

A lecture to practice educators and others
at
the NESWA Conference

***Promoting Practice Educators as
Co-Educators***

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The value Practice Educators and practice education delivers within the field of social work itself, but also in the wider field of health and social care for the enhancement of the well-being of both individuals and society.

In my Review of Social Work Education
“Re-visioning social work education” published by
the government in 2014, it was a subject to which
I addressed a great deal of attention, reaching no
fewer than 20 conclusions, which included:

“it is the quality of the practice placement and the
supervision received that was most cited by
students and recently qualified social workers as
key to the formation of their professional
practice.”(31)

“a wide range of employers should be encouraged to offer placements.”(32)

“formal practice learning agreements between HEIs and employers should cover comprehensively all aspects of the education provided in the practice placement.”(34)

“HEIs should look to provide placements in situations where there are integrated care pathways that draw on wider community services and resources.” (36)

“To further enhance the quality of practice education, it will be necessary to provide financial incentives.”(40)

“The ESG should be significantly increased, and go directly from the HEI to the individual practice educator, rather than into a pool for the employer.”(42&43)

“There should be freedom to pay differentially for different types of placement and the educational value provided therein.”(45)

“The role of the Practice Educator must receive more support and profile.”(47)

“the minimum standards for the role of Practice Educator should be enhanced from the current levels, and support given for their engagement in a formal CPD programme.”(49)

Additionally, my conclusions reached about Practice Education and Practice Educators were developed into 4 of my 22 Recommendations (6, 11, 17 and 19).

The Social Work Taskforce's Report (2009) recommended a reduction from 200 to 130 days of placement, a recommendation for which I could find no evidence either nationally nor internationally.

In stark contrast I recommended in my Review that the overall time should be continued at its current level, and all efforts made to further improve the quality of the experience itself.

Are not given the time and space to do their job to the level of quality they know is necessary and wish to provide.

Teaching Partnerships have been introduced with the aim of bringing educational providers and employers closer together and create a more integrated education and training provision.

Whilst it has been expanded in scope and received positive reviews from many educators, employers and students, it is not a panacea

Must ensure that:

- * evaluators are independent,
- * the evaluation methodology robust, and
- * sector comment is sought on the proposed methodology before it is commissioned.

We should be seeking and securing not just a different structure in which to deliver the current curriculum, but rather to use it as an opportunity to create new ways of working, and new partnerships which serve the integration of health and social care national agenda.

Of the 12 Teaching Partnerships in 2017-2018, only one was in the north east, Durham County Council, and it received the second lowest funding.

This is not deeply inspirational for the Practice Educators, nor for their employers, and I am aware that many Teaching Partnerships are heavily subsidised by their participant members.

both adults and children's social services depleted of resources and reduced in scale to be dealing in most cases only with those of highest risk.

The relationship-basis on which good social work is founded is under threat of being reduced to the high threshold, rationing system which much of healthcare is fast becoming.

Unfortunately, good social services seems to have little leverage on votes, (in stark contrast to refuge collection or potholes), so money intended for boosting social services is often used elsewhere.

Social Work England (4 June 2018): “new regs enable:

- social workers to be better prepared for the challenges of direct practice with service users, through a new system of approving initial education and training;
- Social Work England to operate a less adversarial, more proportionate fitness to practise system which ensures public protection and reduces stress on social workers and supports practice improvement;
- Social Work England to approve and recognise post-qualification specialisms, helping to bring consistency to social work career pathways.”

So Social Work England is to be both a regulator and an improvement agency,

BUT there is as yet no mention of practice education or to Practice Educators and their part in the transformation agenda.

The transformation agenda for healthcare and social care as a whole.

In my programme of public lectures at universities for DHSC and HEE, I concluded there are 4 vital omissions:

1. The focus of the Health and Social Care Act on competition makes it more difficult for organisations to work collaboratively.
2. The pharma/pharmacy sector is not represented to any significant degree in STP plans, yet it is assumed that cuts in medicines costs will be a highly significant driver of savings.

The transformation agenda for healthcare and social care as a whole (contd.)

3. How lessons of success in one local health economy are to be promulgated and adopted in other local health economies is undefined.

And finally and **MOST** importantly -

4. The plans seem blind to the huge impact involving social workers can achieve in increasing the effectiveness of health and social care in the future.

Many of those in the health system see it as a clinical system, where needs only become real when they are clinical needs, and solutions are only real when they are clinical solutions.

It is reminiscent of Tubs and Edward in the League of Gentlemen's setting of Royston Vaizey, the "local shop for local people", which is being transmuted into "clinical solutions to clinical problems".

“Frequent flyers” – those people whose underlying issues are social, and need resolution through relationship-based approaches not by ever-repeating, ineffective short term interventions.

By 2021, the Five Year Forward View has contracted to deliver £22 billion of savings. Will it do so –NO! Will it come close – NO!

Why not? One reason is an inability to accept that it is more effective to involve the patient and carer in the solution, and to do this through the proven ability of our near 100,000 social workers to be given, and where necessary to assume, leadership roles in the transforming agenda for social change.

You, the Practice Educators can and must take a lead in this, with the backing of your employers and your universities:

this is my challenge to you – for Practice Education to emerge from the shadows and play its part in leading the field in the future.

You can do it, because you have the capability to do it, and you must do it, because without you the transformation of social work and indeed health and social care simply will not succeed.

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