

¹⁷ Health Professions Council ‘Annual Fitness to Practise Report 2010-2011’ Table 1 page 10

register. As **Table 8** shows, of those cases which were **not** referred to a conduct hearing, 53 per cent were closed because they were not classed as complaints and therefore were not subject to a full investigation. A further 20 per cent of these referrals were treated as a complaint and investigated but were closed and not referred to a panel, as the GSCC did not consider that there was a real prospect of finding misconduct.

In 12 per cent of those cases referred to the GSCC, the referral was closed because the complainant was unwilling

or unable to proceed with the complaint and because the GSCC was unable to act as a complainant, because the complaint did not raise public protection concerns. The number of cases closed for this reason has reduced substantially in the past few years. The remainder of the cases (10 per cent) were in the process of being determined when this report was compiled.

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Table 8: Outcomes of the social worker conduct cases not referred to the Conduct Committee before 1 October 2011

Referrer type	04/05	05/06	06/07	07/08	08/09	09/10	10/11	Apr - Sept 2011	Open on 30/09/11	Total	% of total
Closed because referral not a complaint because it did not amount to specific allegation(s) of misconduct by the registrant	3	96	149	282	266	459	464	297		2,016	54%
Closed because no real prospect of case securing a finding of misconduct		2	8	15	52	125	241	327		770	21%
Closed because complainant unwilling or unable to proceed with the complaint and the GSCC was unable to act as complainant because the complaint did not raise public protection concerns		13	205	181	43	18	2	5		467	12%
Case open in Conduct Referral or Conduct Investigation Team on the 30.9.11 data cut off date applied in this research									384	384	10%
Case joined into another conduct case about the registrant		1	1		13	22	19	21		77	2%
Closed for other reason				5	13	25	1	1		51	1%
Grand total	3	112	363	483	387	649	727	651	384	3,765	100%

Overall, on average eight per cent of referrals led to a conduct hearing between 2004/5 and September 30 2011, however, over time proportionately more referrals went to a conduct hearing.

We also analysed the likelihood of a referral from different sources leading to a finding of misconduct. Referrals from the police and from employers were the most likely to lead to a finding of misconduct whilst those from service users, registrant social workers who referred themselves and members of the public were very unlikely to lead to a finding of misconduct.

What we learnt:



Over the past year 1.1 per cent of those on the Social Care Register were referred to the GSCC. Only 0.3 per cent (278) have been found to have committed misconduct, over the past eight years.

The GSCC like other professional regulators has seen a large increase in the number of referrals about their registrants over recent years. For example between the financial year 2008/09 to 2009/10 there was a 63 per cent increase in the number of referrals about social workers to the GSCC.

Most referrals come from employers and the police. These are the most likely to lead to a finding of a misconduct compared to referrals from other sources.

On average eight per cent of the referrals that the GSCC has received have led to a conduct hearing.

Analysis of the characteristics of those who were referred to the GSCC and those who were taken through to a conduct hearing

We analysed whether any groups of social worker were over-represented among the 4,118 conduct referrals about social workers by comparing the proportion of registered social workers in each group against the proportion of the referrals received about each group

It is important for any regulator to gain an understanding of whether any groups of social workers are disproportionately represented within the different stages of their processes. In producing this report, and pursuant to our equality duties, the GSCC undertook an analysis of the data that we hold in this regard. Although the GSCC collected this data over the years it did not establish any formal reporting mechanisms, and therefore one of the key lessons that we learnt was the importance of collecting this data and reporting on this, and where necessary taking action on what is found.

The data enables us to categorise registrants by age, ethnicity, gender, disability status and country of qualification. We have therefore analysed whether any of these groups of social workers were over-represented among the social

workers who were referred to us between October 2004 and 30 September 2011. The representation of these groups in the conduct cases concluded before 1 October 2011 which had been referred to the Conduct Committee for a hearing has also been looked at.

The analysis focused exclusively on social worker conduct cases and excludes student conduct cases. The Chi-square statistical test was applied to identify statistically significant disproportionality.¹⁸

The analysis has revealed that some categories of social worker are over-represented at some stages of our conduct process, particularly the initial referral stage. Over-representation of one group of social workers within our conduct process does not of course prove poor practice is more prevalent among that

18. As is common practice a P value of 0.05 or less was classified as statistically significant

group. Nor does it prove that group is being discriminated against because of their shared characteristic. In short it should not be assumed that the characteristic or discrimination is the cause of the over-representation.

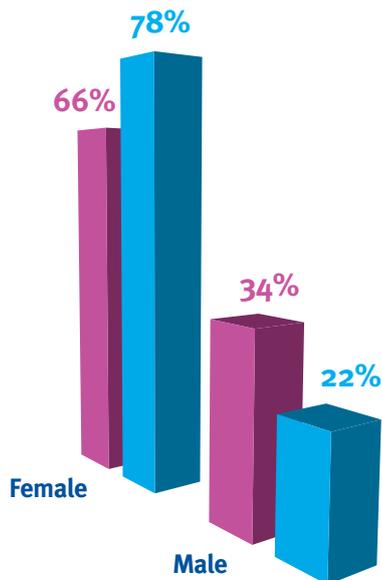
Only through further research could the underlying causes of the over-representations be identified. Such work would require research expertise and input from across the sector. Insights gained should highlight if any groups of social workers or areas of social work practice require different policies, resources, skills or training and whether the regulatory system is undermined by any unlawful discrimination at a system, institution or individual level. We therefore hope that the sector will note this analysis and use it to inform decisions about where to direct resources and attention in the future.

We analysed whether any groups of social worker were over-represented among the 4,118 conduct referrals about social workers by comparing the proportion of registered social workers in each group against the proportion of the referrals received about each group.

These comparisons revealed statistically significant over-representations of male social workers, black social workers, social workers aged between 40-49 (at the time of referral) and social workers who had identified themselves as disabled on the equal opportunities form submitted with their most recent registration application.¹⁹

19. The P-values for the Chi Squared statistics yielded in the gender, ethnicity, age and disability tests were considerably smaller than that 0.001. We are therefore 99.9 per cent confident that the over representations have not occurred by chance.

Proportion of referrals and registered social workers by gender, age, ethnicity, disability and region of qualification

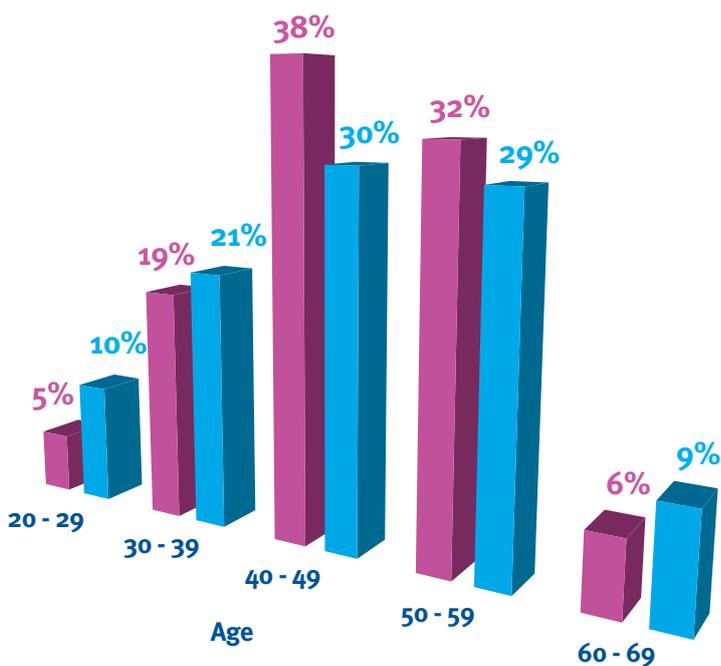


Gender

Of the referrals made to the GSCC during this period, 34 per cent were about male social workers however the proportion of social workers who are male is 22 per cent. So there is a higher than expected number of men who are referred to the GSCC compared to the proportion of men on the Social Care Register. Similarly, 66 per cent of referrals were about women

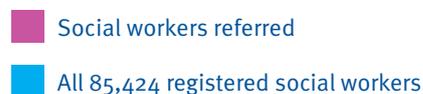
but this is lower than would be expected given that 78 per cent of the social care register is female.

We calculated from this the chances of a male social worker being referred to the GSCC compared to a female social worker. This means that during the past seven years male social workers have been referred at 1.8 times the rate of female social workers.



Age

The same analysis was undertaken for different age groups. Referrals about social workers aged 40-49 have been received at twice the rate of referrals about social workers aged 20-29 or 60-69; 1.4 times the rates of referrals about the 30-39 age group and 1.2 times the 50-59 age group.

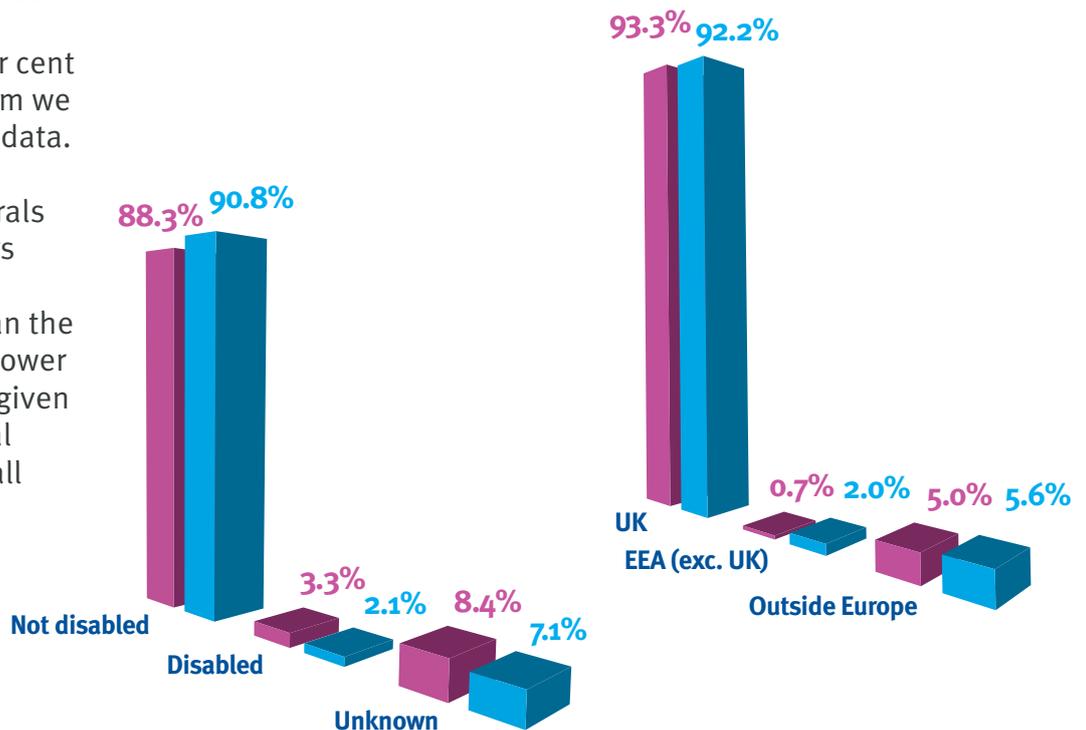
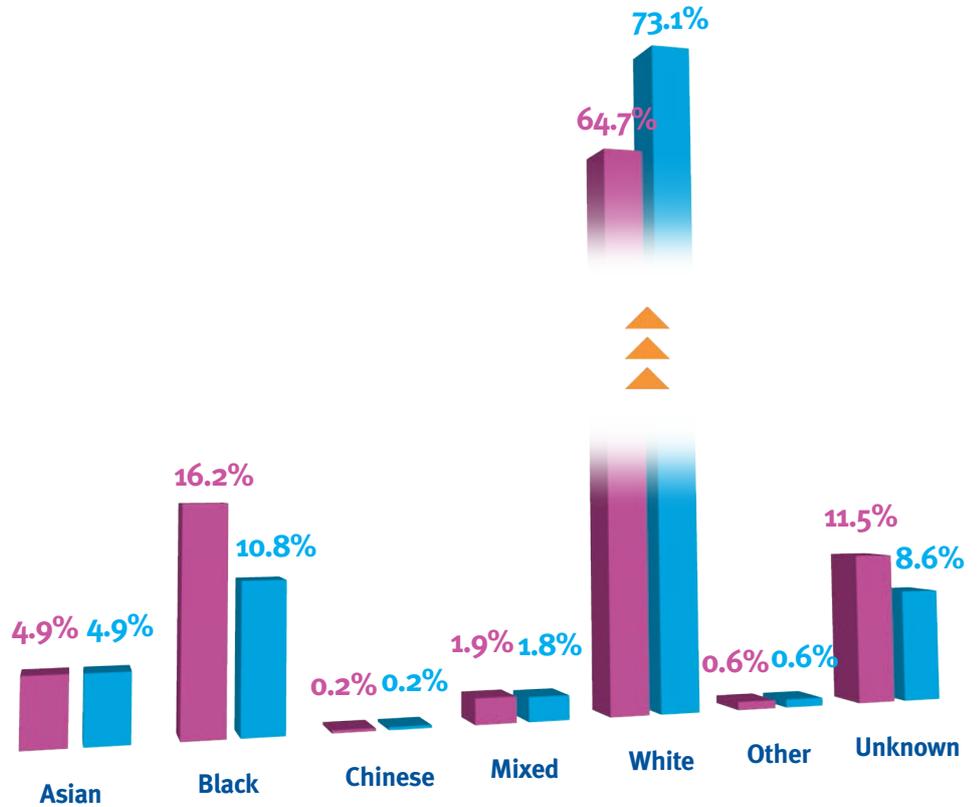


Ethnicity and disability

Similar analysis of the ethnicity figures shows that black social workers have been referred at 1.7 times the rate of white social workers.

In terms of disability 3.25 per cent (134) of the 4,118 referrals related to social workers who have identified themselves as disabled on an equal opportunities form. Given that just 2.12 per cent of registered social workers are in this category this suggests disabled social workers are 1.5 times as likely to be referred as non-disabled social workers and the eight per cent of social workers for whom we have no disability status data.

Only 0.7 per cent of referrals were about social workers trained in the European Economic Area (other than the UK). This is significantly lower than would be expected given that two per cent of social workers on the register fall into this group.



- Social workers referred
- All 85,424 registered social workers

Conduct hearings

The analysis also looked at whether certain groups were over-represented in the conduct hearings which were held compared to the proportion of those groups on the Social Care Register. Given that social workers with certain characteristics were more likely to be referred to the GSCC than others we expected that these same groups would also be over-represented in the conduct hearings held.

The same groups identified (male social workers, the 40 - 49 age group, black social workers and disabled social

workers) on pages 62 and 63 were indeed over-represented in the conduct hearings held by the GSCC. However, we also identified that the over-representation of men in conduct hearings was higher than the over-representation of men among the referrals made to the GSCC. The decision to proceed with a case against a registrant is the product of a range of factors, including the nature of the allegation, the available evidence and so again no inferences can be drawn as a result of this finding either in terms of the prevalence of misconduct amongst male social workers or the decision-making of the GSCC.

What we learnt:



It is important for professional regulators to collect and review the data that they hold in order to assess the impact of regulation on different groups.

Over the past seven years social workers with particular characteristics are more likely to be referred to the GSCC than from other groups. The data does not allow analysis of why this might be the case and no inferences can be drawn about the prevalence of 'misconduct' amongst these groups nor about whether such groups have been subject to discrimination.

The fact that certain groups were more likely to be referred to the GSCC has meant that these groups were also more likely to appear in conduct hearings.

The findings presented here require further investigation and we hope that the sector is able to use it to inform decisions about where to direct resources and attention in the future.