HOW PUBLIC MANAGEMENT REFORM INFLUENCED THREE PROFESSIONAL GROUPS - TEACHERS, NURSES AND SOCIAL WORKERS - IN ENGLAND DURING THE PERIOD 1979-2010

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DECLARATION

"I certify that this work has not been accepted in substance for any degree, and is not concurrently being submitted for any degree other than that of Doctor of Philosophy being studied at the University of Greenwich. I also declare that this work is the result of my own investigations except where otherwise identified by references and that I have not plagiarised the work of others".

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I dedicate this thesis to my parents, who were both teachers in pre-National Curriculum times.

ABSTRACT

This thesis examines the influence of institutional and government policy change, in the form of public management reform, on the professional development of teachers, nurses and social workers, described as 'social service professionals', delivering public services in England between 1979 and 2010. The influence of institutional and government policy changes were assessed through a textual analysis of public policy documents; an analysis of the changing size and structure of the three groups highlighting gender, age and ethnicity; an analysis of training reforms through changing institutional arrangements and course content and: the perceptions of six key informants from trade unions and professional associations which represent these professions. These findings were tested on a consultative group of twelve experts in the field of employment relations in the public sector. This thesis found that there were similarities in the reforms introduced by government throughout this period to these three professional groups, which were characterised by the imposition of increased documentation and record keeping, targets and inspections. The control of the work process decreased, with a reduction of professional autonomy and accompanying reforms to professional training. All three professions have been dominated by women throughout the period and the proportion of men has changed little but they are disproportionately represented in management. The introduction of senior practitioner roles has not resulted in women exerting a stronger control over their profession. For all three groups, there has been a tension between higher education institution (HEIs) providers of training, government and employers as well as a lack of consensus about what constitutes appropriate professional training. This is not necessarily a new phenomenon but public management reforms have intensified it and the introduction of 'learning on the job' training will further weaken the role of HEIs in vocational training. One of the criticisms used to justify public service reforms was the apparent insensitivity of public services to the needs of users. Some of the responses by trade union and professional organisations to these attacks on professional autonomy have resulted in the exploration of a concept of democratic professionalism, which aims to strengthen the relationship between professionals and service users, so addressing one of the original criticisms of these professionals. This concept represents a different response to public management reforms which has the potential to address problems of democratic involvement in public services and defend them from government attacks. This thesis has

two main original contributions to knowledge: it contributes to research showing how ‘social services professionals’ have been affected by public management reforms and how they are building a concept of democratic professionalism and; it further develops comparative professional studies.

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CHAPTER 1: INTRODUCTION

> *'The least systemically orientated area of recent public management reforms has been human resource management.… There is a danger that the constitutional, legal, cultural and leadership factors, which together create what is important and distinctive about public services, are not reflected on, or are dismissed as the bureaucratic problem which must be 'reformed'' (Matheson, 2002).*

At the beginning of the twenty-first century, the future of public services is a central political issue. In many countries, there have been over twenty years of public management reforms, led by policies of market liberalisation and privatisation. The debates, about how public services should be delivered and what service users expect from public services, are still raging. There are several themes emerging from these debates, which are described in terms of choice, value for money and diverse providers, signs of a new language used to describe public service delivery, which has moved away from concepts of universalism, accessibility and collective responsibility. Although there is a growing recognition that public services are essential to an equitable and socially just society, there is no consensus about how they should be delivered and who should deliver them. Although this debate is taking place internationally, this thesis examines England.

The changing role of the state in England

In order to explore how these issues have been formulated, this chapter will begin with an explanation of how the changing role of the state since 1945 has had a significant influence on the delivery of public services and on those delivering public services in England. Until the Second World War, the state had gradually become involved in the delivery of public services, partly as a result of private sector failure to deliver adequate services, for example, water or energy to meet the growing needs of industry, and to address the demands of an industrialising country for a healthy and educated workforce (Powell, 1973; Croot, 2004; Thacker and Lewis, 2005**)**. A process of state involvement in welfare provision had begun under the Liberal government of 1912 with the creation of systems of national insurance, retirement pensions and unemployment benefit, which continued in the inter-war period with local authorities taking over welfare services, previously covered by the poor law, including healthcare provision. The economic crisis of the 1920s and 1930s and the eventual adoption

of Keynesian policies led to a questioning of the role of the state in the economy. During the Second World War, the state took on a much wider range of functions, at strategic and operational levels, which led to a new awareness of what the state could provide to meet the needs of the economy and society (Hennessy, 1993). The publication of the Beveridge Report in 1942, "*Five Giants on the Road to Recovery – Want, Disease, Ignorance, Squalor and Idleness"* provided a vision for the creation of a comprehensive welfare system, which Beveridge called a "*social services state*" (Hennessy, 1993).

Following the victory of the Labour Party in the 1945 election, the new government started to implement many of the recommendations of the Beveridge Report and built on many of the developments that had started either before or during the Second World War. Legislation was introduced that created a Welfare State, bringing together a diverse set of welfare services. During the Second World War, government provision of health and other basic public services had become more pronounced. The 1945-51 Labour government also took a strong role in planning for industry through the nationalisation of mines, shipbuilding and railways, although its role in planning for the private sector was more limited (Hennessy, 1992; Bogdanor, 2011). The trade union movement was a supporter of the Labour Party and played a strong role in the government. Its involvement in government became known as the "*post-war settlement"*, which was dependent on full employment contributing to rising standards of living (Dutton, 1991; Hennessy, 1992; Macintosh, 1996; Bogdanor, 2011)

Municipal or local authorities had been providing services for local communities since the nineteenth century, which were delivered in the "*public interest"*, with universal access to services. These ranged from utilities and schools to libraries and arts institutions (Powell, 1973; Croot, 2004; Thacker & Lewis, 2005). After 1945, the scope of local authority services widened, for example, to include more extensive public housing and social services. The Welfare State also included national institutions, such as the NHS. Major strategic industries, such as coal, rail, shipbuilding, were nationalised and became known as state-owned enterprises or nationalised industries. Together, local authorities, the NHS and other publicly funded institutions and nationalised industries became known as the 'public sector'. This term became an important way of defining the role of the state in the delivery of public services (Lane, 2000).

Although the Labour Party lost the 1951 election and did not regain power until 1964, the Conservative governments from 1951-1964 continued to maintain many of the reforms put in place by the 1945-51 government. Despite a decline in support for nationalised industries, there was a continued support for the welfare reforms introduced by the 1945-51 government. The experience of the Depression years in the 1930s had left people critical of the private sector (Bogdanor, 2011).

By the 1960s and 1970s, social reforms, which introduced social rights to abortion, homosexuality and divorce, led to changes in post-war society, particularly in relation to the family. These fundamental social changes were accompanied by a sense that Britain's economic prosperity was fragile (Bogdanor, 2012) although whether this was an accurate assessment is questionable (O'Hara, 2012). This view of economic fragility, often articulated as crisis, was part of a much longer process of industrial decline, which came to dominate British politics in the last part of the twentieth century (Leys, 1983).

The creation of publicly funded education, health and other welfare services had led to increased expectations of what these services should deliver. In education, the selection process at age 11, formalised by the 1944 Education Act, was criticised by a growing number of people and interest groups, who felt that selection was damaging to children (Simon, 1994). The Labour government elected in 1964 published the 1965 Comprehensive Circular as a response to this criticism, creating comprehensive schools (Department of Education & Science, 1965). Initially in 1948, the demand for NHS services was expected to decline, but by 1970, the pressures were increasing, with a growing need to integrate community health services, provided by local authorities, into the NHS. Mental health services were also being criticised and advocacy groups, for example, MIND, were increasingly critical of how services were delivered, especially following a series of scandals in the 1950s (Crossley 1998). The role of local authorities in providing a range of welfare services was expanding but their role in child protection, although also expanding, was being questioned, resulting in the creation of the Family Rights Group to represent the needs of parents of children taken "*into care*" (Family Rights Group, 2013). The increased activity of older voluntary organisations as well the creation of these new advocacy groups was partly the response to a more open social climate, where social rights were recognised, but was also a sign that public services were not meeting the needs of all service users. The Welfare State had not addressed

all Beveridge's Five Giants. Poverty and unemployment had not been eradicated (Moran, 2004). Together these issues started a questioning of the post-war settlement.

The 1973 oil crisis and 1976 IMF loan are seen as two defining events which strengthened the questioning of the post-war settlement because it was felt that public sector spending could not be maintained to meet a growing demand for public services. Up to this point, the assumption that full employment and a progressive taxation system could continue to fund public services, which underlined the post-war consensus, had been unchallenged. Influenced by the Chicago School of Economics, a monetarist approach began to dominate economic policy. This argued that long term economic growth would be more successful if markets were allowed to run the economy rather than the Keynesian approach that promoted state intervention in the economy. What became known as 'neo-liberalism' became a dominant paradigm that influenced national governments across the world and underpinned a major attack on public services, stimulated the privatisation of public enterprises and the entry of the private sector into government and the delivery of public services (Stiglitz, 2000).

With the election of Margaret Thatcher in 1979, the new Conservative government started to question the state role in public services by arguing that the private sector should be the preferred provider of several public services because it would be more efficient. The myth was created that the private sector was more efficient and effective than the public sector but was not based on rigorous evidence (New Economics Foundation, 2013). Supported by EU legislation, which was pushing for the introduction of national markets in utilities as a means to creating a Single European Market in the provision of utilities such as water, gas, electricity and telecoms (Hermann & Flecker, 2012), the Thatcher government privatised many nationalised industries which had provided utilities. The rest of the public sector was subjected to quasi-market arrangements, introducing competition into the provision of public services through the creation of internal markets in the public sector (Flynn, 2007; McLaughlin *et al*, 2002).

Differential effects of public service reforms on public services

In this brief discussion of how the role of the state has changed since 1945, two significant terms emerge: the public sector and public services. As a result of public management

reform, public services are now delivered by a range of providers from the public, for-profit, and not-for-profit sectors. The way in which public services are delivered is the result of a contract specification set out by commissioners of public services. There is a greater bureaucratic control of the public services through targets, monitoring, league tables and quality standards. However, the quality of public services does not necessarily reflect the intensity of audit systems because the impact of targets and systems of monitoring can result in skewed forms of delivery, when the services are no longer viewed in a '*joined up*' way but as a series of activities to meet government targets. The voice of the user is only heard in a limited way.

One of the silent issues in debates about the future of public services is the role of public sector workers in the delivery of public services and their potential role in reforms. Public sector workers, if mentioned at all, are seen as part of the "*problem"* to be addressed (Matheson, 2002). Measures have been introduced to either reduce the size of the workforce or increase the '*flexibility*' of public sector workers, with changes to contracts, pay, terms and conditions.

Another important concept that informed public management reform, was public choice theory, originally propounded by Tullock (1965), which argued that public sector workers do not work for the public interest; rather self-interest is the driving force of politics and bureaucracies (Neiman and Stamborough, 1998; Zafirowvski, 2001). Political parties make promises to obtain votes; politicians make deals to secure support; and bureaucrats want to maximise their own interests in terms of jobs and budgets. Le Grand (2006) saw public sector providers of public services as motivated by bureaucratic procedures, rules and regulations, rather than the interests of service users. Public choice theory provided a theoretical framework for a direct attack on the public sector workforce. Coupled with a belief that the private sector would be more effective and efficient in delivering public services, public management reforms introduced fundamental changes for public sector workers through the contracting out of services, often followed by privatisation or long term outsourcing.

There has been a differential impact of public management reform on the various kinds of public services in England, which has affected the public sector workforce. The public service utilities, for example, energy, water, telecoms, now operate as networked industries, with wholesale and retail forms of organisation, dependent on piped infrastructure. They

were fully privatised by the 1990s and are now subject to regulation, the responsibility of regulatory agencies created by the state. The workforce of the major utilities, such as water, energy and telecoms, was immediately affected by the privatisation of these services because there were reductions in the numbers of workers as well as long-term changes to pay, terms and conditions (Hermann and Flecker, 2012). A second group of public services can be defined as labour intensive public services, such as schools, health services, social welfare and public administration, where the quality of services is strongly determined by the quality of labour. Health, social services and education account for at least a quarter of public spending (Pollitt, 2004).

For labour intensive public services, public management reforms have been felt in terms of corporatisation of public sector institutions, which has changed the way in which the labour force is organised, with a slower process of outsourcing and privatisation. The rationale for public management reforms has been to improve the effectiveness and efficiency of the public sector, through the use of private sector business systems. Buchan (2000) observed that professionals within the NHS have been affected by changes in staffing, organisational culture and human resources management but not yet by reforms to pay.

The professionals working within these labour intensive services have some influence on how services are designed because they deliver them directly. Since the introduction of public management reforms in England after 1979, the position of several professional groups, for example, teachers, nurses and social workers, responsible for delivering labour intensive public services, has undergone extensive change in terms of daily (professional) practice, professional training and status. These groups have been subject to extensive criticism by government for not delivering high quality services and reforms to their professional practice have been implemented as a way of improving public service delivery.

Steijn (2002) argued that human resource management has been a neglected subject in the debates about public management reforms, although these changes have had a direct influence on the professional groups working within these public services. They have found that the demands of markets and competition may directly challenge their professional decisions (Garrett, 2009). Ball (2008), drawing on Butler (1988), uses the term

"*performativity*" to describe the new working environment in which public sector workers now operate. This is characterised by professionals working towards targets and being subject to performance reviews and appraisals.

Women have formed the majority of workers in these three groups since the establishment of the Welfare State. However, men have been increasingly encouraged to enter these professions and although still in a minority, they have often assumed a disproportionate number of senior management positions (Davey, 2002). This thesis will explore how the relative positions of women and men, within these three professional groups, were affected between 1979 and 2010. It will examine Butler's view of gender as an identity which is "*tenuously constituted in time – an identity through stylized repetition of acts*" and how this relates to the performativity which characterises public management reform (Butler, 1988:519).

This research examines the influence of public management reforms on the professional development of teachers, nurses and social workers between 1979 and 2010. The study will contribute to a growing body of research which examines how the changing forms of the state have directly challenged the integrity and professional standards of some of the largest groups of public sector workers, responsible for the largest amounts of public expenditure.

Chapters

Chapter 2 (Literature review) examines the theory of professional power and the changing form of the state in order to provide a conceptual framework for analysing the influence of public management reforms, after 1979, on teachers, nurses and social workers. Both of these theories will be reviewed in this chapter, particularly looking at how the construction of professional identity has been affected by public management reforms. The chapter also introduces a gender analysis into a review of how "professional projects" are constructed. The term 'social services professionals' has been chosen to describe teachers, nurses and social workers. This chapter concludes with a conceptual framework which draws together professionalism, public management reforms and democratic professionalism.

Chapter 3 (Methodologies) introduces the methodologies that have been chosen to explore the research questions. The assessment of the influence of public management reform will be undertaken through:

- Textual analysis, using critical discourse analysis;
- An analysis of the composition of the workforce of these three groups as measured by gender, age, ethnicity;
- An analysis of the significant changes in the content of professional training for these three groups over the 1979-2010 period;
- An analysis of how these changes were experienced by activists in the three groups constructed through a series of key participant interviews with trade unionists and officers of professional associations, e.g. Royal College of Nursing;
- Reactions to the concept of democratic professionalism were tested at the International Labour Process Conference April 2015 – audience of academic trade union/labour force researchers.

These research methods provide an extended form of triangulation of different types of data.

Chapter 4 (Establishing professional development in the Welfare State) reviews the 1945-1970 period when the state took an active role in promoting the professional development of teachers, nurses and social workers, which was linked to the growth in state responsibility for service delivery. An analysis of key public policies, which established the Welfare State and how professional development was approached through the formalisation of training, will be examined. This will form a baseline for the research into changes in public policy towards the professionalization of the three groups.

Chapter 5 (Findings Teachers), Chapter 6 (Findings Nurses) and Chapter 7 (Findings Social Workers) provide an analysis of the changes in the size and structures of teaching, nursing and social work workforce, from 1979-2010. Each professional group will be analysed in terms of gender, ethnicity and age. A critical review of government policies, both proposed and implemented, for workforce and professional development is presented for each professional group after 1979. An analysis of how professional autonomy and professional integrity has been affected by public management reforms will be drawn from government, professional and other stakeholder perspectives, including interviews with activist representatives from professional bodies and trade unions, which include responses to the concept of democratic professionalism.

Chapter 8 (Discussion) assesses the extent to which the research questions and sub-questions have been answered by discussing the key findings, which cover the size and structure of the workforce, training reforms, changes in professional autonomy and emergence of democratic professionalism.

Chapter 9 (Conclusion and Recommendations for Future Work) identifies the similarities and differences between the three groups after 1979. It draws together the findings from the data analysis and outlines two original contributions to knowledge emerging from the data. These are: a contribution to the further understanding of 'social service professionals' during public management reform and; the further development of comparative professional studies using three professional groups. Future research topics are identified.

CHAPTER 2: LITERATURE REVIEW

This research has taken two bodies of theoretical work - the theory of professional power and the changing form of the state – to provide a conceptual framework for analysing the impact of public management reforms after 1979. Both of these theories will be reviewed in this chapter.

One question which this literature review will seek to answer is whether the term "*profession*" is an appropriate term to describe the three chosen occupational groups – teachers, nurses and social workers. Public policy documents in England refer to them as "*professionals*" but sociological studies of professions have evolved different ways of determining whether occupational groups can be defined as a profession. These will be used to interrogate the term "*profession*" as applied to teachers, nurses and social workers. A second issue, central to an investigation of these professional groups, where women are in a majority, is how gender is conceptualised in relation to professions and professional power.

Sources of literature

This section will discuss how the type and origin of literature was reviewed as preparation for research into teachers, nurses and social workers in England. One of the problems facing a literature review of professionals of any occupational group is that national systems are different and have influenced the ways in which professional groups have evolved. Traditionally, professional studies have tended to be divided into Anglo-American and European because of different relationships between the state and the development of bureaucracies (Burrage & Torstendahl, 1990, Evetts, 2011). As this research is examining the impact of public management reforms on three professional groups delivering services within the public sector in England, this literature review has identified relevant literature drawn from either England or countries which have experienced similar public management reforms. The form of the state has also changed in other countries that have experienced public management reforms (Pollitt *et al*, 2000)

In addition to literature relating to England and the UK in general, there are two groups of countries which have been considered to provide relevant experience in the professional development of teachers, nurses and social workers. Countries included in the Nordic region - Sweden, Norway, Denmark and Finland – have similar Welfare States which were developed after the Second World War (Henrikson *et al*, 2006; Sandall *et al*, 2009). Public policy played a strong role in the professional development of some groups working within these Welfare State institutions, for example, Sweden, Norway. Public management reforms were also introduced in the 1980s with the introduction of targets, quality standards, and reforms to professional training, which have influenced the work of professionals working within the Welfare State (Pollitt, 2004; Cameron & Moss, 2006).

In a second group of countries, Australia, New Zealand and Canada, there are some similarities in the professional development of teachers, nurses and social workers (Degeling *et al*, 2000; Groundwater-Smith & Sachs, 2005). These countries have also been subjected to public management reform with an increased role of the private sector in public service delivery and a questioning of the effectiveness of professionals such as teachers, nurses and social workers.

Although the United States does not have a Welfare State in the European sense, there are a number of studies which have provided an important contribution to the wider study of professionals and these have been reviewed, for example, Freidson (2001), Scott (2008). There is a public sector in the United States which, although more limited than in England, employs public sector workers, such as teachers, nurses and social workers. They are represented by a labour union, the American Federation of State, County and Municipal Employees (AFSCME), which was set up in 1932 (AFSCME, 2013). In this context, there are US studies which provide an important perspective on the role of government in shaping the professional development of its employees and how public management reform has affected this process.

Social worker and nurse training practice in the United States had an influence on both social worker and nurse training in England. Social work in England adopted the case study approach, which has been the dominant methodology used in the United States social work (First Carnegie Report, 1947; Second Carnegie Report, 1951). Nurse training in the England was influenced by the American system of nurse training, which led to the creation of the

first British academic nursing departments and a gradual movement towards academic nurse training out of the hospital. More recently, social work has been strongly influenced by international developments, through the International Federation of Social Work, which facilitated the exchange of practice and training. These examples show that the professional development of nurses, teachers and social workers in England was not solely a response to public policy but was also influenced by international developments. Drawing from an international literature will contribute to the quality of this review.

Feminist organisational literature (Davies, 1994; Calás and Smircich, 1996; Wacjman, 1998; Calás and Smircich, 2006) has also been drawn on, which has informed studies of nurses and other professional groups with large female workforces. Studies from both Europe and North America have been reviewed because they are considered to have played an important role in shaping research and the conceptualisation of gender within organisations.

This literature review has drawn from a variety of research traditions from countries which have a public sector and have experienced a similar process of public management reform in the last thirty years. The main focus of the thesis is on three occupational groups working within the English public sector, delivering public services and experiencing changes in, and challenges to, their professional practice.

Sociology of professions

Research into professionals and professionalism has evolved throughout the twentieth century, often related to changes in the positions of professionals in society, although the main phases of research overlap. Strongly influenced by the discipline of sociology, the search to define the characteristics and traits of professionals dominated research into professionals until the 1970s, although research into professions in the 1960s and 1970s had started to explore the relationship between professions and the stratification of society and privilege. This was in contrast to earlier research which viewed professionalism as an altruistic force. Research tended to focus on the role that education and training played in enabling professions to enter privileged positions in society, establishing a monopoly and safeguarding professional self-interest. It also looked at the history of professional training, in which the:

> *"Credentialing process assessed the component of educational requirements attributable to skills versus the component due to the inflationary movement of credentials in response to expanding educational systems"* (Collins, 1990:14).

The importance of professional training and professional knowledge in maintaining the power of professionals led to an exploration of how knowledge affects the social structure. From this emerged a model of professionals as agents of social control (Illich, 1975; Navarro, 1976). The medical profession was one of the most studied professions and provided the basic paradigm for understanding professions (Freidson, 1970). From examining the characteristics of professions, a greater awareness of the importance of professional projects emerged, together with an accompanying professional gender analysis (Larson, 1977: Perkin, 1989). Since the 1980s, research has focused more on the concept of professionalism and the process of professionalisation, often part of the introduction of a managerial agenda in public management reform. Looking at the nature of professionals within public management reform and the questioning of the Welfare State has provided a new insight into the role of professionals within the Welfare State (Harrison and Smith, 2003; Ackroyd *et al*; 2007; Wrede, 2008, Sandall et al, 2009).

Professional institutional studies, which have focused on how professionals are influenced by institutions, is the most recent phase in the study of professional power (Scott, 2008; Evetts, 2011; Falconbridge and Muzio, 2011). This research has started to examine the role of institutional change in professional evolution as well as the emergence of new professional groups, coming from both the private and public sectors. Professional institutional studies can be seen as following from earlier studies and in this sense are not necessarily a separate phase of professional studies, although the focus is on new groups gaining professional status within both the private and public sectors. The influence of globalisation and the role of professionals within multi-national companies has re-focused research into an institutional context and this has been accompanied by a similar focus on how professionals have been affected by public management reforms.

This brief account of changes in approach to professional studies shows that the concept of the professional is an evolving one, which is affected by wider economic and social changes. There is now a particular focus on the impact of globalisation on professions (Muzio and Ackroyd, 2008; Evetts, 2011; Muzio *et al*, 2013). Some recent studies have focused on changes in the public sector as well as changes that are taking place in welfare services

(Nordegraaf, 2007). These provide an important source of research into recent changes in the professionalisation of teachers, nurses and social workers. As the concept of professional power is socially constructed, it is an appropriate model to examine professional change resulting from public management reform.

This literature review explores the changing nature of the relationship between professions, the state and the individual, focusing on teachers, nurses and social workers in England. It starts by examining the origins of professionals, particularly in England, identifying characteristics of professions and professionals. These characteristics are then used as a framework to explore why a gender analysis has an important contribution to make to the study of professionals. The relationship between professional groups and the public sector is outlined. A review of the literature of professional identity for teachers, nurses and social workers is followed by reviews of trust and discretion. New developments in 'democratic' professionalism will be considered in relation to more recent institutional studies.

The literature review is structured in eight sections:

1. Origins and characteristics of professions;
2. Gender, professions and professional projects;
3. Professional identity and professionalism;
4. Welfare State and public management reforms;
5. Trust and discretion;
6. Institutional agents;
7. Democratic professionalism;
8. Conclusion.

After each section, questions for the key informant interviews are highlighted.

1. Origins and characteristics of professions

Professions grew from occupational crafts/ trades and medieval guilds which brought together groups with specific skills and expertise. During the nineteenth and twentieth centuries, many professional occupations grew along with the development of institutions. The term professional society is defined by Perkins as a society:

> *"structured around career hierarchies rather than classes, one in which people find their place according to trained expertise and the service they provide rather than the possession or lack of inherited wealth or acquired capital*" (Perkin, 1989: 359)

A number of studies have examined the relationship between professionals and the class structure (Johnson, 1977, Larson 1977, Navarro, 1978). Professionals were placed in the new middle-class delivering services, which were to become a professional-managerial class (Witz, 1992: 54). By the end of the nineteenth century, the middle-class professional classes in the United Kingdom were seen as "educated talent in the service of society" (Perkin, 1989). The four occupations which the expanding middle-classes entered were the army, church, law and medicine. Towards the end of the nineteenth century, social attitudes were critical of industrial development. Educated young people still wanted to go into the civil service, church, army and liberal professions, for example, medicine and law, or the government of empire, rather than technology and industry (Perkin, 1989:363). The development of boarding school education helped to prepare people, mainly men, for public service in church, state, empire and the liberal professions. These schools promoted a belief in "education for public service" (Perkin, 1989: 370). The status of the professional middle-classes depended on showing how they served the public rather than how they contributed to profits from economic activities.

Weber (1914) defines bureaucracy as the "*monopolization of offices by academically trained experts with a distinctive status honour*" (Collins, 1990: 16). The creation of a modern civil service was part of the process of separating "*public monies and equipment*" from private (domicile) (Weber, 1948: 197). The civil service official held office, which was seen as a form of vocation but required training, including examinations. The relationship between public officials was a more impersonal one than in business systems, which were dominated by personal relationships. The public official gained a more stable position which was not subject to personal influence and which often had the benefits of life tenure and a pension. The need for training led to officials being drawn from the most socially and economically privileged elites, who were most likely to have had access to training which gave them a technical expertise. However, the requirements for technical expertise led to changes and rationalisation in the systems of education and training.

Parsons developed a theory of professionalisation set in the context of bureaucratisation. He argued that professionals carried out their tasks with authority and autonomy. Professionals were motivated by altruism in providing services and maintaining standards rather than selling their labour or working for profit (Parsons, 1939). This supports the position of professionals operating within the Welfare State.

Durkheim (1958) discussed the role of professional groups, particularly medical and legal professionals, as mediators between the state and the individual. In this sense, he contributed to a structural analysis of professions. Durkheim argued that professional associations could contribute to political structures and representation (Durkheim, 1958: 99, 104). This was partly based on observations that the links and sense of shared values that bring people in the same occupational group together are often stronger than their sense of regional or geographical identity. However, Durkheim's ethical sense of occupation has implications for the potential role of professionals and their associations in government and in society because the ties of the professional association may be in conflict with clients or government.

The routes that European and Anglo-American professional groups took to establish themselves were different. In Europe, some professional groups were involved in bureaucracy, academic credentialing and a privileged life style, which was supported by the state (Larson, 1977). In Anglo-America, professionals operated as monopolistic practitioners in a market for services. This was not linked to the state but depended on professionals having their own self-regulating organisation, which led to the development of professional associations. Professionals struggled to obtain control of positions in the elite bureaucracy or to self- regulate their market (Collins, 1990). By the beginning of the twentieth century some professionals had become part of organisations which provided services to clients, rather than providing services directly to clients. This meant that professionals became employees of organisations and were selling their competence in a particular field rather than selling services to individuals, which reflected the role that some professionals were to play in the Welfare State and public sector (Torstendahl, 1990: 2-3). This has continued with the employment of professionals, such as accountants and lawyers by global services companies (Muzio *et al*, 2013).

Professional projects

Johnson (1972) reconceptualised a profession as a "mode of controlling an occupation" and this informed new studies of how an occupation is converted into a profession, sometimes described as a "*professional project*" or "*projects of occupational closure"* (Larson, 1990). A profession uses a strategy of "*occupational closure*" to establish a monopoly of provision of skills and competencies in a market for services, thus excluding other service providers (Witz, 1992: 64). The creation of a "*professional project"* was dependent on the establishment of links between an occupation, the state, bureaucratic institutions, labour markets and university systems of higher education (Larson, 1977).

Education and training contribute to the development of credentialism. The introduction of educational certificates and systems of accreditation support exclusionary strategies. Freidman (2001) highlighted the role that higher education institutions, including universities, play in training specialised groups. This is one major difference between professionals and craft occupations, which inform differences in income and status. Universities have played an important role in the development of professions, which has continued through the twentieth century.

Although there are some examples of government grants for professional training and education in the nineteenth century in England, it was the creation of the University Grants Committee in 1919 which formalised the governance of financing of professional education (Bolton and Muzio, 2005). Universities started to take professional training away from professional bodies, although professions continued to have control over entry by recognising university courses, agreeing exemptions, and being represented on University boards (Perkin, 1989: 395). University education became the profession which controlled access to other professions. Expensive and selective training was used to restrict access to professions (Perkin, 1989: 439). In the late 1950s and 1960s, a new stage of professional growth began, with the expansion of higher education, led by the state. The establishment of 'new' universities and polytechnics reflected this process. The University Grants Committee moved from the Treasury to the Department of Education and Science and universities became more controlled by government (Perkin, 1989: 453). This process of state control over University funding has become stronger through the process of public management reforms, which started in 1979.

The term 'labour market shelters' has been used to describe the way in which entry to a profession is restricted to individuals who have gone through a specific type of training, often conducted by professionals of the same occupational group, who can then perform a *"defined set of discretionary tasks satisfactorily*" (Freidman, 2001:78). "*Labour market shelters"* protect professional groups from competition because they exclude applicants who do not possess the approved training (Larson 1977). Specialised knowledge systems help professions to organise themselves into a position where only they can provide certain services, which can only be delivered with a specialised knowledge. A medical training which only gives doctors the power to prescribe is an example of a knowledge system which limits the number of professionals allowed to give people access to drugs and treatments.

There have been extensive debates about the characteristics or traits of professional groups, which have been developed from studies of many professions (Larson, 1977; Freidman, 2001; Evetts, 2011). Medicine and law have been two professions which have been most widely studied. Although these studies do not always include teachers, nurses and social workers, they have been significant in that they have identified characteristics which have influenced the sociological literature on professions. A basic analysis of the evolution of professions and professionals shows that there are four main characteristics associated with the term profession/professional, which are:

1. The autonomy of the professional in making judgements and decisions and the non-standardisation of work;
2. The exclusive knowledge and skills, gained through training, which support this professional autonomy;
3. The recognised systems of career progression and;
4. The involvement of the state in the accreditation of training and professional registration (Larson, 1977, 1990; Abbott, 1988; Torstendahl R. & Burrage, 1990; Witz, 1992; Freidman, 2001; Kuhlmann, 2006).

These characteristics will be explored in relation to gender and professional identify in the following section.

Question guide

- Has the position of teachers, nurses and social workers, operating within the public sector, affected their role as professionals since 1979?

2. Gender, professionals and professional projects

Since the Second World War, women have formed the majority of teachers, nurses and social workers in England. From the 1960s, there has been a growth in research that examined the ways in which organisations are gendered and the consequent influence on the process of professionalisation. Some key contributions to this recent research will be reviewed in order to incorporate a specific gender perspective into the study of the professionalisation of these three groups.

Gender codes and organisations

Bologh (1990) carried out a feminist analysis of the work of Weber, which introduced a way of analysing bureaucratic organisational structures from a masculine and feminine perspective. She identified ways of organising adopted by bureaucracies as essentially masculine and concluded that the public language of an organisation is strongly influenced by gender. Bologh (1990) interpreted Weber as expounding bureaucracy which promotes a hierarchical way of operating, which masculinity accepts. This analysis conceptualised masculinity and femininity as gender codes which influence the way in which women and men relate to each other and which structure social institutions (Davies, 1994).

The importance of this concept of gender codes is that these behaviours are learned and socially constructed (Davies, 1994) rather than being based on sexual differences, which can be used to support the exclusion of women and men from certain activities. Wajcman (1998) argued that approaching the position of women in workplace management by looking at whether they manage in the same way as men or differently, draws on stereotypical femininity, which is part of a set of qualities ascribed to women, which have contributed to the historical subordination of women. She concludes, informed by a study of women managers, that gender relations within the workplace are the result of an unequal distribution of power and resources, which favour men (Wajcman, 1998).

Gender is embedded in the design and functioning of organisations (Harding, 1987; Davies, 1994; Calás and Smircich, 1996, 2006; Wajcman, 1998; Aalto and Mills, 2002). A masculine vision of the world influences the social construction of organisations. Male business leaders are responsible for a specific view of corporate culture and ‘how things are done’, which reflects this masculine view of the world. The design of organisations and how they function

are strongly influenced by gender. Organisations have masculinities present, which may prescribe men as well as women. This can result in organisations functioning in ways that do not meet the needs of either women or men working within them (Davies, 1994, Wacjman, 1998; Bolton and Muzio, 2005).

Acker (1990) looked at the gendering of organisation by examining the nature of work through the concept of a job. This is a term which is most often used by male workers to describe their paid labour. Work is considered separate from the domestic sphere. For women, paid work and domestic life are not so clearly delineated. In some cases, women may be caring as part of their paid work as well as caring in their household. This affects how women perceive career structures and progression, often resulting in a lack of confidence to pursue more senior jobs (Davey 2002). This is then reflected in an under-presentation of women in management, as can be seen in teaching, nursing and social work, as well as other industries and sectors. This gender analysis of organisations has fundamental implications for how professionals and professionalism are structured because these concepts are defined within organisations.

In the next section, the four characteristics of professionals - autonomy, training, career structure and state involvement - as outlined at the end of the previous section, will be considered from a gender perspective. One of the few studies to compare teachers, nurses and social workers was conducted in the United States (Etzioni *et al*, 1969). This multi-professional study concluded that these three groups did not share all the characteristics of professionals and so coined the term 'semi-professionals' to describe them. Witz (1992) critiqued Etzioni *et al*'s concept of a semi-profession as based on an 'androcentric model of profession' and one that has had a significant negative influence on discussions of gender and professionals (Brante, 1988; Evetts, 2011). Although the United States does not have a Welfare State, Etzioni *et al*'s studies looked at teachers, nurses and social workers employed in the US public sector. Their findings will be analysed in the section below because some of their observations illustrate how the interpretation of whether certain occupations fulfil certain professional characteristics contributes to the gendered nature of the professional project. It shows how institutions are gendered in a male way.

Professional autonomy and the non-standardisation of work

One characteristic of a professional is that the work cannot be standardised (Freidman, 2001). Professional work can be informed by specific sets of skills, which may be needed to accomplish a task or to facilitate the application of knowledge (Freidson, 2001). Professionals act in an autonomous way. However, understanding professional autonomy requires a more detailed analysis of a professional encounter. Davies compares a professional encounter to the impersonal nature of bureaucracies (Davies, 1994:59). The essence of this professional encounter can be a form of "*detachment*" that separates the professional from the client. This dictates a certain form of behaviour where the professional does not immediately share the concerns of the individual client but rather, uses professional knowledge to solve the problem presented. However, the apparent detachment or autonomy of the professional is based on extensive support systems, often delivered by women. For example, the male medical consultant is supported by both medical secretaries and nurses. Nurses, in this analysis, can be seen as "*an adjunct to a gendered concept of a profession*" (Davies, 1990: 61).

Etzioni *et al* (1969) presented a different view of social workers operating within a bureaucracy. They concluded that social workers did not fulfil the professional autonomy criteria because they operated within a bureaucratic structure, which was determined by state laws created by legislators. Social workers were responsible for implementing this legislation but they were not independent operators. Scott (1969), as part of the Etzioni study, found that there were different perceptions of who were the beneficiaries of social work interventions. Social workers felt that their clients were the main beneficiaries but state administrators and the public felt that the protection of the public and tax-payer value for money were more important. This showed that the results of social work were perceived in different ways, with social workers taking a more client focused view. Toren (1969), another member of the Etzioni team, argued that the lack of a system of regulation and a code of ethics made social workers vulnerable to bureaucratic interference. One of the more controversial finds of the Etzioni study was that 'the public is less likely to grant autonomy to women' (Toren, 1969:156). This is a specific gender-based comment, which shows that a highly subjective judgement was applied to the social work profession on the basis of little evidence.

Some of the issues raised by the Etzioni studies are important to consider in relation to the occupational groups and professions working within a public sector. Professionals who operate within a public sector are subject to different working conditions and power structures than professionals operating as independent practitioners. The establishment of the public sector drew on existing bureaucracies but also created new organisational structures, in which professionals have played an important role. The acknowledgement of the social rights of citizenship played an important role in establishing systems of social welfare. Marshall (1950) identified civil, political and social rights as three components of citizenship. Social rights covered access to health, education and welfare and complemented civil and political rights. Professionals played an important role in delivering these rights.

The autonomy of the professional assumes that professionals operate alone, but the reality of many professionals, for example, doctors, is that they are dependent on supporters, often female nurses. This has particular implications for deciding whether nursing is a profession because:

> "*Nursing is part of a gendered division of labour that helps to sustain medical professions. Nursing is engaged with bureaucratic forms of organisation which are strongly influenced (and flawed) by gender division. Nursing aspires to be a profession when the concept of a profession expresses a gendered vision and a denial of feminine values"* (Davies, 1994: 62).

Exclusive knowledge and skills to support professional autonomy

A profession creates a link between codified knowledge and practice or knowledge and employment, which establishes a link between the state and the application of specialised knowledge in civil society. This usually involved the creation of a formal knowledge base. In this sense, professions are part of the theory of the modern state, highlighting the relations between knowledge, belief and power (Larson, 1990).

One of the challenges facing professional groups, when they were being established, was whether they could generate their own knowledge and regulate forms of knowledge (Abercrombie and Urry, 1983). The process of professionalisation involved the construction of a formal knowledge base, which was limited by a required education and training, which contributed to the formation of a professional market. The support from the state in this process was important (Larson, 1977). Larson argues that the core of the professional project

was ‘to secure structural linkage between education and occupation, between knowledge in the form of the negotiation of cognitive exclusiveness and power in the form of a market monopoly” (Witz, 1992: 56).

Individuals enter a profession following training which has taught them to perform a specific set of tasks. This training is often taught by other members of the occupational group (Freidman, 2001: 78). Once the training is complete, the individual will be given a ‘credential’ which is a qualification for entry into the labour market (Freidman, 2001: 95). This system of entry into a profession, dependent on a certain type of training, has an impact on the labour market and contributes to a process of exclusion which restricts entry from groups who are unable to perform these tasks. It depends on individuals having access to a specific type of training. Gendered actors involved in professional projects will have different levels of access to the means of achieving power in society, where male power is institutionalised and organised (Witz, 1992: 52). Women are denied access to resources in different sites of social, economic and political relations. Closure strategies may be gendered because the criteria for exclusion and inclusion may be gendered (Witz, 1992: 53). Women’s access to training depends on education, access to institutions providing training and motivation to enter a specific profession.

Ryan van Zee (2010) in a study of women and European professions in the late nineteenth century and early twentieth century, outlined the strategies that women used to enter professions. She illustrated some of the difficulties in using the value of household skills to justify women’s position in a profession. She argued that women used access to education and developed discourses that challenged the concept of the feminised private sphere versus the masculine public and professional sphere and so demanded entry into some professions. Women drew on the ‘qualities’ of women to argue that they should be allowed access to certain professions. Women as mothers should be properly educated in order to care for their children, part of the middle-class women’s role in reproducing cultural capital (Ryan van Zee, 2010). This justified the entry of women into schools as teachers. However, in Germany and the Netherlands, teaching became a recognised male profession in the nineteenth century. Women had to compete with men on the basis of equal merit but also on difference as regards the basis of the skills they brought to teaching as women. They formed their own professional organisations to promote their interests. Ryan van Zee (2010) concluded that there was ‘interdependence between male and female claims to public roles’

(Ryan van Zee, 2010). Middle-class men's pursuit of professional identity was based on the dependence of women in the home. Women used their position in the home, once they had gained access to education, to argue for their unique contribution to certain professions. The state became more involved in the legislation of professions and "*reproduced the tension between difference and equality and the gendering of certain areas of expertise*" (Ryan van Zee, 2010). This process has continued through the twentieth and twenty-first centuries.

The perception of whether there is a recognised body of knowledge that is necessary to practice can affect whether an occupation is a profession. Katz (1969), as part of the Etzioni study, in a study of nurses found that there was a tension between administration and caring for patients. Nurses were given the responsibilities of caring for a patient and in some case mediated the more scientific treatment approach provided by doctors. Katz viewed nurses as carers rather than using rational knowledge and they were not guardians of a certain type of knowledge. Underlying this ambiguous position is the lack of clarity about whether there is a recognised theory of nursing and caring. Similarly, Toren (1969) did not consider that social workers fulfilled the criteria of having a recognised body of knowledge because there was a lack of theory in social work training. Social work was driven by the application of values rather than theory. In both these examples there is an assumption about the lower status of caring and supporting people. Care and support are traditionally provided by women in the home and consequently have never been given a high status in the workplace. This presents a negative view of women's traditional work. In contrast, a society where caring skills were valued would view this type of knowledge in a more positive way and nurses and social workers would fulfil this professional characteristic.

Over thirty years later, Parton (2003) argued that for social work to reflect a new "*concept of care*", would require a greater emphasis on the process of working with clients, an acknowledgement of the validity of both knowledge and the voices of clients as well as the extent to which knowledge is based on relationships with those being cared for. This implies changes in the power relations between carers and those being cared for but is more reflective of the way in which women might conceptualise their work as professionals.

The concept of tacit knowledge and expertise, which have been learned through experience and cannot form a specific part of professional training, is recognised as contributing to professionalism (Polanyi, 1958; Schön, 1983). However, Davies (1994) thought Schön failed

to see a gendered division of labour and helped to sustain elite professionals through and with the support of women (Davies, 1994). In Schön's concept of reflective practice, reflection by a practitioner is for the practitioner but not for the client. In this sense, reflection contributes to the concentration of professional power although the contemporary "*reflective practitioner*" masks a loss of professional power through the use of competences in training.

The defining of a profession has been closely associated with the development of expertise, which was informed by formalised training. Professions consolidate their position through establishing and maintaining a monopoly over knowledge. Over the last thirty years, research and the construction of knowledge has been influenced by feminist perspectives. In education, nursing and social work, the influence of research that has incorporated the perspectives of women, has resulted in a questioning of established practices and growing awareness of how knowledge is socially constructed (Davies, 1994; Dominelli, 2003).

Career progression and professional projects

Wilensky (1964) developed theories about the differences between occupations and *"looked at the historical dynamics by which professional closure develops*". This highlighted an emerging theme in trying to capture historical variation between professions, for example, the way in which the legal and medical professions developed in the UK, France and the US. The establishment of national Welfare States, influenced by different historical systems of welfare, contributed to national differences between professions.

One of the most serious criticisms of the Etzioni studies is the deterministic approach taken to the role of women. He, together with his study team, argued that women lacked occupational motivation and ambition and were unable to exercise authority over men. They did not question why women chose teaching, nursing and social work professions as second professions and why they took them up mid-career. At a time when women's participation in the labour force was only beginning to expand, there was no analysis of the barriers facing women entering other professions. There was no historical analysis of women's role in nursing, teaching and social work.

This narrow view was also reflected in the analysis of whether teachers had professional careers. The concept of the teaching career was perceived as being ambiguous because the 'entry' and 'exit' to and from the teaching profession was blurred because teachers took on

management roles. Was a teacher superintendent still a teacher? There were gender differences in the perception of teaching as a profession. Women viewed teaching as a profession to aspire to but men tended to view teaching as a lower status profession than medicine or the law (Lortie, 1969).

A more recent study (Davey, 2002) found that there are still problems with women being seen as not necessarily ambitious for management positions. In England in 2002, an analysis of National Institute of Social Work data found that full time employment was important for management progression. Women who worked part-time or had interrupted periods of employment were at a disadvantage in moving into more senior jobs. Women were also often more interested and committed to continuing to work as a practitioner rather than becoming a manager. Davey asserted that employers should not conclude that a lack of interest in moving into management, for example by continuing to work part time, was a sign of lack of commitment. This study showed that attitudes towards women's participation in the labour force were still dominated by more conventional 'male' models of career progression.

Bolton and Muzio (2005) explored aspects of the masculinisation of professional projects, through an examination of three professions: law, management and teaching, which large numbers of women have entered in the last few decades. They argued that even with larger numbers of women entering these professions, men continue to dominate at senior positions even when the majority of professionals are women. They point out that "*the gender codes of professionalism that have been forged in historical processes.... rely on cultural conceptions of masculinity*" (Bolton & Muzio, 2005: 5). Increases in the numbers of women in a profession can lead to intra-professional polarisation and to the downgrading of the status of these areas of professional activity. Bolton and Muzio argued that the paradox at the moment is that professionalism is rooted as a male project but that some professions are now dependent on female participation for expansion. Although they may be dominated by women, it does not mean that the more substantial presence of women will influence the way in which organisations operate. The gendering of institutions in a predominantly male way will continue.

<u>State involvement in the accreditation of training and professional registration</u>

Weber outlined the concept of professional closure, which identified strategies of inclusion and exclusion, demarcation and dual closure, used by professional groups (Weber, 1948).

Strategies of exclusion and demarcation are used by dominant groups while subordinate groups also use strategies of inclusion and dual closure as a response (Perkin, 1989; Witz, 1992). Exclusionary strategies aim to establish an occupational monopoly. The medical profession used demarcation strategies to establish a dominant position to other related professions (Freidson, 1970). Strategies of exclusion create exclusionary shelters and secure access to resources and opportunities in relation to the labour market. Demarcation strategies establish boundaries between professions and between occupations in the same sector. For example, moving from nursing to medicine is a difficult process even if both professions are concerned with cure and care, because the training programmes are different. The separation of different professions within a sector has led to the concept of 'occupational imperialism' (Larking, 1983).

In studies of professions and professionalism, Witz (1992) argued that gender and professionalism is a neglected relationship because the concept of profession is a gendered one. She proposed that a more rigorous way of examining gender and professions is to look at the gendered nature of professional projects (Witz, 1992: 39). The concept of a profession is a gendered one because the paradigm of a professional project is based on successful professional projects, which are dominated by class privileged men (Witz, 1992). Gendered exclusion has been embedded in credentialism and registration, which was also sponsored by the state. Modern university and occupational collegiate organisations were structured by patriarchy (Witz, 1992: 65).

In terms of gender, it has often been used to secure access to the male labour market to the exclusion of women. There has been extensive research into gendered demarcation strategies in relation to medicine (Ehrenreich and English, 1973: Donnison, 1977; Witz, 1992). More recently, the introduction of equal opportunities legislation since the 1970s has to be considered in relation to professional strategies of exclusion. There is growing evidence that although women now form the largest groups in medical schools in England, there is not necessarily a parallel process of expansion in women at higher levels in medicine yet. Some medical specialties attract larger numbers of women and men to different specialties, for example, women now dominate general practice but men still dominate surgery. These patterns can change over time. General practice has not always had a majority of women practitioners but it is considered to have more flexible working hours, which are more appropriate for child care arrangements (McKinstry *et al*, 2006).

An analysis of how government in England in facilitated access to training for students of education, social work and nurses shows that it played an important role in the immediate post-war period. There was an unquestioning assumption that trainee teachers should have access to grants for degrees and teaching qualifications (MacNair, 1944). Similarly, social work training was funded by government and actively encouraged (Younghusband, 1959). Nurses remained 'apprentices' until the introduction of Project 2000 when they gained access to grants. Project 2000 and the introduction of a nursing degree, which the majority of nurses would have to complete, was a significant event in the professionalisation of nursing.

The impact of inter-disciplinary working, which has been encouraged in recent decades, is having some impact on the three occupational groups of teaching, nursing and social work. The sharing of common training within universities of nurses, dentists, speech therapists, physiotherapists and other professionals allied to medicine, contributes to a more complex picture of professional exclusion and closure. Shared initial training does not necessarily mean that groups are able to choose different professional paths.

Conclusion

There are considerable differences in the way in which the characteristics of professions - professional autonomy, training to acquire specialist knowledge, a formal career structure and state involvement - can be interpreted in relation to the position of women in different professions. The importance of this finding for studying teachers, nurses and social workers shows that a gender perspective is needed to study changes in public sector institutions, which are gendered in a masculinised way even though they are dominated by women in these professional/ occupational groups.

Question guide

- Does government/ public policy promote the concept of a gendered professional project?
- How does public management reform affect the gendering of institutions?

3. Professional Identity and professionalism

This section will start by discussing the creation of a professional identity, highlighting a set of features which are considered to shape the creation of a specific professional. This will be followed by a review of research into the professionalism of nurses, teachers and social workers. It will explore whether there are conflicting pressures towards different dimensions of professionalism which are the result of public management reforms and the introduction of managerialism to public services. The similarities and differences in the way in which research into the formation of professional identity and professionalism for nurses, teachers and social workers has been approached will also be discussed.

There are two theoretical concepts that contribute to an understanding of professional identity and professionalism. Throop and Murphy (2002) draw on Bourdieu's concept of "*habitus*" to explain how elements of professional identity and professionalism are formed. "*Habitus*" is defined as "*an internalised structure or set of structures that determines how an individual acts in and reacts to the world"* (Throop & Murphy, 2002), which is produced by a social environment. Another characteristic of "*habitus*" is that it is a form of "*forgotten history"* or "*spontaneity without consciousness or will"*. Bourdieu (1977) does not see agents as "*conscious, intentional and rational*" (Bourdieu, 1977:36 in Throop & Murphy, 2002:187).

A second theory that is useful in interpreting the nature of professional identity and professionalism is Foucault's (1988) relationship between power, discourse and knowledge. He questions how professional practice uses discourses to connect to knowledge and power. This is based on a constantly changing identity, which changes as knowledge changes but which also has space for innovation and creativity (Mackey, 2007). In this sense, Foucault's (1988) analysis of power, discourse and knowledge acknowledges a greater degree of movement for professionals as opposed to a more deterministic approach taken by Bourdieu. Both these theories can contribute to an understanding of the processes of professional identity and professionalism.

The concept of professional identity plays an important role in the defining of a profession. Professional identity is created through a combination of skills and knowledge development, shared values and socialisation. For professions which have a clear knowledge base, the

acquisition of a certain type of knowledge can be a central part of creating a professional identity. The medical profession is an example of a profession which is strongly defined by the knowledge acquired through training. Not all professions have such a strong knowledge base. As discussed above, teachers, nurses and social workers have a more contested knowledge base, which has affected the creation of their professional identities.

The shared framework of knowledge and skills can be described as a discourse or discursive field. As professionals move into institutions, this can result in changes in their professional discourse. Bourdieu (1977) articulated a theory of symbolic capital which explains how people gain an authority to speak through their use of a discourse. Professions can be distinguished by their discursive field but professional identity is also shaped through official policies, which dictate contemporary discourses and priorities and practices. There can also be tensions between macro and micro level roles, relationships and expectations (Tucker, 2004).

Jessop (1993) identified relationships between economic processes, discourse and policy outcomes. He argues that in the last two decades there has been a move from Keynesian welfare to Schumpeterian workfare system, linking more directly to national economic policies and that social policy was subordinated to the "*demands of labour market flexibility and structural competitiveness*" (Jessop, 1993: 9). This is significant in analysing changes in the roles of professionals in the Welfare State because it can be presented as a new stage in the development of professionalism.

An example of how professional discourses can change with new organisational policies can be seen in the case of nurses moving from being practitioners to nurse managers. Sambrook (2006) found that nurse managers used a different human resources discourse, which emerged from conflicts between professional and managerial development. A managerial discourse emphasised performance and competition rather than the 'need to learn' and cooperation. The transition from practitioner to manager and the change in discourse introduced new terms into the nursing "*discursive field*", drawn from a wider managerial discourse. This can be seen as a form of depoliticisation of a profession (Larson, 1990: 39).

In psychological terms, a professional identity is created through the process of simplifying the role, denying the uniqueness of the individual and creating the concept of the 'other'

which contributes to unifying members of a professional group (Kaiser, 2002; Lingard et al, 2002). The focus on individual professional identity can highlight how skills and knowledge are used by an individual professional, often drawing on the use of intuition or, as Lyneham (2008) in a study of intuition in emergency medicine called it, "*accepting inner self"*. This highlights how professional training has to be complemented by a more informal process of learning. This is a form of tacit knowledge, affecting how professionals operate. This may seem to contradict the concept of specialised knowledge and training, which supports the autonomy of the professional.

There are many ways in which professional identity is created. Apker & Eggly (2004) found that the morning meeting of hospital doctors, a formal teaching conference seen as playing an important part in medical education, supported the development of a discourse that valued scientific medicine but ignored more humanistic approaches. It also reinforced medical systems of hierarchy and power and is part of a process of socialisation. This is also significant in relation to studying nursing as a profession because the exclusion from medical professional identify affects the way in which nurse identity has emerged.

Nursing identity

Research into the creation and maintenance of a professional identity within nursing has focused on the different elements of identity. There is little discussion of the context of public management reform, although there is an acknowledgement that health policy has an impact on the construction of identity. Ohlen & Segesten (1997) found that professional identity in nursing consisted of a personal dimension, which is a prerequisite for professional identity because a nurse has to feel that they can practise nursing skills. There are strong links between professional and personal identities. The social development of female identity also contributes to professional identity for nurses. In a society where caring is not valued, this aspect of nursing identity can be more difficult to establish (Ohlen & Segesten, 1997). The changing nature of nursing can make the creation of a nursing professional identity more fluid. The gap between specialist nursing care and care provided by medical assistants is considerable and can only fit into a very broad concept of a professional nurse (Ohlen & Segesten, 1997).

Socialisation can be viewed as the interaction between a nurse and colleagues through the internalisation of knowledge, skills, norms, values and culture of the profession. Nurses

considered reflective discussions with colleagues and group supervision important for the construction of professional identity (Ohlen & Segesten, 1997).

In a study of new graduate nurses, Kelly (1968) found that their main aim was to preserve their moral integrity. This covered both practical work and moral activities. As well as dealing with the practical activities of getting through their daily work, new graduate nurses had to deal with their own vulnerability, with moral distress and becoming alienated from self and lost ideals. Together, these experiences shaped their new professional self-concept (Kelly, 1998). Fagermoen (1997) and Fagerbury and Kihlgren (2001) also found that professional identity values were embedded in a meaningful nursing process, which evolved as student nurses became more experienced nurses.

Although values, attitudes and beliefs play a role in the creation of professional identity they are not static and they change over time (Degeling *et al*, 2000). Idealism and altruism often decline with professional socialisation, suggesting that professional identity may change within an individual's career as well as between cohorts. In a study of student nurses in the period 1983-2005, Johnson *et al* (2007) found that there had been a change in student nurses' attitudes to altruism and honesty. They had become less altruistic but valued honesty with patients more.

The socialisation process is not always a positive experience. In a study of newly graduated nurses starting work in a hospital Kelly & Ahem (2008) found that the experience was often difficult because of a lack of support from more experienced nurses and a sense of hostility in the workplace. The increased separation of educational programmes from practical nurse training is sometimes associated with a more difficult transition from theory to practice but there is a strong sense of new nurses having to balance ideals with practical realities of nursing.

Tingle (2002) looked at the role of newly qualified nurses in mental health nursing and their ability to introduce evidence based practice. The experience and confidence of the new nurses, as well as attitudes of other members of staff, had a strong influence on their role as "*change agents"*. Other members of staff, managers and health care assistants all played a role in introducing change. The introduction of evidence based nursing may be more difficult

in a psychiatric setting because professional identity in mental health nursing is strongly linked to a therapeutic relationship, more so than in acute nursing (O'Brien, 2001).

A study of nurses post-Project 2000 tested how academic training influenced the process of socialisation and professional identity and found that the context in which practical experience was gained, for example in an acute care or chronic care setting, had a strong influence on the nurses' experience. Nursing students working in acute care settings found that they were expected to conform to a rigid system, whereas in chronic care settings, there was a more flexible environment and the differences between educational setting and work setting was less clear. Philpin's (1999) study explored the process of putting theory into practice.

Although the creation of professional identity is strongly linked to knowledge and skills, nursing is often considered to lack a coherent nursing theory and resulting practice. The continual debates about what nurses should do and the most appropriate form of training has meant that there is no strong nursing theory with principles to define practice (Colley, 2003). Colley argues that nursing identity would be stronger with an agreed nursing theory. This debate also needs to consider how the use of competencies in nurse education will affect professional identity. As theory is based on systematic observation or research, the lack of theory can be interpreted as a reflection of the lack of research-based nursing practice coupled with wider political debates about the role of caring in society.

MacIntosh (2003) found that nurses in early professional life had to deal with the "*dissonance between expectations and experience"*. Nurses had to learn to be realistic about what they could achieve and this experience is shared by many other professions involved in working to improve society. Their sense of autonomy was often challenged by doctors. Macintosh identified three stages of reworking professional identity, which were described as "*assuming adequacy*", "*realizing practice*", and "*developing a reputation*" (Macintosh, 2003: 730).

In the first phase of "*assuming adequacy*" new nurses often focused on the completion of technical tasks rather than developing a more reflective approach. Even more experienced nurses focused on the technical part of nursing when under stress. The attitude of colleagues had a strong influence on how a nurse felt as a professional. As nurses gained more experience, they began to think more critically about their own practice and those around

them. This is when they 'realise practice'. In the third stage, nurses continued with the construction of their professional identity. They began to feel that they had a reputation for professional expertise, which may have involved addressing their own competence, exploring new professional experiences and becoming involved in teaching and learning activities (Macintosh, 2003). In this study, creating a professional identity was seen as a career-long process, which is significant in the context of changing health care settings. Nurses do not necessarily have a clearly defined professional identity but have to shape it according to both their own needs and the health care setting in which they work.

The creation of a professional identity is also a strongly political process. In a study of the United States and Australia, Degeling *et al* (2000) found that professional identity differences were influenced by professional nursing and trade union organisations. The positioning of nurses in relation to recent health policy was also influential. The interaction between the professional task environment and wider institutional environment has been seen as a part of the process of legitimacy of professional role identity.

Nurse identity is also influenced by the perceived relationship between nurse and patient. Nurse identities have far reaching implications for patient experience. In a study of nurse identity and spirituality, Pesut and Thorne (2007) found there were three competing identities to spiritual care with patients. First, nurses as professionals held in public trust in health promotion and restoration, second, nurses as citizens in liberal society where non-judgemental pluralism is enshrined and third, as individuals who hold beliefs about spirituality.

Nurse identity can also be defined in relation to physical and public space. A study that looked at the different ways in which nurses and doctors have access to space found that the way in which the two groups moved in hospital space were different and had different meanings. This has implications for shaping the working conditions for nurses and subsequent inter-professional relations between nurses and doctors (Halford & Leonard, 2003).

A study which has implications for an increasingly international workforce, looked at the impact of local culture on the development of a professional identity (Goopy, 2004). A study of the professional identity of nurses in a Rome hospital, found that the paradigms of

professionalism and profession identity are not always universal. National culture should be acknowledged as having an impact on professional identity (Goopy, 2004).

A nurse professional identity is not static because of changes in health care policy. There have been several studies that have looked at how nurses deal with new roles. NHS Direct, a telephone service that patients can call instead of directly consulting a GP, is staffed by nurses. Snelgrove (2009) explored how nurses construct their professional identity in NHS Direct. The study found that nurses defend their professional identity as nurses, which is based on previous experience and a holistic approach to nursing. NHS Direct nurses did not perceive themselves as call centre workers although some had moved from hands-on experience to a cognitive model, based on knowledge, analytical and communication skills. In this sense, although NHS Direct nurses still viewed themselves as nurses, the nature of nursing work had changed and so had their sense of professional identity.

There is a growing literature on the professional identity of nurses. Professional identity is influenced by a range of factors, including education and training, socialisation, individual values, politics, and place. Professional identity is not static and changes within the individual and the profession over time. This has led to changes in institutions representing nurses, often led by government, for example the creation of a new National Nursing and Midwifery Council. Several dimensions of nursing identify are similar to the characteristics of professions, for example, creating professional autonomy, training, career.

Teacher identity

As with nurses, there are several stages in the process of creating professional teacher identity, which have been changing over time. Recent research into teaching identities and professionalism has been strongly influenced by the impact of public management reforms on the teaching profession in the United Kingdom. Some research is more explicit and argues for a self-managing teaching profession.

Whitty (2000) drew on Hoyle's (1974) concepts of 'professionalism' and 'professionality', which distinguish between the process of improving status, salary and working conditions (professionalism) and the process of using knowledge, skills and procedures in teaching (professionality) (Whitty, 2000:284). In a study of continued professional development in Scotland, Kennedy (2007) posed the question as how "*the concept of professionalism is*

being used in relation to teaching" (Kennedy, 2007: 98), thus moving away from the debates about whether teaching is a profession to viewing professionalism as something imposed on a profession.

Leaton Gray (2006) explored tensions within the teaching profession that affect the sense of professionalism. The 1988 government reforms to education, which introduced fundamental changes into the way education was organised, have led to the creation of professional identities which have been analysed as either looking back to a pre-1988 context where education was more person-centred, or looking forward post-1988, when education became centrally managed, with less scope for teachers taking independent decisions. A second tension, also emerging from teaching reforms, is the tension between professional status and inspection procedures. New inspection procedures challenge the professionalism of teachers. A third tension focuses on teaching as a vocation versus teaching as a form of policy implementation, which informs career progression. These three tensions all contribute to a changing form of teacher identity, which has become more fragmented.

Leaton Gray & Whitty (2010) examined how recent legislation has created more roles for teachers, which has led to the creation of many different teacher identities in the same profession. Their study looked at three groups that have teaching responsibilities within schools. The Higher Level Teaching Assistant is a type of para-professional who can support children in the classroom. Although not technically teachers, they increasingly provide cover for teachers and are being encouraged to pursue further training. Graduates who entered schools through the 'Teach First' scheme were the second study group. They have not been through a conventional teacher training course but were given a short introduction to teaching, accompanied by management and leadership training. Although there were only small numbers of teachers in this scheme, 'Teach First' questioned conventional models of professional training. The third study group was the Advanced Skills Teachers, an initiative to encourage experienced teachers to remain in the classroom and not enter management. Recruited through the use of competencies, this scheme did not take collaborative work and cooperation within professional work into account. Although take-up has been uneven, this scheme shows how conventional professional values are often ignored in new forms of teacher professionalism. The study concluded that teacher identity is an increasingly "*unstable construction"* (Leaton Gray & Whitty, 2010: 19).

Underlying the changing nature of professional identity among teachers is a change in the way in which teachers are trained and the knowledge base of the teaching profession. Beck (2009) analysed the Teaching and Development Agency 'Professional Standards for Teachers'. This is a competency based approach to training, which emphasizes performance, knowledge and the ability to apply this knowledge as well as specific professional commitments. Although presented as a 'common sense' approach to teaching, the underlying assumptions are drawn from management theory and behaviourism, which dictate an expected form of behaviour by a teacher. There is no encouragement to debate the nature and purpose of education.

Several studies of graduate teachers show how this 'unstable construction' of professionalism is affecting new teachers. A study of how graduate students construct their professional teaching identity found that they valued knowledge and skills and were sceptical of audit procedures. They felt that professionalism meant 'freedom' or 'to be trusted' as part of a larger social and political context (Bainbridge 2005). This identity was constantly changing and being re-negotiated. The graduate students were still developing a way to behave in class and their own code of behaviour. The development of a sense of autonomy is one of the key elements of professionalism.

The discourse of teacher professionalism can be distorted by the language of managerialism. A study of trainee teachers in New Zealand found that they were adopting a discourse of teacher professionalism that is strongly influenced by managerialism. The authors concluded that teacher trainers had to be more explicit and show that the 'idealist' model of professionalism is the aim and preferred outcome of teacher training (Jorgensen and Hansen, 2009). This shows that teacher trainers have a significant role to play which does not necessarily reflect government policy.

A study of trainee further education lecturers found that they had idealistic views about teaching and saw themselves as facilitators rather than teachers. Their practical experience, through placements, made them aware of how budgets were the driving force for recruitment of students. The students were not as motivated as they expected and this made the trainee lecturers disillusioned. They felt distanced from more experienced lecturers and this made them alienated from established communities of practice because they did not match their perceived professional identities (Bathmaker and Avis, 2005). The study concluded that

there is a need for policy makers to take a more critical approach to the setting and context of further education in the UK.

Professional identities are constructed through the interaction of personal agency and organisational context and structures. Vahasantanen *et al* (2008) found that in organisations that were more prescriptive (new public management) about what teachers should do, there was less scope for agency and less scope for changes in professional identity. These organisations were subject to more externally imposed change and this affected teacher commitment. For organisations that were more loosely organised, professional teachers were able to negotiate their own professional development strategies, were relatively more committed to the organisation but they shared less about experiences and knowledge with their professional community. This meant that they were less responsive to organisational change. A conclusion to be drawn from this study was that agency should not be promoted to the exclusion of sharing professional practice. Professional exchange was stronger in the more prescriptive organisations because change was facilitated by the organisation. The organisations which were more loosely organised were less effective in managing change.

In a study of UK further education lecturers and learning support workers, Robson and Bailey (2009) found that both groups were increasingly expected to provide "*emotional labour*". Although learning support workers work with students on an individual basis, which may involve a certain amount of "*emotional labour*", they may have to struggle to avoid being taken advantage of or doing too much for the students. Lecturers also felt that they were involved in some form of "*emotional labour*" by having to impose discipline in class or dealing with stress caused by responsibility and exercise of authority in educational settings.

Although both groups exercised "*emotional labour*", this had different effects on their practice of '*professionalism*'. Lecturers struggled to be objective and in control of their personal feelings. Learning support workers were able to talk about their work but became less objective, a traditional feature of professionalism. The suggested solution was for all staff to help students to solve their own problems. Lecturers would plan teaching and learning activities and they and learning assistants would work together to support the needs of students (Robson & Bailey, 2010).

Seddon (1999) outlined what is necessary for the teaching profession to challenge the erosion of status and pay and the emphasis that has taken place in the late twentieth century. His approach emphasised knowledge in practice over and above academic knowledge. He outlined six innovative approaches for the teaching profession, which can be viewed as characteristics of a new teaching profession:

- Pursuit and endorsement of self-management;
- Commitment to capacity building;
- The remaking of educational spaces and relationships;
- Lifelong learning for teachers;
- Revalorising teachers' knowledge and expertise;
- Linking expertise and rewards in glocal communities (Seddon, 1999).

Social worker identity

Although the professional identity of teachers and nurses is influenced by a range of factors, overall, social work identity is more subject to debate. Gibelman (1999) argued that social work has been searching for a professional identity since it was established in the Welfare State. At different times, the recognition of a generic or specialist approach, special problems or population groups and choice of practice methods have been influential on the concept of social worker professionalism. Some of the same challenges still emerge. For newly qualified social workers, the tension between aspirations, values and ideals and the practical reality of social work has to be addressed. This is emerging as a common issue for teachers and nurses as well as social workers.

Houston (2002) argued that a knowledge base, which is considered an essential part of professionalism for many professions, is not appropriate for social work. It would be more useful to see social work as constantly constructing and re-constructing professional knowledge. This argument is indirectly supported by a study of social workers interacting with other health and social care professionals in a hospice (Payne, 2004). The organisational context and the negotiations undertaken by social workers were the biggest influence on the professional identity of social workers. The focus of a social worker was on problem-solving, on family and psycho-social problems and as a broker with other agencies. Payne argued that accounts of practice from an 'insider' perspective would help to provide accounts of practice identity. Over time, these accounts would provide a view of how social work is negotiating its roles in different settings.

In a study of residential social work and the establishment of a Masters' degree to promote the professional identity of residential social work, Smith (2003) concluded that residential social work lacks an "*appropriate professional identity and knowledge base*" (Smith, 2003: 235). Since the 1990s there has been a move away from group work to case management, with an increased emphasis on child protection work for social workers. In contrast, residential social work concentrates on the development of a relationship between the child and the residential social worker. The interaction between child and residential social worker generates knowledge for the residential social worker in a way that a social worker would not experience because the relationship is not determined by the requirements of child protection procedures. Residential social work has used the concept of social pedagogy to help child development, which involves residential social workers playing a role more like a teacher.

The diverse settings that social workers operate in raise some questions about how appropriate training can be designed and delivered. These studies show the range of approaches that are being adopted for the training of social workers. Galvani and Hughes (2010) surveyed the knowledge base of social work students in relation to people with alcohol and drug abuse. They identified the need for training on these issues and identified mutual supporting relationships between knowledge, support and legitimacy. Appropriate training is considered key to providing this knowledge base. Smith (2003) applied ideas from teaching and learning in higher education to residential social work. He drew on the situated knowledge of students and the tradition of children and youth work in order to generate a discourse that was meaningful for practitioners, which he argued should focus on the promotion of "*children and youth's learning and growth*" rather than organisational priorities. Residential social work training should also draw from a wider range of disciplines, including social pedagogy, with cultural and recreational studies. The building and maintaining of relationships would be the core of the professional training.

One of the most long standing issues in social work is the balance between generic and specialist social work. The immediate post-War period saw the establishment of child care officers, with specialist knowledge and training in dealing with children. After 1971, a generic model of social work was adopted that has continued even under public management reforms, which was reflected in generic training programmes. However, the increasing role of social workers in child protection work has meant that there is a need for effective social

work communication with children. The debates about generic versus specialist social work training have made it more difficult to include specific training on communicating with children (Luckock *et al*, 2006).

One of the barriers to establishing high quality social work training can be the lack of a public awareness that social workers need to be well-trained. A study made after the Victoria Climbie inquiry found that the gap between the recognition that society needs competent and well trained social workers to protect children and families and what this training should cover, remained as wide as ever (Balen & Masson, 2007).

Multi-/ Inter-disciplinary working

Parsons (1939) found that professionals within bureaucracies could introduce horizontal connections to other professionals rather than just being part of a hierarchy. A significant change in the delivery of public services has been the increased emphasis on the need for multi/ inter-disciplinary ways of working. Nurses and social workers are increasingly involved in inter-disciplinary teams and this has had an impact on the evolution of their professional identity. A growing number of studies are beginning to explore the impact of team working on professional identity.

Noordegraaf (2007) identified three types of professionalism, acknowledging that professions change over time. Purified professionalism describes some long established professions, for examples doctors, lawyers. In situated professionalism, professionals operate in specific organisational contexts. Most interesting from a perspective of inter-disciplinary workers is the third type, known as hybridised professionalism. Public management reforms have led to the weakening of some professional groups as well as the creation of new professional groups. Arguing that knowledge societies contribute and attempt to deprofessionalise some professions, such as medicine, this is contrasted to the new professionalisation of occupational groups, for example, nurses and social workers. The new professions work more closely with evidence and outcome based trends, rather than established skills and expertise.

Whitchurch (2008) identified four types of professionals in higher education institutions which covered a range of approaches taken by professionals to organisational and professional boundaries. Bounded professions located themselves within clearly defined

organisational and functional boundaries. Cross-boundary professionals used their understanding of boundaries to work across the institution. Unbounded professionals focused more on their knowledge and external networks. Blended professionals were appointed on their experience and worked with a mixed portfolio which contributed to both academic and professional domains.

Increasingly, within the public sector, there are also some "*ambiguous public domains"*, such as housing, welfare, and policing, where it is not clear which interventions are effective. This leads to professional pluralism, where professional groups promote and follow different approaches to the delivery of public services. Noordegraaf defined this as hybridised professionalism, where a profession is "*relative to time and space"* (Kearny and Sinha, 1998:572). Noordegraaf (2007) proposed a relational image of professionalism that operates in interdisciplinary settings. He argued that, increasingly, the issue is about being professional rather than being a professional; this creates a new sense of belonging and helps to make connections between clients, work and action in these "*ambiguous public domains"*.

King and Ross (2004) studied the reactions of social workers and district nurses to inter-disciplinary working and found that the process had an impact on the professional identity of the two groups. The main issues that emerged from both groups were role ambiguity, role erosion and extension. District nurses felt they were expected to have a wider range of skills, which was interpreted by some district nurses as being de-skilled but others felt this provided new opportunities. Social workers felt they were moving from a 'hands on' approach to a case management role, where they had to organise packages of care for their clients. There were different perceptions of the flexibility of each professional group, with social workers considered to be more willing to operate flexibly outside professional boundaries. The study found that, overall, the reaction of the two professional groups to the organisational changes influenced their reaction to changes in their professional identity. In addition, good communication and relationships between the two groups also influenced the reactions to collaborative working.

One of the immediate effects of multi/ inter-disciplinary working is to challenge professional discourses. Kvarnstrom & Cedersund (2006) examined the discursive patterns in multi-professional health care teams. They found that nurses felt challenged by having to take on group coordination as well as ensuring that their nursing expertise was not ignored. This

required an approach that recognised the equality of team members rather than the superiority of one professional group.

Barr (2000) identified that work-based inter-professional education was more likely to improve the quality of services than college based inter-professional education (Barr, 2000). He also argued for a competency model of inter-professional education that was more than attitude and knowledge based models.

Conclusion

There are many similarities in the ways in which the professional identity of nurses, teachers and social workers is created. All three groups undergo a form of training and part of their initial professional identity is constructed in the training setting but this has to be tested after their training. On starting as a practitioner, the aspirations and ideals of training have to be set alongside the reality of practice. The influence of professional groups on professional identity is also strong, but for some newly qualified practitioners, moving into a community of practice is not always an easy transition. The extent of flexibility within work settings has an influence on how newly qualified practitioners establish their professional identity. Increasingly the professional identity of teachers and social workers is influenced by a managerial agenda, which affects how these two professional groups perceive their roles. Interdisciplinary working is beginning to create different types of professional identity within a single profession.

Question guide

- What is the impact of government policies on professional autonomy?
- Have training reforms had an impact on professional expectations?
- Do public policies encourage inter-disciplinary working?

4.Welfare state and public management reforms

Examining three professions that operate within the Welfare State in England poses further challenges in terms of how to identify relevant literature because, although widely used, the term "*Welfare State"* covers a wide range of different arrangements, even though the aims of providing public services and social welfare using principles of shared risk and universal services may be similar. Arts and Gelissen (2002) characterised different welfare systems according to de-commodification, which looks at the extent that services are given as a matter of right and whether a welfare system strengthens social solidarity. Mackintosh (1996) argued that welfare systems are the result of social settlements which attempt to bridge class divides in societies. . However, the state is not the equal arbiter that it presents itself as, being "*a moment of the class struggle that seeks to regulate the class struggle*" (Neary, 1997:12). In this context, social policies provide incentives and disincentives that encourage or discourage individuals and groups to follow a particular path of policy development (Esping-Andersen, 1990).

Esping-Andersen questioned whether the "*Welfare State*" is a sum of national social policies or whether it is an institutional force in its own right (Esping-Andersen, 1990; Arts & Gelissen, 2002). One approach to understanding the "*Welfare State*" has been to examine the similarities and differences between different national systems of social welfare in order to develop typologies of social welfare. Esping-Andersen (1990, 1999) identified three ideal-types: conservative, liberal and social democratic systems, each one reflecting different arrangements between the state, market and family. Esping-Andersen located the United Kingdom as part of the liberal system, along with the United States, Canada and Australia, in which means-tested assistance and limited universal services were targeted at working class groups. This was in contrast with the Nordic region, which Esping-Andersen characterised as a social democratic system, with higher levels of equality within society, including middle-class participation in universal benefits.

There has been extensive debate stimulated by the Esping-Andersen model, although he has admitted that there are overlaps between all three models. It is based on an analysis of the system of welfare benefits and eligibility based on employment, rather than the role that professionals played within these systems. There are some common characteristics between the UK and the social democratic model because middle-class groups have participated in

many of the benefits of the Welfare State, especially in health and education, but not equally because the educated middle class were given a role, which "*reinforced the notion that the middle-class was a distinct social group entitled to special treatment*" (Todd, 2014: 168).

This position is further supported by the work of Bertilson (1990) who argued that professionals play different roles in the Liberal and Welfare States. In the Liberal State, professionals operate within a market, both regulating and being regulated. In the Welfare State, the law plays a pivotal role, with professionals regulated and being regulated by the law (Bertilson, 1990: 115). Another difference between these two types of state occurs regarding the position of citizens. In the Liberal State, citizens have civil rights but in the Welfare State, citizens have a much wider range of social rights. Professions work in a professional-client relationship within the Liberal State but in the Welfare State, the relationship becomes more complex with the professions working in state bureaucracies and delivering services shaped by this bureaucratic setting (Bertilson, 1990:118). Professionals play an important role in guaranteeing social rights for citizens in the Welfare State, which is a political act as well as a professional one.

Writing in 1990, at a time when questioning of the long term viability of the Welfare State had started, Bertilson stated that the Welfare State is anchored in "*the strength of its professional ventures*" (Bertilson, 1990: 124). Professionals are an integral part of the modern state (Freidman, 2001). The social rights of individual citizens are reproduced by professionals as part of their professional practice. This can initially be interpreted as professionals playing a benign role in guaranteeing the social rights of citizens but it can also become more controlling. Professionals play a role in the process of governmentality and in keeping the population in control. "*Social service professionals*" play a role in policy implementation and often determine the nature and extent of implementation. In this sense, they have been seen as agents of policy (Damaska, 1986).

In countries where the welfare system is organised on a more local basis, professionals have not necessarily become such an integral part of the public sector and so professional projects were not linked to the public sector (Henriksson, *et al*, 2006). However, in England, the post-1945 social reforms and the establishment of the Welfare State saw a gradual involvement of central government in the professional development of teachers and social workers, although local government was responsible for the delivery of services. This centralised role of central

government has increased with public management reform. The resultant changed relationship between professions and the Welfare State has been further analysed by Kuhlmann and Saks (2008), who identified "*the rise of a 'new' professionalism*", which is more accountable to the changing needs of the population (Kuhlmann & Saks, 2008:55).

The role of 'social service professionals' in the provision of universal services can be framed as part of citizenship. Wrede (2008) drew on Gramsci's concept of cultural 'hegemony' (Gramsci, 1971) and the role of organic intellectuals, who are defined as intellectuals who promote the interests of a specific class, rather than traditional intellectuals who were supposed to speak over and above the interests of a particular class. In Finland, 'social services professionals' campaigned for the creation of a Welfare State and increased democratisation within healthcare. Social rights were instituted in the Welfare State, particularly in primary health care. The previously professionally dominated health care system was replaced by a new bureaucracy with health care professionals as employees. The nature of 'social service professionals' began to change with the questioning of the future of the Welfare State.

The expression 'social services professional' has been developed in Nordic countries, which have Welfare State systems similar to the Welfare State in England. In Scandinavia, national Welfare States were set up in the post-Second World War period and teachers, nurses and social workers became some of the most important professional groups responsible for the implementation of the Welfare State's policies. The state was closely involved in guiding and approving the professional development of these groups, in a similar way to England (Henriksson et al, 2006; Wrede, 2008). This study will use the term 'social services professional' to refer to teachers, nurses and social workers.

The introduction of public management reforms oversaw the transformation of public sector institutions and this has had an impact on 'social services professionals' because the Welfare State experienced structural changes as part of this process. Although the overall change to the state after 1979 can be described as the introduction of the 'contractual' state, the functional changes to the state in the period from 1979 to 2010 were characterised as follows:

- 1980s/ 1990s from a "*Hollowed out*" state towards a "*Regulatory*" state;
- 2000s "*Congested*" state (Rhodes, 1994; Skelcher 2000, Rhodes, 2007)

The transformation of the state has been a gradual process and is still continuing. The stages outlined above attempt to chart the pattern of change. They will be discussed below, using examples to illustrate how the changing nature of the state changed the Welfare State and the delivery of public services.

The transformation of the state started with the introduction of compulsory competitive tendering (CCT), which required both local authorities and the NHS to put ancillary services, such as catering, cleaning and facilities management, out to tender. The private sector was considered able to provide these services more cheaply than the public sector, although the reduction in costs was achieved by reducing wages. Contracting out of services was accompanied by a change in language where citizens or service users became customers or consumers. For public services to be bought and sold, the way in which they were described had to change from being represented in a holistic view of a service to the division of a service into a series of tasks, making it possible for these tasks to be bought and sold. This process is known as commodification (Rhodes, 2007). This is accompanied by the transformation of service users to consumers. The introduction of consumerism to public services affected the relationship between service providers and service users or consumers by introducing a new set of neo-liberal values. In schools, after 1988, schools managed their own budgets and parents were expected to make their choice of schools using the performance indicators (Jones, 1992). Universities are currently trying to assess the impact of students becoming consumers on the culture and values of teaching and learning (Naidoo, 2008).

These changes introduced a new way of operating for the state, which changed from being a public service provider to a commissioner of services (Osborne & Gaebler, 1992; King, 1997). This process led to the conceptualisation of the State as a "*hollowed out*" or managerial state (Rhodes, 1994). More specifically, it was seen to be "*hollowed out*" from above, by the EU, from within through a process of marketization and sideways through Next Steps agencies (Sketcher, 2000). These changes also led to public policies being created for and with a stronger private sector influence (Rhodes, 1994; Rhodes, 1997).

In 1990, the NHS and local authorities were reorganised into internal markets, with commissioners responsible for commissioning and contracting services and providers, either within the public sector or the not-for-profit and for-profit service providers. In order to

function as a quasi-market, public sector institutions were subject to a process known as corporatisation and had to operate within business objectives, aiming to make a profit, working to targets and new quality standards. With the introduction of commissioning and contracting, the state had to take on new roles. In order to secure the quality of public services which were not being delivered by the state, quality standards, new regulatory agencies and regular inspections were introduced (Neave, 1998; Hood *et al*, 1999; Moran, 2003; King, 2006; King, 2007). What had started as a "*hollowing out*" of the state, with the state no longer the sole provider of public services, evolved into the state taking on a "*regulatory*" and "*evaluative*" role, almost replacing its role as service provider.

The concept of the regulatory state has its origins in the United States with the development of rule-making, bureaucratic processes of the administrative state and is associated with the expansion of outsourcing and privatisation (Levi-Faur, 2011). Majone (2010) considered the main function of the regulatory state to be to correct market failures. The regulatory functions of government are separated from policy making as the regulatory agencies are outside government. Accountability is taken away from government and assigned to less democratic institutions. Levi-Faur (2011) defined the regulatory state as a state that applies and extends rule-making, monitoring and enforcement via bureaucratic organs of the state (Hood *et al*, 1999; Levi-Faur, 2011).

The implementation of the Education Reform Act (1988) illustrates how the form of the state changed during this period (Ainley 2001). The introduction of a National Curriculum, which each state-run school had to teach, was accompanied by the creation of regulatory agencies to inspect each school to see that it was adhering to the national curriculum and related quality standards. The results of these inspections were published as a series of league tables, thus introducing an element of competition between schools. The creation of an audit culture and different ways of measuring performance were introduced throughout the public sector (Neave, 1998; Moran, 2003; Moran, 2004).

The change of government in 1997, when New Labour was elected, saw the end of 18 years of Conservative government. However, there was a surprising continuity in the policies pursued by the new administration. The Labour Party of 1997 had adopted many of the neo-liberal ideas of the previous Conservative government, aiming to develop a fundamental partnership between labour and business. New ways of working between public and private

sectors had been introduced in 1992, with the creation of public-private partnerships as a way of leveraging new sources of capital to invest in improvements to public infrastructure, and these continued to be encouraged after 1997 (Gaffney *et al*, 1999; Hallowell and Pollock 2007). Both commissioners and providers of services were encouraged to form networks, which linked a range of public and private players together in terms of shared interests or common service provision. These introduced new forms of governance which sometimes struggled to meet the needs of all stakeholders, with service-users often left unrecognised. Ultimately, networks led to greater complexity, as seen in complex new bureaucracy, in the relations of the state with a range of providers (Skelcher, 2000).

By the 2000s *"collaborative institutions have become a core strategy in all areas of UK public policy. This rich web of linkages arose in response to the problems inherent in the fragmentation arising from hollowing-out"* (Skelcher, 2000:3). The following decade saw some significant changes in the way in which both the public, for-profit and not-for-profit sectors worked together. The nature of the state in this period of growing relational complexity has been called the 'congested' or entrepreneurial state. Towards the end of the decade, there was a more consistent questioning of the effectiveness of regulation and inspection, showing that effective regulation in a market had not been achieved.

By 2010, the nature of the state could be described as more "*congested"* than "*hollowed out"* and the process of contracting out of public services had moved on to out-sourcing and more privatisation. The private sector had continued to consolidate its position in the public policy process and had become a dominant influence in many government departments (Player and Leys, 2010). Although the 2008/9 global financial crisis resulted in increased UK government intervention in the economy, through the partial nationalisation of two major banks, this was presented as an increased focus on the size of government debt, rather than a fundamental review of neo-liberalism and public management reform, reflecting a failure to acknowledge the failures of neo-liberal policies (Engelen *et al*, 2012).

5. Trust and discretion

Public management reforms had some specific effects on the Welfare State workforce. Hood (1991) outlined some of the main components of public management reforms which were specifically targeted at the public sector workforce. These were: hands-on professional management; explicit standards and measures of performance; greater emphasis on output controls and; private sector styles of management practice (Hood, 1991: 4-5).

These specific ways of managing public sector workers have affected both the trust and discretion that characterise the role of professionals within institutions or bureaucracies. The importance of clients and service users trusting professionals underlies the relationship between them. Related to this is the extent to which professionals can exercise a level of discretion within their decision-making. The effectiveness of a professional's sense of discretion may have an impact on the trust that a client feels towards the professional because it may help to solve some of the client's problems.

Trust is another dimension in the relationship between professionals, society and the state. Parsons (1939) showed "*how the capitalist economy, the rational-legal social order and the modern professions were all interrelated and mutually balancing…*" (Parsons, 1939). By comparing professions and bureaucracies, Parsons showed that professionals, through their collegial organisations, were different from staff in bureaucracies because there was a sense of shared trust between professionals, managers and their clients (Evett, 2006: 517). Studies have also examined how professionalism enables clients to trust different practitioners, necessary if they are to gain recognition of their competence and so 'sell' their skills.

The concept of trust in the delivery of public services can be explored at the level of individual professional and client. Several studies have tried to analyse the nature of the trust relationship between professionals and clients. Behnia (2007) found that the development of trust was often seen in three dimensions: the trusting attitude of the client; the professional's trusting characteristics; and the trusting relationship between client and profession. Although these three dimensions are important, Behnia argues that the interpretation of the situation, in which professional/ provider and client find themselves in, is the foundation for a trusting relationship. If the basics of trust lie in specific situations, the experiences of nurses, teachers and social workers will be different. One of the immediate differences is whether the client

has a choice to use the service. For example, clients using mental health services and residential social work services are not able to choose whether they use a service because their treatment is imposed.

Piippo & Aaltonen (2008) examined the development of trust in three different models of care: integrated network, family care and a traditional model of care. Trust was most likely to develop where there was acceptance of the client's situation, openness and joint discussions about knowledge between client and professionals. Patients found that trust was closely linked to the establishment of autonomy because power was felt to be shared. This is reflected by Schout *et al* (2009) who found that establishing trust with clients who do not want care, involved the use of "*non-judgemental appreciation"* and gaining an understanding of where clients are '*at*', coupled with the use of empathy.

The relationship of trust between nurses and patient can affect the quality of care provided by a nurse. Initially the trust of the patient will be in the institution and staff but will develop into a more individual relationship with a health care professional (de Raere, 2002). The unequal power relationships between patients and health care professionals make the development of trusting relationships more difficult. Trust is often undermined when professionals fail to protect vulnerable people (Sellman, 2007). Nurses should not just care for patients but care about them (de Raere, 2002). The concept of '*good will'* is an essential feature of trust (Sellman, 2007).

Greener's (2003) taxonomy of trust was used by Robb and Greenhalgh (2006) to explain the nature of trust in a primary care consultation, which involved patients, interpreters and doctors. They found that Greener's three forms of trust were present in primary care consultations. Voluntary trust developed between family members or friends or in the confidence of a professional that had developed over time. Coercive trust described the relationship where one person has no choice but to trust a professional, who has knowledge that the patient needs. Hegemonic trust was a form of trust in an institution, which is developed by the individual, who does not perceive any alternative. These three types of trust are important in understanding the nature of trust in social service professionals because they capture the mix of personal and institutional relationships (Greener, 2003; Robb and Greenhalgh, 2006)**.**

Since the 1960s, there have been challenges to the trust and competence of professionals, questioning their role and position in society. Professionals were examined through a "*conflict lens*" (Illich, 1971). This contributed to a more critical view that argued that professionals are similar to other expert occupations and that professionals do not have any specific expertise to contribute to society (Sciulli, 2005).

There are several interpretations of why the position of professionals changed in the 1960s and 1970s. In the immediate post-war period, several professional groups moved into the Welfare State. This change, which affected teaching, nursing and social work, was a form of nationalisation "*because the state took over the control of pay, terms and conditions and professional training"* (Perkin, 1989). The separation of professional groups into the public and private sectors was underpinned by a long standing difference as to whether professionals should work towards equality of outcome or equality of opportunity. Perkin (1989) saw the Welfare State as a compromise between these two positions. In the UK, professionals working in the public sectors became more involved in lobbying for resources, such as the NHS.

By the 1970s, the immediate post-war consensus, which had created the Welfare State broke down, as a result of economic and social changes. Perkins saw the reaction to a mixed economy to be against professional society. Antagonism of public and private professionals was the base of a struggle in the 1970s and 1980s. Criticisms of teachers had emerged by the 1970s and Callaghan's Ruskin Speech (1976) was an acknowledgement that parents and employers would have a greater influence on education policy in future. Local authority powers, exercised by social workers, to take children away from their parents were gradually being challenged by a new organisation, the Family Rights Group, which worked to protect family rights. Social workers were also subject to criticism following a series of child deaths, where social workers were criticised for failure to protect the children under their care. In addition, Perkin argued that professionalism was weakened by arrogance, elitism and the "*dangers of 'condescension"*" (Perkin, 1989; 392). The criticisms of the 1970s were followed by much stronger attacks on teachers, social workers and local authorities after 1979 with the private sector considered better and more efficient at delivering services than the public sector. The introduction of internal markets to the public sector further contributed to an undermining of professionals through an imposed new public managerial agenda.

Since the 1980s the model of '*social service professionals'* who were trusted to work for clients has been challenged, with the state taking a more critical view of '*social service professionals'* (Whitty, 2000). The introduction of public management reforms have undermined this model and there is much wider questioning of the integrity of teachers and other '*social service professionals'*. If the breakdown of trust led to the questioning of the Welfare State and the introduction of public management reforms, it has since become a dominant issue in the delivery of public services. However, it is not simply about whether clients and service users trust welfare service professionals. The supposed loss of trust has become a tool used by the state to challenge and often undermine '*social service professionals'*.

The introduction of managerialism through public management reforms has frequently had a negative impact on the trust relationships that professionals develop with clients. Although trust is part of the new public management discourse, it is an instrumental approach to trust in an institutional setting, rather than a more communicative model of trust between patient and professionals (Brown, 2007). However, in a study which analysed data from OECD countries, Van de Walle *et al* (2008) found that the trust of citizens in the public sector tended to fluctuate but there was no long-term decline in trust.

Professional work following public management reforms is defined by a series of managerial targets, which are measured through audits and quality monitoring. These often create a sense of distrust between professionals and managers. Although the instrumental approach to trust makes the use of a communicative model of trust between patient and professionals less likely, Gilbert (2005) viewed the tensions between trust and managerialism as signs of a struggle for professional autonomy within managerial controls.

Avis (2003) argued that new teacher professionalism is based on the "*teacher as a trusted servant rather than an empowered professional teacher*" (Avis, 2003: 329). In this sense, the teacher, as a servant, had to do what is prescribed through targets, monitoring and auditing, rather than making choices and professional decisions. Performance management plays an important part in influencing how a teacher should function. This is a conditional form of trust. As with the NHS, a wider and more expansive form of dialogue with different groups involved in education would result in a stronger and more expansive professionalism than one defined by performance management (Avis, 2003).

The concept of "*street level bureaucrats"* is one model which has had an influence on understanding how '*social service professionals'* and clients interact, highlighting the use of discretion by professionals. Lipsky (1980) defined "*street level bureaucrats"* as "*public service workers who interact directly with citizens in the course of their jobs and who have substantial discretion in the execution of their work"* (Lipsky, 1980:3). The initial study looked at how police, teachers, and social workers interacted with clients. He called these groups "*street level bureaucrats."* Due to the pressure on these professional groups, in terms of numbers and complexity of clients, they developed ways of coping with the demand for services. Lipsky argued that their coping strategies involve practice routines and ways of simplifying their clients and environment, which both influence the quality of services delivered. This view contributed to understanding how public policies are implemented in these public services. Although the overall public policy was driven from the centre/ central/ federal government, the implementation was dependent on the individual agency of those delivering front line services (street level bureaucrats). Lipsky argued that the decisions that front line workers make in response to their clients becomes the public policy. A high degree of public service commitment is characteristic of these "*street level bureaucrats*", although the reality of working in these services means that ideals have to be tempered with the limitations of delivering the public services.

One of Lipsky's most controversial conclusions was the "*myth of advocacy"*, where professionals try and secure the best outcomes for their clients, which is seen as part of the professionalism of these "*street level bureaucrats*" (Lipsky, 1980: 72). The pursuit of altruism is incorporated into professional training. Parsons (1939) identified altruism as one of the characteristics of professionals operating in bureaucracies. Lipsky challenged this by arguing that front line professionals were too limited by the structure of their work and their relations with clients to be effective advocates. Advocacy requires time and this can be limited by large caseloads as well as by the ways in which organisations function, especially in times of budget cuts and limited resources. Other reasons lay in methods of assessment of clients and the effectiveness of interdisciplinary working, where the judgements are viewed not just by their own professional peers but professionals from other services and disciplines.

Lipsky argued that when "*street level bureaucrats"* are unable to provide the services that they feel their clients need, they deal with this by rationalising their clients in terms of backgrounds and environmental context and extent of social responsibility/ structural factors.

This can affect the relationship between street level bureaucrat and client. As a way of addressing the future of public services, Lipsky set out reasons why increased client autonomy resulting in influence over policy would benefit public services. Another approach would be to redefine the relationship between clients and public sector workers. This might involve helping clients to understand the structures of public services and supporting them to articulate their demands and communicate. "*Street level bureaucrats"* could also be made more accountable to clients, by making information available about measures taken.

Although the analysis of "*street level bureaucrats"* is an insightful one, Lipsky drew some negative conclusions. He was dismissive of the discretion of "*street level bureaucrats"* because he saw them leading to unfair and unequal treatment of clients (Lipsky, 1980, 197). The overall effect of discretion was influenced by how well services cooperate and interact. Decisions about social services were often influenced by social security and income decisions. However, Lipsky also argued for flexibility for "*street level bureaucrats"*, which relates back to the position of professionals within a bureaucracy. In the case of the Welfare State in Europe, "*social service professionals"* took on roles of promoting social rights through their work with clients.

The concept of "*street level bureaucrat"* has influenced recent research on how professionals use discretion in their relationships with clients. Research is beginning to contribute to a critique of marketisation and privatisation of public services by focusing on "*street level bureaucracies"*, which are hierarchical organizations in which substantial discretion lies with the line agents at the base of the hierarchy (Piore, 2011: 146). They have some of the characteristics of a bureaucracy but have more access to discretion rather than rules and procedures. Piore (2011) drew from a literature on labour inspection that has analysed the type of decisions made by labour inspectors, who exercise discretion in a framework of tacit rules and procedures, working closely with colleagues and bound by an organisational culture. They drew on tacit knowledge as much as explicit technical knowledge (Piore, 2011). This is a challenge to the rational-choice model of public sector behaviour, which only attributes self-interest to public sector workers.

Taylor (2007) looked at the changes in the discretion that teachers have experienced since the introduction of public management reforms in the 1980s. He found that the extent to which teachers can use their discretion has been reduced dramatically over the last twenty years.

This is a result of the combined effect of a more centralised system of control by central, rather than local government, policy initiatives and performance indicators. Taylor also found that not all teachers felt disempowered by the loss of discretion. There were differing views about the extent of discretion before public management reforms were introduced. There was also a more nuanced question about the extent to which teachers had lost 'rule-making' discretion or had lost discretion to use their professional power. Hoyle (1975) described a continuum of types of professional teachers, which moved from a 'restricted' professional, who was guided by a narrow classroom experience and practical approach to teaching to an 'extended' professional, who had a wider vision of education, drew on theory and had a more intellectual and rationally based approach to teaching. There are many different ways in which professionals can function.

The exploration of discretion exercised by nurses also highlights differences between adhering to organisational controls and exercising professional discretion. Bolton (2000) found that nurses knew the professional rules but could also use their discretion to obtain additional care (Bolton, 2000). However, nurses felt that they offered emotion as a 'gift' in the nursing labour process. This needs to be understood in the context of the nurse motivation and the role of caring as central to a nurse's professional identity. Bolton (2000) argued that nurses adopt a concept of nurturing rationality rather than solely "*emotional labour*".

A discussion of changes in discretion has implications for a review of the labour process that 'social services professionals' experience. Although Braverman's labour process theory (1974), which explained the role of individual workers in the production process, drew from the experience of manufacturing industry, the impact of public management reforms on the daily work of professionals in teaching, nursing and social work, make it increasingly relevant.

Lipsky (1980) discussed the concept of work alienation, in terms of the amount of control that professionals have over their work. Although not working on an assembly line and involving repetitive jobs, the working conditions of a "*street level bureaucrat"* can be alienating but the use of discretion may reduce the alienation. Alienation can occur in several ways. A "*street level bureaucrat"* may often only work on one service, whereas the client actually requires a holistic service, which covers several problems. They may only work on

part of the process, specialising in a particular service, and have to refer clients onto other services, e.g. health, social work and housing. This may also result in the street level bureaucrat losing control over the outcome of their work. The final decision will not be in their power. They also do not control the pace of work which affects their decision making. Alienation can lead to job dissatisfaction and affects how public services operate. Increased bureaucratic processes can contribute to this sense of alienation.

For teachers, the introduction of a National Curriculum has led to a reduction in the freedom of the individual teacher in the classroom, even though the development of national examinations, with set curricula had started this process before the 1988 Education Reform Act. The extent of teacher control over the labour process has declined. In a study of three further education colleges in England, Mather, Warrall and Seifert (2005) concluded that the work process had become more intense and lecturers felt deskilled. Many lecturers felt that they did not have time to prepare new materials and had to teach outside their subject area. Contact teaching hours had been reduced, which meant lecturers had to find new ways of supporting students. All lecturers reported having to work longer hours.

Smith *et al* (2009) studied NHS Direct, a telephone advice line for patients, staffed by nurses, run in a similar way to a call centre. They found that although some call centre values were identified, there were also different outcomes when compared to commercial settings. Nurses were able to draw on and manipulate their own knowledge when answering calls although they were also supported by a Clinical Assessment System which helped them make decisions. In commercial call centres, information is provided to call centre workers for use with clients; they do not use their own knowledge.

There is a growing body of evidence to show that the labour process of "social service professionals" is changing as a result of public management reforms (Bach & Kessler, 2012). The introduction of audit and quality systems, often using new information communication technology systems, has contributed to these changes. As the systems introduced into the Welfare State are influencing the work of "social service professionals", an institutional analysis of professionalism will follow.

Trust and discretion have been affected by some of the changes triggered by public management reforms but there were already differences in the ways in which teachers, nurses and social workers operated within their workplaces in relation to clients and their general vision of their profession. It is the extent to which these three groups have lost the scope to realise their own professional goals that is significant for the future.

Question guide

- Has the sense of trust in teachers, nurses and social workers changed since 1979?
- If yes, please explain how this has affected the three groups.
- Has the potential use of discretion by teachers/nurses/social workers changed since 1979?

6. Institutional agents

Scott (2008) proposed an "*institutional conception of professions"* which drew from earlier work on the study of institutions. He argued for professions as institutional agents but not as a homogenous group. Instead, three categories were defined. '*Creative*' professionals, whose role is to expand and justify aspects of professionalism is the first category. The second category is '*carrier*' professionals, which includes groups such as teachers, consultants, lawyers and librarians, who '*carry*' professional messages to their clients and the public. A third group, '*clinical'* professionals, such as scientists, engineers and accountants, "*apply professional solutions to specific problems, whether individual clients, corporations or public agencies*" (Scott, 2008:228). The importance of this view is that it provides a way of explaining the differences between professionals and how they operate.

Scott (2008) wrote about the institutional analysis of organisations and acknowledged that "*cultural cognitive frameworks"* can "*provide the deeper foundations of institutional forms*" (Scott, 2008:429). Rules, norms and meanings arise in interaction, and they are preserved and modified by the behaviour of social actors (Giddens, 1979). DiMaggio looked at the role of agency and conflict among actors in art museums in the US (1991) "*as professional factions competed for control*". He linked institutional theory to Giddens' structuration

theory (1979), which brought together structural arguments with theories of agency: "*structures being both the product of and a context for action*" (Scott, 2008: 438).

As a way of exploring how professional groups are dealing with a changing institutional environment, structuration theory will now be discussed to see if it could provide a framework for exploring how specific professionals are dealing with challenges to their professional environment and practice. It deals both with individual agency and the reproduction of institutional structures. Professionals have to balance both agency and structure in their working lives. Structuration theory is based on a belief that social activities are "*continually recreated by social actors via the means whereby they express themselves as actors"* (Giddens, 1984:2).

Giddens argued that people are knowledgeable about the setting in which they work, which can be enhanced if they are also reflexive about their knowledgeability. This is part of the "*process of ordering of social practices"* (Giddens, 1984:3). This is complemented by their rationalisation of action, which is considered a form of 'theoretical understanding' of their activities. This provides people with a capacity for taking action.

Giddens presented 'agency' in terms of the intentions of an individual and their "*capability of doing these things"* (Giddens, 1984: 9) although individuals may report "*discursively about their intentions but not necessarily their motives"* (Giddens: 1984: 6). When considering ways of analysing actions, Giddens separated out unintended actions from the unintended consequences of doing something (Giddens, 1984:11). He went on to link unintended consequences of action with institutionalised practices, in which individuals engage in "*regularised practices in time and space"*, which are part of the "*mechanisms for the reproduction of institutionalised practices".*

Giddens explained structures as processes which are constantly produced and reproduced. Structural properties are defined as rules and resources and structure allows practices to operate over time and space. Structuration theory argued that rules and resources, which are drawn upon in the production and reproduction of social action are, at the same time, the means of system reproduction (Giddens: 1984: 19). Agents and structures are seen as part of a duality, rather than as independent concepts (Hardcastle *et al*, 2005).

Hotho (2008) used structuration theory and social identity theory to analyse how general practitioners (GPs) have engaged with the creation of Local Health Care Cooperatives in Scotland after 1997. The study found that GPs continued to see themselves primarily as clinicians and not managers. They viewed many of their management activities as processes of services improvement and innovation, which were part of their professional role. The use of structuration theory helped to demonstrate how professionals interacted with change at both an individual and a wider professional level.

Hoggett, Mayo and Miller (2006) explored how the motivations of a group of public service workers, involved in regeneration projects, were influenced by their own background and experience. Their values influenced the way in which these public service workers functioned within their work environment. This provides a different perspective from that of a professional identity in that it draws on the individual values and life experiences of professionals which are not shaped so strongly by a professional training or sense of professional autonomy. This draws on the concept that there are different types of knowledge that can inform professional practice.

7. **Democratic professionalism**

Wrede (2008) discussed the institutional environment of the health care system in Finland, which provides "*symbolic representations and constitutive roles that frame action and that construct both individual and collective social actors"* (Scott, 1993 in Wrede, 2008:25). Social movements and other social reform groups and political parties, as part of the process of campaigning for health care improvements, help to "*initiate counter-hegemonic projects concerning desired professionalism in health care"* (Wrede, 2008: 25). Other 'social service professionals' are also involved in working to improve the services that they deliver but some of the debates that they have been involved in since the introduction of public management reform have changed. They are increasingly concerned with issues of accountability for themselves as professionals and for their clients because the previous sense of democratic accountability of the public sector has been eroded.

The concept of civic professionalism provided a way of linking 'social services professionals' to social rights of citizenship, which were central to the establishment of new systems of

social welfare after the Second World War. Marshall (1950) emphasised altruism or the 'service' orientation of professionalism. He identified civil, political and social rights as three components of citizenship. Social rights covered access to health, education and welfare and complemented civil and political rights. 'Social services professionals' played an integral role in ensuring that these rights were recognised. There has been some questioning of Marshall's concept of citizenship rights, because the state may work in the interest of more than one group but to the exclusion of others. This is particularly relevant in relation to the development of the Welfare State where the goal of universality may lead to a denial of difference and diversity (Lawy and Biesta, 2006). It has implications for the roles that 'social services professionals' play in public service delivery and the extent to which they challenged discrimination and oppression.

There is a long tradition of challenging professional power. Forty years ago, a critique of how professionals use their training and knowledge in maintaining their own power concluded that professionals operated as agents of social control (Illich, 1975; Navarro, 1976). The development of democratic professionalism can be seen as part of a process of challenging the traditional notion of a professional and the exercise of professional power, which was often undertaken by the professionals themselves. As a way of understanding the position of 'social services professionals' in England during the public management reforms, an account of how they previously tried to improve public services through the introduction of more democratic and accountable ways of working with services users will be outlined.

It is worth considering what made 'social services professionals' interested and committed to the development of new practices in England. The publication of 'In and Against the State' (1979) was one of the most important contributions to the process of professionals questioning the ways of working within the state and how they could change and improve the way in which public services were delivered. It articulated some of the contradictions in working for the state.

"As workers in those occupations that are termed 'professional', such as social work, or teaching, we are often given impossible problems to solve arising from poverty or from the powerlessness of our 'clients'."(London Edinburgh Weekend Return Group, 1980: Chapter 1)

Its first publication in 1979 was an indication of how the 1970s had generated a growing interest in developing ways of improving the practice and delivery of public services, particularly in relation to more democratic relations with service users. Another perspective,

which the book provided, can be related to compromises involved in working within a bureaucracy which made professionals want to improve their practice whilst trying to address some of the structural issues facing their clients. The publication of 'In and Against the State' was an attempt to make some recommendations about how to act within such a conflicting environment.

These different perspectives can provide a way of analysing the development of what was sometimes called radical, progressive, critical or democratic practice. The term 'radical/ democratic practice' will be used in this section. Each professional group will be discussed starting with an outline of the main issues confronting radical/ democratic practitioners by 1979. These are largely determined by the nature of the relationship with the client group. Radical/ democratic practice for teachers, nurses and social workers is analysed in relation to several themes:

- Radical / democratic ways of providing services, user focused e.g. child-centred learning;
- Running institutions in ways that centred on users;
- Challenging oppressions and improving access to services;
- Development of community initiatives, community services and campaigns

These four themes were not necessarily mutually exclusive and often overlapped.

Radical/ democratic teachers

There are several terms which are used – child-centred education, self-directed learning – that capture the attempts to change traditional, formal education into less rigid structures which would allow children to explore their environment and their own creativity. By the 1960s, there were many examples of how teachers contributed to new ways of educating children and students, often by working in one or more schools to develop forms of child-centred education, for example, George and Judith Baines in Eynsham County Primary School who "*pioneered new teaching methods in an open-plan environment in the 1960s-1980s*", including learning through project-based work and using self-directed learning (Institute of Education, 2015).

Although by the 1970s, cuts in education budgets and attempts to restrict comprehensive education were accompanied by a wider public criticism of teachers, radical teachers were still able to find opportunities for innovation and radical practice. CCCS (1981) argued that

the main lessons learnt from the 1970s, and previous decades, were the limitations of achieving equality through education reform in a society still unequal in terms of race, gender and class (CCCS, 1981: 247). This informed a more radical practice in relation to oppressions and emerging social movements. Some local education authorities provided support through teachers' centres, training and resource development. This built up a sense of collectivism for radical teachers in the period before 1988 (Jones, 2014).

Institutional changes

Another strand of radical education can be found in the organisation of schools, focusing on different ways of running schools as part of a more child-centred system, which were more controversial. Influenced by the work of A.S. Neill at Summerhill School (Risinghill, 2015), Michael Duane was head of Risinghill School, a new comprehensive school in Islington, which opened in 1960. The new school was formed through the merger of four local schools and Duane attempted to create a new way of running a child-centred school. A school council was set up with children as a majority of members, school uniform was optional and corporate punishment was abolished (Libertarian Education, 2007). After five years, the number of students entered for O-Level exams, had risen from 18 to 80. The number of children on probation had fallen from 98 to 9 and in 1965, and for the first time, two ex-pupils went on to university (Libertarian Education, 2007). However, this radical way of running a school attracted much criticism locally and nationally and the Inner London Educational Authority (ILEA) closed the school in 1965.

There were many other attempts to introduce a more democratic way of running schools. The example of Countesthorpe College, a new purpose-built upper school in Leicestershire, introduced a more collective form of decision making, with decisions on school policy made by all the staff and students given more autonomy. A new curriculum was created which was common to all but flexible enough to accommodate individual interest and motivation. Course work replaced examinations as the main form of assessment. Although the head teacher, Tim McMullen, had to resign after two years due to ill-health, by the late 1970s, the school curriculum was valued by students, parents, teachers and visitors (Armstrong, 2008).

Another form of progressive education in the 1970s included experimental 'free' schools, set up as alternatives to formal schools. Some of the main 'free' schools were White Lion Free School, London, Scotland Road Free School, Liverpool (1970), Bermondsey Lamp Post

(1973). The White Lion Free School, set up by Pete Newell and Alison Truefitt, opened in 1972 and closed in 1990 (de Castella, 2014). It was funded by the Inner London Education Authority (ILEA) and was the only state-funded free school. There was no timetable, no compulsory lessons, no uniform and no hierarchy, with a collective approach to decision making (Libertarian Education, 2008).

The campaign to save Croxteth Comprehensive in Liverpool was a different type of alternative school resulting from a campaign to save a school designated by the Liverpool Education Committee for closure in 1982. Parents occupied the school and a three year occupation kept the school open (Stephen King Photography, 2015). This campaign was significant in that it brought together parents, teachers and local activists in a different relationship from that of a normal school. All three groups had to work out their different views of disciplines, curriculum and school organisation (Carspecken, 1987). The three year experience highlighted some of the wider issues raised when teachers and other stakeholders work together.

Access to services/ education

Another form/ theme of radical education practice attempted to address anti-racist and anti-sexist issues and wider issues of access to education. Joyce (1987) explored what being a feminist teacher was like in the 1980s through a series of interviews with women teachers in schools in Inner London. After interviewing women teachers at many different levels in schools, she documented many examples of how feminist teachers incorporated a feminist perspective into their teaching/ classes, showing high levels of commitment and persistence. The approach was described as:

I want to carry out what I believe in the classroom as well as outside the school. It's really part of a whole philosophy of encouraging children to work cooperatively and to question everything intelligently" (Infant teacher in Joyce, 1987: 69).

Interviewees commented on their relationships with other people in the school, almost all identifying problems with being taken seriously in this part of their working life. There was some support from ILEA in terms of anti-sexist policies and support groups, however all teachers reported a struggle to work on anti-sexist issues in schools and a sense of isolation (Joyce, 1987).

Radical practice was promoted through publications produced by teachers. For example, radical approaches to teachers challenging racism were distributed through 'Teaching London Kids' 'Blackbored' and 'The English and Media Magazine' (Jones, 2014:118). The 'All London Teachers Against Racism and Fascism' (ALTARF) was set up in 1978 by a group of radical teachers as a response to increased activities of the National Front in London. It published 'Challenging Racism' (1984) with the NUT, supported by the Commission for Racial Equality (CRE) and the Institute of Race Relations. ALTARF did not just address racism within the classroom but felt that:

"Anti-racist teaching which stops at the classroom door cannot truly be described as anti-racist. We must challenge inside and outside the schools, the racism, sexism and class structures which divide us" (ALTARF,1984:2 quoted in Troyna, Williams, 2014: 67).

This was one example of an initiative which encompassed wider political issues as well as the classroom, which was characteristic of many movements of urban teachers (Jones, 2009:30).

Community education

The importance of making connections between schools and communities was recognised in more specific community education projects. The Cockpit Arts Centre in London, between 1979 and 1985, provided an example of a community based arts project which ran a mix of out-of-school, after-school and holiday projects for young people and used photography as a form of creative expression. The approach taken by the project was informed by youth and community arts projects where arts workers had developed open and informal ways of working, with bases in working class communities (Dewdney and Lister, 1988:4). Dewdney and Lister argued that in arts education:

"If you really want to engage young people in critical work, you have to do this through the currencies and concerns of their own worlds…. And you have to be in a position to offer them acceptable and powerful forms in which to do this" (Dewdney and Lister, 1988:7)

This was in contrast to art teaching in schools at that time which failed to do this. They argued that the "*recognition of the cultural productivity of young people should be central*" (Dewdney and Lister, 1988: 5)

Another example of community education was the publication of several volumes of collections of children's writing entitled 'Stepney Words' by Chris Searle, a London teacher. He used a critical pedagogy approach which "*exposes and deals with the issues that shape the world in which the students have to live, helping them to make sense of it in their own terms"*

(David, 2009). This approach to teaching linked language and action so that children could write about their own worlds and so "*became aware of struggles within their social contexts and then were motivated to take collective cultural actions*" (Cortes Camarillo, 1998: section 2: Collective Words and Cultural Action). This approach was not valued by the school and the publication led to Searle's dismissal. In response, students went on strike at Stepney School and generated national support. Although it took two years for Chris Seale to be reinstated, during that period he set up a writers' group in the basement of St George's Town Hall where the students could continue with their writing. They were joined by people of different ages from the local community. Over 15,000 copies of 'Stepney Words' were sold and the money raised was used to fund other publications.

Radical Nurses

By the 1970s, nurses were starting to question the medical model that dominated the NHS and which nurses felt compromised the quality of care they were able to provide for patients. Underlying this concern for patient care was a more fundamental struggle between nurses and doctors, with nurses trying to challenge the rigidity of the medical model and moving towards a more holistic model of health.

The creation of the Radical Nurses Group (RNG) around England in 1980 was "*by and for nurses because of the dissatisfaction so many of us have about so many aspects of our jobs*" (New Left Project, 2013). The newsletters produced by the Radical Nurses Group demonstrate some of the issues that nurses discussed. They show that they were attempting to articulate a new way of thinking about patient care. These examples show the problems faced by nurses.

"*The lack of adequate communication between doctors and patients can be very frustrating for nurses who think that patients should be given a clear idea of what is happening to them, as the decision to tell a patient her diagnosis rests with the consultant, even though very often the nurses will know a patient much better than the doctors do. So the patient, being treated for a fatal disease without her knowledge, because of doctors' inadequacy at communicating often comes to the realisation of impending death alone, with the reality being consistently denied by both doctors and nurses…….Thus a profession which is predominantly female continues to be intimidated by a profession which is predominantly male. Medical staff are educated within a system which sees acute medicine as having more status and power than a 'caring' speciality like geriatrics. For this reason, they come to see 'caring' as unimportant*

in terms of their career. A radical change in both nursing and medical education is needed to promote caring as well as curing." (MT in RNG Newsletter: January 1981)

The RNG campaigned for "*a distinctive 'nursing' voice*". This was to be achieved in part through the "*evolution of an overtly 'feminine' discourse of care, centred on compassion*" (Grumbling Appendix, 2013). RNG used a feminist analysis to examine the role of nurses and relationships with the medical profession. At the time, nurses often argued against taking on tasks done by doctors, not wanting to dilute their caring role. The RNG was an attempt to provide support for nurses who felt that questioning the power of the medical model was necessary to improve the quality of patient care. They were also questioning the nature of their own professional power. A contributor to the RNG Newsletter in 1988 wrote:

"I think we must look closely at some of the foregone conclusions we assume as 'those with knowledge' who 'know best'. I remember asking a patient whether they would like to change their position in bed and being quite aghast at their response: "you know best, nurse. What do you think?" I explained the nature and necessity of pressure area care but asserted that it is the patient who knows most about their degree of discomfort and can best advise the caring staff on such a personal matter. This small incident made me realise what power I held and not surprisingly, made me feel quite inadequate to take on such responsibility as a student on my second ward. I wonder how much power we consider the patient has in relation to their nursing care." (DB in RNG Autumn 1988)

<u>Occupations/work-ins</u>

Another form of questioning existing service delivery was the involvement of nurses in campaigns against hospital closures. Nurses played a role in the occupations of the Elizabeth Garrett Anderson (EGA) Hospital and South London Hospital for Women and Children in the 1970s and 1980s. Both of these hospitals had been founded to provide for the health care needs of women and were eventually taken over by the NHS.

The closure of the EGA was announced in 1976. An action committee was set up which brought together large health trade unions but increasingly the action committee worked with local residents in Somerstown, near the EGA. The EGA Well-Woman support group started to campaign for a clinic with a wider, community-oriented approach to health that provided information as well as medical services. Campaigners argued for the EGA to become a 'centre for innovation and research' in women's health matters, and a resource in the community. Campaigners and workers sponsored discussion meetings on health issues. A

'work in' began a few days before the hospital was due to close. 100 nurses and 78 ancillary staff began the occupation. By 1979, the EGA campaigners were successful in keeping the EGA open for gynaecological services. This campaign brought together nurses, other medical staff and local community campaigners. It started to involve women's health movement activists with nurses. Eventually the decision to close the hospital was reversed and the hospital re-opened in 1984 (UCL Bloomsbury Project, 2014). The significance of nurse participation in hospital occupations showed nurses developing new alliances with patients and other groups campaigning against closure. This was part of a process of challenging the medical model and developing an alternative, holistic model of health.

Community health development

Another form of radical practice in the 1980s that nurses became involved with were community health initiatives. These were set up by health professionals, including nurses to work with local communities on health issues. Examples included the Chalkhill Neighbourhood Project and Paddington and North Kensington Health Visiting and Community Development Project. A related approach was the involvement of nurses in community health development projects, set up by local community groups to raise awareness of health issues in a locality. Part of the work of community health development projects was to work with local NHS services to support staff interested in working with local communities in a more democratic way. Examples of community health development which worked with local NHS workers were the Albany Project and the Salford Community Health Project. Some nurses became community health workers based at community development project, for example, Myatts Field Health Project, Waterloo Health Project (CHIRU/LCHR, 1987).

Access to health services

One of the aims of community health development projects was to improve access to services for groups whose specific needs were not well addressed by the NHS. Some of the initiatives for women and BME health led to changes in the way in which maternity services and the setting up of well-women clinics and multi-advocacy projects. Nurses were involved in some of these initiatives. For example, Elizabeth Anionwu, a nurse at the Central Middlesex Hospital, was involved in setting up the Brent Sickle Cell and Thalassemia Centre, a service for people with sickle cell or thalassemia. Although it was part of the NHS, the centre had

formed very close links with the local black community and was sensitive to their needs. This had been achieved through networking between volunteers, patients and health professionals (Fieldgrass, 1992:83). This type of centre was replicated in many other health districts.

Well-women clinics were another example of how a more holistic approach to health resulted in a service which addressed the overall health needs of women rather than a series of specific conditions. Islington Trades Council, the National Abortion Campaign and Community Health Council worked together to form five Well-Women clinics in Islington Health Centres (Dale, Foster, 2012). For nurses working in well-women clinics, a change in practice was required which changed their relationship with the services users, who were not necessarily ill (Personal observation as a member of Islington Community Health Council, Women's Health Working Party, 1986).

Radical Social Workers

Social workers were strongly influenced by several factors in the late 1960s and early 1970s which led to the development of radical practices. The introduction of integrated social services departments which created large teams of social workers, a stronger sense of professional identity and trade union organisation and the growth of user movements all contributed to the development of radical social work (Ferguson, 2009: 86). A wider recognition that the client's problems were caused by their material circumstances rather than individual problems and failures led to different approaches to social work. Academic, sociological research, which looked at the family, mental illness and structural factors and individual behaviour also influenced radical social work practice. The 1970s have been described as a "*very optimistic time for social work*" (BASW respondent, 2014). There was a greater focus on group and community based approaches as well as stronger trade union organisation. Social work training started to include welfare rights and community work teaching, introducing new forms of social work practice.

One of the first initiatives, which developed a radical critique of the case management approach, was the magazine, 'Case Con', which defined 'professionalism' as careerism and part of a process of social control of colleagues and clients (Weinstein, 2011). This can be seen in the tradition of questioning professional power. As mentioned, one of the issues which unified social workers was the increasingly managerial system of integrated social

services, formed after the 1971 Local Authority (Social Services) legislation. Formed by a group of radical social workers, 'Case Con' covered stories of the social workers who were too embroiled with management and so unable to do their jobs as they wanted. This started a process of questioning the practice of social workers which revealed differences among the group producing 'Case Con', with libertarian and Marxist groups viewing clients in different ways (Weinstein, 2011).

Topics covered by 'Case Con' included a rank and file trade unionist conference, a claimants union, an occupation by tenants and wider housing issues. Later issues covered women's issues, children, training, community and residential work. There was no issue covering race and social work (Weinstein, 2011). 'Case Con' brought together theory and activism. 'Case Con' had an influence on the development of term 'radical social work' which was articulated by Bailey and Brake (1975/ 1980) in 'Radical Social Work' as collective action, challenging individualism, working with communities/ community politics, democratising and decentralising social work team work (Bailey and Brake, 1980). Although there were links between 'Case Con' and 'Radical Social Work', 'Case Con' was primarily activist focused, whereas Radical Social Work contained more social work academics.

Challenging racism and sexism

Ferguson argued that in the 1980s, social work moved away from a predominantly class analysis to a view of society influenced by oppression, identity and difference, which continued into the 1990s (Ferguson, 2009). One example of radical social work which tried to do this was the actions of a group of Black social work students who identified the Eurocentric nature of existing social work training and the poor experience of Black social work students. Black children were over-represented in the care system which was run by white social workers. Similarly, Black mental health users over-represented in mental health services. A Black Perspectives Committee was set up in 1987 and in 1989, as part of the review of the Diploma in Social Work, the Black Perspectives Committee wrote Annex 5 of Paper 30 and a CCETSW position paper on racism. Although the reaction to this led to the disbanding of the Black Perspectives Committee, it represented an attempt develop a more radical practice in training (Weinstein, 2014).

User movements

Some of the radical social work initiatives in the early 1970s, although they were concerned with claimants' unions and tenants' groups, were not necessarily focused on service users and did not develop links with the growing user movements. The 1970s saw an increase in the activism of people with disabilities. 'The Fundamental Principles of Disability' was published in 1976 by the Union of Physically Impaired Against Segregation (UPIAS) and the Disability Alliance. However, since 2000, one of the biggest influences on new social work practice was through user/ social movements. The British Association of Social Workers was one of the core members of the Mental Health Alliance, a coalition campaigning to improve mental health legislation, which resulted in the 2007 Mental Health Act in England and Wales. The coalition included church organisation, user groups and professional organisations. It now works "*to advocate for the fair implementation of the Mental Health Act in England and Wales*" (Mental Health Alliance, 2015).

Although radical social work attempted to highlight the needs of clients, it was through the external influence of user movements that led to changes in social work practice. Beresford (2011) questioned whether social work is an empowering profession. There was little movement away from an individualistic approach to a more evidence and practice based approach. This was partly because of the influence of external factors and managerialism on social work.

Community work

There are many examples of social workers initiating community projects, either becoming community workers or supporting community projects in the 1960s and 1970s. They can be seen as a reaction to individual case work. Community work could involve local communities in collective action as well as supporting citizens in negotiations with government. Supported by government policies, which were also funding Community Development Projects to strengthen communities, there was a wider awareness that radical social work had to incorporate a community focus. A Gulbenkian Foundation report (1984) recommended the setting up of a national centre for community development, a reflection of the enthusiasm and energy which was focused on community development projects. The Gorbals Anti-Dampness campaign in the late 1970 and early 1980s was an example of how social workers worked alongside a tenants' group to campaign against damp housing (Ferguson and Woodward, 2009).

Conclusion

In terms of periods of radical practice, there is a clear divide for all three groups, between the period up to 1988/1990 and the period after 1990. For 'social services professionals', the opportunities to pursue radical/ democratic practice were greater before 1990. There were often systems of support within the Welfare State that 'social services professionals' could draw on for new initiatives. These types of action provide one way of examining the development of radical/ democratic practice in public services during the period after the 1960s. An analysis of these different types of radical action show that they can be characterised as related to:

- Making services more user centred;
- Listening and redefining problems and issues;
- Questioning existing models and promoting more holistic/ social models to inform practice;
- Working with communities to share knowledge and take action,

These can all be seen as forms of a more democratic organisation and practice of public services. Since the introduction of marketization and public management reforms, with the emphasis on the commodification of services, the introduction of new initiatives has been made more difficult. All 'social services professionals' have started to campaign again marketization and more recent austerity policies and these activities characterised their more radical actions in the period after 1990.

Jones (2014) argued that the strength of neo-liberalism within the education system makes it much more difficult to introduce new forms of radical practice, even if teachers are still critical of the managerial agenda. Instead of developing new forms of radical practice within institutions, it is the force of wider social movements that provide examples of how new educational approaches can be developed (Jones, 2014:195).

Social workers have used conferences, networks and manifestos as ways of drawing attention to some fundamental issues facing social work and developing supportive networks of practitioners. Part of the emphasis is on returning to a values-based social work, particularly working with service users. After Jones, Ferguson, Lavalette and Penketh (Jones *et al*, 2004) published 'The Manifesto for Social Work and Social Justice' in 2004, a conference in 2006 "Social work: a profession worth fighting for?" led to the creation of the Social Work Action

Network (SWAN). This aims "*to challenge the growing marketisation of social work and social care, and to defend a social work practice based on social justice*" (SWAN, 2015). As well as campaigning, SWAN aims to reassert values within social work as a form of professional development. It works with UNISON supporting social workers on strike, care workers on strike and victimised social worker trade union members (Lavalette, 2011).

Since the introduction of the internal market in the NHS and a wider focus on more individual, personalised approaches to health promotion, the role of community health approaches in addressing wider health issues has declined. It has been replaced by a more individualistic approach both in the management of long term conditions and health promotion but which still aims to incorporate a more democratic approach to decision making about care. Nurses have played an important role in developing ways of working with patients with long term conditions, called self-managed care, and palliative care, which have included the redefinition of the patient/nurse relationship (Husaini, 2014).

Democratic professionalism

At the same time as radical/ democratic practice was re-orientating itself to campaigning and engaging with social movements, there has been an increase in writing about wider debates concerning challenges to professional power. Dzur (2004, 2008) examined democratic professionalism in terms of how specialist knowledge can be used in a deliberative way to solve social problems, avoiding the often technical and bureaucratic decision-making that mainly excludes citizens. He proposed "*democratic professionalism*" as a way of building bridges between specialists, for example in medicine or law. Professionals may only operate a form of technocratic professionalism, which is concerned with the continued maintenance of professional power, or they may play a role in civic professionalism, analysing the "*problems of democratic engagement, authenticity and integrity"* (Maharg, 2009:1), which is seen as a form of democratic professionalism.

Dzur (2004) argued that professionals have democratic responsibilities to facilitate the participation of citizens in a particular sphere which are the result of particular professional practices. This related to "*commercial- or technocratic-minded professionals…vulnerable to problems of legitimacy stemming from its remoteness from the publics served"* (Dzur, 2004:3). Rather than operating as part of commercial and technocratic systems, professionals should start to work in a more collaborative and cooperative way with their clients.

The way in which professionals should start to take on this new role was outlined by Maharg (2009). Writing from the perspective of the legal profession, Maharg (2009) defined democratic professionalism as "*a form of re-professionalization built around models of active and collaborative democratic change*." For lawyers, the problems of democratic professionalism highlighted the dual role that legal professionals play because they are involved in "*both the creation and maintenance of rights, and in the dialogue concerning the nature of freedom in a democracy*". Maharg suggested that concepts such as Dewey's education praxis and "associate life" were important in helping professionals to work in a different, more facilitating way with citizens. Dewey saw learning as experience and explored how learning, experience, participation and communication interacted. He wrote that "*all those who are affected by social institutions must have a share in producing and managing them*" (Dewey, 1987: 218). This is an important concept to inform the development of democratic professionalism.

Sullivan (2004) presented an alternative to the "*market model of work and social organisation*" which was a form of "*social partnerships between the public and functional groups which organize to advance social values in the interest of those they serve*" (Sullivan 2004:15-20). This is particularly relevant for professionals operating with the Welfare State, who are responsible for the creation and maintenance of public goods rather than their own profits. These professionals need to be accountable and able to participate in civic life, making their professionalism a form of civic professionalism (Sullivan, 2004).

Whitty (2000) presented democratic professionalism as a third model of accountability for teachers, separate and different from state control and self-regulation. A form of 'democratic' professionalism would aim to demystify the nature of professional work by building alliances with students, parents and other stakeholders. This would enable the values of idealism and trust to be redefined. 'Democratic professionalism' could challenge managerialism and would be based on collaboration between teachers, parents, students and other educational stakeholders. It would lead to new work practices and more flexible ways of thinking about practice (Sachs, 2001: 159). This was a more specific reaction to the impact of managerialism on teachers and the education sector.

This was taken further, in relation to the teaching profession, by Whitty and Wisby (2006) who argued that democratic professionalism would require teachers to take responsibility for more than just their actions in the classroom. Teachers would have to be involved in the running of the school, play a role in the wider educational system, support and show solidarity with other teachers. However, teachers would also have to recognise that the solution to social problems and wider social agendas may have to involve the subordination of professional interests, perhaps one of the most important elements of democratic professionalism.

Early Years

A relatively new profession, early years practitioners, has used the concept of democratic professionalism to develop a model of professionalism appropriate for working with young children. This is a different approach from that taken by teachers, nurses and social workers who are exploring democratic professionalism in the context of attacks from government on their profession as well as reforms to welfare state institutions. A new profession using democratic professionalism as a way of developing a profession allows for a more holistic view to be established from the beginning. Oberhuemer (2005) defined democratic professionalism as a concept based on participatory relationships and alliances. It emphasises collaborative and co-operative action between colleagues and other stakeholders as well as engaging and networking in the local community. Oberhuemer (2005) identified four levels of activity related to the practice of 'democratic professionalism' for early years' practitioners:

- Interacting with children;
- The professional knowledge base;
- Partnership with parents and;
- Centre management and leadership.

These reflect some of the elements that have been identified in other professional settings.

Hugman (2012), writing about social work, highlighted the re-building of the service ethic, with a focus on the lives of service users rather than the skills and knowledge of professionals. He recommended that, just as service users can be more effective is working collectively, so professionals will have to work in partnerships with services users and

developing alliances with other professionals. Democratic professionalism will need new policy making structures at local level to involve service users.

Activist professional

Groundwater-Smith and Sachs (2002) and Sachs (2003) developed the concept of an "*activist identity*" for teachers, which can support them in the development of democratic professionalism. Activist identify is based on trust, generative politics and the politics of transformation (Sachs, 2003). Communities of practice play an important role in the development of activists by establishing trust between professionals and establishing a new professional identity. However communities of practice are only one dimension of democratic professionalism (Lave & Wenger, 1991).

Taubman (2013) further developed the "*activist identity*", building on some of the principles identified by Sachs (2003). He defined the core of democratic professionalism as an emphasis on collaborative, cooperative action between teachers and other educational stakeholders, which facilitates decision making between teachers and others involved in education. In order to create an "*activist identity*", which could engage with stakeholders, professionals need to:

- Facilitate access to ideas and information and critical reflection and evaluation;
- Believe in the capacity of people (individual and collective);
- Have a concern for others, "*the common good*", for their dignity and rights (Taubman, 2011:3).

Taubman (2013) stressed the importance of promoting democratic processes, including within institutions, although he acknowledged that this would involve an extensive process of transformation. This reflects Dewey's view of the importance of co-production and co-management of institutions (Dewey, 1987).

These recommendations have implications for schools and there have been attempts to create new forms of school organisation, which draw in stakeholders more effectively. Vincent and Warren (1997) defined three types of parent-centred organisations, where new relationships between teacher professionals and parents could be opened up. Gutmann (1999) had already argued that teachers should "*cultivate the capacity for democratic deliberation*" (Gutmann, 1999: 76). Bangs and Frost (2012) argue that education is a public good and should be

subject to a commitment to social justice and democracy. Education should play a role in the development of active participatory citizenship. Schools should be models of democratic practice. Bangs and Frost (2012) identified that teacher agency should play a part in 1) shaping the learning and working conditions e.g. class size; 2) developing and implementing policy and; 3) influencing their own professional knowledge and professional learning.

An important strand of recent debates about democratic professionalism is the role of trade unions in supporting the creation of democratic professional practice. Whitty and Wisby (2006) emphasized the role that trade unions and professional associations must play in developing alliances with a much larger range of stakeholders than has been traditionally the practice. Trade union and professional associations had to start by defining who should be responsible for teacher professionalism and working with not just the teaching profession but the wider school workforce and the public. This would require new forms of relationships and alliances. Whitty (2008) further clarified a model where teachers would work with a wider range of stakeholders. Stevenson and Gilliland (2015) recognised that teachers' unions have to be "*at heart of DP (democratic professionalism)*" and must themselves become models of democratic professionalism, through organising ideas, organising from the base and organising for unity. This form of trade union action is a type of 'social justice/ social movement unionism' which trade unions have been developing over the last twenty years as a response to declining membership and an increasingly hostile environment towards organised labour (Hyman, 1997; Moody, 1997; Wills, 2001). Teaching unions in North America have been involved in 'social justice/ movement unionism' and their experience shows that the process takes time to develop, requiring social justice to be seen as part of member advocacy (Rottmann, 2008; Weiner, 2013).

Four elements recur in the different accounts of democratic professionalism (Oberheumer, 2005; Spours, 2013; Stevenson and Gilliland, 2015) and are outlined by Taubman (2013) as:

1. Competence;
2. Respect;
3. Integrity;
4. Responsibility (Taubman, 2013).

These elements are similar to the underpinning principles of earlier radical practice, which were working in a user centred way, listening and redefining problems and issues; questioning existing models and promoting more holistic/ social models to inform practice

and; working with communities to share knowledge and take action. They also reflect the key components for building trust, which include ability, benevolence and integrity (Mayer *et al*, 1995).

Question guide

- Do professional reactions to public management reforms contribute to a new form of democratic professionalism?

Conclusion

The concept of professions and professionals has been studied for over a century. It started by identifying how professionals originated in the development of modern society. Professionals play important roles in society providing specific services, which are trusted by clients. The role of professionals in bureaucracies has been seen as a key step in their evolution in some countries. This background has been important in considering the role of professionals in the public sector/ Welfare State, because the employment status of professionals within the public sector is different from many professionals such as lawyers and accountants, who operate as independent contractors selling their services.

Many studies of professionals have tried to identify the common characteristics of a professional in order to define whether certain occupational groups can be classified as professions. A review of the professional identity literature for teachers, nurses and social workers identified four common issues that constitute the creation and maintenance of a professional identity. These issues are autonomy, training and managing expectations, management culture versus professional integrity and the expansion of interdisciplinary working, which affects professional identity. These fulfil three out of the four main criteria for the definition of a profession. The fourth criterion, the state role in establishing standards and qualifications has a different significance for 'social services professionals' which are employed directly by the state.

Studies of the development of professions have identified the processes whereby professions establish a uniqueness that protects their singular position in the marketplace for selling services. These include "*professional projects*", which professional groups have used to define a knowledge base and training programmes that individuals have to complete before

being allowed to enter the profession. The concept of "*labour market shelters*" acknowledges the important position that professionals have in terms of protected jobs and employment. Training is reinforced by being provided by professionals themselves. Both universities and the state have played an important role in the recognition of qualifications and standards, one which has increased over time.

Whether professionals operate within bureaucracies or institutions, they are influenced by wider power structures, particularly in relation to the role of women and men in patriarchy. Feminist organisational research has conceptualised masculinity and femininity as gender codes, which influence the way in which women and men relate to each other. These influence how organisations and institutions function. Studies of a range of organisations and institutions have identified that they operate in a gendered male way, reflecting the distribution of power between women and men. Professions operate within institutions and are affected by this gendering of power. This is important to consider when studying teachers, nurses and social workers, where women form the majority of employees, but are not necessarily occupying the most powerful positions. Interpretations of the criteria that determine whether occupations can be considered to be professions are subject to a male gendered perspective which has influenced how occupations such as teaching, nursing and social work are viewed as professions.

Conceptual model

This thesis argues that the theories of professional power and the changing form of the state have to be considered together in analysing how 'social services professionals' have been influenced by public management reforms. A conceptual model which combines both theories of professional power and changing forms of the state will be used to analyse the experience of teachers, nurses and social workers between 1979 and 2010 and is outlined below. The model has three elements: professional identity formation; attempts by 'social services professionals' to improve and increase the democratisation of public services and; public management reforms. These elements interact with each other during the period of public management reforms.

The process of professional identify formation has been operating for many decades but the period after 1945 brought increased emphasis on professional development and training for all three professional groups (teachers, nurses and social workers). At the same time, the

experience of professionals who became part of the Welfare State created after 1945, was shaped by being employees rather than independent practitioners as well as their commitment to ensuring the rights of citizens to access to Welfare State services. This process manifested itself in different ways - new approaches to student-centred learning, adopting holistic models of health and understanding the causes of poverty - but can be seen as a form of civic or democratic professionalization, which was in contrast to a more traditional, elitist form of professionalisation. It attempted to change relationships between professionals (teachers, nurses and social workers) and their clients.

However, after 1979, public management reforms have not solely affected the process of professional identify formation but also the way in which 'social services professionals' tried to continue with their commitment to improving the way in which public services were delivered. The changing form of the state impacted on the ways in which professionals worked within what was becoming the post-Welfare State. Public management reforms have limited the ability of 'social service professionals' to exercise trust and discretion, both essential parts of professional autonomy. However, linked to the growing emphasis on the rights of users of services, professionals are developing ways of operating that place themselves and services users within a more democratic framework, which helps to counter the effects of a strong managerial culture. Just as the concept of a professional has evolved over the past century as social structures have changed, there are signs that the role of professionals operating within the public sector is beginning to change. It is this process which the thesis will examine in relation to teachers, nurses and social workers, as well as the impact of public management reforms on their professional identify and autonomy. The main research question and sub-research questions are set out below.

<u>Research Question</u>

The main research question is:

What influence did institutional change, in the form of public management reform, have on the professional development of three professional groups, teachers, nurses and social workers, delivering public services in England between 1979-2010?

Influence will be assessed through changes in public policy towards the professional development of these groups; the numbers entering and practising within these professional

groups as seen through an analysis of gender, age and ethnicity; changes in training and curriculum development and; the perceptions of key activists from each group.

Sub-research questions

1. Did the concept of 'professional' change in public policy documents relating to these three groups between 1979 and 2010?
2. Did the structure of these professional groups change, as seen in terms of gender, age and ethnicity, at key points in this period?
3. What were the main changes in training during the period?
4. What were the experiences of these three groups as perceived by key activists?

The choice of research methods used to gather data to answer these questions is set out in the following chapter.

CHAPTER 3: METHODOLOGIES

This chapter justifies the use of several research methods which have been used to gather data to answer the basic research question and the sub-research questions (p.95). The sub-research questions explore different components of professional development. Public policies provide a basic indicator of how government perceives specific professional groups. Fluctuations in the size of professional groups over time can be the result of changes in the way a profession is viewed in terms of status, pay and terms and conditions as well as the government support for the profession. Changes in training over time are another indicator of how government viewed the content and purpose of a profession. All three groups were responsible for delivering basic public services and their professional development was approved by government. The perceptions of these groups as seen through interviews with activists will provide contrasting views of public policy changes. A consultative group was used to test the research findings.

Documentary and textual analysis, including critical discourse analysis

One of the main parts of this research was exploring whether the concept of 'professional' changed in public policy documents during this period. This raised questions about what was meant by the term 'public policy documents' and how they can be analysed. This chapter will start by discussing the issues raised by documentary and textual analysis and the use of critical discourse analysis in public policy documents.

The use of documents – books, government reports, policy papers and unpublished records of government departments – has become an increasingly important source of materials for researchers examining public policy changes (Becker and Bryman, 2004). Wolff (2004) argues that documents are "*standardised artefacts*" and researchers study the way in which texts are constructed, how they are used in different contexts and some of the contradictions that emerge from these processes. This can involve looking at who the documents were written for, whether internal or internal audiences, and the status of documents in terms of access, whether closed, restricted, open–archival, open-published, and whether this status has changed over time (Gidley, 2012).

Choice of public policy documents

In this study of whether the concept of 'professional' changed in key public policy documents related to teachers, nurses and social workers, the choice of public policy documents was approached by identifying mainly consultation papers, White Papers, legislation and reports of government commissioned working parties and some Hansard reports from government working parties and select committees. There was some consideration of how changes were introduced, whether as voluntary codes or more prescriptive legislation, or Green and White Papers. Although the focus was on selected documents which were specific to the professional development of each groups, it was recognised that other public policy documents had implications for the professional development of a group although were focused on the form of service delivery. For example, the introduction of contracting of local authority social services through the internal market outlined in the 1990 Health and Community Care Act had implications for the professional development of social workers, although it did not mention professional development explicitly. Examining the impact of the organisation/ internal market / marketization on professional development plays a significant part in answering the core research question.

The choice of consultation papers, which can be described as part of the policy process, provides part of a dialogue with the public, which helps to show how policy decisions have been made. An example of the significance of a consultation paper is Working Paper 10, one of the Working Papers used to inform the White Paper 'Working for Patients' which preceded the 1990 Health and Community Act. This Working Paper 10 provided an explanation / rationale outlining why training for nurses was to be moved to the higher education sector because this would safeguard a continued training programme which might be lost in the workings of the internal markets, then being set up.

Finding out how and why official / government documents were published is an important part of understanding the nature of the documents. Gidley (2012) argued that the production of different types of official documents is culturally constructed (Gidley, 2012: 276). Civil servants have to learn how to produce official documents and how to read them as part of their roles within government. Fairclough (1992) in Jones (2004) explains that government departments assume that the texts they produce have three main audiences, described as: addessees; hearers and; over-hearers. If government documents are aimed at more than a

single audience then the textual analysis will have to consider the possibility that there are meanings for several audiences.

The history of archives is related to the ways in which the power of the modern nation state operates with a monopoly on law (Gidley, 2012). How official documents are stored and archived is a significant factor in governments protecting public policy decision-making processes. A recent example of the significance of archiving has been the policy of the 2010-2015 Conservative-led coalition government to move all documents relating to the 1997-2010 New Labour government from government websites and to archive many, although not all, of the documents in the National Archives.

Use of language

In considering the use of research methods to analyse public policy documents, this thesis had to consider that the period of study encompassed a period which covered the introduction, by government, of a new paradigm, neo-liberalism. It covered the introduction of internal markets to the public sector and the subsequent marketization of public services, a fundamental change in the way in which public services were planned and delivered. These changes were heralded by the introduction of a new language. For example, the public sector no longer planned and delivered public services but public services were commissioned by providers and contracts were drawn, with specifications which outlined what was expected from the provider. This was part of the introduction of a business language and culture to the public sector. The use of different terms reflected the introduction of different values, characterised by being quantifiable. Yet, public policy documents did not just introduce a new language, but used language in way that would gather support for government policies. In addition, there were differences between the 1979-1997 Thatcher/ Major government and the New Labour governments 1997-2010 in their use of language even though the overall aim of marketization of public services was similar.

These changes in language have been extensively documented/ analysed. Fairclough (2000) analysed the use of language by New Labour, arguing that the action of democratic governments arises from public contesting between different discourses, which are used by different interest groups to gather political support. New Labour used language as an explicit part of the process of governing. The "*effectiveness of deliberation and dialogue becomes essential for effectiveness of government*" (Fairclough, 2000: 157). The new discourse,

known as the "Third Way", which New Labour created, was a combination of several discourses drawn from the new right, social democratic and communitarian discourses. This represented a change in the way that government shaped and influenced public opinion as well as policy implementation. It was supported by the rhetorical style that Blair used (Fairclough, 2000).

Mulderrig (2009), in a detailed analysis of education policy focuses on how the New Labour government introduced new ways of articulating education policy, which reflected new policy goals and different roles for government. The use of terms such as "*we*", "*workforce*" and "*world class skills*" introduced a different way of conceptualising the aim of education policy which now aims to produce knowledge to enable the economy to compete successfully in the global economy. This was part of introducing neo-liberal values into education policy and represented a shift towards the development of skills for economic reasons. It also showed that the role of government in education policy had different facets, which range from "*the government will take powers to intervene in social failure*" (Mulderrig, 2009: 61) where the government is presented as a formal institution which can take action to make changes. Alternatively, the statement: "w*e are anxious to help young people participate more fully*" (Mulderrig, 2009: 61) presented a more emotional reaction from government.

Mulderrig writes "*governance change involves change in social identities and relations of power and language both enacts and represents these changes*" (Mulderrig, 2009: 63). This discussion has shown that there is a relationship between discourse and changes in power relations and that language plays a key role in these changes.

<u>Government and language</u>

"Much of the action of social practice of government is language" (Fairclough, 2000: 157). This section explores the relationship between discourse and social change because it helps to inform the process of textual analysis and what can be drawn from it, more specifically, the relationship between language, government and social change. The study of language is essential for studying the impact of neo-liberalism or "*aspects of new capitalism*" (Fairclough, 2004). Neo-liberalism is "*discourse-driven*". Fairclough argued that language may have a more significant role to play in socio-economic changes than in the past (Fairclough, 2012).

However, it is not just a question of examining how discourses are explaining new values and policies, but how the government implements policies. Fairclough argued that this involves presenting goals or "*desires*" as facts, which present a new view of the world as it will be in future, described as "*imaginaries*". In terms of public institutions, this may mean changes in the way in which work is organised, for example, contracted out. This may result in new ways of working and changes in the way that workers control of the labour process (Gramsci, 1971), which is significant for 'social services professionals' during this period. Modernisation is an example of an "*imaginary*" that had impacted on professional development of all three groups. In order to create these images of the future, a number of key words have emerged as linked to the introduction of marketization in public services, for example "*modernisation*" and "*professionalisation*". An analysis of discourses within public policy documents will contribute to an awareness of the how professional development policies were being introduced.

For public institutions, the introduction of a new business language is part of the process of marketisation. This new discourse displaces other older more dominant discourses. In the case of education, health and social services institutions, an older discourse that characterised the Welfare State, which used terms such as public services, citizens, was being changed. This process of change from one discourse to another is described as changing "*orders of discourse*" (Fairclough, 2004). This is significant in the textual analysis of public policy documents in that it will be important to identify the different "*orders of discourse*" as will be seen through a mix of different genres, discourses and styles. In the case of New Labour, the neo-liberal discourse may be mixed with an 'older' social democratic discourse. In order to analyse this, the textual analysis will have to identify how the older discourse is overtaken by the newer neo-liberal discourse. New discourses take time to become established or 'internalised' within an institution. A comparative study of different institutions, as this thesis is exploring, will show to what extent the rate of change/ influence was similar or different for each group.

Critical discourse analysis

Critical discourse analysis (CDA) has a key role to play in the research into this process of neo-liberalisation and marketization of public institutions and contributes to the formation of an understanding of the nature of these processes. As the thesis is examining the influence of public management reforms on public sector workers, and a detailed analysis of language in

texts will support this process, critical discourse analysis was chosen to inform the process of textual analysis. CDA is important to consider in relation to the changing concept of professionalism. A major question that arises is whether the concept of professionalism was re-articulated by government during this period. In order to answer this, a detailed textual analysis of relevant texts will identify changing language, images and concepts.

The process of CDA looks at the use of language (discourse), how language is used in a particular event (discursive event) and the text used in this event (Fairclough, 1993). "*Texts are processes within which political work is done*" (Fairclough, 2000:158). Text analysis develops an understanding of the nature of the texts. Fairclough outlined seven dimensions of text:

1. Vocabulary – individual words
2. Grammar – words in sentences
3. Cohesion – sentence linkage
4. Textual structure – organisational properties
5. Force of utterance – acts of speech
6. Constitution – coherence of texts – document form – beyond sentence structure
7. Inter-textuality – linking messages within several discursive practice

These will be used as a basic framework for analysing the public policy texts. The next stage of analysis uses three levels of analysis: description; interpretation and; explanation (Fairclough, 1992).

Public data sets

The main research methodology of critical discourse analysis was complemented by an analysis of the numbers and composition of the three professions during the period 1945 – 2010. This contributed a positivistic element to the research and complemented the main interpretive analysis. The data were drawn from public data sets, which had been collected by government departments during the period being studied. The aim of this analysis was to provide data on the changing size and composition of each profession, in terms of gender, age and ethnicity. This provided an indication of the extent to which the profile of each

profession changed during different periods. These changes were used to inform the process of understanding the texts.

Methodological issues

At the beginning of the period being studied, data on all three professional groups was not collected systematically. This changed over time and by 1997, data was collected annually. This has meant that the whole period is not covered by the same quality of data. It shows that the data which was used to plan for all three professional groups was much less rigorous before 1997.

Time period

Although the main research question is examining the period 1979-2010, there were some significant events in the 1970s, for each profession, which started to change the way in which they operated. For example, reforms to professional training started before 1979 and the key events have been included in the analysis. In addition, a brief post-script covering the period 2010-2015 had been included.

Training for skills and knowledge

Another way of assessing the impact of professional development policies by government towards teachers, nurses and social workers in the period under study, was to analyse the basic curricula for training in terms of content, skills and knowledge. These were acquired from government reports, professional archives and more recent university programme reviews. This provided an additional source of data to validate the analysis and impact of public professional development policies.

Interviews with key activists from the three professional groups

A series of interviews with key activists from the three professional groups were conducted to gather an alternative view of government policies. These provide insights into the processes of confrontation, compliance and adaptation that characterise the professional responses to the introduction of new professional development models promoted by government.

It was decided to choose two respondents from each professional group. Contacts were made through personal knowledge and by approaching people via e-mail. They are coded as: Respondent A1; Respondent A2; Respondent B1; Respondent B2; Respondent C1; Respondent C3.

Question guide for key informant interviews

1. Has the position of teachers, nurses and social workers, operating within the public sector, affected their role as professionals since 1979?

2. Has government promoted the concept of a gendered professional project?

3. How does public management reform affect the gendering of institutions?

4. What was the influence of welfare state/ public sector and focus on the quality of public services on the state's role in professional development?

5. Have government policies and impact on creation of professional autonomy?

6. What has been the impact of training reforms on professional expectations?

7. What has been the impact of government policies on promoting inter-disciplinary working among teachers, nurses and social workers?

8. To what extent has the public sense of trust in teachers/ nurses/ social workers changed since 1979?

9. Has the potential use of discretion by teachers/nurses/social workers changed since 1979?

10. Do professional reactions to public management reforms contribute to a new form of democratic professionalism?

Consultative group

The findings on democratic professionalism were presented to a group of 10 academics at the International Labour Process Conference (IPLC) in April 2015. Nine of the group were based in the UK and one based in Sweden. They work in the fields of industrial relations, professional studies and employment relations. They were asked to complete a questionnaire to test their reaction to the concept of democratic professionalism, whether they felt it was useful, what the role of trade unions/ professional associations could be in promoting the concept and to provide further research suggestions. The results of this questionnaire survey were incorporated into the analysis of 'democratic professionalism'. This consultative process provided a form of validation for the concept. The researcher was able to observe the reactions of participants and gather comments and different perspectives, which were incorporated into the analysis. Appendix 1 lists the respondents in the consultative group.

Comparative approaches

A matrix was created, after a review of key professional development policies for the three professions, to facilitate a comparison of the three professions between 1979-2010. Drawing on some of the issues that faced the professions in the period being studied, it is set out below. Three criteria were used to structure the matrix which were drawn from the literature review in relation to the construction of professional identity (Chapter 2)

Table 1: Comparative matrix 1979-2010

	Teachers	**Nurses**	**Social workers**
Changes to structure of workforce	Contested theory & practice for training Teaching Assistants (Education Reform Act, 1988)	Nursing Assistants	Part of wider social care workforce
Training reforms	**Competencies** (Education Reform Act, 1988; 1994 Education Act – teacher training and funding)	**Competencies** (Making a difference, 1999; Modernising Nursing Careers, 2006) **Motivation, control and autonomy** (Project 2000, 1986) Fitness to Practice (1999) Graduate entry contested	**Competencies** Public protection versus developmental work (Barclay Report, 1982; Every Child Matters, 2004) Graduate entry accepted (New degree structures, 2003) **Contested theory & practice for training**
Professional autonomy/ integrity versus managerialism	**Managerialism** (Education Reform Act, 1988) **Motivation, control & autonomy** (1992 Education (Schools) Act – creation of Ofsted) Fitness to practice and graduate entry accepted	**Managerialism** (Health & Community Care Act. 1990) **Contested theory & practice for training** (Making a Difference, 1999)	**Managerialism** (Local Government Act 1971)

Ethical issues

An application for Research Ethics Clearance was made to the University of Greenwich Research Ethics Committee. It was approved on the 25th July 2012. This research was carried out in consideration of the following ethical principles:

- Professional integrity;
- Respect for all groups in society regardless of gender, race, ethnicity, religion and culture;
- Respect for concerns of stakeholders;

- Ensure factual accuracy and avoid falsification, fabrication, suppression or misinterpretation of data;
- Reflect on process of research engagement;
- Make methodology and findings open to discussion and peer review;
- Ensure that participation in the research is voluntary and that decisions about participation in research were taken from an informed position;
- Data has been treated with appropriate confidentiality and anonymity.

Members of the consultative group were attending a session at the International Labour Process Conference in April 2015. They had assumed that the paper presented by the author would be part of a three paper session. They were asked at the beginning of the presentation if they would be willing to take part in the survey. They were given the option of not participating. All members of the group voluntarily agreed to participate.

Although the researcher works in this field as part of her main university role, there were no ethical issues that emerged relating to conflicts of interest, as the interview respondents and consultative group members are not directly involved in her professional work.

Problems with data collection methods:

Authentic, credible and transferable findings

The question of how to ensure that the research findings were authentic, credible and transferable was approached by adopting a process of triangulation. Triangulation in social research can be defined as observing the research problem from at least two different points (Flick, 2004; Farmer *et al*, 2006). Although triangulation may involve viewing data drawn from different sources, or using different observers / interviewers, or drawing from different theories, the approach taken in this research was to explore different sources of data. The textual analysis of public policy documents was complemented by an analysis of the numbers of teachers, nurses and social workers over the period being investigated. This provided a quantitative source of data, which showed how the numerical size of the three professions changed over time. A third source of data was an analysis of curriculum used in teaching and training of the three professions between 1979 and 2010. This provided another way of viewing changes in the professions, highlighting the extent to which government policies on

professional development actually influenced training. These three types of data contribute to an assessment of whether the findings are believable (Becker & Bryman: 2004: 251). The interviews with key informants from trade unions and professional associations provided a way of testing out the findings from the textual analysis of public policy documents, the analysis of public data sets and analysis of training programmes.

The use of a consultative group to test the findings of the overall research was a way of establishing whether another way of testing the research was believable (Lincoln & Guba, 1985). This contributed to a form of member validation.

Limitations of the research

The issue of transferability is difficult to judge with research that is examining three specific professions during a limited time period. In addition, a limitation of the research was the small size of the consultative group, which made the possibility of generalising the results to another setting difficult. However, the three professions were chosen because of their contribution to the development of the Welfare State. Some of the findings would be useful to compare with other professional groups working within the Welfare State or the public sector during the same time period, for example, planners.

There are some general problems with using interviews as part of researching a period in the recent past. How to get people to focus on that time period when currently dealing with immediate issues? Not everyone has a historical perspective although a positive dimension is that someone who had lived through a period of extensive change has more memories to draw on. All key respondents chosen had at least twenty years of experience of either working as a practitioner or with a trade union or professional association. This helped to identify respondents who had relevant experience.

Until 1995, data on the workforces of each group were not collected annually. This has made the compilation of data on the pre-1995 period uneven. With systems of training being reformed, the ways in which training places and numbers were recorded changed over time. This was particularly difficult with the changing responsibilities for nurse training moving from the NHS to higher educational institutions.

Personal reflections

The researcher is based in a research unit which investigates the impact of liberalisation and privatisation on public services. This has meant that the subject content of the thesis is directly relevant to her daily research work, although with an emphasis on the recent past. There has been a sense of personal transformation over the past five years as a result of exploring the concept of professionalism and applying it to an analysis of public management reforms in the Welfare State in England. The identification of democratic professionalism as a potential form of professionalism has implications for how public services are designed and managed in the future. This will be used by the researcher in her future work.

Data analysis:

Analysis of public policy documents

Text will be analysed in terms of:

Vocabulary – individual words

Grammar – words in sentences

Cohesion – sentence linkage

Textual structure – organisational properties

Force of utterance – acts of speech

Constitution – coherence of texts – document form – beyond sentence structure

Inter-textuality – linking messages within several discursive practice

This will be followed by three levels of analysis: description; interpretation and; explanation.

Analysis of the composition of the three professions

The analysis of the datasets that provided the numbers and composition for each profession used descriptive statistics. The data was analysed using frequency tables to categorise each profession in terms of a) gender, b) age-groups and, c) ethnicity, over the period being studied. Bar-charts and pie-charts were used to present the results of this analysis.

Analysis of training curricula

The analysis of the training curricula for the three professional groups was approached by breaking down each curriculum into three categories: content specific knowledge; skills; operating in a wider environment. Each profession was analysed through time to identify

changes in any other these three categories. Comparisons were made between the three professions in the period 1979- 2010.

Analysis of key informant interviews

The question guide for the key informant interviews was informed by the literature review. An analytical framework informed by the literature review was used to analyse the content of the interviews. This covered the impact on a) professional autonomy, b) training and professional development, c) career structure and d) role of the state in professional development.

Analysis of consultative group

The consultative group tested the research findings. The results of this process were incorporated into the final analysis and writing up.

CHAPTER 4: PROFESSIONAL DEVELOPMENT AND THE WELFARE STATE 1945-1970s

This chapter outlines how the state became involved in the professional development of nurses, teachers and social workers with the establishment of the Welfare State through an analysis of White Papers, legislation and Commission Reports. Critical discourse analysis has been used to highlight the changing conceptions of professional teachers, nurses and social workers that emerged through this period as seen from the perspective of the state.

During the Second World War, teachers, nurses and social workers and nurses had to deal with changes in the ways in which schools, hospitals and welfare services were organised because of the increased demands on them. Teachers had to cope with displaced children and disrupted school systems. There was an increased demand for hospital services, which were increasingly under state control. Social workers had to provide welfare services for people coping with the loss of families, incomes and homes as well as high levels of uncertainty. This led to rethinking the need for public services as well as the way in which services were delivered. The creation of the Welfare State after 1945 built policies informed by what had been learnt from these events as well as an awareness of the growing inadequacies of education, healthcare and social services, identified before the Second World War.

The most immediate problem for the 1945-51 Government was to solve the shortages of nurses, teachers and social workers. The approach to these shortages took several forms, indicative of the different perceptions of these groups. Central government had used Commissions of Enquiry to bring together critical views of existing arrangements with new thinking on training, both during and after the Second World War, to identify recommendations for the future. The 1944 Education Act did not include a section on teacher training. This was left to the McNair Report, which was published in 1944 but had been commissioned in 1942. The Wood Report (1947) informed the 1949 Nurses Act, although not all recommendations were accepted. The 1947 Carnegie Report by Eileen Younghusband influenced social work training, which was highlighted in the 1948 Children Act. All three professions were going through significant phases of professional development in this period but the professional development of these three groups had been a central government concern before and during the Second World War.

Teachers

The 1902 Education Act gave local authorities responsibility for pupil-teacher training and municipal training colleges were recognised after 1904. In the period 1904 – 1944, teacher training expanded but was organised on a local, rather than a national system. This period also saw the expansion of university involvement in teacher training, through the establishment of new university departments of education. An indication that this system of teacher training was subject to criticism by the time of the Second World War, can be seen in the commissioning of the McNair Report in 1942. Central government had concerns about the limitations of the system of recruiting and training teachers, which were made more urgent by the problems created by World War II.

Although the 1944 Education Act is recognised as one of the most significant pieces of educational legislation in the twentieth century, the Educational Reconstruction White Paper, which preceded it, is not so well known. The word '*reconstruction*', is a significant word in the context of the Second World War but also implies a form of re-building, rather than a radically new system of education. RAB Butler, the Minister of Education, although moved from the Foreign Office, soon became convinced of the need to reform the educational system (Hennessy, 1993:145).

On the first reading of the Educational Reconstruction White Paper, there is a sense of surprise at the remarkably sympathetic view of teachers. The inclusion of sections on local educational administration and access to Universities also showed that this was to be a reform not only of types of schools but of how to run and administer the educational system. Significantly, this was a central national government public policy outlining how an educational system would be administered at local level.

The Educational Reconstruction White Paper created an impression of a new educational system underpinned by a search for equality of opportunity, while acknowledging diversity. A detailed analysis revealed a vision of a new world, although the introduction to the White Paper outlines a set of aims which might have been articulated in almost any Education White Paper since 1943. It aims to provide the

> *"means… of developing the various talents for which they are endowed and so enriching the inheritance of the country whose citizens they are."*(Board of Education, 1943: 3)

National education policies all strive to improve the lives of their citizens through education, although the use of the term 'citizen' has become less common.

The government aimed to "*recast the educational service*". This is where the authorial intention becomes more evident. The term "*educational service*" implies a national reach and scope but the term "*re-cast*" suggests the educational system as an edifice that was in need of changing and remoulding.

> "*The new layout is based on recognition of the principle that education is a continuous process conducted in successive stages" (*Board of Education, 1943:3).

This revealed a new system which included nursery education (pre-5), primary education (5-11) and secondary education 'of diversified types but equal standing'. Perhaps the most significant part of this new system was the introduction of three types of education, which were to follow-on consecutively. Until 1943, many children attended an 'elementary' school which included children from 5 until the school leaving age at 14. The Hadow Report (1926) on the "*Education of the Adolescent*" had recommended the introduction of a separate secondary school system but no government action had been taken. The 1943 White Paper recommended the creation of three different types of education after 11 - grammar, secondary and technical.

Educational reform, as set out in this White Paper, was seen as part of wider social reconstruction. However, although the vision is broad and ambitious, immediately there are reservations about how fast the rate of reform would be because of the costs to the tax payer and rate payer. A period of four years in the post-War period was seen as realistic to create this new educational system. However, this is qualified by recognition of the difference between legislative and administrative changes, with an emphasis on administrative changes as encapsulated in the findings of the Norwood, Fleming and McNair Committees. This recognition of the different power of legislative and administrative changes indicated a separation of powers but a cautious view of the power of legislation.

Although this was a White Paper published by central government, local authorities were being given a fundamental responsibility for the education of people within their geographical boundaries. It said:

> *"a duty will be placed on each local education authority to contribute towards the mental, moral and physical development of the community by securing the provision of efficient education throughout those stages (primary, secondary, further education) for all those in the area capable of profiting thereby" (Board of Education, 1943:* Section 23, p.7).

Local education authorities were given a role in helping the local population gain access to education but the paper recognises the potential that education can play in a community. This should perhaps be seen in the context of thinking about health, physical activities and moral education that had been prevalent in the early part of the twentieth century (Warpole, 2000).

Teachers were considered the key to the success of the new educational system. Many more teachers would be needed as well as "*a larger number of teachers of the right calibre"* (Section 100). Pay, and conditions within schools, such as class size, also had to be addressed in order to improve the quality of teachers. The White Paper acknowledged that training and quality of teachers would have to be addressed but the McNair Committee had already been given the remit to review the preparation and training of teachers.

Although the White Paper took a sympathetic view of teachers, it criticised the background of teachers. Many came from grammar schools and through training colleges or universities, with no break from the educational system. The White Paper recommended that:

> *"Teachers had be educated men and women of responsibility whose training had introduced them to a '**full life**', which they will be encouraged to maintain, and indeed develop, through their professional careers"* (Board of Education, 1943: Section 104 p.27).

This is one of the most significant contributions to the image of the professional teacher that was considered necessary to deliver the new system. It draws on a model of professionalism which is informed not just by education and training, in a particular discipline, but by playing a role in society. It could be described as a form of civic professionalism.

The White Paper also highlighted the role of parents in ensuring that their children receive an education. This is one of the images where the distance of 70 years influences the

interpretation of the researcher who comes with a set of '*prejudices*' which have been influenced by educational reforms in the last 40 years, where the power of parents had been given more recognition by government. It seems surprising that parents had been given such a clear responsibility but this also reflects the position of parents in the pre-Second World War period where attendance at school was not always given a priority when children could contribute to earning household income. In this sense, the significant change that was taking place through the 1944 Education Act was to institutionalise free universal education for all children up to the school leaving-age of 14. The 1944 Education Act introduced an important new era in education policy in the twentieth century. However, none of the references to parents mention how they were to relate to teachers or the type of relationship that parents and teachers could develop.

Although the attitude of the 1943 "*Educational Re-construction*" White Paper towards teachers was sympathetic, there was also recognition that training and the quality of teachers had to improve. However the detail of these reforms was the responsibility of the MacNair Committee. What is significant for the development of teacher professionalism was the way in which the White Paper emphasized the importance of a "*full life*" for teachers, which they had to maintain throughout their careers.

The 1943 White Paper provided an insight into how government influenced the post-war view of the teaching profession. The stress on the importance of teachers having a "*full life*" and operating outside schools raised questions about how teachers function as professionals in the idealised community. This is the most important contribution of the White Paper to the construction of the professional teacher as presented by government.

An initial impression of the 1944 Education Act, as compared to the 1943 Education Reconstruction White Paper, was that it was primarily an outline of a new system of educational administration and management. It focused on how to establish a system of selective education but bring together local authority and voluntary funded schools. It was a central government guide for local authority control of the school system. There was no section on teacher training although it was acknowledged that the success of the new system would depend on the number and quality of teachers. Whereas the 1943 White Paper gave an impression of creating a reconstructed educational system which had aspirations and visions for a new society, the 1944 Act was more focused on how to implement a new system of

administration. This was to be the context within which an expanded teaching professional would have to function, which involved school management and regulation.

The Act presented the overall aim of establishing a new tripartite system of education.

> *"The statutory system of public (*note use of the term public*) education shall be organised in three progressive stages to be known as primary education, secondary education, and further education; and it shall be the duty of the local educational authority for each area, so far as their powers extend, to contribute towards the moral, mental and physical development of the community by securing that efficient education throughout those stages shall be available to meet the needs of the population of their area."* (Board of Education, 1944: Section 7, p. 4)

Local education authorities were given the responsibility for providing separate primary and secondary schools which should "*enable pupils to be educated in accordance with the wishes of parents*" (Section 7b, p.5). This reference to parents follows from the White Paper which outlined parental responsibility for sending a child to school. Government was beginning to recognise that parents had a role to play in the educational system. At this time, it was linked to the responsibility of local education authorities (LEAs) to have the power to prohibit employers from employing young people if the work was interfering with school attendance (Section 57, p.46). This Act established a free universal provision of education which aimed to increase the school leaving age as well as providing education for all pupils. The LEA had to provide financial assistance to students attending schools, which were fee paying, as well as providing transport services for children or covering the costs of travelling to school for each child.

Although overall inspection of schools was the responsibility of the Minister, LEAs could inspect a locally controlled school which was not felt to be performing adequately, and this would be done by officers appointed by the LEA. In this context, Ministerial responsibility was effectively implemented by LEAs, although the Minister had the power to take over an LEA if it was not discharging its responsibilities properly (Section 93, p.67). These relationships show that the central government: local education authority interface was already loaded with responsibilities which were not always clearly defined.

Although local education authorities were still responsible for providing facilities for the training of teachers and for providing funding for trainee teachers, the 1944 Act gave the responsibility to the Minister of Education to make available "*sufficient facilities for the*

training of teachers for service in schools, colleges and other establishments maintained by local authorities"(60, p.48). The Minister could also give directions to local educational authorities that required them "*to establishment, maintain or assist any training college or other institution*". This was an important move for the Minister to take responsibility for instructing local education authorities in the provision of teacher training. The 1944 Act did not make specific recommendations for teacher training because the McNair Committee was expected to make detailed recommendations on the training of teachers. There was also a section on remuneration of teachers which was not completed but which informed the 1945 Teachers' Superannuation Act.

A stronger understanding of the 1944 Education Act shows that it explained how a fragmented educational system would be transformed into one which was implemented by local education authorities under the overall control of the Minister of Education. LEAs were given powers to provide services and financing to enable all children to attend school. The emphasis was on the administration and management of the educational system. There was no specific guidance on how selection at the age of 11 was to be organised although it was implicit in the new tripartite structure of secondary education. However this lack of detail also enabled the Act to be subject to different interpretations.

The 1944 Education Act can now be considered as playing an essential part in establishing a nationally organised system of education, with strong Ministerial and LEA control. Although the role of parents in ensuring that children attend school was recognised, there was no sense of a parental "*voice*" being heard through this Act. However, the wider health and well-being of children and young people was addressed, which showed a wider role for the state in safeguarding the well-being of children. This needs to be considered in the light of the state taking on more responsibilities for child protection, as set out in the 1948 Children Act. The training of teachers, although acknowledged, was not addressed in any detail because the McNair Report would provide guidance after its publication in 1944.

The McNair Report was commissioned in 1942, well before the publication of either the 1943 White Paper or the 1944 Education Act. It aimed:

> *"To investigate the present sources of supply and the methods of recruitment and training of teachers and youth leaders and to report what principles should guide the Board in these matters in the future."(Board of Education (MacNair Report), 1944)*

It was one of a series of reports on the educational system that exerted some influence on post-war education policy. The 1899 Board of Education Act created a Board of Education and allowed for the establishment of a Consultative Committee "*to keep a register of teachers and to advise the Board 'on any matter referred to the committee by the Board*" (section 4). This Consultative Committee published several reports, including six Hadow Reports (1923: Differentiation of the Curriculum for Boys and Girls, 1924: Psychological Tests of Educable Capacity, 1926: The Education of the Adolescent, 1928: Books in Public Elementary Schools, 1931: The Primary School 1933: Infant and Nursery Schools) and the Spens Report (1938: Secondary Education with Special Reference to Grammar Schools and Technical High Schools), which were attempts by government to investigate problems within the education system and explore possible solutions. However, the recommendations of the six Hadow Reports were not implemented until after the Second World War. The McNair report followed in this tradition but it was unclear how much a committee report could influence policy. Both the McNair Report and the 1944 Education Act emphasize the differences between legislation and administration. Committees drew the views and voices of different groups into policy making, albeit elite groups.

The first impression of the McNair Report is gained by looking at the members of the Committee and comparing the makeup of the committee to a typical education policy committee in the early twenty-first century. Industry, universities, teacher training colleges and the National Union of Teachers (NUT) were represented on the McNair Committee. There does not seem to have been much change in terms of the interests represented in a government committee today although the McNair Committee was chaired by the Vice-Chancellor of Liverpool University. Today, a committee on teacher training would probably be chaired by a non-academic from the private sector.

The McNair Committee could co-opt onto two sub-committees:

> *"One to advise us on the training of teachers in technical colleges and schools and the other on the training of youth leaders. The terms of our reference gave the Chairman power to co-opt other persons to serve on sub-committees, and we were fortunate in securing the services of Miss D. C. Collins (Bexley Day Technical School for Girls, Kent) and Mr. E. G. Savage (Education Officer, London County Council) for the first of these sub-committees and of Mr. J. F. Wolfenden and Miss Eileen Younghusband for the second."* (Board of Education (MacNair Report), 1944)

The co-option of four individuals onto two sub-committees that examined the training of teachers and of youth workers gave several insights into the process of the McNair committee. The two co-optees onto the teacher training subcommittee were a head teacher of a girls' technical school in Kent and a London County Council education officer, both likely to provide insights into local education policy and practice.

The two co-optees onto the youth worker training committee became involved in post-war social reforms. Eileen Younghusband wrote several reports on social work training in the following fifteen years and played an important role in shaping the social work profession. J.F. Wolfenden, who in 1943 was Headmaster of Uppingham School, was asked by the Home Secretary in 1954 to chair the Departmental Committee on Homosexual Offences and Prostitution in Great Britain. In 1957, this committee produced the Wolfenden Report, which recommended the de-criminalisation of homosexuality.

> *'Legislative and administrative changes will not by themselves make effective the educational reforms upon which the country is determined. There must be a supply of teachers adequate both in quantity and quality"* (Board of Education (MacNair Report), Prefatory Note, 1944).

The supply of teachers was seen as central to the success of the 1944 Education Act and other administrative changes to the educational system. The government had to find ways of influencing both the supply and quality of the teaching profession. In 1938, there were 200,000 full time teachers, of which 70% were women. 170,000 teachers taught in elementary schools and other specialist schools. The remaining 30,000 were in secondary schools, including preparatory schools. There were also about 15,000 teaching in mainly private schools (Section 52, Chapter 1). There was an annual wastage rate of 12,000 per year.

The McNair Report acknowledged that the role of government in the education system started in the primary/ elementary sector in 1839 but had become more focused on secondary education after the 1902 Education Act (Point 15 Chapter 1), although it did not have a strong control over the supply of teachers. The McNair Report observed that there were fundamentally different ways in which teachers' pay was determined in elementary and secondary schools in 1942. Elementary schools had several grades of teacher (certificated/ uncertified, special) who had different levels of training and these factors determined their pay. Secondary/ grammar schools teachers were not graded or organised by qualifications.

The majority of secondary teachers were graduates, more than half of them had been trained. Secondary school teacher pay was determined by whether a teacher was a graduate or non-graduate.

Teacher training colleges provided two year courses to train teachers for elementary schools. They also provided three year specialist courses for teachers of domestic subjects, physical education and arts and music. University departments of education ran teacher training courses for graduates in a specialist subject. The type of training had a strong influence on the pay that a teacher would receive and teacher training colleges provided the majority of trained teachers. The McNair report was highly critical of teacher training colleges.

> *"The purpose of the training colleges has always been the preparation of teachers for the elementary schools; and the trail of cheapness, to which we shall presently refer, which has dogged the elementary schools has also cast its spell over the training colleges which prepare teachers for them. What is chiefly wrong with the majority of the training colleges is their poverty and all that flows from it."(Board of Education (MacNair* Report), 1944: Introduction)

It acknowledged that University education training departments were not so affected by '*poverty*' although the status of education as a discipline in a University was not well respected. One of the major problems facing teacher training colleges was their size, with many having less than 100 students.

The McNair report also commented on how training colleges, about fifteen years before, had been grouped and entered into:

> *"An examination relationship with the universities by the establishment of Joint Examination Boards, each consisting of representatives of the university and of the colleges concerned."* (Board of Education (MacNair Report) Section 45, p.15-16)

Thus, examinations in teacher training colleges started to be controlled by universities. This was an alternative to taking the examination of the Board of Education. This arrangement had started to institutionalise the involvement of universities in teacher training. They, together with the government, played a growing role in influencing the professionalisation of teachers.

Although the state had subsidised the training of teachers for almost a century by 1944, a rapid increase in the number of teachers would be dependent on government funding for

trainee teachers. The proposed expansion of teachers in the post-war period had immediate implications for government expenditure. The McNair report observed that the state had not subsidised the training of any other profession to the same extent (Section 308, chapter 9), so indirectly providing a comparison to the professions of law and medicine.

Teachers receiving government funding for their training were also required to sign the "*Pledge",* which gave a commitment by the individual to follow the profession of teaching because of the public funding that had been invested in them (Section 43, Chapter 1). This was similar to a form of apprenticeship where the individual was expected to become a teacher as a condition for receiving training. The McNair report was highly critical of the "*Pledge*" because young people had to make a decision when they were just leaving school which would influence them for the rest of their careers. The *"Pledge*" was also criticised because the grants for a university degree and a year of teacher training were the only way in which many individuals could access higher education. Scholarships for students to enter higher education were not widely available. This sometimes resulted in individuals entering the teaching profession who were not necessarily suited to become teachers. The McNair report also commented that the new educational system would not necessarily facilitate an improved recruitment of teachers from schools. It wrote that:

> *"It would be a profound mistake, and contrary to the intention of the White Paper, to think that effective distribution of children to grammar, modern and technical schools will mean that all the most intelligent children will be sent to the grammar schools. The more intellectual children will naturally find their way into the grammar schools but not necessarily always the more intelligent."* (Board of Education (MacNair Report) Section 71, Chapter 2)

This comment is revealing in its separation of '*intelligent*' children from '*intellectual*' and the implications of this difference for the professional teaching careers of future students, which is also a comment on class. It was assumed that teaching would benefit from students who were intelligent but not necessarily intellectual but grammar schools would still provide the majority of teachers, who would be more likely to be intellectual.

The McNair committee recommended that if there was a satisfactory system of general grants for higher education, which were not linked to entry to a particular profession or vocation, and if teacher salaries and terms and conditions were improved, then the "*Pledge*" could be abolished.

Local authorities provided both grants and loans for young people in teacher training, but required young people to teach in the place that they grew up. The McNair report viewed this as "*undesirable*" because it limited the overall life experience of teachers. This was part of a significant argument for improving the quality of teachers. The challenge was not just to increase the numbers of teachers but to improve the quality. The discussion of how to do this reflects a negative view of the teaching profession as it was presented in 1942. This was framed in terms of the "*narrow life*" of the teacher as compared to other professions. The McNair report wrote:

> *'The doctor, engineer, architect or lawyer has several possibilities before him when he has completed his qualifications or soon after he has obtained some experience of his profession. He may engage in private practice as a consultant or otherwise, enter the public service or combine the two* (Board of Education (MacNair Report Section 85, Chapter 2).

This shows how other professions were considered to have more options available to them by being able to go into either private practice or public services or both. The assumption was that all these professionals were male.

The committee recommended that teachers should be able to be members of local education committees, they should "*be free to play a full part in organising their own professional associations"* and also have the opportunity to serve as a Justice of the Peace, a member of a children's court, a local authority, a university or rural community councils (Section 86, Chapter 2). Recruitment from industry, commerce or other professions was also recommended, anticipating de-mobilisation after the Second World War.

This section of the McNair report provided an important picture of how the teaching profession was perceived by the state and how it could be improved. Professionalism was viewed as much wider than just the practice of teaching. Exposure to wider social and political processes was recognised as contributing to broadening an individual, which would complement their abilities to teach. The McNair report made other recommendations to broaden the supply of teachers. It recommended the lifting of the marriage bar, using more part time or peripatetic teachers and giving teachers sabbatical study leave. All these recommendations would help to draw teachers with wider experience. There was also a recommendation that, in order to improve the status and esteem of teachers, parents should be

informed about the value of teaching and the educational system. Adult education was seen as a way of providing this training for parents.

The McNair report started to articulate a new model of the teaching professional. It drew on a model of professionalism that was informed by a wider experience of society. This experience was not just gained before entering the profession but had to be maintained as part of the life of a teacher. This places the teacher as part of a wider social process. It can be linked to the concept of citizenship which Marshall (1950) highlighted in his writings on professionalism, although he framed it in terms of "*altruism*".

The McNair Committee was commissioned to look at the training of teachers in 1942 before the 1943 White Paper (Educational Reconstruction) and the 1944 Education Act were published but it reported after they were published. The McNair report complemented both the White Paper and 1944 Education Act by providing a vision of the teaching profession that could help to secure an essential supply of teachers by raising the status of teachers through training, higher pay and better working conditions. This was essential if the 1944 Education Act was to be fully implemented. One of the most important observations from these three documents was the emphasis placed on the role that teachers had to play in the wider society and its institutions, which would enrich the teaching profession. This should be seen in the context of the period when contributions to society were assumed to be part of a collectivist endeavour, part of building a new post-war society. Teachers were also represented as male in public policy papers which suggests that the pressure to play a role in society was targeted at a mainly male group.

The McNair Committee was split as to whether training for teachers should take place in Universities or Teacher Training Colleges (Richardson, 2002). This reflected mixed views about whether there should be equality between graduate and non-graduate teachers and ultimately whether teaching should be a graduate-only profession. This was also a debate that featured in both nursing and social work.

From 1944 until the early 1950s, Cabinet debates about education policy were focused on the supply of teachers and schools, for example, the Cabinet Meeting of 23rd August, 1945 discussed the feasibility of raising the school leaving age in 1947 and whether there would be enough schools and teachers. Central government attempts to ensure a supply of teachers

depended on accurate predictions of the numbers of teachers required in future decades. Although many older teachers had continued to work after retirement age during the war, they were expected to leave the workforce once the war ceased.

During the period 1944- 1950s, the number of teachers trained expanded as a result of a central government initiative, the Emergency Training Scheme, which opened a number of emergency teacher training colleges. People returning from the armed forces, who did not have the normal entry requirements, were recruited and given a course of teacher training in 12 months. Although teachers achieved a provisional training qualification after one year, the intention of the Board of Education was that they should "*follow for the next two years, a course of part-time study related to …previous attainments, aptitudes and opportunities …*" (Board of Education, (1944) Circular 1652: para 21). By 1951, when the scheme closed, 35,000 teachers had been trained (Crook, 1997: 379).

There are different views about how the Emergency Training Scheme contributed to the development of teaching as a profession. One view is that it was an important initiative that secured a supply of teachers at a time of rapid expansion of schools. It was necessary to expand the number of teachers if immediate post-war developments, such as, the raising of the school leaving age, were to be achieved. Hennessy sees it as contributing to "*the enrichment of the teaching profession"* (1992: 160). However, even the Minister of Education, Ellen Wilkinson, acknowledged the "*generous attitude"* of the NUT towards the implications of the Emergency Training Scheme (ETS) (Hansard 28 June 1946). NUT had previously campaigned to raise the level of qualifications necessary for entry into the teaching profession. A more critical view of the ETS is that the shortened training course widened entry into the teaching profession and contributed to the dilution of the quality of teachers. Although the one year of training was supposed to be followed by further training and study for the next two years, this did not necessarily take place (Crook, 1997).

Teacher training had also expanded through the growth in municipal training colleges. By 1951-2 there were 94 Local Education Authority teacher training colleges as compared to 28 in 1939. University departments of education trained mainly male graduates to teach in grammar schools or the new teacher training colleges. The teacher training colleges trained mainly women to teach in primary and secondary modern schools (Edwards 2001 in Richardson, 2002).

During the 1950s more attention was focused on the quality of teachers. By 1960, the two-year teacher training course was increased to three years. Until this point, the curriculum of teacher training courses was the responsibility of local training colleges, which were run by local education authorities and so under local control. In the early 1960s, national government began to be more interested in the curriculum of teacher training.

The Robbins Report into Higher Education (1963), recommended the creation of a Bachelors of Education (B.Ed.) degree, university recognition of teacher training colleges and even that Universities should take over teacher training colleges (Robbins, 1963). This was based on the view that training colleges felt that they were not fully recognised as part of the system of higher education (Robbins, 1963). The establishment of Institutes of Education which followed the McNair Report and the lengthening of the teacher training course from two to three years had made training colleges want to become affiliated universities. The Robbins Report felt that moving nearer to universities was important but links with schools and local authorities had to be maintained. Although the Bachelor of Education (B.Ed.) degree was adopted, local authorities did not agree to hand over control of teacher training colleges (Richardson, 2002).

The Robbins Report also shows how women and men were considered in a different light in relation to whether graduate teachers should have a subject degree and education training or a degree which had a mix of subjects and teacher training. Young women were presented as more likely to want a mix of subject specialism and teacher training. For example:

> "*A young woman with no great desire to take a degree in psychology but with a genuine interest in children may study their psychological development with an enhanced sense of relevance when it is combined with observation of children in school and practice in her future vocation*" (Robbins Report, 1963, 310).

This comment shows that although this public policy document acknowledges that women are a significant part of the teaching profession, this was accompanied by a set of assumptions that women were more practically focused and less interested in a specific subject degree. This level of sexism would be unacceptable in a government document today but it is an attitude which has permeated attitudes to women in the teaching profession.

In 1965, the publication of the Circular 10/65 (*The organisation of secondary education*) (Department of Education and Science DES), which formally established the introduction of comprehensive schools, briefly acknowledged the implications of this organisation for the staffing of schools. It wrote that:

> "*The junior school must be staffed and its curriculum devised so as to cater effectively for the whole ability range in the first two or three years.*" (DES Circular 10/65: 13(d))

There were also risks of the loss of teachers from lower schools when teachers could move to specialist teaching in sixth form colleges. There was an admission that there would be shortages of teachers in secondary schools until 1969 (DES, 1965).

By 1972, the James Report (1972) on teacher training recommended that:

> '*Established members of the profession need opportunities to improve their professional status and standards*' (James Report, 1972: 2.1).

This also contributed to the process of moving towards a graduate level entry for teachers. The expansion of higher education and the creation of the Council of National Academic Awards (CNAA), which validated polytechnic degrees, eventually led to Colleges of Education validating BA degrees and Advanced Diploma Degrees in Higher Education through the CNAA. Colleges of Education were gradually incorporated into polytechnics and universities and teaching became a graduate profession.

As educational policy was becoming more centralised during the post war period, there were attempts to set up a national agency to be responsible for the supply and training of teachers. In 1948, the National Advisory Council on Training and Supply of Teachers (NACTST) was set up to review national policy on the training, qualifications and distribution of teachers. Teacher trade unions were part of the membership. This was disbanded in 1965 without any institutional replacement (National Archives, 2009). The James report (1972) recommended the creation of a National Council for Teacher Education and Training but it was not until 1984 that the Council for the Accreditation of Teacher Education (CATE) was established to set standards for teacher training courses (Blake, 1994).

Although the Robbins report devoted a chapter to the training of teachers, the James Report was focused specifically on the continuous training of teachers. It conceptualised teacher

training in terms of three cycles: "*the first, personal education; the second, pre-service training and induction; the third, in-service education and training*" (1.9). It argued that:

> "*For too long the teaching profession has been denied a proper degree of responsibility for its own professional affairs. For too long, the colleges of education have been treated as junior partners in the system of higher education.*"(James Report 1.2 Introduction).

These statements show professional training taking place throughout the career of a teacher. Initial teacher training was only the beginning of the process of professionalisation. The James Report also pushed further the view of the Robbins Report that teacher training colleges or Colleges of Education should become part of the higher education system. It identified the teaching profession itself as a major stakeholder in the development of the teaching profession.

One of the most significant recommendations was the importance of all teachers taking a course of similar length but the report also recommended the setting up of a Diploma in Higher Education (DipHE) which was a new qualification which would not be exclusively for teachers.

> *"It cannot be overemphasised that the proposed DipHE could not be equated with the preparation of primary teachers nor exclusively with the education of teachers"* (James Report, 1972).

This was balanced with the emphasis on how to create a system of continuous professional development for teachers after qualification.

In 1972, the James Report considered that the time had come for a graduate entry into teaching and recognised that initial teacher training could not fully prepare a teacher for their whole career, another recognition that schools were changing. The report made a strong criticism of the existing system of teacher training colleges, which were not considered able to meet the changing needs of teachers. The problems are summed up as the:

> *"conflicts between education and training, the unrealistic width of subject and other offerings in many colleges and the poverty of in-service training conspire to impose severe limitations on the present effectiveness of initial training"*(James Report, 1972: 3.5).

Once again, as in the MacNair report, the word '*poverty*' was used to describe an aspect of teacher training.

Although there had been some expansion of in-service training, more was needed because existing provision was often uncoordinated. What was needed had to be based on a partnership between schools and other stakeholders, "*individuals, schools, LEAs, the DES and the institutions providing higher education and professional training*" (James Report, 1972: 2.5). The James Report identified that teachers needed grounding in teaching methods and educational theory as well as educational technology. It was felt that re-entrants into teaching would be a priority for continuous professional development. Teachers needed training to take on more senior management roles and should be encouraged to undertake research into the delivery of teaching. In addition, teachers were increasingly involved in library work, careers advice, personal counselling, work in deprived areas, the teaching of children with serious emotional disturbance, an understanding of multicultural society, first aid (James Report, 1972 3.5). These recommendations were informed by an educational system going through a period of change and expansion, reflecting wider changes in society.

In order to deliver continuous professional development, the James Report recommended the establishment and expansion of professional centres, although the numbers would depend on local circumstances. They would be approved by regional organisations. The Open University was expected to play a role in this process. The success would depend on a partnership between "*schools, universities, polytechnics, colleges of education, advisory services, teachers' centres, resource centres and further education institutions*".2.38

The James Report was highly critical of the probationary year because there was a lack of formal support for the new teacher. Although ideally, probationary teachers would be introduced to how new school functioned by older, more experienced teachers, in reality.

> *"No one goes near him in the mistaken belief that to do so would be to interfere with his professional integrity* (James Report, 1972: 3.9).

This comment is revealing because of the scorn placed on the concept of *'professional integrity*'. This implies that although more experienced teachers might have some, probationary teachers were yet to develop any. The male pronoun has been used to refer to

teachers although earlier on in the document, there was an acknowledgement that women were likely to enter the profession.

The research commissioned by the James Committee had found that the links between a new teacher, their previous training college and local education committee were limited or in some cases non-existent. This was in contrast to the local partnerships of individuals, schools, LEAs, the Department of Education and Science (DES) and the institutions providing higher education and professional training which the James Report recommended as a basic of improved in-service training.

Apart from recommending that Colleges of Education should become part of the higher education system, the James Report recommended that Colleges of Education should redesign their training programmes and become more involved in the continued professional training of teachers in their probationary year. This would result in closer working relationships between Colleges of Education and schools, which could lead to schools and teachers being given new roles in teacher training (James Report 3.45). This was part of a wider recommendation for practising teachers to be given a role in the selection of candidates for entry into professional training (James Report, 3.26). The wider implications of these recommendations were that the teaching professionals would share in establishing the profession's training of new teachers and in setting its own standards (James Report, 3.47). This was an explicit reference to acknowledging that teachers should contribute to developing their own teaching profession.

The underlying context within which the James Report was written was of an educational system which was undergoing change, in terms of numbers of students as well as introducing a comprehensive system which almost replaced the selective system set out in 1944. These changes were subjecting teachers to demands for which their initial training could not prepare them. This led to a recommendation for continuous professional development for all teachers. The need for partnership between schools, local education authorities, colleges of education and universities was presented as necessary to underpin new forms of professional development.

The James Report finally completed the move towards an all graduate teaching profession. Although graduates had been entering the profession for several decades, the status of teachers trained in teacher training colleges or colleges of education was often considered to be lower than graduate teachers. There was a consistent criticism of teacher training colleges and the recommendation for Colleges of Education to move into higher education was a way of ensuring that the standards of teacher training would be raised by being an integral part of higher education.

The Emergency Training Scheme as well as an expansion of teacher training and university departments of education contributed to an expansion in the number of teachers between 1945 and 1979. Teaching gradually moved to being a graduate profession by the 1970s. The image of the professional teacher changed from needing to establish a '*full life*' in the early 1940s to being able to meet the increasing demands of teaching as a result of the expansion of schools and social changes, which required continuous professional development. This was accompanied by a continuing criticism of teacher training colleges and the gradual recognition of the role of universities in the training of teachers and the acceptance of a graduate profession.

Nursing

The Athlone Committee (1937) was established to look at the training, recruitment and registration of nurses. An interim report in 1939 recommended higher levels of pay, setting of hours of work and a leave entitlement, all funded by the government (National Archives, 2009). In 1941, the Ministry of Health had guaranteed cash salaries for student nurses and urged hospitals to pay a minimum wage for nurses. The Rushcliffe Committee on the Pay of Nurses was set up in October 1941. The 1943 Nurses Act introduced State Enrolled Nurses, who trained for two years and the General Nursing Council was given responsibility for the Roll of Nurses (Rivett, 1998).

The 1943 Nurses Act aimed to provide enrolment for assistant nurses which suggested a growing demand for nurses, which the state had to regulate in order to maintain a certain level of competence. Restricting who can use the name or title of a professional and regulation of agencies supplying this type of professional are two elements which have the power to protect a professional group and limit the members of that group. They are part of

what has been described as a "*professional project*". By taking on a role of restricting entry into nursing, the state took an active role in the development of the nursing profession.

The 1943 Act set up a system of enrolment for assistant nurses, by the General Nursing Council, which would allow suitably qualified nurses to become state enrolled nurses. They were to undergo an agreed programme of training for two years which could be either provided by an institution or by the army, navy or air-force. Agencies providing nurses had to be registered to supply registered nurses, enrolled assistant nurses, certified midwives and others. Training was provided by non-state providers.

The main aim of the Act was to give recognition to assistant nurses and registered nurses, who would be registered on a roll which would be run by the General Nursing Council. The second aim was to set up a system of licensing and inspection for agencies supplying nurses, which were known as "*nurse's co-operations."*

The establishment of a roll for assistant nurses built on the 1919 Nurses Registration Act which set up a roll for registered nurses and so the 1943 Act required the amendment of the 1919 Act. It represented a significant development in the professionalisation of nurses but should also be seen in the context of the Second World War, when demand for nurses grew because of increased pressure on health services. The General Nursing Council was given the responsibility to set rules to regulate the:

> *"Formation, maintenance and publication of the roll (2a), set the conditions of admission to the roll and set the examinations required as a 'condition of admission to the roll'"* (Nurses Act, 1943).

The Council was also given the scope to limit or remove individuals from the roll (2d). The Act also set out the training requirements which assistant nurses had to fulfil to be included on the roll. This training had to be delivered either by an institution already involved in nurse training or by the army, navy and air-force, which reflected the nature of the period. Training was to be for two years. Individuals could apply to be on the roll of assistant nurses two years after the Act became law.

The 1943 Nurses Act created an Assistant Nurses Committee as part of the General Nursing Council, which would deal with any removals from the roll and other related issues.

Applicants to the roll were expected to pay a fee on entry to the roll and annually thereafter. A system of appeal for individuals removed from the roll was set up with the High Court. Members of the Assistant Nurses Committee were six people appointed by the GNC and five representatives of assistant nurses.

The 1943 Act placed restrictions on the use of the title "*nurse*", thus placing limits on the use of the occupational term. Anyone using the title nurse illegally would be fined Ten Pounds for the first offence and Fifty Pounds for the second offence. This can be interpreted as a further refinement in the "*professional project*" in turning the inappropriate use of the title nurse into a criminal offence.

The second part of the Act concerned the regulation and licensing of agencies supplying nurses. Licensing authorities were county councils, or in the case of London, either the City of London or the London County Council. This function was not done by the Ministry of Health or other government ministry. Originally called '*nurses co-operations*', nurse supply agencies were only allowed to supply registered nurses, enrolled assistant nurses, certified midwives and other prescribed groups. Agencies had to provide a written statement of the qualifications and selection had to be made under supervision of either a registered nurse or a registered medical practitioner.

The 1943 Nurses Act was an essential step in the professionalisation of nurses, which involved the state. It built on the 1919 Nurses Registration Act and gave the responsibility to the General Nursing Council. Before 1939, the General Nursing Council (GNC) required trainee nurses to have a minimum level of education (either GCE) or the GNC's own test. This requirement was dropped during the Second World War and was not reinstated until 1959. The concept of "*nursing as a closed profession*" was introduced in 1942, following the Nurses Registration Act, which allowed SRNs, SENs and those in training to be enrolled under the General Nursing Council (Journal of American Medical Association, 1942).

In the immediate post-war period, there was a shortage of 46,000 nurses (Rivett, 1998). Although 21,000 nurses were trained each year, there was a high drop-out rate in nurse training of over 55%. One of the major issues during the immediate post-War period was the status of different types of nurses. Nursing was not a homogenous profession, which meant it could not speak as a unified profession. There were differences between State Registered

Nurses (SRNs) and State Enrolled Nurses (SENs), but mental health nurses, nurses working with learning disabled and public health nurses all had their own training, were employed by local authorities and did not enter the NHS until 1974 (Smith & Macintosh, 2007). The shortage of nurses after 1945 was solved by recruitment of nurses from Caribbean countries and Ireland. Many of these nurses were employed in non-teaching hospitals or in services, such as mental health, disability and geriatrics, considered lower status than acute care.

The 1947 Wood Report on nursing and nurse training was similar in aims to the 1944 McNair report on the training of teachers, in that it provided a strong critique of nurses and nurse training. Although its recommendations were not all adopted, they remained influential for several decades, as a reference point. The aim of the Working Party, led by Sir Robert Wood, set up in January 1946 was "*to review the position of the nursing profession*", considered necessary because of the anticipated demand for nurses that the new National Health Service (NHS) would create. The five questions that the Working Party was asked to address were:

- What is the proper task of a nurse?
- What training is required to equip her for that task?
- What annual intake is needed and how can it be obtained?
- From what groups of the population recruitment should be made?
- How can wastage during training be minimised?

The final report was accompanied by a minority report by one member of the committee. In contrast to the MacNair Report, nurses are referred to using the female pronoun.

The underlying conceptualisation of the report is that the nursing profession faced problems, which had been discussed in previous reports, since 1932. The Wood Report attempted to introduce a "*scientific study"* of the nursing profession. It immediately started to re-define the research questions into a broader context defined as how to use:

> *"The economic and manpower resources available to achieve an increasingly higher standard of health in the community" (*Wood Report, 1947: p.1).

This gives nursing an important role in the prevention of illness. The long term solution to the problems of staffing of nurses lay in reducing illness.

The report compared the number of nurses in hospitals in 1938 and 1945. Although there had been a slight decrease in the total number of trained nurses (in hospitals, public health and other healthcare settings such as private or colonial nursing services) from 78,000 in 1938 to 77,600 in 1945, the biggest change was in the increase of non-registered or student nurses/midwives from 79,000 to 96,000.

The Working Party went onto analyse the nursing profession in terms of age, educational background and qualifications. In 1945, over half of hospital nurses, including student nurses, were aged between 20 and 30 years of age. About 40% of nurses were 25-35 years old. 47% were aged 35-55, with only 6.3% aged 55 or more. This was in contrast to public health nurses (including district nurses, health visitors, school nurses…) where, with no student nurses, 56% were aged between 30-40, but only 2% aged 55 or more.

The report asks the question about the "*best age*" for entering nursing. The majority of nurses entered nursing aged 18, but the disadvantage of this age was a lack of maturity. However, the report points out that:

> *"In no profession are new entrants expected to have the "ripeness" only attainable after many years of experience, and we see no reason why nursing should be an exception"(* Wood Report, 1947:.*15).*

This statement shows how nursing was considered a profession in a similar way to other older professions.

In analysing the levels of qualifications, three sub-sectors of nursing were used: Mental hospitals, all hospitals and public health. The working party attempted to measure the intelligence of nurses by getting a sample of nurses to take two standard intelligence tests. This showed that there was a wide range of abilities in the nursing profession but nurses in voluntary hospitals had a higher percentage in the highest group but mental hospitals had nurses with lower levels of intelligence. Student nurses showed higher levels of intelligence than qualified nurses, which was partly explained by the high dropout rate of student nurses, although the implication was that the more intelligent student nurses dropped out. 57% of nurses did not have a SRN or other qualifications such as State Registered Midwife (SCM).

The report then discussed an issue that has dominated nurse training for several decades, which was whether to develop nurse training at university level. It concluded that over 25% of student nurses and 20-25% of nurses would benefit from university education. This discussion was framed in terms of whether university educated nurses would "*serve a useful purpose*". This question of what university educated nurses would actually do has informed the subsequent debates on graduate entry to nursing.

Marriage was one of the major reasons for leaving nursing. In general hospitals and mental hospitals, 35% and 38% of nurses left to get married but 35% and 44% of nurses resigned for other reasons. One of the biggest problems facing the nursing profession was the high dropout rate of student nurses, which was estimated at 54% for all hospitals, with 35% for voluntary hospitals, 45% for municipal hospitals and 82% for mental hospitals. The Working Party felt that understanding why wastage rates in training were so high had to be the focus for the enquiry because it showed that the existing system was "*breaking down*".

In trying to understand the reasons for such high levels of wastage and problems in retention, the Wood Committee received a wide range of letters from nurses at different grades in different hospitals about working conditions. It also gathered evidence from interviews with nurses. The researchers found that there was "*an atmosphere of dissatisfaction or even discontent*" in nurse training schools. There was a sense of frustration, harsh discipline and no recognition of personal freedom for off-duty nurses. Senior members of the hospital staff appeared unaware of these problems. The investigating team found that the core of the problem lay in human relationships between those in training and more inflexible senior staff. The major reasons for trainee nurses leaving were discipline, senior staff, food and hours and pressure of work (Wood, 1947: 41).

The report recommended that trainee nurses should not be treated as employees but should be given student status and a training day should be as long as a normal working day. A three shift system would be needed to implement these recommendations. Recruitment and selection for senior staff should prioritise staff able to develop human relationships.

An analysis of what nurse training prepared nurses for showed that it focused on bed-side nursing rather than on preventive medicine, even though about 40% of nurses went on to work in public health nursing. Nurse training did not prepare nurses for wider public health

nursing or even different nursing specialties, such as nursing for children, fevers, orthopaedics and eyes. There was a lack of formal teaching, minimal clinical teaching in wards and little use of modern educational methods (Wood, 1947: 43).

It was not just the teaching and training that was considered inadequate. An analysis of job content of trainee nurses showed that 77% of their time was spent on nursing and 23% on cleaning, during the three year training, although the time spent on cleaning was reduced over the three years. The Wood Report recommended a new system of training based on a common core training and supplemented by more specialist training, which would meet the needs of social and preventive medicine.

The Wood Report made a series of recommendations about the organisation of nurse training in the future. It referred to some of the changes taking place in the educational sector where Schools or Institutes of Education were being set up, which would be linked to university departments and teacher training colleges. Staffing would be taken from educational institutions and hospitals. Again, in a similar way to education, a regional organisation was recommended, but which had to be related to the number and size of hospitals in the region as well as the available accommodation for nurses.

The Wood Report showed that a greater awareness of the power of disease prevention was beginning to influence thinking about nursing. Prevention of disease was seen as a solution to the problems of nurse shortages. It also supported an economic argument for disease prevention which viewed it as a way of reducing the cost of sickness. The recognition of the underlying rational for nursing is important because it provided an answer to the question "*What is the proper task of the nurse?*" Although clearly recognising that nursing was a profession, the report documented a nursing profession in crisis, partly as a result of the new demands of the NHS but also because of more structural problems about training and retention. The recommendations for the regional arrangement of nurse training influenced the 1948 Nurses Act but the recommendations for student status and a three shift system were not accepted. They would take over thirty years to become part of mainstream nursing.

In 1947, the Royal College of Nursing (RSN) rejected the idea of student status for trainee nurses, which the Wood Report recommended. Unlike many professions, nurses worked during their training and were seen as a source of cheap labour for hospitals (BMJ, 1950).

The introduction of the National Health Service started debates about whether nurses should have to subsidise their own training or should be provided with a grant, as teachers and social workers were. At the time there was also a lack of clarity about the nature of the nursing profession itself. The 1949 Nurses Act showed the extent to which the recommendations of the Wood Report had been incorporated into the training of nurses.

Table 1: Comparison of the Wood Report (1947) and Nurses Act (1949)

Wood Report – recommendations	**1949 Nurses Act**
Nurses to be of equal status with a common register A new grade 'ancillary to nursing' to be introduced.	The general nurse and male nurse sections of the General Nursing Register were amalgamated and the other supplementary parts closed; A 'list' of nurses created under the 1943 Act was reopened to admit those who had been prevented by the war from applying at the time.
Curative and preventive nursing would be valued equally, with more emphasis on social and preventive medicine in the community.	
A-two year training with 18 months general training with 6 months in a specialist field, with better student selection.	The constitution of the GNC was amended
Students to receive training grants and would be under the control of the training authority rather than the hospital.	Standing Nurse Training Committees were set up for each Regional Hospital Board
There would be a three shift system (Wood Report, 1947)	

Sources: Wood Report, 1947; Nurses Act 1949

Table 1 compares the recommendations of the Wood Report with the 1949 Nurses Act. A General Nursing Register was set up by the 1949 Nurses Act, merging separate sections for general nurses with male nurses. The importance of preventive nursing was not emphasised in the context of social and preventive community medicine.

The 1949 Nurses Act was the first Nurses Act after the creation of the NHS and the passing of the 1946 NHS Act. Its main aim was to set out arrangements for the training of nurses. The 1946 NHS Act had not mentioned the training of nurses. The 1949 Act provided new arrangements for nurse training within a new National Health Service and reflected how nurses were seen in the newly nationalised service. The Act started by reconstituting the General Nursing Council (GNC), an indication of the institutional changes taking place. The members of the General Nursing Council Members of the Assistant Nurses Committee had to leave the Committee and the vacancies would be made with new appointments.

The 1949 Act created "*Standing Nurse Training Committees"* in each hospital area. These committees were responsible for reviewing the methods used to train nurses (2a) and promote research into training issues and to provide reports to the General Nursing Council on the research. These Standing Nurse Training Committees also had an advisory role towards Hospital Management Committees, Boards of Governors of teaching hospitals and any other individuals/ organisations involved in nurse training. Standing Nurse Training Committees were given the power to conduct examinations (1919 Act (section 3) and 1943 Act (section 2).

An interesting and perhaps revealing provision within this Act was the encouragement of trials of "*experimental training of nurses*". If new arrangements for training were deemed as efficient as existing training arrangements, then, subject to agreement by the Minister, they could be accepted so that nurses undergoing this training would be eligible for registration or enrolment. This provision suggests that there was recognition that the existing training of nurses was not entirely satisfactory.

The expenditure of the Hospital Management Committee appointed by a Regional Hospital Board or a Board of Governors of a teaching hospital for nurse training was to be paid for by the standing nurse-training committee rather than by section 54 of the NHS Act. All expenses of the standing nurse training committee approved by the General Nursing Council were to be covered by the GNC.

The Act made a series of arrangements for other groups of nurses, particularly mental health nurses. The Act set up a Mental Nurses Committee as part of the General Nursing Council, which was to deal with concerns of mental health nurses and to the training of nurses "*trained*

in the nursing and care of persons suffering from mental diseases". (9(2b)). It also provided for the recognition of nurses from outside the UK, which was important because of the increasing recruitment of nurses from Africa, Asia and the Caribbean. Male nurses were to be integrated into the main nursing register, recognition that nursing was no longer a women-only profession.

The 1948 Act complemented the NHS Act, which had not mentioned nurse training or registration. There were signs of an openness to new experimental forms of nurse training as well as acknowledgement that through recruitment could come men and what were then British colonies.

The emphasis of the 1949 Act was on administrative arrangements for nurse training and which organisations and institutions should cover expenses for these new structures. As with teaching, there was a focus on regional training arrangements. However, there was no attempt to address some of the fundamental questions about nursing as a profession that the Wood Report raised. The creation of the NHS in 1948 brought an increase in demand for nurses with the total number of nurses rising from 160,000 in 1939 and 245,000 in 1952 (Rivett, 1998 /Min of Labour). In 1953, the Nuffield Provincial Hospitals' Trust commissioned a report to explore the '*proper task of the nurse*', a sign that there was a lack of consensus about what nursing should do. Revans (1953) described nurses as a "*profession in transition*".

A pre-nursing preparation course introduced trainee nurses to what was involved in being a nurse, with an emphasis on appropriate behaviour. Nursing was presented as a way of caring, which was informed by unwritten rules and assumptions about women caring for patients (Hargreaves, 2008). Nursing was not informed by a substantial body of theory but was essentially a practical activity. The Matron had authority to control and manage nurses. The role that division and hierarchy had in the working life of nurses has had a strong influence on the development of nursing (Smith & Macintosh, 2007).

Nurse training gradually started to change after 1960. In 1962, SRNs had to achieve a minimum standard of education, which had been dropped in 1939. The General Nursing Council recommended that all nurse training schools should have access to a hospital or group of hospitals with a minimum of 300 beds (Rivett, 1998). All training courses should

include experience of the main medical specialties. Academic nursing began to develop with the establishment of the first academic department in 1952, which started to teach graduates, who wanted to become nurses, in non-medical subjects. In 1965, the Platt Report, published by the RCN, recommended that nursing education became part of higher education with grant funded student nurses (Platt, 1965).

By 1966, the Salmon Report on senior nursing staff, administration and structure made recommendations for establishing six grades of nurse managers to match existing management structures in hospitals. Nurses were to receive management training. Higher pay was recommended, which provided opportunities for nurses to enter management but was less encouraging for nurses who preferred to remain as practitioners. In 1970, the Committee on Nursing (Briggs Committee) was set up to review the training of nurses and midwives, as a response to the problems of nurse recruitment, high drop-out rates and conditions of work (Briggs Report, 1972). This will be discussed in Chapter 6 as part of Nurse Findings.

Even in 1948 when the NHS was set up, there were expectations that nurses could contribute to health promotion and disease prevention as a way of reducing the growing costs of the NHS. However, the weakness of the nurses' position was that there was a lack of understanding and consensus about what nurses should be doing. In this sense, although nursing was seen as a profession, there were many different types of nurses, working in different services. It was difficult to define a generic nurse. Nurses were trained on the wards although the Wood Report recommended that nurse training should take place in educational institutions.

Social workers

Although both nurses and teachers were established as professions by the Second World War, social workers were slower to gain this recognition. From the beginning of the twentieth century, mainly middle-class women had become hospital almoners (hospital social workers) or worked with settlements and other charitable activities, often in unpaid jobs. There was a gradual expansion of posts in the public and voluntary sector that covered child care/ inspection, public health, housing and probation (Davis, 2008). Social workers played an

important role in the Second World War dealing with evacuation of children and families and the social dislocation caused by mass bombing. The existence of extensive poverty and the problems that it caused, especially for both children and older people, became more widely recognised. The Beveridge Report (1942) provided the foundation for a new system of social welfare. Before the end of the Second World War, the Carnegie Trust commissioned a review of social work employment and training, which reported in 1947 (First Carnegie Report, 1947).

Training for social workers had developed from University Departments of Social Studies, established at the beginning of the twentieth century, which delivered qualifications such as the Diploma in Social Studies. Government policy towards the professional development of social workers was strongly influenced and led by a series of reports which were written by Eileen Younghusband, who had trained as a social worker and become an academic at the London School of Economics (Lyons, 2008). She chaired First Carnegie Report, which started by defining social workers as doing "*a series of specialised functions*", which cover case work, group work and community organisation. The report defined a social worker as:

> *"Concerned with remedying certain deficiencies which may exist in the relation between the individual and his environment, and for this purpose is concerned with the total individual in relation to the whole of his environment in so far as this is relevant to righting such deficiencies. This involves at least three things: (a) diagnosis of the particular need…; (b) knowledge of all the social services and the particular resources of a local community …; (c) assisting the individual or group of individuals to make the best use of these resources and to achieve a better degree of personal development and a more satisfying adjustment to the social environment."* (First Carnegie Report, 1947: 3)

This definition is important because the subsequent enquiries into social work have all struggled to define what a social worker should do. One element which this report considered was changing, was the extent to which social workers "*deals with people in economic need*" because poverty was not the only source of individual and social need. Social work had two objectives:

> *Economic well-being, health and decency of standard of living, and satisfying personal relationships* (First Carnegie Report, 1947:2).

There was a strong emphasis on the links between poverty and human behaviour.

An interesting note about language and the assumptions about women social workers were outlined early in this report, which was chaired by a woman, writing about a predominantly female workforce.

> *"Social workers, like cats, are traditionally feminine. The feminine gender is therefore used in this Report, since the masculine would in some places strike strangely in the ear, though in others the feminine must be held to cover both sexes. Social work in this country is still regarded as a women's occupation. The war has artificially accentuated this, but….. it is to be hoped that men will be employed not only at present as personnel managers, probation officers……. But that they will also enter certain case work fields. There is a deplorable tendency to think that, though a women social worker needs training, a man has acquired all he needs to know through some all-sufficing experience of life which is a substitute for and not an enhancement of training*." (First Carnegie Report, 1947:5)

The comparison between social workers and cats is an unusual way of writing about gender in professions, almost falling into a stereotypical view of women, but the intent of the text is to show that social work was a "*women's occupation*" and not even a profession. The comment about training is revealing in that it challenges the assumptions of that period which valued male experience and undervalued women's experience was undervalued and made these differences explicit. Overall, this text is questioning the assumptions of the time.

The conclusions of the First Carnegie Report stressed the need to set up post-graduate Schools of Social Work, which would both research and train social workers because there was a need to understand social pathology and the ways in which groups and individual function, the basis of case work and group work. These changes would raise the standards of training and contribute to founding a profession. These recommendations were subject to extensive controversy for several reasons. Social science research was at an early stage of development and there was no political consensus about whether the newly created Welfare State should be the subject of research. There were fears that an "*elite*" corps of social workers would be created and that the subjects of research were:

> *"Not proper subjects of university study and would be concerned with "know how" rather than "know why."* (Second Carnegie Report, 1951:175)

This provides an insight into how social work knowledge was viewed within universities even though they were the main providers of social work training at that time. The tensions between academic and practical knowledge is a theme that emerges after 1979.

The First Carnegie Report was published in 1947 but the data had been collected at the end of 1945 and the beginning of 1946. The 1951 Supplement aimed to describe the changes that had taken place since 1947 in the employment of social workers and made further recommendations for training. The report provided an account of how social workers had become an important part of the Welfare State and how social workers were now considered a profession:

> *"...It is not easy to analyse the causes which have led to social work becoming a profession – for that is the essential change which has taken place. The social worker who was doubtfully regarded as a doer of good works in voluntary organisations is now an accepted part of the machinery of the State social services, and the term "case work", so far from being a matter for scorn, has even crept into official publications."* (Second Carnegie Report, 1951:2)

This shows how social services had moved from being a predominantly voluntary provision to state provision. There were also signs that the focus of social work had moved from addressing economic needs to dealing with more behavioural issues and that the purpose of social workers was to:

> *"Lessen the tension of such personal and social disharmonies (social diseases of delinquency, substandard family like and community disharmonies) by applying a form of social therapy which is the essence of social work* (Second Carnegie Report, 1951:3).

It was acknowledged that US social work had a strong social therapy approach. This was to influence the development of social work training for the next thirty years.

The numbers of men entering social work was starting to increase as seen through their completion of different courses although the increases were confined to medical and psychiatric social work, a similar pattern to men in nursing, who were limited to mental health and mental handicap. Men were being appointed to more senior positions in local authorities without qualifications whereas women were not moving into these new posts (p.175). The newly established children's departments were attracting more qualified staff, partly because the new 1948 Children Act gave social workers a specific new role as Child Care Officers (Prynn, 2005). Four courses, which led to the Letter of Recognition in Child Care, were set up by the 1948 Act and delivered by the expanding University social work departments. Government financial support was available for students.

The 1951, the Second Carnegie Report made similar recommendations to the First Carnegie Report, although informed by a more detailed understanding of how social work had become more established as part of the Welfare State. Although it reiterated the need for Research Institutes based in Universities to train professional social workers, post-graduate courses in applied social studies, extended social science certificates/ diplomas, and shorter full time courses at "*institutions related to universities in the same manner as teacher training colleges*" (p.174). The overall emphasis was on more generic training, which would provide a social worker with an understanding of theory and practice. The 1951 report reflected on the creation of professionals but stressed that there was a difference between "*educating a person for a profession and casting him in a professional mould*", an observation which is at the core of professional training.

By 1958/8, Eileen Younghusband, as Chair of the Working Party on "*Social Workers in the local authority health and welfare services"* had a remit to develop:

> *"The proper field of work and the recruitment and training of social workers at all levels in the local authorities' health and welfare services under the National Health Services and National Assistance Acts, and in particular whether there was a place for a general purpose social worker with an in-service training as a basic grade"* (Ministry of Health, 1959:p.1).

This report was requested by the Ministry of Health although it was only 8 years since the publication of the Second Carnegie Report on social work in 1951. The National Assistance Act and the NHS Acts had introduced new ways of delivering welfare services but how these services should be delivered and the types of training social workers needed was only gradually becoming apparent.

The 1959 Younghusband report did not just make recommendations about training but also identified new types of social worker, which showed the development of a more hierarchical structure. It recommended "*a new grade of social worker, and …two types of social worker trained in different ways"* in order to meet different levels of social need"(Ministry of Health, 1959: 8). The new grade of social worker, with a short training, would be called a "*welfare assistant*", who would visit families and would be supervised by trained social workers. This was essentially an assistant to a professional social worker.

The two different types of social worker training were first, a two year training delivered outside the university system, to prepare social workers to help with more complex problems and second, a more specialised training, to prepare for more difficult case work. A second category of training would be for social science graduates who went on to specialise in child care work, psychiatric social work and so became professionally trained social workers. However, one of the committee's main recommendations was that excessive specialisation should be avoided and the focus should be on families rather than specific problem. The tension between specialist and generic social work has characterised the debates about social workers and their training since 1945. This had implications for the way that the social work profession developed.

As an indication of the growing maturity of the social work profession, the 1959 Younghusband report recommended the creation of a National Council for Social Work Training which would develop a national training qualification and the standards expected. The 1962 Health Visitors and Social Work (Training) Act 1962 was the first legislation to outline professional training for social workers, set alongside the training of health visitors. A new Certificate of Social Work course was set up and delivered by further educational colleges. Universities continued to provide social work courses at diploma and degree level.

The Seebohm Report (Report of the Committee on Local Authority and Allied Personal Social Services) (1968) had a fundamental impact on social work through its recommendations for the organisation of local authority social service departments. It origins lay in a growing concern with:

> "*Officially recorded delinquency, the need to concentrate resources and a belief that preventive work with families was of cardinal importance*" (Seebohm, 1968:17).

This places the Seebohm Report in the context of social changes taking place in the 1960s and the government response to them. The remit of the Seebohm Committee was to look at the problems and short comings of local authority social services, identify whether improvements are "*dependent on organisational change and changes in the distribution of responsibilities*" and if changes were needed then "*what pattern should be recommended*" (Seebohm, 1968:29).

An overall finding was that personal social services were not flexible enough to meet changing social needs. Two areas of social needs which were highlighted were the expansion of immigrant communities and increased child abuse resulting from higher levels of child minding. Limited staffing and training contributed to the failure of personal social services to meet new needs. The Committee recommended re-organisation of services so that they better met the needs of individuals and families, were more understandable to people who needed to use them, provided better accountability, attracted more resources and "*generated adequate recruitment and training of the staff skills which are, or may become, necessary*"(p.37). Better collection and dissemination of information for the development of social services was recommended. Improved accessibility of services and better data collection were to become important issues in the next few decades.

The Seebohm Report recommended that a social worker would work with a family rather than a family having several social workers dealing with different problems. Social workers currently working in specialised departments would be offered re-training to undertake a wider range of responsibilities. Other social workers would be attached to different types of institutions, for example, schools, courts, hospitals although their prime base would still be local social services departments. To support this new way of working, staff would be "*trained in the principles and skills that are common to all forms of social work with individuals and families."*(Seebohm, 1968:165). There was a move away from a case work approach and less specialised training. However, the evaluation of existing systems of training was positive about the value of the Certificate of Social Work

There was support for universities to continue training social workers but criticism about how little research was being done into social work by universities. This is an interesting finding in the light of how controversial the recommendation of the 1947 First Carnegie Report about the importance of research into the working of the new Welfare State was. The recommendations of the Seebohm Report show that the organisational requirements of social services were becoming more complex although there did not seem to be any further clarity about what social workers should do. A hierarchy was being created around a more generically organised system. The Seebohm Report led to the Local Authority Social Services Act (1970) which will be discussed in Chapter 7 Findings (Social Workers).

Social work evolved into a more securely established profession during the period 1945-79. Like nursing, it was also divided into several different types of professional groups, working with mental illness and learning disability as well as children and older people. This led to conflicts about the development of the profession and appropriate training. These differences were to be subsumed into generic social work, recommended by the Seebohm Report in 1968, and translated into new departments of social services in 1971. Government funding of training encouraged the development of a graduate profession. Training expanded into the non-university sector but universities remained providers of specialist social work training. The failure of universities to develop social work research reflects some of the ambiguities about the place of vocational training in higher education.

Conclusion

During the first half of the twentieth century, universities were establishing new departments of education and social administration, which formed the basis for new training programmes for teachers and social workers. The first academic nursing department was set up in the 1950s. All three professions experienced extensive debates about the appropriate balance of theory and practice in training. One of the reasons for this uncertainty of theory and practice can be related to the concept of vocation, which often characterised people, mainly women, entering these three professions. A vocation may mitigate against a strong grounding in theory. The lack of clarity about training also contributed to a polarisation of views about whether the professions should focus on generic models or different specialisms.

Government involvement in the professional development of these three professions increased in the post war period but each profession had its own characteristics. Government involvement was initially financial and motivated by the need to train more nurses, teachers and social workers. However, this involvement increased as the pay, terms and conditions and the roles of these groups were more widely debated.

CHAPTER 5 FINDINGS (TEACHERS)

By 1979, central government had started to introduce reforms to the professional development of teachers, nurses and social workers. Teaching was becoming a graduate entry profession. Social work has adopted a generic approach, moving away from a specialised approach for specific age groups or types of conditions. Nurses had achieved pay rises through strikes and the resulting Halsbury Report, which had raised their status as public sector workers. Their responsibilities were becoming wider than hospital and acute services. However, central government was beginning to take a more critical view of teachers, nurses and social workers during this period. An analysis of some of the government actions of the 1970s provides an important base for identifying continuities and differences in government policy after 1979 towards the professional development of these occupational groups. This will highlight which elements of professional identity the government was most active in seeking to change and effective in changing. After 1979, a new language and discourse was introduced to talk about public services, highly critical of the way in which public services were being delivered. This is reflected in the language of training and skills, which started to emphasize the need for explicit values, standards, competencies and codes of practice. The state started to become more prescriptive in its expectations of '*social service professionals'*.

In Chapter 2 (Literature review) three elements of professional identity that influenced the creation of a professional teacher, nurse and social worker were identified. The research findings for these professional groups will be analysed using four elements:

- Training – initial teacher training and continuing professional development;
- Professional autonomy;
- Management culture versus professional integrity and
- Democratic professionalism.

This framework will highlight how the state approached the professional development of these three 'social services professionals*'*. An analysis of legislation shows that although there was specific legislation that particularly addressed training and professional development, other legislation and public policies had an impact on one or more of these elements of professional identity. Both these types of legislation will be considered in the

next three chapters in relation in turn to the three professional groups: teachers, nurses and social workers.

Size and structure of teaching workforce 1979-2010

The image of the professional teacher, as presented in public policy documents, changed after 1945 from needing to establish a "*full life*" as part of a community of care in the 1940s (MacNair, 1944) to being able to meet the increasing demands of teaching as a result of the expansion of comprehensive schools and wider social changes, which required continuous professional development (James Report, 1972). By 1997, this new approach culminated in government presenting the case for the '*modernisation*' of the teaching profession. This section starts with an analysis of the size and structure of the teaching workforce, a concept which changed over this period of twenty five years.

Until 1979, central government had attempted to predict demand for teachers in the light of changes in the birth rate and increases in the school leaving age. By the 1960s, the birth rate was starting to decline after the high birth rates of the immediate post-war period. It was predicted that demand for teachers would fall because of fewer students entering schools.

The fall in number of teachers in training contributed to an overall decline in the number of teachers by the mid-1980s. As table 2 shows, between 1975 and 1985, the total number of teachers fell from 496,000 to 473,000. These changes were reflected in primary schools where the total number of teachers in primary schools fell from 238,000 in 1975 to 205,000 in 1985 but increased to 226,000 in 1995. Secondary schools increased from 248,000 in 1975 to 268,000 in 1985 but fell to 228,000 by 1995.

Table 2: Numbers of teachers 1975-1995

Date	**Primary**	**Secondary**	**Total**
1975	248,000	248,000	496,000
			482,539 (1974-75)
1980	n/a	n/a	503,000
1985	205,000	268,000	473,000
1990	n/a	n/a	442,000
1995	226,000	228,000	454,000

Source: Bolton, 2012

As this was a period when teaching became recognised as a graduate entry profession, the number of graduates increased, although significant differences remained between primary and secondary schools. In 1975-6, 44.6% of teachers were graduates. By 1980, the proportion of graduates in secondary schools had reached 53.8% and continued to increase, reaching 63% by 1986. The percentage of graduates who had completed a training course (made mandatory for graduates after 1973) also increased, reaching 89.1% of those in secondary schools by 1986.

At primary level, the introduction of the B.Ed. led to an increase in the number of graduates in primary schools. This had reached 16.5% by 1980-1, 26.2% in 1986 and 36% of primary school teachers (Sheldon, 2010). By 1990, graduates formed 66% of the secondary workforce and 36% of the primary workforce and increased to 70% of secondary teachers and 47% of primary teachers by 1994-5 (Sheldon, 2010). Although women dominated the teaching profession at both primary and secondary level, there were fewer women graduates than male graduates. By 1994-5, 67% of women secondary teachers were graduates compared to 74% of men secondary schools teachers. 45% of women primary teachers had degrees compared to 54% of men primary teachers.

There were also changes in the gender composition of teachers after 1979. In 1974-5, the gender split in the publically employed teaching workforce was 60% women: 40% men. 62% of the female workforce was in primary schools, and 26% in secondary schools. 74% of men were concentrated in secondary schools, including assisted grammar schools. At this time, 39% of men teaching in primary schools had a degree compared to 19% women. In secondary schools, 47% of men had degrees but only 38% of women were graduates.

1997-2010

The total number of classroom teachers as well as those in mainly management posts in schools was 400,200 in 1997 and had increased to 448,000 by 2010 – an increase of 11.9%. However, the biggest increase in the school workforce was in teaching assistants and other support staff. In 1997, there were 60,600 teaching assistants and by 2010, 194,200 – a threefold increase. Two thirds of teaching assistants were based in primary schools. Other support staff also increased during the same period from 73,300 to 168,600. The majority of

these support staff were found in secondary schools, academies and CTCs, rising from half in 1997 to 55% in 2010 (Lupton & Obelenskaya, 2013). These figures show that the structure of the school workforce underwent a significant change during the 1997-2010. The total school workforce increased from 533,900 in 1997 to 810,000 in 2010, with 24% non-teachers in 1997 and 44% non-teachers in 2010. There were changes in the structure and size of the secondary school teachers' workforce, with an overall increase of 18.4%, a result of an expansion of Pupil Referral Units (PRUs), Academies and City Technology Colleges. The average age of the teaching profession has also increased, rising to 40-49 years old.

A further trend during this period was the expansion of non-QTS teachers in both primary and secondary schools. The 1988 Education Reform Act has given the Secretary of State the power to authorise someone to teach even if they were not a qualified teacher. In 1994 this power was also given to the Teacher Training Agency.

> *"An unqualified teacher is either a trainee working towards QTS; an overseas trained teacher who has not exceeded the four years they are allowed to teach without having QTS; or an instructor who has a particular skill who can be employed for so long as a qualified teacher is not available." (Education (Specified work and registration) England Regulations 2003*

In primary schools the number of non-QTS teachers rose from 1,500 in 2000 to 4,100 in 2010. In secondary schools the increase was larger, rising from 2,100 in 2000 to 9,300 in 2010 (DfE, 2011: Statistics of Education 2001, 2003). The increase in non-QTS teaching staff has implications for the future of the teaching profession because it shows that schools are employing a growing number of non-qualified teachers, further supported by exemptions from appointing qualified teachers that academies and other part-privatised schools are allowed.

Numbers in training

Table 3: Numbers of teachers in training 1972-1996

Year	Numbers beginning training	Numbers in training
1972	53,000	130,407
1980	18,900	35,800
1984	n/a	32.600
1985	n/a	35,000
1990	25,700 (23,790 DFES)	48,800

Source: Bolton, 2012

Table 4: Recruitment to mainstream initial teacher training courses

Year	Primary	Secondary	Total
1990/91	13,160	8,820	22,070
1991/92	14,780	11,830	26,610
1992/93	16,660	12,850	29,510
1993/94	17,780	13,690	29,470
1994/95	13,740	15,510	29,250
1995/96	13,600	15,230	28,830
1996/97	12,470	15,970	28,430
1997/98	11750	15,970	27,720
1998/99	11,830	14,380	26,210
1999/2000	12,100	13,870	25,970
2000/01	13,170	14,540	27,720
2001/02	12,850	16,060	28,910
2002/03	14,210	16,760	30,970
2003/04	15,640	18,290	33,930
2004/05	16,540	17,980	34,520
2005/06	16,260	17,440	33,700
2006/07	15,550	16,920	32,460
2007/08	15,120	16,230	31,350
2008/09	15,330	15,890	31,220
2009/10	16,040	17,000	33,040

Source: DFE Recruitment survey (1990/91-1993/94; HESES (1994/95); TDA Survey of ITT Providers (1995/96-1998/99): TDA Trainee Numbers Census (1999-2000 onwards)

As can be seen in Table 3, there was a rapid decline in numbers in teacher training between 1972 and 1984 but a gradual increase after 1984. Only 18,900 students entered teacher training in 1980. After 1990 (Table 4) there was a gradual increase to 1997, a fall to 2000 and gradual increase after 2004 to 34,520. Between 2004/5 and 2008/9 there was a gradual decline in numbers but a slight rise after 2009. There were fluctuations in the numbers recruited into initial teacher training throughout the period 1979-2010.

Between 1990/91 and 2000/01, the overall number of teachers undertaking primary school training did not change significantly, although there was a slight decline in the number of undergraduate students and an increase in the number of postgraduate students. There was a bigger change in the number of secondary school teachers in training. The number of postgraduate students doubled in this period although this increase was always below target, especially in mathematics, foreign languages and technology (School Teachers Review Body (STRB) 2001).

The numbers in teacher training mask some more serious trends in the wastage of trainee teachers. In 1997, the total number of initial teacher training completers in 1997 was 28,280 but by 1998, a year later, 8,040 had not found a teaching post (28%) (Table 5). It was assumed that not having a teaching post was a sign that the individual had decided not to pursue a career in teaching. The total number of PGCE completers in 1997 was 17,690 but by the following year 5,110 were still not in a teaching post. The wastage rate for men was slightly higher at 32% for men than for women (27%) (Tables 6 and 7).

Table 5: Completions and wastage (% not in teaching a year after qualifying)

Year	Total completed	Not in teaching post 1 year later	ITT/B Ed Completers	Not in post	PGCE completers	Not in post
1997-98	28,280	8,040 (28%)	10,590	2,930 (27%)	17,690	5,110 (28%)
1999-2000	24,130	5,940 (24%)	8,890	2,190 (24%)	15,240	3,890 (25%)
2008-09	25,700	6,430 (25%)	6,350	1,640 (25%)	19,350	4,800 (25%)

Source: DfEE/ DFE

Table 6: Women completions and wastage

Year	Total completed	Not in teaching post 1 year later	ITT/B Ed Completers	Not in post	PGCE completers	Not in post
1997-98	20,460	5,530 (27%)	8,420	2,230 (26%)	12,040	3,300 (27%)
1999-2000	18,220	4,350 (23%)	7,280	1,700 (23%)	10,940	2,650 (24%)
2008-09	19,580	4,790 (24%)	5,530	1,410 (25%)	14,040	3,390 (24%)

Source: DfEE/ DFE

Table 7: Men completions and wastage

Year	Total completed	Not in teaching post 1 year later	ITT/B Ed Completers	Not in post	PGCE completers	Not in post
1997-98	7,820	2,510 (32%)	2,170	700 (32%)	5,650	1.810 (32%)
1999-2000	5,910	1,730 (29%)	1,610	490 (30%)	4,300	1,240 (28%)
2008/09	6,120	1,640 (27%)	820	230 (28%)	5,300	1,140 (21%)

Source: DfEE/ DFE

By 1999 the wastage rates for ITT and PGCE training completions had fallen slightly from 28% in 1998 to 24% in 2000 (Table 5). Once again wastage rates for men were higher at 29% with women at 23% (Tables 6 and 7). These two sets of figures cover the early part of

the New Labour government when government policy was set on modernising the teaching profession but the extent to which there would be continuity with the previous Conservative administration, for example, regarding National Curriculum and Ofsted inspections, was not clear. Almost a decade later, wastage rates were lower at 25% over but wastage rates for men were higher in all years recorded. A quarter of students undertaking teacher training do not go on to become teachers.

In the period since 1997, there was an initial reduction in the number of teachers but after 1997, the overall teaching workforce expanded, although this was due to an expansion of teaching assistants and other support staff. The numbers in training have expanded more for secondary school teachers than primary school teachers, with an increase in post-graduate training. Some of these changes can be understood by analysing the reforms to teacher training which took place during this period, which will be outlined in the next section.

Training – Initial Teacher Training

By the 1970s there were several routes into professional teacher training, ranging from an initial teacher training course run by a training college/ college of education, a B.Ed. degree or a postgraduate certificate course for graduates. One of the continuing tensions within professional teacher training was the balance between subject specialism and knowledge and understanding of pedagogy. Professional teacher status, called Qualified Teacher Status (QTS), was acquired by having completed a course successfully. The emphasis was on completion of the course rather than an assessment of the qualities and suitability of the individual (Hopkins & Reid 2012).

After 1944, the curriculum of teacher training courses was the responsibility of local training colleges, which were run by local education authorities and Area Training Organisations (ATOs). These brought together training colleges and universities to validate the curriculum and qualifications. The Robbins Report (1963) recommended the creation of a B.Ed. degree which would contribute to teaching becoming a graduate profession by the 1970s. This was accompanied by a continuing criticism of teacher training colleges, the gradual recognition of the role of universities in the training of teachers and the acceptance of a graduate profession, consolidated by the James Report (1972) which highlighted the importance of continual professional development for teachers.

In 1975, the government abolished Area Training Organisations (ATOs), which had been set up, following the MacNair Report in the 1940s, to validate teacher training courses. ATOs were based in universities and funded by the University Grants Committee (UCG). Their approach to validation of the new B.Ed degrees was seen as 'light touch', where colleges, departments and individual lecturers had scope to shape the content and delivery (Hopkins & Reid, 1982/2012). After 1972, a wider range of staff from universities and polytechnics were involved in the process of validation but there was still extensive variation in programmes between institutions. The 1975 abolition of ATOs was the result of colleges of education entering universities and the revised further education regulations (Hopkins Reid, 2012). ATOs were replaced by Professional Committees (DES Circular 7/75).

As a sign of the growing debate about teacher training, in 1976, The Advisory Committee on the Supply and Training of Teachers (ACSTT) set up a working group:

> *"to explore the nature, pattern and professional adequacy of teacher training courses, their relationship to other courses in higher education, and allied problems arising from the reduction and reorganisation of the training system".*

It reported in 1978 and provided an analysis of how the B. Ed. degree was being delivered. A second report, compiled from a series of Her Majesties Inspectors (HMI) surveys, gave a critical analysis of how the B. Ed was influencing the provision of teachers in schools.

Table 8 which compares what schools wanted from a teacher and what ACSTT identified as the aim of teacher training shows some underlying tensions. Schools wanted teachers "*having something to teach*" whereas ACSTT found that ITT was aiming for a teacher to develop skills, abilities, and attitudes through own subject areas and the whole curriculum. Schools were much more specific and less wide ranging about the qualities of the teacher and their ability to deal with different needs. ACSTT/ ITT was concerned with two more areas: understanding of the school system and having a capacity to acquire further knowledge. Schools did not mention either of these last two areas, reflecting a narrower view of the teacher as having to deliver lessons, with sensitivity, but not necessarily having any understanding of the system within which the schools operated or being able to acquire more knowledge. These last two aims can be defined as part of a wider professional role, which was only acknowledged by ACSTT/ ITT. It reflects some of the emphasis of the James

Report (1972) on the need for continuous professional development, although articulated in this context as "*further knowledge"*. Even in the 1970s the male pronoun was used to refer to a teacher. This suggests that there was limited recognition of the role that women played in the teaching profession even though they were in the majority.

The report of the ACSTT working group on the B.Ed. degree provided a good insight into some of the problems facing initial teacher training by 1979. Although the introduction of the B.Ed. degree had made teaching into a graduate profession, there had not been any resolution of the underlying problems facing the preparation for teaching, which was the balance between pedagogy and subject knowledge. The ACSTT working group presented the tension as between consecutive (academic, well- qualified staff who attracted a high standard of students) training or concurrent (high professional commitment (especially primary education) training. Although these two ways of conceptualising training courses highlighted some significant differences in emphasis, the HMI report of a survey of schools found that there was no evidence whether '*consecutive*' or '*concurrent*' systems were more effective. The 'methods and frequency of assessment of work' had more impact on students' work. The HMI surveys also found that the "*diversity of patterns of three and four year courses has not lessened with the contraction of the system"* but there was no evidence to show that different models were higher quality or more effective than others.

Table 8: Comparison of "*What schools want from a teacher*" (HMI) and "*Aim of initial teacher training*" (ACSTT)

Criteria	**HMI report on B.Ed. 1977-79 "*What schools want from a teacher*"**	**Report of ACSTT on Working Group on B.Ed., 1978 "*Aim of initial teacher training*" p.3**
What to teach?	Having something to teach	"*The ability to develop skills, abilities and attitudes of pupils through a sufficient knowledge of the teacher's own subject area, and of the whole curriculum of which his subject is a part*
Working with children	Ability to relate effectively to children	*"An understanding and some experience of how to communicate his knowledge successfully to others i.e. how to select suitable methods and materials; how to motivate his pupils and how to evaluate the success of his attempts in the light of his pupils achievements and development, not only in academic but in social and personal terms"*
Knowledge and awareness of learning processes	Sensitivity to the needs of individuals and groups and … learning difficulties and other forms of handicap	
Knowledge of how to teach	Confidence in the normal tasks of organisation for learning	
Resources	Familiarity with appropriate resources and awareness of relationships between language and learning	
Understanding of professional context of schools	No mention of either professional context or continuous professional development	"*Some broad background knowledge and understanding of the organisation of the educational system and of the schools in which he is to teach; and of the roles and tasks of the teacher"*
Continuous professional development		"*The capacity to acquire further knowledge"*

Source: ACSTT 1978 and HMI report 1977-79

A revealing insight into how students made options choices emerged from the HMI surveys. Although the value of inter-disciplinary approaches to education courses was given greater emphasis in B. Ed. degrees, students usually took sociological or psychological approaches to education rather than philosophical ones. This seemed to be influenced more by a student's perception of demands of the disciplines and staff specialisms rather than a consideration of student's choices of age range and subject interests (point 5). This provides an insight into how trainee students made decisions about their training content, which were more pragmatic rather than being based on longer term professional needs.

The issue of longer term professional development is also mentioned in relation to studies of educational theory and the disciplines of education. The HMI report recommended that 'a fuller integration of school experience with both professional and education students than is often found' and 'an initial approach to theory through planned observation and carefully designed problems, with the understanding that systematic study of the disciplines of education may be more appropriate to a time of greater professional maturity' (HMI point 11.i.and ii). This shows that HMIs had concluded that initial teacher training could not cover everything that a teacher was required to know and that professional development had to take place over the life of a teacher, reflecting the findings of the James Report in 1972.

An analysis of an initial teaching training course in 1975/6 shows some of the essential elements of initial teacher training at that time at Avery Hill College, London (Table 9). The three year course covered three types of knowledge: education, practical teaching and main subject curriculum courses, as well as written and spoken English (Table 10).

Table 9: Content of an initial teacher training course in 1975/6

Education	Practical Teaching	Main subject curriculum courses and written and spoken English
Foundation course in Education	1 term/ year	One compulsory subject
Age range Professional course	Year 1 Summer	Main subject
Further options	Year 2 Spring	In addition the college arranges at Eltham Senior & Junior-Senior 2nd main subject
Education Technology course	Year III Autumn	Nursery, Infants, Infants-Junior, Junior

Source: Avery Hill College Handbook, 1975-1976 p.17

Table 10: Course content

Year	Term 1	Terms 2	Terms 3
I	Teaching skills and organisation I Theory of education The education system Childhood and adolescence	Factors influencing learning and thinking	Teaching practice
II	Teaching skills and organisation II Theory of education Education and teaching School and Society	Teaching practice	Teaching skills and Organisation II Theory of education An educational discipline
III	Teaching practice	Curriculum development an options course	Course review

Source: Avery Hill College Handbook, 1975-1976 p.17

A 'Theory of education' course was taken over the first two years, which provided a theoretical framework designed to complement the 'Teaching Skills and Organisation' course (Table 10). This course drew from a number of disciplines to present an inter-disciplinary analysis of education "*problems*'. The use of the term "*problem"* suggested that the role of education aimed to contribute to the solution of specific educational and perhaps social problems. In the second year, students selected one educational discipline for closer study and in the third year elected to study one aspect of educational practice in greater depth, for example reading development or urban education. Each student followed a short course in Educational Technology in year 1, where they were released from the Curriculum course timetable for 1.5 days a week. In addition, all Foundation, Junior, Junior-Senior trainee

teachers were required to follow one inter-disciplinary course, selected from a choice of several courses, in year II (Avery Hill College Handbook, 1975-76).

Table 11: Curriculum and Professional Courses - Subject based courses

Year	Foundation	Juniors	Junior-Senior	Seniors
I	Art & Craft	Art & Craft	Art & Craft	English
	English	English	English	Mathematics
	Geography	Geography	Geography	Main 1
	Maths	History	Maths	
	Music	Maths	Music	
	PE	Music	PE	
	RE	PE	RE	
	Science	RE	Science	
	Teaching of Reading	Science	Min 1	
		Teaching of Reading		
II	English	English	English 1	English Maths
	Maths	Geography	Maths	Main 1
	Music	History	Music	
	PE	Music	PE	
	Science	PE	RE	
		Science	Science	
			Main 1	

Source: Avery Hill College Handbook, 1975-1976 p.17

This outline of the courses taken by ITT students in 1975-76 shows several themes that were to become more important under the B.Ed. degree (Table 11). Firstly, there was a mix of both pedagogic and educational theory with subject studies. 'Teaching skills and organisation' drew from several disciplines. This is the first of several mentions of the term "*inter-disciplinary studies*". Students had to take a specific inter-disciplinary course in year II. The subject groups were larger under Foundation, Junior and Junior-Senior, as compared to Senior level where there were only three subjects, implying a greater specialisation at Senior level.

By 1979-80, Avery Hill College had started to teach a B.Ed. / B.Ed. (Hons) degree, which was structured as a three year B.Ed. degree and a four year B.Ed. (Hons) degree (Table 12 and 13). There were four components of the programme, which were similar to the earlier

initial teacher training course. This programme could lead to a B.Ed. (Hons) if an additional fourth year was taken.

Table 12: B.Ed. Avery Hill College 1979-80

Courses	**Three years**
Educational Studies	English Educational Service, Children's learning thinking and development, School & Society, Educational Theory Options – chosen from : Child development, Teaching of Reading, Learning Resource design, Remedial Education, Urban education
Teaching studies	A professional course for one of the following age ranges Nursery-Infants (3-7), Infants-Junior (5-11), Middle (9-13), Senior (11-18)
Teaching Practice	In a variety of schools
Special courses	Art, English, Design & Technology, Education of Mentally Handicapped Children, Geography, Music, Mathematics, Historical and Sociological studies, History, Movement studies (PE), Science and the Environment, Religious Studies, Youth & Community Studies
Total	B.Ed (with qualified teacher status)

Source: Avery Hill College Handbook 1979-80

Table 13: B.Ed. (Hons) degree

Courses	1 year
Educational Studies	One chosen discipline from: History of education; Philosophy of Education, Psychology of Education, Sociology of Education
Curriculum Studies and School Experience	Curriculum Studies course including a teaching project in an appropriate school
Special courses	Art, English, Education of Mentally Handicapped Children, Geography, Music, Historical and Sociological studies, History, Movement studies (PE)
Total	B.Ed (Hons)

Source: Avery Hill Handbook 1979-80

Although there was a more coherent structure to the B.Ed. degree, many of the subjects were similar to the earlier initial teacher training course. However, there was a separation between educational studies, which included school systems, child learning, thinking and development, school in society and educational theory, which were similar to the initial teacher training courses in 1975/6. The options course had become broader, ranging from teaching techniques to settings for education. Teaching studies was a separate part of the curriculum, which focused on teaching of different age groups. Special studies included

subject specific courses as well as education of mentally handicapped children. Interdisciplinary choices were made in year 4.

Until 1979, state intervention in the professional development of teachers had been concerned with the reform of teacher training and the recognition that a system of continuous professional development was needed to ensure teachers could deal with the expansion of the comprehensive school system and social change. The initial concern until the late 1960s was how to maintain an expansion in the number of teachers but, with declining birth rates, there was an awareness that the numbers of teachers required would be reduced. The ACSTT (1978) working group observed that with a fall in the number of new teachers being trained, any changes in the "*practice of the profession"* would have to be introduced by in-service training. This was the first time that teachers might have to move to another profession. This period of decline started before 1979 but coincided with some of the most critical periods experienced by the teaching profession, where professional autonomy was attacked and undermined by government directly.

Debates about initial teacher training continued under the Thatcher government, which came to power in 1979. The DES '*Circular 3/84 Initial Teacher Training: Approval of courses*' set out requirements for the accreditation of ITT courses, the first time that central government had published specific criteria. Accreditation was considered separate from academic validation because it gave students who successfully completed a course Qualified Teacher Status (QTS), which allowed them to be employed as teachers in government funded schools.

The Council for Accreditation of Teacher Education (CATE) was set up in 1984 to support the implementation of the DES 3/84 Circular. Some of the criteria included the number of weeks spent at school and the hours spent studying English and Mathematics in primary training (Whitty, 2006). The Circular aimed to make courses more responsive to meeting teacher training needs and to set standards for ITT courses. This can be seen as a form of light touch accreditation and as a continuation of the process of review of B. Ed. courses that had started in the early 1970s (Popkewitz, 1993). Meanwhile, the attitude of the Thatcher government towards public services and more specifically teachers and schools was a much more critical one than any government had had before. The Educational Reform Act (1988) gave the Secretary of State power to licence teachers to enter schools (Section 218/3), which can be considered as part of the professional project, shared with the teacher unions and

profession more widely, to develop teaching as a recognised profession for which entrants had to fulfil through training programmes both recognised academically and accredited by government.

The DES '*Circular 18/89 Initial Teacher Training (ITT): Approval of Courses*' replaced the DEC Circular 3/84 which set up the CATE and introduced the process of accreditation. The 1989 Circular gave CATE a wider remit, with responsibilities for identifying and disseminating good practice in initial teacher training as well as advising the Secretary of State on "*other matters relating to initial teacher training*" (DES, 1989: 2). Members of CATE were appointed by the Secretary of State and included teacher trainers, other teachers of higher education and in schools, LEAs and the business community. Local committees were given a wider role in assessing and monitoring courses. Each local committee had responsibility for three institutions. They were seen as having a role in 'fostering partnerships between teachers, local education authorities and institutions' (point 8).

There were revised criteria which gave greater emphasis to "*outputs"* and *"towards statements of what students should be able to show they know, understand and can do by the end of their training*". The new criteria were closely linked to the delivery of the recently introduced National Curriculum that had been sold to teachers as a comprehensive entitlement for all pupils (Allen & Ainley, 2007). More specifically, this included 100 hours for science. Design and technology, previously grouped with science, became non-core subjects in the National Curriculum (Point 18), replacing Latin in Baker's grammar-school curriculum model.

There was extensive guidance about how teachers should be involved in ITT courses, not just in teaching practice but in the selection of students. Teachers needed to be prepared for training and supporting students and it was the joint responsibility of the "*institution, the senior staff of the school and employers"* to provide this (DES, 1989: Annex B Section 1 point 6). The partnership would also provide additional training for lecturers to maintain their school teaching practice (DES, 1989: Annex B Section 1 point 8). This close relationship between institutions and schools can be seen as a precursor for a more 'school-led' teacher training curriculum.

The introduction of the National Curriculum continued to form the focus for identifying the skills and knowledge that teachers were expected to have after 1988. The 1992 Discussion Paper on "*Curriculum Organisation and Classroom Practice in Primary Schools"* (Alexander, Rose & Woodhead, 1992) was explicit about the subject knowledge required to teach the national curriculum.

> *"The subject is a necessary feature of the modern primary curriculum. It requires appropriate kinds of knowledge on the part of the teacher. However, the extent of subject knowledge required in order to teach the National Curriculum is more than can reasonably be expected of many class teachers, especially but not exclusively in the upper years of Key Stage 2"* (Alexander, Rose & Woodhead, 1992: paras 62 to 64, 77 to 80)

They argued that teacher training should be informed by the needs of the national curriculum and the "*kinds of teachers which primary schools now need"* (Alexander *et al*, 1992: 164-175).

The Teacher Training Agency

As a response to the criticisms made about teachers in their implementation of the National Curriculum, in 1994, the Teacher Training Agency (TTA) was set up to be responsible for training needs and the funding of teacher training, the first time an agency had had both the responsibilities for meeting training needs and providing funding. It took over the responsibilities of CATE and was given a much wider brief for initial teacher training. The Education Act 1994 set up the functions of the new Teaching Training Agency (TTA) and its responsibilities. It reveals more than just the creation of a new government '*Next Steps*' agency.

The TTA was to:

> *"secure that teachers are well fitted and trained to promote the spiritual, moral, social, cultural, mental and physical development of pupils and to prepare pupils for the opportunities, responsibilities and experiences of adult life"*(Education Act, 1994).

This repeats the aim of the National Curriculum as set out in the School Reform Act (1988). The main objectives of the TTA were to:

- *To contribute to raising the standards of teaching;*
- *To promote teaching as a career;*

- *To improve the quality and efficiency of all routes into the teaching profession;*
- *To secure the involvement of schools in all course and programmes for the initial training of school teachers* (Education Act, 1994).

The TTA Board consisted of between 8-12 members appointed by the Secretary of State, from not just educational backgrounds but management and business.

> *"people who have held, and to* have shown capacity in, *any position carrying responsibility for teaching, higher education and training teachers, which can be seen as management"* (Education Act, 1994: 1.(2)/(2.2).

This was in contrast to CATE which had focused on teacher training and other trainers as well as the business community. The TTA members drew from people with experience of teaching in schools, teaching in higher education or training teachers or who had had responsibility for provision of education in schools, the provision of higher education or the training of teachers. In addition, the Secretary of State was to include if possible, "*institutions of a denominational character or teaching people with special needs*". As well as this more specialised experience, people with "*industrial, commercial or financial matters or the practice of any profession*".

The TTA was also given authorisation, along with the Secretary of State (in the ERA, 1988 – 'power to provide for exceptions to requirement that only qualified teachers be employed' to license or authorise individuals to teach. This was a further sign that government and related agencies were given the power to determine who could teach, although they might approve someone who had not necessarily meet the initial teacher training course arrangements and standards (Education Act, 1994: 14(3) Education Act, 1994).

Teaching was acknowledged as a profession but the creation of the TTA showed that the profession was not in control of its own future. The involvement of schools in ITT courses and programmes was defined as an objective of the TTA. This was the beginning of a longer process of making schools directly responsible for training teachers. Funding was to be made available to any school wanting to deliver ITT. This showed that initial teacher training was no longer to be the responsibility of higher education**.**

Funding agencies were asked to:

> "*Have regard to the desirability of "establishing and maintaining in relation to courses for initial training of school teachers an appropriate balance between school centred courses and other courses*".

It is not clear what an 'appropriate balance' would be. The 1994 Education Act defined a "*school centred course*" as:

> *"a course provided by a school or schools, or by a partnership or association consisting wholly or mainly of schools or by a body established by a school of institutions consisting wholly or mainly of schools"* (Education Act, 1994:6(2)).

The 1988 Education Act was part of a much longer process of changing the orientation of teaching training away from colleges of education and universities/ HE towards schools. Up until 1994, only two Universities, Sussex and Oxford, had run school-based training courses for teachers. There had been two significant contributions to the campaign for school based initial teacher training, which both reflect the Conservative government's critical view of academic and HE ITT. In 1990, Dr Sheila Lawlor, Centre for Policy Studies (CPS), published '*Teachers mistaught: Training in Theories or Education in Subjects?*' which was highly critical of the pedagogical sections of ITT and the perceived lack of emphasis on subject specialism (Lawlor, 1990). She concluded that:

> "*Unlike other professions where mastery of the subject is followed by practice on the job (whereby the individual develops the methods which suit him best), teacher training courses seek to impose the same style on all teachers, for all subjects, for all children"* (Lawlor, 1990: 42).

Referring only to male teachers, she recommended that all PGCE and B.Ed. courses be abolished and with them all university departments of education. Graduates "*will, as happens with other professions, be trained on the job and will be paid a salary from the outset"* (Lawlor, 1990: 42). This was a specific comparison of teaching with other (undefined) professions but highlights training and salary as an integral part of the early stage of being a profession. Sheila Lawlor's views were reflected by central government. In 1992, the Secretary of State for Education & Skills, Kenneth Clarke, as part of the launch of a consultation document on the future of ITT, announced that he wanted to move 80% of secondary school training from university schools of education to schools (Ellis, 2006:2/4).

It is unclear which structures or institutions would support schools in providing ITT. The A2 respondent commented that its initial reaction to school based ITT was that it could draw from the model of teaching hospitals, which were closely linked to medical schools and

higher education. In this interpretation, schools-based ITT was seen as an opportunity for bringing practical teacher experience and higher education together. However, the model supported by central government was one which moved ITT away from universities and higher education institutions towards schools. Schools see the creation of practical training for teachers as the goal rather than the creation and sustaining of a profession (Respondent A2, 2014). This also reflects the differences between ITT and schools (HMI) in 1978 as discussed earlier in this chapter.

The number of teachers gaining Qualified Teacher Status through an employment route between 2004/5- 2008/9 was mainly through postgraduate rather than undergraduate routes (Table 14).

Table 14: QTS through employment route

Year	Undergraduate	Postgraduate	Total
2004/5	200	6,410	6,600
2005/6	190	5,900	6,090
2006/7	220	6,900	7,120
2007/8	150	6,360	6,510
2008/9	150	6,310	6,470

Source: DfES

While the Education (School Teachers' Qualifications) (England) Regulations 2003 (QTS) formalised the definition and requirements of Qualified Teacher Status (QTS), the New Labour administration had introduced further reforms to teacher training and expanded the amount of guidance and support to serving teachers. From 1998 newly qualified teachers were required to complete an "*induction year"* in schools, with a reduced timetable, support from a tutor, and regular observation and review. This had always been the case but was generally a formality. For head teachers, a new National Professional Headship Qualification (NPQH) was established, along with a new National College for School Leadership.

A decade later, under the New Labour government, the TTA became the Teacher Development Agency for Schools under the 2005 Education Act, which expanded the remit

to include the school workforce. The aim of the Teacher Development Agency for Schools was:

> *"To contribute to raising the standards of teaching and of other activities carried out by the **school workforce**, (b) to promote careers in the **school workforce**, (c) to improve the quality and efficiency of all routes into the school workforce, and (d) to secure the involvement of schools in all courses and programmes for the initial training of school teachers securing that the **school workforce** is well fitted and trained."* (Education Act, 2005: 75(2).

The school workforce is defined as (section 75(5)):

> *"For the purposes of this Part, the school workforce consists of the following members*
> *(a) Persons who work in schools, and*
> *(B) persons not falling within paragraph (a) who are teachers or carry out work that consists of or includes teaching"* (Education Act, 2005: Section 75(5))

Once again the goal for education / schools was defined as:

> *(a) To promote the spiritual, moral, behavioural, social, cultural, mental and physical development of children and young people,*
> *(b) To contribute to their well-being, and*
> *(c) To prepare them for the opportunities, responsibilities and experiences of later life"* (Education Act, 2005: 75(3))

This goal of promoting spiritual, moral, behavioural, social, cultural, mental and physical development of children and young people recurs throughout this reforming legislation. Does this relate to the underlying conflicts about the extent to which socio-economic deprivation is at the heart of different school performance rather than different teaching abilities? This can be set against the views of the Respondent A1 (2014):

> *"The fundamental difference is social class and relative social disadvantage of children. This is one of the most unequal of societies. The government wants the focus to be on individual teachers because, if not, then the government would have to focus on a way of making societies less unequal."* (Respondent A1, 2014)

The creation of a central agency responsible for the development of the school workforce was a significant change in government policy towards the teaching profession. No longer was the focus solely on raising the standards of teaching among teachers, but it had expanded to include a wide range of educational workers who were involved in running schools. The profile of the school workforce changed over the period 1997-2010. Although the overall

workforce increased, this was due to an expansion of teaching assistants and other support staff, as noted above.

By 1979, teacher training had only just completed its transition to graduate entry. There was a degree of controversy about the content and quality of teacher training, with differences in perspective between schools and university education departments. This continued after 1979 and there was a growing central control over teacher training with a central agency established in 1994. There was a growing emphasis by government on the role of schools in teacher training. The implementation of the National Curriculum did highlight one of the unresolved issues in teacher training, the subject versus pedagogy debate.

Professional autonomy, professional integrity and management culture

Professional autonomy encapsulates the freedom of professionals to make choices and decisions in their role. An analysis of key education legislation between 1980 and 2010, set out in Table 15, shows that the issues that Education Acts covered provide an account of a sector which was being reformed, "*modernised*" and gradually marketised. These Acts covered the introduction of a National Curriculum, the establishment of an agency responsible for teacher training, new forms of governance for maintained schools, new types of schools, concerns about discipline, the creation of a new system of school inspection and the introduction of a new pay bargaining board for teachers. Government challenges to teacher professional autonomy, after 1979, can be seen in several areas: changes in pay, terms and conditions, the introduction of a national curriculum, a new system of inspection and regulation for schools and performance appraisal for teachers.

By 1979, there were already signs that the role of teachers was being questioned by policy makers. The James Report (1972) identified the need for partnership between schools, local education authorities, colleges of education and universities to underpin new forms of professional development. One of the most significant debates about teachers and schools was introduced by the "*Ruskin Speech*" made by Prime Minister Callaghan in 1976, which argued for a stronger role for parents and employers in education policy (Callaghan, 1976).

Table 15: Overview of content of Education Acts 1980-2010

Year	Title	National Curriculum	Teachers	Discipline	Governance	Inspection	Funding
1980	**Education Act**				Governors not managers		
1988	**Education Reform Act**	Introduction of National Curriculum					
1992	**Education (Schools) Act**					OFSTED new system of inspection	
1993	**Education Act**	School Curriculum & Assessment Authority			Local Management of schools	Special Measures	New systems
1994	**Education Act**		Teacher Training Agency				
1997	**Education Act**	Qualifications & Curriculum Authority		School discipline			
2002	**Education Act**	National Curriculum	School Teachers Review Board STRB Pay	Attendance discipline	Government of maintained schools	Intervent-ion of schools	Creation of private companies
2005	**Education Act**		Training the school work force TTPA			Inspections	

> *"Purpose of education - These are basic literacy, basic numeracy, the understanding of how to live and work together, respect for others, respect for the individual. This means requiring certain basic knowledge, and skills and reasoning ability. It means developing lively inquiring minds and an appetite for further knowledge that will last a lifetime. It means mitigating as far as possible the disadvantages that may be suffered through poor home conditions or physical or mental handicap"* (Callaghan, 18 October 1976).

This represented a watershed in the opening up of public debate about the goal of education and the role of teachers within it. It prefaced some much more critical public debates about schools and teachers after 1979 which tended to assume that teachers lacked appropriate teaching skills. This informed many of the changes in initial teacher training after 1979 and other educational reforms such as the introduction of a National Curriculum, league tables and targets, which introduced a series of challenges to the way in which teachers functioned as professionals.

Pay, terms and conditions

Although the Houghton Report in 1974 recommended pay increases for teachers, which were implemented, high rates of inflation reduced the value of them. By 1984 and 1985, there were a series of strikes by teachers over pay, which the government responded to by suspending the Burnham Committee in 1986 and replacing it with an Interim Advisory Committee – all part of the dismantling of teachers' collective bargaining arrangements. The Burnham Committee had been set up in 1919 and was made up of representatives for teachers, Local Education Authorities and government representatives. The 1944 Education Act, made it statutory for LEAs to pay the Burnham-agreed rates of pay (NUT, 2014).

The School Teachers Review Body (STRB), set up to replace the Burnham Committee, as a result of the 1991 School Teachers Pay and Conditions Act was only to advise on teachers' pay rather than negotiate pay and terms of conditions. The Review Body was made up of between five and nine members. The Prime Minister was responsible for appointing the chairman and deputy chairman. There were no requirements for any specific interest or stakeholder groups to be represented. Reports made by the STRB were characterised by their brief, which was to make recommendations to government about pay, terms and conditions and more specific allowances e.g. special needs (STRB, Annual Reports 2001-2010).

The Annual Reports of the STRB provide a commentary on the state of the teaching profession. There were several issues which recur regularly, including workload, hours worked each week, recruitment and retention. These were used to inform the recommendations that the STRB made about pay and terms and conditions each year. A survey of classroom teaching in 2001 found that the number of hours worked by primary teachers had increased and the number of hours worked by secondary school teachers had increased to reach the same level as primary schools.

> *"The average total of 52.8 hours worked by primary classroom teachers in the survey week at school or at home was two hours more than in 1996 and four hours more than in 1994 - and there had also been a marked increase in the hours worked by heads and deputies in that sector." (STRB, 2001: p.16 Point 39).*

National Curriculum

Although government control over what teachers taught culminated in the introduction of a National Curriculum in 1989, there had been signs that central government interest in the curricula had begun in the late 1950s. In 1958/9, a guide was published by the Department of Education and Science for primary school teachers. The expansion of General Certificate of Education (GCE) ordinary and advanced level after 1945 had expanded the number of secondary school teachers teaching to a common curricula through the syllabuses for GCE 'O' and 'A' level. The raising of the school leaving age to 16 in 1972, previously set at 15 in 1947, made the argument for the creation of a school leaving certificate for 16 year old students stronger. The General Certificate of Secondary Education (GCSE) was set up in 1984/5 which merged GCE 'Ordinary' level with Certificate of Secondary Education (CSE) to create a new form of school leaving certificate.

The introduction of a National Curriculum created a centrally controlled curriculum, which covered all school ages. It was a much more formal and limiting structure than school leaving certificates and affected the professional autonomy of teachers. The Secretary of State was given responsibility for drawing up the National Curriculum. Interestingly, the aims of the curriculum, according to this policy, should be to:

> "*a) promote the spiritual, moral, cultural, mental and physical development pupils at the school and of society; and b) prepare pupils for the opportunities, responsibilities and experiences of adult life*" (Education Reform Act, 1988: 1(2)).

The aim of promoting the spiritual, moral, cultural, mental and physical development of pupils was reminiscent of the 1944 Education Act, which required local education authorities to do the following:

> "*It shall be the duty of the local education authority for every area, so far as their powers extend, to continue towards the spiritual, mental and physical developments of the community*" (Education Act, 1944: Part II, 7).

However, although the goals were similar, the means to reach them were very different. The 1988 Education Reform Act (ERA) defined a set of Key Stages, what should be taught at each of the Key Stages and arrangements for assessing students at the end of each Key Stage (Table 16). Subjects were defined as being core and foundation.

Table 16: National Curriculum (Education Reform Act, 1988)

Classification	**Subjects**
Core	Mathematics, English and science
Foundation	History, Geography, technology, music, art and physical education
Key 3rd and 4th stages	A modern foreign language

Key stages were defined in relation to age of pupil: 5-7, 8-11, 12-14, and 15-16. It was not just the definitions of the National Curriculum which were the responsibility of the Secretary of State, but attainment targets, programmes of study and assessment arrangements were also expected to come from the Secretary of State. This picture of how the National Curriculum was defined by the Secretary of State shows that some of the core activities of a professional teacher, e.g. deciding what and how to teach, were being prescribed to individual schools and teachers by central government, with Ofsted checking up that they were done. This characterised the principle of the new "*Contract State"* contracting out responsibility for delivery while the power contracts to the centre (Ainley and Allen, 2012).

The trade union view of the National Curriculum and the reasons for its introduction was:

> *"There could have been times when teachers were not open to scrutiny. The Educational Reform Act 1988 tried to challenge this but in a profoundly negative way. The government introduced an accountability system for schools which is based on low trust in teachers as professionals"* (Respondent A1, 2014).

A recent study of how the National Curriculum actually changed the teaching profession showed that it did indeed have a fundamental impact on the professional lives and practice of teachers (Evans, 2008). No longer could teachers choose what they taught and how they taught it. They had to engage with a set of subjects and topics which they had not necessarily dealt with before. However, the failure of the National Curriculum to contribute to a positive approach to professional development was due more to a failure to understand how professional development takes place and how important it is for practitioners to recognise a '*better way*' before they will change their professional practice. The government operated a more functional approach to professional development in that it dictated what should be taught and at what age pupils should be (Evans, 2008).

Just as the ERA (1988) introduced a National Curriculum which was imposed on teachers, so the next step in a changed relationship between the teaching profession and government was the introduction of a central system of inspection. The system of Her Majesty's Inspectors (HMIs), which had operated since 1839, operated by local education authorities, was replaced by the creation of a central regulatory body, the Office for Standards in Education (OFSTED) which introduced the "*setting up of a system of regulation of teachers and teaching and schools*". The 1992 Education (Schools) Act 1992 established Ofsted, which was to "*to make provision with respect to the inspection of schools and with respect to information about schools and their pupils*". This implies a process that would examine how schools ran, what they produced in terms of results and sanctioned the gathering of information about schools and their pupils. A Chief Inspector of Schools for England was given the responsibility of reporting to the Secretary of State on the quality of education, the educational standards attained and whether the financial resources which were given to schools had been managed efficiently. The goals were to cover quality, standards and value for money and also the "*spiritual, moral, social and cultural development of pupils*". The inspection of schools would be done through local authority provision of a "school inspection service", i.e. through the use of private contractors, which was a market solution to non-market/ central state imposition of the National Curriculum.

In this legislation, the word 'teacher' is only mentioned in relation to teacher training and the term 'head teacher', which created an impression of a new regulatory system being imposed on teachers. There was no sense of cooperation or co-production with teachers, which illustrates how little professional influence teachers had over this major challenge to their

professional autonomy. OFSTED led by the Chief Inspector was also to be a watchdog on behalf of parents rather than a professional adviser to the Education Secretary. This was in contrast to the Chief HMI who had been an adviser to the Education Secretary. Parents were being promoted as consumers, so the Office for Standards in Education was set up under a new-style HM Chief Inspector of schools, responsible directly to the Prime Minister.

The way in which teachers were affected by this new system of inspection can be seen through the way in which the process of inspection has undermined public trust in teachers. High levels of central control and the creation of targets set from the top has not created a form of professional dialogue between two people of similar status (senior manager and class room teacher). It has resulted in teachers having to provide evidence of feedback to convince Ofsted inspectors that they have provided feedback to pupils. This is part of the de-professionalising of teachers, who have lost "*voice*" in the system (Respondent A1, 2014).

The creation of a new system of inspection and a national regulatory body were part of a series of measures, characterised as part of public sector reform, which provided the management systems for monitoring and evaluating the work of schools and teachers. This was done through the imposition of new systems of testing, grading and league tables, all a form of managerial control, which directly challenged professional integrity although teachers were given illusions of their ability to self-regulate themselves by Schön-style '*reflective practices*'. The implementation of the National Curriculum brought a management culture into the process of teaching, which highlighted some of the different values and goals that government-led reforms had, when compared to teaching/ educational goals. Although this had started by 1997 and the beginning of the New Labour government, the management processes that were an integral part of the implementation of the National Curriculum were continually refined after 1997.

By 1997 and the new Labour government, teachers had already experienced changes to initial teacher training and some fundamental attacks on professional autonomy, through the introduction of a National Curriculum and the dismantling of the national pay bargaining structure and collective agreements. The changes which took place after 1997 introduced further teacher training reforms and challenged professional autonomy and setting up a binary arrangement of managerial accountability versus professional integrity.

By 1998, the new Labour administration stated that it intended to continue the reform of the teaching profession and published a green paper on 'Modernising the teaching profession'. It provides some insight into how the New Labour government was to place its education policies as central to its mission. Blair wrote in the introduction to the Green paper that:

> *"Education is this Government's top priority. The teaching profession is critical to our mission. First-rate teachers and headteachers are indispensable to giving all our children the best possible start in life"* (DfEE, 1998: Introduction).

The Secretary of State for Education, David Blunkett, went on to elaborate the role of education within wider economic and social policies:

> *"Creating a world-class education service was never going to be easy but that is what the economy and society of the future require. A modern teaching profession is central to this process. If teachers rise to the challenge of modernisation in the next few months they themselves, along with pupils and parents, will undoubtedly be major beneficiaries."* (DfEE, 1998: para. 35 p.19)

There was an immediate challenge to the teaching profession in this document by asking them to "*rise to the challenge of modernisation"*. The means to reach this goal were through the "*training, recruitment, leadership and support for teachers in the classroom and beyond*." The use of the term "*support"* was significant in that it heralded the expansion of support staff in schools, such as teaching assistants and other support professionals. They were seen as essential to change approaches to learning and teaching. This provides an indication of how teachers were not the only occupational group to be contributing to the modernisation of education although it is couched in terms of:

> "*Specialist staff and new technology can help relieve teachers of the bureaucratic burden which, all too often, has distracted them from their core function of teaching children well.*" (DfEE, 1998: para 8)

Pay and performance were to be central to this strategy. "*We must reward good teaching better, recognising its vital role in raising standards*". There are two interesting references to teachers as professionals which provide further insights into New Labour thinking about teachers. Part of the modernisation strategy would include new and refurbished school buildings which would "*provide teachers and other staff with the working conditions which other professionals have long taken for granted*" (DfEE, 1998: para 9). The argument concluded that "*The teaching profession as a whole has not, for many years, had the status among the general public which it deserves*" (DfEE, 1998: para 23)

In 1998, a new grade of teacher called the "*Advanced Skills Teacher* (AST)" was introduced. The key feature was that, in addition to achieving excellence in their own classroom teaching, ASTs were expected to promote good teaching practice within their own school and to neighbouring schools (SRTB, 2001: 29 No 116). There had been opposition to the new AST grade by trade unions and other organisations because of the problems in identifying "excellent" teachers. Employers' organisations were more supportive. In 2007/8, performance management was introduced, a further step in creating competition and hierarchy within the teaching profession, proletarianising a profession.

One of the first actions after the 1997 election was the creation of a General Teaching Council (GTC) through the Teaching & HE Act 1998. The General Teaching Council was defined as a structure which reflected other professional bodies through the creation of a system of registration, recognised qualifications, and approved routes for the training of teachers and system of inspection for teacher training. Unlike many other professional bodies, it was not independent of government.

Impact of reforms

One way of assessing the outcomes of the period of education reforms on the teaching profession is to examine the trends in turnover, wastage and retirement. This will be taken as an indication of how the reforms have affected teachers' professional autonomy and ability to practice professional integrity.

The levels of wastage in teacher training were outlined in the section on teacher training earlier in this chapter but wastage rates for employed teachers also showed dissatisfaction with the profession. The term '*wastage*' means that a teacher moves from employment as a teacher to another occupation or profession. '*Turnover*' refers to teachers moving from one school to another and can also be an indication of dissatisfaction although not strong enough to result in leaving the profession.

Table 17: Wastage rates of teachers in England

Year ending 31 March	Nursery /Primary %	Secondary %	Total %	Teachers aged under 50 %	Teachers aged 50 + %
1989	9.1	9.4	9.3	7.2	16.5
1990	9.9	9.7	9.8	7.6	17.3
1991	10.6	9.9	10.2	8.1	17.9
1992	9.2	8.1	8.6	6.7	15.7
1993	8.6	7.7	8.1	6.0	15.8
1994	8.6	8.4	8.5	6.0	17.3
1995	9.0	8.2	8.6	6.3	16.9
1996	9.2	8.8	9.0	6.9	16.4
1997	10.6	9.1	9.8	7.2	18.8
1998	10.4	9.1	9.7	6.7	19.5
1999	8.8	7.5	8.1	7.5	10.1

Source: DfEE, 1989-1999: Database of teacher records

Table 17 shows wastage rates between 1989 and 1999 fluctuated with slightly lower rates between 1992 and 1995. Levels were similar for primary and secondary except for three years, 1991, 1997, 1998, when rates rose over 10% for primary schools.

Table 18: Turnover and wastage rates 2004/5 to 2008/9

	Full time		Part time		
Year	**Turnover**	**Wastage**	**Turnover**	**Wastage**	**Total wastage**
2004/5	18.6	11.4	30.1	24.9	9.7
2005/6	18.2	11.5	32.9	27.4	10.0
2006/7	17.7	10.9	31.0	25.6	9.7
2007/8	18.6	11.8	29.1	24.5	9.9
2008/9	19.6	12.9	28.7	24.3	10.9

Source: DCSF (2004/5-08/09): Full time qualified teacher wastage

Table 19: Men and women QTS teachers under 60 out of service by sector last known date and gender and age 2009

	Nursery/ primary	Secondary	Total	Teachers aged under 50	Teachers aged over 50
Women	**9.2**	**8.6**	**8.9**	**8.4**	**10.7**
Men	**7.0**	**6.2**	**6.4**	**5.5**	**9.1**

Source: DCSF (2009): Full time qualified teacher wastage

Between 2004/5 and 2008/9, the rates of turnover in full-time jobs, i.e. changing jobs, rose from 18.6% in 2004 to 19.6% in 2008/9 (Table 18). There are regional variations in this overall figure with turnover rates higher in London region and lower in the Midlands and Northern regions. Wastage rates, defined as teachers moving out of teaching, were lower but rose from 11.4% in 2004/5 to 12.9% in 2008/9. Rates of turnover and wastage were higher in part-time posts, which are mainly women teachers, with turnover rates falling slightly from 30.1% to 28.7% in the same period (Table 19). Wastage rates initially rose but by 2008/9 were 24.3%, about the same as 24.9% in 2004/5. Just as the wastage rates in teacher training represent a loss of skilled/ trained teachers, the overall wastage rates show an outflow of skills and experience.

Table 20 shows retirement rates between 1989-90 and 2009-10 and provides an overview of the loss of experienced teachers. There are three types of retirement: premature retirement; age-related retirement and ill-health. As the teaching profession is an ageing profession with an increasing number of teachers aged 50 or over, a growing rate of retirement due to age would be expected. This can be seen as an increase after 2006/7 when the annual number of teachers retiring due to age rose from 8.686 to 10,820 in 2009/10. This can be compared to the period 1989-90 to 1997-98 when only 3,500 retired each year. Premature retirement shows a different pattern. From 1989/90 and 1997/8 between 7,000 and 11,350 teachers took premature retirement each year, with 1997/8 showing the highest annual number of 11,350. The Teachers' Pension Scheme changed in between April and September 1997 and this led to a higher level of premature retirements but the rate dropped in the following year.

The annual numbers then fell until 2006/7 when over 7,000 teachers took premature retirement each year until 2009/10. Retirements due to ill heath were higher in the period 1990/91 – 1996/7 with over 4,000 each year but the rate has fallen since then. By 2009/10 there were only 460 retirements due to ill-health. These retirement trends suggest that there were periods in the early 1990s where larger than expected numbers of teachers left the teaching profession, either due to ill-health or choosing to take premature retirement. This can be taken as a sign that teachers were experiencing high levels of dissatisfaction with their profession.

Workload survey

One of the main reasons why teachers leave their profession is due to workload. The Annual Workload Survey provides a picture of the daily life of a teacher, through the completion of a workload dairy, for at least 6 or more hours a week. The Annual Workload Survey has been commissioned by government annually since 2003 and is implemented by ORC International. It uses a multi-stage, stratified random sample with clustering approach from a comprehensive listing of all schools in England and Wales (DfE, 2010).

In 2010, although the number of hours worked each week had decreased since 2000, the average number of hours worked by teachers was still over 50 hours per week, with secondary school teachers working slightly less. Primary classroom teachers were working a higher number of hours in 2010 than in 2007 or 2009, suggesting that any recorded decreases in workload were not permanent. As significant as the large number of hours worked each week was the percentage of hours, about a fifth, spent working either before school, after 6pm or at weekends.

Although over half of teachers reported that their work represented a good use of their time, a much smaller percentage of respondents felt that they had time to do the job as it should be done most or all of the time. Teachers felt that they would like to spend less time on administrative and clerical tasks and some elements of planning and preparation, such as marking and finding resources. They would also like to spend more time on planning, with pupils and preparing resources (DfE, 2010:3).

Table 20: Retirement 1998-2010 in England

	Premature (2)(3)			Age(3)			Ill-health(4)			Total		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Financial year (1 April to 31 March)												
1989-90	3,220	4,840	8,060	960	2,550	3,500	1,270	2,310	3,580	5,440	9,700	15,140
1990-91	3,000	4,740	7,740	890	2,610	3,500	1,420	2,860	4,280	5,310	10,210	15,520
1991-92	2,470	4,070	6,530	810	2,360	3,170	1,390	2,640	4,030	4,660	9,070	13,730
1992-93	2,760	4,400	7,170	750	2,560	3,310	1,440	2,610	4,050	4,950	9,580	14,530
1993-94	3,180	4,860	8,030	850	2,580	3,430	1,840	2,990	4,820	5,860	10,420	16,290
1994-95	2,730	4,390	7,120	780	2,740	3,520	1,970	3,310	5,290	5,490	10,440	15,930
1995-96	3,360	5,240	8,600	760	2,720	3,480	1,870	3,290	5,160	5,990	11,250	17,240
1996-97	3,840	6,370	10,210	700	2,600	3,300	1,810	3,170	4,980	6,360	12,130	18,490
1997-98	4,330	7,010	11,350	810	2,780	3,590	1,200	2,070	3,260	6,340	11,860	18,200
1998-99 (5)	940	1,430	2,370	850	3,000	3,850	840	1,440	2,280	2,640	5,860	8,500
1999-00 (5)	1,140	1,510	2,640	1,000	3,290	4,290	850	1,470	2,320	2,990	6,260	9,250

2000-01 (5)	1,270	1,890	3,150	1,010	3,240	4,250	1,040	1,590	2,630	3,310	6,720	10,040
2001-02 (5)	1,320	2,150	3,470	1,100	3,360	4,460	920	1,460	2,380	3,340	6,970	10,310
2002-03 (5)	1,510	2,440	3,950	1,330	3,740	5,080	770	1,260	2,030	3,610	7,440	11,050
2003-04 (5)	1,900	3,020	4,930	1,510	4,210	5,710	770	1,100	1,870	4,180	8,330	12,510
2004-05 (5)	2,400	3,660	6,050	1,750	4,900	6,640	620	950	1,580	4,770	9,500	14,270
2005-06 (5)	2,650	3,990	6,640	1,690	4,840	6,530	570	930	1,500	4,910	9,760	14,670
2006-07 (5)	2,940	4,510	7,450	2,120	6,560	8,680	400	700	1,100	5,460	11,770	17,240
2007-08 (5, 6)	2,780	4,650	7,430	2,590	7,660	10,250	240	480	720	5,610	12,790	18,400
2008-09 (5, 6)	2,850	5,030	7,870	2,790	8,170	10,950	230	420	640	5,860	13,610	19,470
2009-10 (5, 6)	2,520	4,670	7,190	2,620	8,200	10,820	140	320	460	5,280	13,190	18,470

Source: Pensioner Statistical System (PENSTATS)

1. Excludes sixth form colleges.
2. Includes phased retirements from 2007-08 and in these cases the teachers may remain in service.
3. The effect of the change in the Teachers' Pension Scheme as from 31 August 1997 was that many more teachers took early retirement in 1997 than in previous years. Premature includes Actuarially Reduced Benefit retirements from 2000-01.
4. Changes in the statutory regulations governing ill-health retirement came into force on 1 April 1997. To qualify for ill-health retirement benefits a teacher must now be regarded as permanently unfit to teach.
5. Previous year’s figures continue to be subject to slight revision due to the addition of retrospective awards and suspension of pension benefits where teachers return to service.
6. 2007-08, 2008-09 and 2009-10 are provisional estimates.

In a 2011 NASUWT survey, 63% of teachers felt that they were not managed in a way that empowered them professionally to deliver the best outcomes for pupils. Respondents identified several factors that contributed to the disempowerment of teachers. The most often mentioned factors were related to a lack of respect, lack of understanding of everyday teaching, culture of blame and "*punitive accountability*".

Table 21: Main factors contributing to disempowerment of teachers

Factors	**Response rate %**
Constant change	73%
Culture of blame/criticism rather than praise	60%
Lack of understanding by decision makers of the day-to-day realities of the job	62%
Lack of respect for teachers' professional judgement	60%
Punitive accountability (e.g. external/internal inspections/ moderations/league tables)	53%

Source: NASUWT, 2011: survey

Long term professional development

Although the underlying reasons for the school reforms pointed to the need for continued professional development of teachers, there was never any attempt to introduce a statutory right for teachers to have professional development. This is in contrast to the NHS where staff have a designated number of hours per year. The Respondent A2 (2014) felt that the government had a poor track record on professional development although in the new regulations for performance management, there is a requirement to have a:

> *"Conversation about training and development needs. Between 2003 -2010 there were attempts by government to improve access to professional development and training all closely linked to improving standards"* (Respondent A2, 2015)**.**

As to why teachers do not have a statutory entitlement to professional development, some of the reasons lie in the cost, the complexity of organising it and providing cover for teachers, so it has not been seen as important to invest in teachers' professional development. Respondent A2 felt that the best professional development was for teachers to learn from other teachers, which requires learning time in schools.

> *"The problems with professional development lie in the management style in schools. Management does not want anything to take away from the 'norm', e.g., sickness absence, part time workers (huge resistance to part time workers). Unless teachers are given a contractual entitlement, subject to inspection, then effective/ widespread professional development will not take place."*(Respondent A2, 2014).

The reforms have had a particular impact on women teachers and teachers from Black and Minority Ethnic groups. If teachers cannot get access to training because employers cannot prioritise this then this will affect women who are more likely to work flexibly/ part-time. This will be reflected in promotion. NAWUWT research has found that the results of limited access to training are a lack of promotion for women and for teachers from Black and Minority Ethnic groups. These differences are more pronounced in primary schools with smaller budgets where head teachers are unwilling to take teachers away from class. Although only 9% of primary school teachers are men, just under 50% are head teachers. The reforms have led to older women feeling that their experience is not valued. They are not seen as a source of support for younger less experienced colleagues.

Teaching is considered by both of the teaching respondents as "*a craft but also an art and a science*". Reforms have made it less of an art or a science and more of a craft. Respondent A1 felt that:

> *"Teaching isn't a craft but a reflective process which needs a theoretical understanding which can be gained from University….Need time released in schools, reflective teachers to talk together about teaching" and other measures such as a Masters degree or a term at University to reflect on practice. A PGCE doesn't solve what teachers do because training has to be continually updated."*(Respondent A1, 2014).

With more teachers being trained in schools, the emphasis is on dealing with immediate teaching rather than developing long term professional practice. The expansion of the school workforce, which includes teaching assistants and other support staff, has been a form of de-professionalisation or proletarianisation which will reduce the costs of the school workforce. In the long term, the costs of education will have been reduced through reforms to the workforce. This will make it easier to privatise parts of the school system.

> *"School Direct may make school teaching into a craft. There is lots of money in education, you can pay teachers a lot less if they just have to …work through worksheets and websites so why bother with a university education." (Respondent A1, 2014).*

Democratic professionalism

The teaching profession is represented by several trade unions and it is this fragmentation that has often weakened its bargaining position. The National Union of Teachers (NUT) was set up originally as the National Union of Elementary Teachers (NUET) in 1870 for all teachers in England and Wales and became the National Union of Teachers in 1888. It has traditionally organised teachers in primary schools. By 2008, it had 290,000 members.

In 1906, the London section of the National Federation of Women Teachers left the NUT and in 1909 the NFWT joined the Women Teachers' Franchise Union to form the Union of Women Teachers (UWT). As a response to the NUT's decision to back equal pay during the First World War, the National Association of Men Teachers was formed within the NUT in 1919 to promote the interests of men teachers. It became the National Association of Schoolmasters (NAS) in 1920. The National Association of School Masters and Union of Women Teachers (NASUWT) was set up in 1976 as a result of the merger of the National Association of School Masters and the Union of Women Teachers following the introduction of the sex discrimination legislation in 1975. The NASUWT's membership is dominated by secondary school teacher members but not exclusively.

Three respondents from these two trade unions were interviewed about alternative responses to public management reforms, which are described as forms of democratic professionalism. As discussed in the Chapter Two (Literature review) four elements recur in the different accounts of democratic professionalism (Oberheumer, 2005; Spours (2013); Stevenson and Gilliland, 2015) and are outlined by Taubman (2013) as:

1) Competence;
2) Respect;
3) Integrity;
4) Responsibility (Taubman, 2013).

These elements have been used as a framework for analysing how trade unions and professional associations have responded to the concept of democratic professionalism. Each element is introduced with a short interpretation drawn from recent literature.

Competence

Unlike the use of competences in government policies for workforce development after 1979, competence in the context of '*democratic professionalism*' accepts the provisional and contested nature of competence. Stevenson & Gilliland (2015) argued that teaching is a technically complex process and teachers have to draw on professional knowledge, pedagogic theory and personal experience in order to exercise professional judgement, which depends on "*agency which teachers are able to make, based on assessments of context*" (Stevenson & Gilliland, 2015 p.6). Mayer *et al (1995)* argue that *"ability is that group of skills, competencies, and characteristics that enable a party to have influence within some specific domain"* (Mayer *et al,* 1995: 717). Both definitions highlight the importance of context and domain rather than a universal form of knowledge.

In a practical sense, teachers have the responsibility to see that their knowledge, skills and expertise are up to date. This involves continuous professional learning and a constant commitment to improve (Spours, 2013). This has implications for initial teacher training and continuous professional development. Spours suggests that teachers will be supported by communities of practice through local, national and international teacher networks as well as a new national college of educators.

Respect

Democratic professionals need to have an ability to listen, help and empower as well as a commitment to work towards greater equality and mutual understanding. Stevenson and Gilliland (2015) defined teaching as a process of social transformation which should be underpinned by values of social justice and democracy. This will involve giving validity to pupil/ student views, one of the aims of the expansive education network, which works towards establishing lifelong learning by acknowledging that education is more than just about passing exams. It recognises that learning opportunities occur outside the classroom and that individual intelligence is expandable rather than fixed. Expansive education defines teachers as learners who are looking for and researching better outcomes (Expansive Education Network, 2015).

As an example of how professionals show respect to children, the Reggio Emilia Network of Early Years (Italy) states that "*listening is a metaphor of encounter and dialogue*". Early

years services are places where young and old come together. The Reggio Emilia Network believes in:

> *"The pedagogy of listening, the experience in Reggio tries to honour the children by listening to that expression of the human being. Perhaps the pedagogy of listening may be a pedagogy for supporting a way of living with hope that it is possible to change"* (Rinaldi, 2004:4)

Integrity

A democratic professional will require a self-awareness and a realisation of their own values, prejudices, beliefs, limitations and fallibility (Taubman, 2013). This involves extensive reflection on professional practice and honesty about professional limitations, which are not easy processes. Teachers will have to exercise professional agency in both an individual way as well as taking collective action (Stevenson & Gilliland, 2015:6).

There are examples of where teachers are beginning to reflect on how professional practice could change. By using social media (Twitter), NUT members are starting to move from a negative account of work to a more positive view of teaching, focused on the intrinsic values of the profession:

> *"Twitter allows people to be anonymous and critical of Ministers. They can talk about wanting to teach for education's sake."* (Respondent A1, 2014).

This facilitates wider discussions and debates about teaching, which will have to inform a future democratic professionalism.

Responsibility

A democratic professional will have to accept that there are dilemmas inherent in professional work and that relationships between professional-student, professional-client and professional-patient are increasingly complex. Responsibility can be seen as a form of self-regulation. If professionals start to work in different ways with stakeholders, this will also require the creation of new forms of democratic accountability at the local level which go beyond self-regulation (Spours, 2013). A new approach to inspection will be needed which would focus on improvement and partnership with teachers and school leaders. These new

forms of local accountability will need different working processes. Unger (2005) argued that the future provision of public services must be an "*innovative collective practice*" but with innovation coming from below rather than imposed from the top (Unger, 2005: 179). Democracy has to inform these new processes.

Respondent A1 said:

> *"The position of the A1 union is that we see that we want to renew the union, organise at grass roots level and get teachers talking to parents/ teachers. There is some sign of this working, with members starting to challenge over workload and about the content and control of work. We want to move from a negative account of teaching to a more active approach as seen on Twitter, where teachers are writing, and "I've got an idea about how to teach." If the union can instil its campaigns with this sort of spirit then it can demonstrate educational rebirth. The A1 union wants to campaign like this and has moved significant resources into an organisational team……It has remodelled training for school reps, trying to get teacher voice, building collectively so that they can take issues to the Head. Action will be approached at school level."* (Respondent A1, 2014)

The approach also tries to address the challenges of collective bargaining, which has now been delegated down to school level because there is no longer any national collective bargaining framework for teachers. Teachers and union members have to be supported to bargain at local school level. This approach has drawn from the experience of Chicago teacher unions in the United States, which reached out to the community.

An example of how the A1 union is starting to influence the democratic process can be seen in the publication of a manifesto 'Vote for Education' to inform the 2015 election campaign. 1.6 million copies were printed. The manifesto outlined a set of issues that teachers can raise with parents. It recommended that:

- *All students should be entitled to benefit from a broad, balanced and enriching curriculum*

- *A new national council for curriculum and assessment should be established to bring together teachers, employers and parents to develop an exciting vision for education*
- *A coherent 14-19 qualifications framework is needed, which unifies all learning routes, both academic and vocational* (NUT, 2015)

The Manifesto covered issues that are central to children's lives. It called for more time for teaching rather than tests, stressed the importance of qualified teachers, and recommended the return to local education authorities of planning powers, stopping the expansion of free and academy schools. A wider demand was that education should be run as a public good and not for profit. A future government should recognise that education requires investment and a return to 2010 levels of funding (NUT, 2015).

Conclusion

This period has seen changes in the size and structure of the teaching profession and school workforce. The numbers of teachers fell between 1975 and 1995 due to a decline in the number of teachers being trained in the late 1970s and 1980s. Between 1997 and 2010, the number of teachers increased by 11%. A much more significant change after 1997 was the threefold increase in the number of teaching assistants and school support staff, mainly in secondary, academies and CTCs.

There was a gradual consolidation of a graduate entry to the teaching profession after 1972. After 1979, there was a gradual undermining of the professional autonomy of teachers. Starting with the dismantling of a national collective bargaining system which had been in place since 1919, the introduction of the National Curriculum, along with national targets and regular inspections, started to restrict the control that teachers could exert over their working day.

There have been reforms in the training of teachers which have led to a reduced role for universities in initial teacher training. This is leading to a form of 'learning on the job' training where trainee teachers are trained by the school that they work in. Although this approach of school based training was first mentioned in the late 1980s, it has taken almost two decades before being implemented more fully. The position of the teaching profession has become weaker during this period, with less control over professional autonomy, teachers being constantly subjected to a management agenda and the erosion of a university based

system of training. However, there are signs that trade union responses to public management reforms are resulting in attempts to develop a new form of democratic professionalism, which builds on past attempts to introduce more democratic forms of teaching and supports trade union members in challenging the education reforms.

CHAPTER 6: FINDINGS (NURSES)

The number of nurses expanded in the immediate post-war period but as a profession '*in transition*' there was no clear central planning for the nurse workforce. Local agencies were responsible for training. Although State Registered Nurses (SRNs) and State Enrolled Nurses (SENs) were the main types of nurses, the structure of the nurse workforce became more complex with an expansion of nursing auxiliaries, mental health nurses and community based nurses, which created a diverse professional group with a range of different interests.

In 1970 the Department of Health set up the Briggs Committee to examine the state of nursing in the United Kingdom, as a result of pressure from the Royal College of Nursing (RCN) to examine the role of the nurse in the context of the expansion of new medical technology and community health services. This was the first enquiry into nursing since the creation of the NHS in 1946. This chapter will use the findings of the Briggs report, which was published in 1972, as baseline for understanding the state of the nursing profession in 1979.

The government influence on the professional development of nurses in the period 1972-2010 will be analysed using the framework set out below:

- Profile of the nursing workforce;
- Training reforms – nurse training and continuing professional development;
- Professional autonomy, management culture and professional integrity;
- Democratic professionalism.

It will start with an analysis of how the size and structure of the nursing workforce changed during the period 1979-2010.

Size and structure of the nursing workforce 1972-2010

The size of the nursing workforce will be analysed alongside the changing structure of the nursing workforce. The structure of the nurse workforce was beginning to change in the period from 1971-1985, with a gradual increase in the number of primary care nurses. This reflects the context of the Briggs Report (1972), which was commissioned to look at the

position of and demand for nurses because of new medical technology and the growing focus on community based care. In 1974, NHS organisational reforms brought local authority community based health services into the NHS, for the first time since the creation of the NHS in 1948. Yet, although there was a gradual increase in community nurses, there was a slight decrease in school nurses and even community midwives in this period.

Table 22: Nursing and midwifery staff (Whole Time Equivalents WTEs) 1971, 1976, 1982, 1983

	1971	**1976**	**1982**	**1983**
Total nurses (including midwives)	282,000 (100%)	342,000 100%	397,000 (100%)	397,000 (100%) (Midwives = 21,800 Total nurses = 375,200)
Hospital nurses	233,00 82.6%	288,000 84.2%	335,000 84%	332,500 83%
Nursing cadets	7,000 2.5%	3,000 0.9%	-	-
Community nurses	20,000 7.1%	26,000 7.7%	33,000 8.3%	33,300 8.3%
School nurses	4,000 1.4%	3,500 1.0%	3,100 0.8%	3,100 0.8%
Hospital midwives	13,000 4.6%	16,000 4.7%	17,000 4.2%	18,100 4.5%
Community midwives	5,000 1.8%	3,000 0.9%	3,500 0.9%	3,700 0.9%

Source: DHSS Statistics & research division and computer compilations for 1982 and 1983 in Bosanquet & Gerard, 1985: 8

The total nursing workforce increased from 1971 to 1982/3 (Table 22). Hospital nurses remained the largest part of the nurse workforce, increasing from 82.6% in 1971 of the total workforce to 83.7% in 1983. During this period, the hospital nurse workforce included acute, geriatric, mental illness and mental handicap services because older people, people with mental illnesses and people with learning disabilities were still cared for in institutional

settings. The move towards care in the community was only starting to become government policy in the 1980s. This period also saw the abolition of nurse cadets, which were a way of entering nursing by gaining experience of hospitals before becoming a trainee nurse. Cadets were re-introduced in the 1990s (Draper and Watson, 2002).

Table 23: Primary care nurses 1971, 1976, 1982, 1983

Year	Community nurses	School nurses	Primary health care nurses (Community + School nurses)
1971	20,000	4,000	24,000
1976	26,000	3,500	29,000
1982	33,000	3,100	36,100
1983	33,300	3,100	36,100

Source: DHSS Statistics & research division and computer compilations for 1982 and 1983 in Bosanquet & Gerard, 1985: 8

Between 1971 and 1983, the number of community nurses increased from 20,000 to 33,300 (Table 23). What became known as primary health nurses were defined, during that period, as community nurses and school nurses. However, between 1971 and 1983, the number of school nurses fell from 4,000 to 3,100 in contrast to the expansion in community nurses. There was a marked increase in hospital midwives but the number of community midwives declined, showing that the trend from acute to community sector was an uneven one.

By 1976, there were seven different types of nurses in the acute sector, including nurses in training and unqualified nurses (Table 24). By 1982, the numbers of registered, nursing sisters, enrolled nurses and unqualified nurses had increased, with the largest increase occurring among unqualified/ auxiliary nurses. This change has to be considered in the context of the 1974 Halsbury Committee report which recommended an increase in the number of qualified nurses but these statistics show that this recommendation had not been put into practice by 1982. The numbers of student nurses and pupil nurses decreased over the period, a reflection of smaller numbers entering nurse training. The trend in using unqualified nurses and health care assistants was further strengthened after 1986 and the introduction of Project 2000, a major reform of nurse training, when they were used to take the place of student nurses who were no longer employed in a hospital ward during their training.

Table 24: Number of hospital nurses (WTEs) 1976, 1982

1972 italicised

Types of nurse	*Acute 1976*	Acute 1982	*Geriatrics 1976*	Geriatric 1982	*Mental illness 1976*	Mental illness 1982	*Mental handicap 1976*	Mental handicap 1982
Registered nurses	*48,967*	58,173	*4,034*	8,269	*13,304*	14,975	*5,585*	6,877
Nursing sisters	*20,804*	21,569	*2,589*	n/a	*8,710*	7,084	*4,165*	3,726
Staff nurses	*23,576*	33,850	*1,445*	n/a	*4,594*	6,118	*1,420*	1,818
Enrolled nurses	*23,343*	35,482	*3,692*	8,140	*8,525*	9.401	*4,111*	4,867
Student nurses	*30,857*	25,373	*364*	232	*5,970*	4,818	*2,257*	2,146
Pupil nurses	*12,472*	8,772	*589*	432	*2,207*	1,875	*1,204*	1,234
Unqualified nurses	*26,780*	48,739	*7,321*	14,455	*9,643*	13,363	*8,668*	12,874
Total	*142,419*	176,539	*16,000*	32,348	*39,648*	44,404	*21,845*	27,998

Source: DHSS Statistics & research division and computer compilations for 1982 and 1983 in Bosanquet & Gerard, 1985: 10

Similar changes can be found in the geriatric, mental illness and mental handicap sectors, especially the increase in unqualified nurses. The biggest increase in the total number of nurses was in geriatrics, which doubled from 16,000 to 32,348 in this period. Only in mental handicap hospitals did the number of student and pupil nurses, training for State Enrolled Nurses, remained about the same. During the 1980s the closure of geriatric, mental illness and mental handicap hospitals became government policy and hospital nurses moved out of the hospital sector to the community sector.

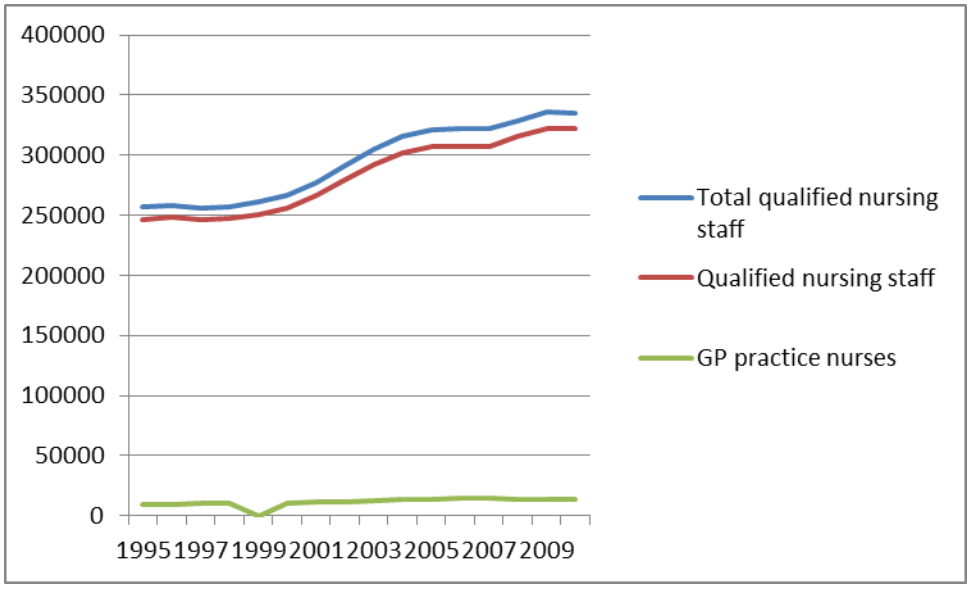
The use of unqualified nurses in different hospital specialties varied. Although the average percentage of qualified to unqualified nurses was 70:30, there were several specialties which had over 80% qualified nursing staff – theatres, intensive care, accident & emergency, gynaecology, renal, dental and bank nurses. Maternity had a very different balance with 38% qualified nurses to 62% unqualified nurses but during the period 1971 and 1983, there had

been an increase in hospital midwives (Bosanquet & Gerard, 1985). There was a decline in the number of nurses and midwives employed in the NHS between 1982 and 1989 as shown by statistics provided by Working Paper 10 Working for Patients. This trend continued until 1997.

Summary of period 1979-1995/7

The total number of nurses WTEs in 1982 was 375,200 but had fallen to 318,856 by 1997. In the mid-1990s there was a shortage of nurses because of a decline in the number of nurse training posts being commissioned by health trusts. There were changes in the structure of the nursing workforce as well. Although government community care policy was introduced in the early 1980s, it was several years before the majority of institutions had closed and nursing staff had moved into the community. This period also saw the introduction of new market structures within the NHS, with hospitals becoming NHS trusts responsible for delivering care, operating under business principles, with less scope for running deficits. As workforce expenditure is one of the biggest parts of an NHS trust budget, reductions in staffing and training costs became a way of balancing the budget (Buchan *et al*, 1998). A new GP contract in 1990, which placed more emphasis on evidence based medicine and performance related pay, increased the external management of general practice (King's Fund, 2011), which led to an expansion of primary care services, particularly practice nurses, until 2006.

Figure 1: Nursing staff 1995-2010 (whole time equivalents)



Another indication of changing numbers of nurses was the rate at which nurses were leaving the nursing register. The RCN (2001) reported that between 1990-2000, 170,000 left the register (RCN, 2001:21).

Between 1995 and 1999, the overall numbers of total qualified nurses changed little and it was only after 1999 that the total number of nurses started to increase (Figure 2). Although there were overall increases in the headcount and WTEs for total qualified nursing/ midwifery/ health visiting staff there were some changes in the relationship between total headcount and whole-time equivalents, an indicator of the number of part time posts. For total qualified or qualified nurses there was a slight increase in the numbers of part-time jobs in 2000 and 2005. The number of part-time practice nurses fell over the 15 year period (1995-2010).

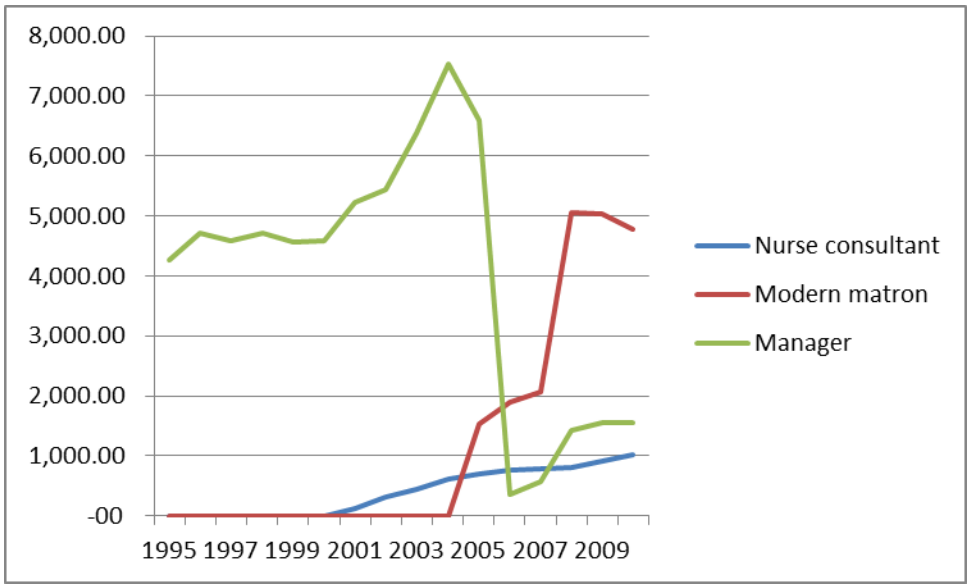
Table 25: Ratios of headcount to whole time equivalents

Year	Headcount:WTE total qualified	Headcount:WTE Qualified	Headcount: WTE GP practice nurses
1995	1.23	1.20	1.87
2000	1.25	1.23	1.79
2005	1.25	1.23	1.66
2010	1.22	1.20	1.61

Source: Health and Social Care Information Centre (1995-2010) Hospital and Community Health Services: Nursing, Midwifery and Health Visiting and support staff by type 1995-2010 published 30 September each year

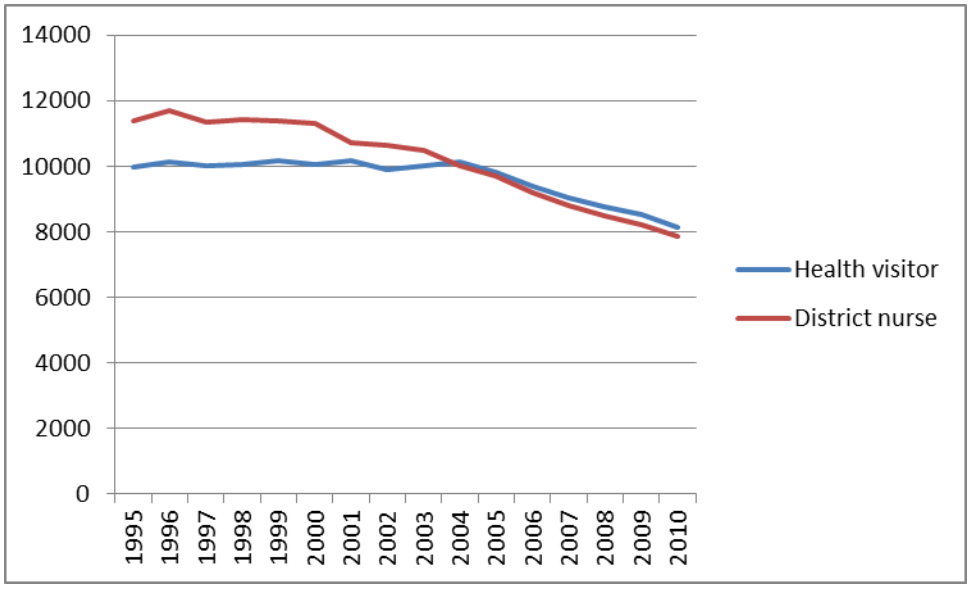
The structure of the nursing workforce continued to change between 1995 and 2010, with the inclusion of new senior nursing grades, nurse managers after 1995, nurse consultants after 2000 and modern matrons after 2004. The number of nurse managers has doubled since the position was established in 1995, increasing from 4,275 WTEs to 8,304. Nurse consultants gradually increased after 2001 when the role was introduced. The '*modern matron*', another new role, was introduced in 2003. Figure 3 shows that the new nurse consultant and matron posts took over nurse manager posts.

Figure 2: Numbers of senior nursing staff 1995-2010



Since 2000, qualified nurses included nurse consultants, modern matron, manager, child registered nurse, health visitor, district nurse as well as first and second level nurses. Although the community care policy of moving care from hospitals to the community has continued, the number of Health Visitors and District Nurses declined after 2005, with health visitors declining from 10,136 (WTE) in 2004 to 8,124 (WTE) in 2010. District nurses declined from 10,000 (WTE) in 2004 to 7,859 (WTE) in 2010. This reflects some of the mismatch of central government policy with workforce provision.

Figure 3: Health visitor and district nursing posts 1995-2010 (WTEs)



There was a gradual increase in children's nurses and first level nurses (State Registered Nurses) during this period but the number of 2nd level nurses (State Enrolled Nurses) declined (Figure 5). The decline in 2nd level nurses may be explained by changes in the numbers of support nurses. Support nursing was another occupational category, which included nursery nurses, nurse assistant/ auxiliaries, nurse learners, healthcare assistants, support workers, clerical and admin. There is a differentiation between nurse assistants/ auxiliaries and healthcare assistants as can be seen in the Table 26.

Figure 4: Other first and second level nurses 1995-2010

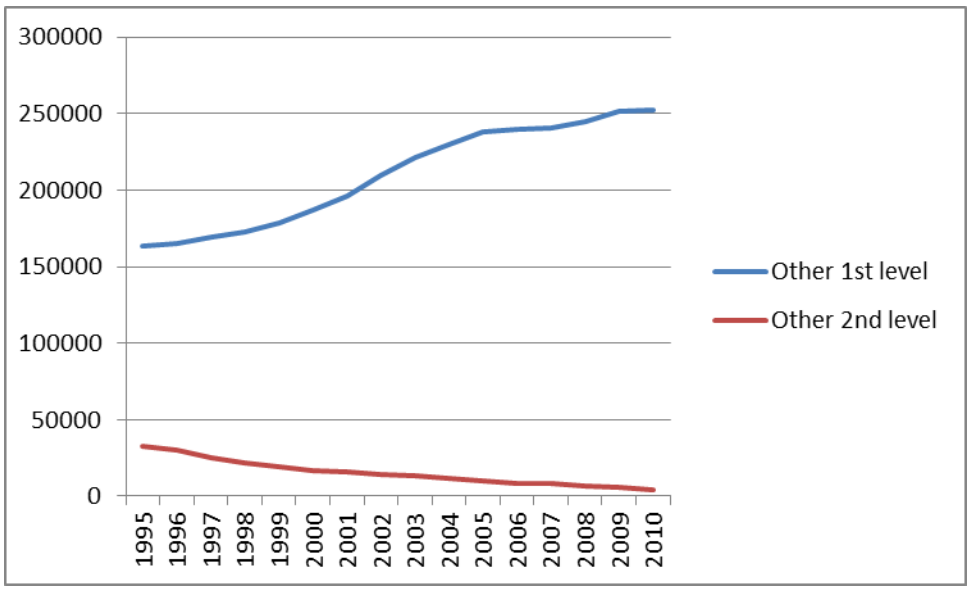


Table 26 shows that the WTE numbers of nursing assistants/ auxiliaries remained stable at about 80,000 until 2005 but then declined to 64, 495 (WTEs) in 2010 although the head count showed that in 1995 and 2000, the ratio of head count to WTEs fell from 1.53 to 1.18 by 2010, showing that the number of part-time nursing assistants dropped after 2005. The number of WTE healthcare assistants increased from 11,840 (WTEs) in 2000 to 43,712 in 2010 although the ratio of head count: WTEs fell from 1.23 in 1995 to 1.17 in 2010, showing a decline in part time workers although not as dramatically as for nursing assistants/ auxiliaries. The total number of WTE of nursing assistants and health care assistants had fallen by 2010. Although the total number of nursing auxiliaries is much greater than healthcare assistants throughout this period, the decline of nursing auxiliaries at the same time as a gradual increase in health assistants shows that the division of work between these two nursing groups was changing.

Table 26: Nursing assistants/auxiliaries and healthcare assistants – head count and WTEs

	1995	2000	2005	2010
Nursing assistants/ auxiliaries Head count	109,599	120,600	99,062	76,467
Nursing assistants/ auxiliaries WTEs	80,782	78,408	81,505	64,495
Nursing assistants Head count: WTE	1.35	1.53	1.21	1.18
Healthcare assistants Head count	14,677	24,199	39,522	51,512
Healthcare assistants WTEs	11,840	20,415	33,183	43,712
Health care assistants Head count: WTE	1.23	1.18	1.18	1.17
Nursing assistants and health care assistants head count	124,276	144,799	138,584	127,979
Nursing assistants and health care assistants WTEs	92,622	98,823	114,688	108,207

Source: Health and Social Care Information Centre (1995-2010) Hospital and Community Health Services: Nursing, Midwifery and Health Visiting and support staff by type 1995-2010

Composition of the workforce

Gender

The nursing workforce was predominantly female (89%) throughout this period. There has been little significant change in the proportion of women and men in the nursing workforce

with 89% of the workforce female, during this period, but with a slightly higher percentage of women in support roles.

There are indications of a fall in the number of male applicants. By 2004/5, only one in 10 (11%) of accepted applicants were men, compared to nearly 15% in 1999. Men are found predominantly in management and in mental health and learning disability services (RCN, 2010/2). This has not changed significantly over the period, even though there have been changes in the ways in which mental health and learning disability services are delivered, having moved from institutions to community based provision. By 2008 applications from men were concentrated in mental health and learning disability branches with 48% of accepted male applicants, compared with 42% in 2002, and with under 17% of accepted women applicants (RCN, 2008).

Trade unions/ professional organisations felt that there were several factors affecting the position of women in the nursing workforce, which was not necessarily improving. These included more active encouragement of women to apply for senior posts and more flexible working times.

The B1 respondent reported:

> *"There are some real worrying inequalities across the workforce. We can see CEOs talking and bringing on women…. they have a good intention but have the numbers really started to shift? There are some women in senior positions but it is different when pointing to numbers. We are still struggling and looking for a breakthrough moment…we need to make a case on behalf of nurses, of whom 90% are women,… there are implications for the position of women as a whole"* (Respondent B1, 2014).

The B2 respondent felt that nurses have to take responsibility for their own advancement.

> *"Part of the role of a nurse is to be an advocate for others – to advocate a pathway but nurses are not always good at being an advocate for their own interests. They are often quite submissive. As a professional, a nurse 'doesn't blow her own trumpet'. Women take the flack but not the glory. Men do it better….If women can't advocate for themselves - how can they advocate for others?"*(Respondent B2, 2014)

This affects the ways in which men and women operate.

> *"If the career trajectory as male nurses is quicker then the reason is that they push a bit more and equally don't have babies or take career breaks. Men try for something*

> *and push the boundaries but women are more reluctant to do this" (*Respondent B2, 2014).

One major factor is that:

> *"Retainment equals flexibility around work, there is more to be done and a need for more human resources – kids and caring responsibilities. We will need more flexibility on pay and quality of life issues"* (Respondent B1, 2014).

The B2 respondent identified the conflicts between work and home responsibilities.

> *"Women still cover the overwhelming majority of care responsibilities and this hasn't changed. A minority are in senior positions but is this gender bias – overt and covert?* (Respondent B2, 2014).

Age

There have been significant changes in the age at which nurses enter the profession (Table 27). The workforce is beginning to age and this can be seen in the increasing number/ proportion of nurses aged over 45, with larger numbers of this age group emerging over the last decade. (RCN, 2001:26).

Table 27: Numbers of pre-registration nursing with NHS bursaries and by age group 2000/1 to 2004/5

Age	2000/01	2001/02	2002/03	2003/04	2004/5
21	5,804 (16%)	6,320 (12%)	7,908 (13%)	11,009 (18%)	13,245 (24%)
21-30	21,041 (60%	26,928 (53%)	29,865 (51%)	27,931 (46%)	21,643 (40%)
31-40	5,533 (16%)	11,852 (23%)	14,241 (24%)	14,843 (24%)	12,777 (24%)
41-50	2,015 (5%)	3,355 (6%)	5,648 (9%)	5,927 (9%)	5,093 (9%)
50+	155	387	479	529	403
Total	34,548	50,022	58,141	60,239	53,161

Source: RCN, 2004; RCN, 2005 and House of Commons Written answers 13 December 2004 Column 978W

Black and Minority Ethnic groups

Until the mid-1990s there was no systematically collected data on ethnicity in the NHS, which is a significant comment on how Black and Minority Ethnic (BME) issues have been seen in the NHS (RCN, 2001). By 2000, the NHS nursing workforce consisted of 4.8%

Black and 1.7% Asian nurses (RCN, 2001:32). There have been few changes in the proportion of Black and Ethnic Minority nurses in the NHS nurse workforce. Shortages of nurses have been met by international recruitment from Europe and Asia but these numbers fluctuate.

There is growing evidence to show that Black and Minority Ethnic (BME) workers in the NHS are poorly represented at senior levels (Kline, 2014). The majority of Directors of Nursing are white. The proportion of senior managers from Black and Minority Ethnic groups has not changed since 2008. Kline (2014) reported that BME nurses have to work 15.1 years to achieve senior ward sister level whilst white nurses only needed to work for 11.8 years. Consequently a smaller percentage of BME nurses are found at higher grades. The 2002 and 2005 RCN well-being surveys found that BME nurses reported higher levels of bullying than white nurses (RCN, 2002: RCN, 2005).

Although there was an overall increase in the number of nurses in the NHS in the period 1979-2010 there were periods when the numbers of nurses in training were reduced and this affected the number of nurses employed in the NHS. The period in the late 1990s was a time of nurse shortages. The capacity of NHS agencies/ organisations to plan for the nursing workforce was uneven, partly due to a lack of skills and expertise. The impact of the NHS reforms on the ability of local NHS employers to predict their nursing needs raises the question of how planning and a marketised system can coexist. The move of nurse training into higher education institutions created a different environment for nurses to study but placed the application system within higher education rather than the NHS. Perhaps the most significant problem that has not been resolved has been the decline in community nursing posts because the numbers of both district nurses and health visitors have declined since 2006.

Training reforms

The period from the 1970s to 2010 encompassed one of the major reforms in nurse training and education. Pre-registration nurse training changed from an apprenticeship model, with student nurses working on a ward, to students studying nursing at a higher education institution. This move had first been recommended by the Wood Report in 1947.

In 1970, the Briggs Committee was set up to:

> "*review the role of the nurse and the midwife in the hospital and the community and the education and training required for the role, so that the best use is made of available manpower to meet present needs and the needs of an integrated health services*"(Briggs, 1972).

The move towards more community based care was predicted to require good teamwork and leadership, multi-disciplinary teamwork of health professionals involved in preventive, remedial and rehabilitation care, a wide range of technical and human skills, and appropriate training and support for nurses, from induction training for nursing assistants/ auxiliaries or nursing aides "*on whom the profession depends*" (Briggs, 1972: 12 para 45). This would require a "*radical revision in educational preparation of nurses (and midwives) to meet these new responsibilities*."

The Briggs Report recommended that Colleges of Nursing and Midwifery should be established and financed through Area Committees. The number of Schools of Nursing should be reduced and consolidated and the feasibility of setting up Colleges of Health Studies should be explored. Training allowances were recommended rather than training grants. The Briggs Report was less radical than the 1947 Wood report in that it recommended maintaining nurse training separate from higher education through Colleges of Nursing, although it did encourage more links and cooperation with higher education, a form of compromise at the time. It also pointed to a change in perception of nursing as a profession, in that trainee nurses should have contact with other students, contributing to a wider understanding of education and nursing.

The Briggs Report recommended that a single body should be responsible for nurse education, rather than local committees. In 1976, the Briggs Co-ordinating Committee was given the task of formulating a new statutory framework for nursing education. The work of this committee led to the establishment of the Nurses, Midwives and Health Visitors Act 1979, which dissolved all statutory and non-statutory training bodies, including the GNC and Central Midwives Board. They were replaced by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting, with National Boards for England and Wales. The 1979 Act lowered the entry into nursing to 17 and imposed a common standard of entry qualifications on nurses.

The creation of the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) with a National Board for England in 1982 provided a more formal base for addressing the problems of training for nurses. The Judge Report (RCN) on 1984 on Nursing education 'The Education of Nurses: A new dispensation' Commission on Nursing Education recommended that nurse education was moved into the higher education sector, that trainee nurses should have student status and that pre-registration nurse training should be a three year course with a first year foundation course, second year adult nursing and the third year in a speciality (RCN, 1985).

Numbers in training

The problems with gathering accurate data for nursing workforce planning affected the ability of local training agencies to predict training numbers to meet future demand for nurses. Data published by Project 2000 and reported to be inaccurate to 5% in 1985, compared to data published by Working Paper 10 in 1989 showed that there was a fall in the numbers in training between 1985 and 1989, especially for Enrolled Nurses (Table 28). This decline was to continue until 1994-1995 when the total numbers of nurses entering pre-registration training fell to 11,608.

Table 28: Breakdown of total numbers and numbers in training

	1985 (Project 2000) Total entrants to training (1 Jan – 31 Dec 1985)	**1985 (Project 2000) Total number in training**	**Number in training (1989) or entering?**
Registered midwife	2,914	4,475	2,720
Health visitor	1,783	953	850
District nurse	n/a	n/a	940
Community psychiatric nurse	n/a	n/a	270
Community mental handicap nurse	n/a	n/a	90
Registered General Nurse RGN	14,336	39,214	13,580
Registered Sick Children's Nurse (RSCN)	525	490 +235	n/a

Registered Mental health Nurse (RMN)	2,801	6,476	2,460
Registered Nurse Mental Handicap (RNMH)	985	2,363	890
RSCN/ RGN	235	1,005	710
Enrolled nurse (G)	4,573	9,430	2,300
Enrolled Nurse (M)	762	1,543	300
Enrolled Nurse (Mental health)	217	558	120
Total	29,143	66,529	25,230

Source: UKCC (1986) Project 2000 Appendix D Statistical Tables; DH (1989) Working Paper 10

The recommendations for nurse training in the higher education sector was finally up taken up in 1985/6, when the English National Board (ENB) published Project 2000, which proposed a three year course which introduced a new model of nurse training, emphasising health promotion and disease prevention, moving away from clinical care. The Briggs Report was strongly influenced by the moves from acute to community care in the NHS and the implications of this change were incorporated into the new Project 2000 curriculum. The decline in the number of school leavers and the pressure to deliver value for money, were additional factors that shaped the creation of Project 2000. An immediate problem was how to replace the student nurses who had provided labour on wards during their training, by extra paid staff (UKCC, 1986).

Project 2000 supported nurse training taking place solely in an educational institution, rather than in a hospital ward. The proposed basic training was an initial year of core training followed by different specialisms. The overall aim was preparation for both hospital and community nursing but the new structure had also been informed by a debate about whether specialist training should always be post-registration. Project 2000 introduced a core, 18 month professional training, which was followed by a choice of specialism in: adult nursing; mental health; children's nursing and; learning disabilities. Project 2000 was introduced as a pilot in 1986 and full implementation began in 1989 (Ousey, 2011).

As Project 2000 started, a fundamental change in the way in which the NHS was organised was being implemented. The 1990 "*NHS and Community Care Act"* introduced the internal market to the NHS, which introduced marketization and corporatisation to the NHS.

Working Paper 10 (WP10) Education and Training (Department of Health, 1989) dealt with the implications of 'Working for Patients' and the introduction of the NHS internal market to education and training for all NHS professional groups, except doctors and dentists. The decision to move the training of NHS professionals, such as nurses, was strongly influenced by the creation of the internal market within the NHS. Working Paper 2 (Funding and Contracts for Hospital Services) concluded that:

> *"To avoid both training and research being cut back it is necessary to remove their costs from pricing decisions. The Government considers that the only right way to achieve this is by direct funding from region or in the case of special health authorities from the Department"* (Department of Health, 1989: 2).

This is significant because it shows that the internal market structure was felt unable to accommodate the training of staff because the pressure to reduce costs might have led to the reduction of training. It was recognition that the internal market posed some risks to existing systems of training and an acknowledgement of the limitations of marketisation. Another interpretation is that it was the risk to the new market system that precipitated the decision to move training into the higher educational sector (Meerabeau, 1998).

Working Paper 10 (WP10), Education and Training provides an insight into government policy towards nurse workforce planning and training in 1989 and the impact of changes in other sectors. It acknowledged that changes in the funding of higher education also influenced the decision to move nurse training out of hospitals. The creation of the Universities Funding Council (UFC) and the Polytechnics and Colleges Funding Council (PCFC) was accompanied by the abolition of limits on the number of students enrolled in different courses and other changes to funding of higher education, for example the introduction of fees and top-up loans. The introduction of Project 2000 had already facilitated closer links between NHS training and higher and further education. Non-means tested bursaries were introduced for nurses in training as a part of Project 2000. Government approaches to nurse training were set in the context of the need to expand the number of nurses because an ageing population and potentially an increasing young population would increase demand for health care. It saw part time training and employment as playing "*a vital role"* (Department of Health, 1989: 5).

There are indications within Working Paper 10 of some of the tensions within a marketised system and how the government attempted to eliminate them. The government wanted to guarantee that the new NHS Trusts (self-governing hospitals) would still participate in training professional staff and that "*their staff continued to have access to nationally recognised training and qualification structures, both professional and other*" (Department of Health, 1989:2). However, government was also pushing for local hospitals, soon to become NHS Trusts to make training arrangements, which met the needs of the local labour market. This had to be balanced by securing an adequate supply of technical and professional skills, which was influenced by the lead in time for training, the need for specialist training institutions and to extent to which NHS-sponsored training was needed. WP10 was trying to define a set of principles for organising future technical and professional training. However, one of the key criteria was:

> *"The need to ensure that Trusts and other health care providers are not at a cost and price advantage or disadvantage when competing for contracts* (Department of Health, 1989: 9).

It was unclear how the funding of training could be organised with the consensus of several agencies – employer, professional and educational interests - and could be directly funded. It did recommend that there should be a greater focus on defining outcomes of training and the greater use of contracts "*to cover training by the educational sector or NHS training institutions and a greater degree of competition between training providers* (Department of Health, 1989:10)

In this context, Working Paper 10 had several criticisms of the role of the English National Board (for England and Wales) and reported that ENB was currently reviewing its courses to provide a "*more flexible and accessible structure*" (Department of Health, 1989:11). Again, the introduction of a corporate management culture in the NHS is reflected in the findings of a review of the ENB by Peat Marwick McClintock, a management consultancy, which had argued that current funding arrangements with a mix of ENB and heath authority financing showed a lack of clarity and managerial control. Direct funding of ENB and NHS Schools of Nursing were a solution but that ENB needed reforming to take on this new managerial role (Department of Health, 1989:19). The NHS & Community Care Act created a decentralised system of operation, where government was reluctant to play a central role in the provision of training. It aimed to make training part of an internal market but was aware that there were

risks involved in leaving training to become a commoditised product, which could be bought or sold subject to market demand rather than NHS need.

Government made two recommendations which reflected some of the tensions within the new system. Although undergraduate nursing courses had developed outside of the NHS manpower planning process, the government wanted these courses to reflect NHS planning priorities in future and so NHS funding would be used to fund new undergraduate nursing course (to be reduced from four to three years) (Department of Health, 1989:20). Funding for more specialist post-registration training was recommended to come from direct regional funding net of contribution to services during training (Department of Health, 1989:21).

> "*These trainings share a common characteristic in that they are mostly located within HE and FE and can be considered part of core professional supply. However, the Government recognises that the advent of the Project 2000 trained nurse, capable of working in either hospital or community settings, the increasing number of Registered Mental Health Nurses and Registered Nurses Mental Handicap trained under the 1982 syllabi with their greater emphasis on community skills, and the decisions on the Griffiths care in the community proposals will all influence the nature of post-registration training for work in community settings"* (Department of Health, 1989:20).

The government felt that funding for these nursing groups would have to be kept under review with the training for district nurses, health visitors and community psychiatric nurses. Higher and Further Education institutions would charge and the NHS would pay full cost fees for these courses. What was unclear was whether the new hospital trusts and directly managed units would invest in training. A five year subsidy was agreed but after that, training would have to be part of District Health authority allocations (Department of Health, 1989:33). Funding was from three sources: English National Board; District Health Authorities and the costs of clinical placements offset by a contribution to service during training, for example, was to be 20%.

A National Audit Office (NAO) report (1992) which examined the early implementation of Project 2000 shows some of the problems faced in introducing a new system of nurse training at a time when the internal market was being introduced into the NHS. One of the main issues was how to organise the purchase and delivery of nurse training, when new District Health Authorities were being set up as commissioning agencies. The NAO report had several criticisms of Project 2000. It argued that the public sector planning process had made

it difficult for the Implementation Group to set up a firm timetable because the Department of Health was unable to provide a regular picture of how much funding was available. The Implementation Group asked for five years funding proposals but the Department of Health could only provide details of three year funding. This created uncertainty for the colleges which had submitted bids to run the new training. The Implementation group asked for proposals from Regional health authorities to make submissions for funding from colleges able to deliver Project 2000. By 1992, Project 2000 was being delivered in 64 colleges with 17 colleges operating the traditional training programme (NAO, 1992).

One of the underlying problems with the Project 2000 implementation was the inability of local health authorities to accurately predict the number of students nurses required and the number of replacement staff to take on work, which would have previously been done by student nurses. The NAO report believed that the introduction of the internal market reforms and the role of district health authorities as commissioners of services, which had to be informed by health needs assessment of each health district, that health authorities started to predict their staffing needs in the context of service needs. Extra nurses could be supplied by recruiting more nurses for training, by encouraging nurses to return to nursing and by helping state enrolled nurses (SENs) to convert to registered nurse status. In 1991, student nurse intakes were estimated to be at the same levels as pre-Project 2000 students training levels (NAO, 1992). However the shortage of nurse training places in 1990 showed that the new health needs assessment structure was not able to predict accurate nursing needs. Table 29 shows the changes in the numbers entering pre-registration nurse training and the number of pre-registration nurses in training from 1987- 2001. Table 30 show the number of NHS bursaries and total number of places commissioned from 2000/1-2011/12.

Table 29: Entry to pre-registration nursing training in England 1987-2001

Year	Numbers entering pre-registration nurse training	Pre-registration nurses in training
1987-88	17,799	n/a
1988-89	17,587	n/a
1989-90	16,384	n/a
1990-1991	15,514	n/a
1991-1992	16,864	n/a
1992-1993	15,921	n/a
1993-1994	13,325	n/a
1994-1995	11,608	32,445
1995-1996	12,620	32,531
1996-1997	14,604	34,466
1997-1998	16,930	38,390
1998-1999	16,905	40,544
1999-2000	19,247	46,421
2000-2001	19,604	49,605

Sources: UKCC 1999: 20; RCN 2001

Table 30: NHS bursaries and total number of places commissioned

Year	**NHS bursaries**	**Total nurse places commissioned**
2000-2001	34,548	n/a
2001-2002	50,022	n/a
2002-2003	58,141	n/a
2003-04	60,239	22,815
2004-05	53,161	
2005-06		*20,314*
2006-07	68,000	*21,199*
2007-08	66,000	*19,352*
2008-09	n/a	20,664
2009-2010	n/a	20,829
2010-11	n/a	20,092
2011-12	n/a	*17,741*

Sources: RCN 2001, RCN, 2004: RCN, 2006; RCN 2010; RCN 2012

Wastage of student nurses had been a problem facing the development of a nursing profession for several decades. Levels of wastage from early years of project 2000 were found to have been higher than average, although there was an overall wastage rates of at least 5% from 1986 until 1991 (NAO, 1992).

There were other barriers to the implementation of Project 2000. The community health placements that student nurses were required to take were difficult to find because there was no tradition of students training in community health services, unlike the acute sector. In addition, some acute wards were not considered suitable for placements for student nurses even though in the past, students nurses would have been working on them (NAO,1992). These problems are an indication of the problems of re-orientating training if the service provision is not prepared for it. The status of community health services was considered one of the lowest specialities because it was less medically dominated and had only become part of the NHS in 1974, having been previously funded and delivered by local authorities.

Table 31: Wastage during training 1986-1992

	1986	**1987**	**1988**	**1989**	**1990**	**1991**	**1992**
Number of students nurses	49,495	50,813	51,488	47,741	48,800	43,113	37,537
Number discontinuing in each year	2,470	2,882	2,597	2,546	2,653	2,286	1,778
% discontinuing	5.0%	5.7%	5.0%	5.3%	5.4%	5.3%	4.7%
Project 2000 nurses	-	-	-	-	1,051	5,554	14,142
Numbers discontinuing	-	-	-	-	14	290	784
% discontinuing	-	-	-	-	1.3%	5.2%	5.5%
Overall wastage	5.0%	5.7%	5.0%	5.3%	5.3%	5.3%	5.0%

Source: NAO, 1992

Different educational institutions were initially allowed to develop their own curricula but by 1994, the English National Board identified five key categories to be covered: nursing; development of the individual; human growth and development, definitions of health, wellness, illness, care and cure; health care systems. This reflected a stronger sociological model of health and well-being. One of the continuing criticisms of Project 2000 was about the amount of theory that nurses were expected to cover, implying it was too much, and whether it actually prepared nurses for work on a hospital ward (Macleod Clark & Maben, 1998).

By 1996, the transfer of NHS Schools of Nursing to higher education institutions was completed. Local NHS Educational and Training consortia were set up (NHS, local employers, social services, private, voluntary and independent sector), which were responsible for local workforce planning and commissioning of health professional education and training. In 1998, nursing degree students were included in the work of the consortia and consortia became responsible for purchasing of training. In 1999, "*Modernising health and social services – developing the NHS workforce*" was published, a first step in new Labour's reforms of professional training (DH, 1999).

In the period 1994/5-2000/1 the rates of nurses who left their training courses had fallen but still represent a loss of potential nurses. Learning disability nurses showed some of the highest drop-out rates with 25.64% leaving in 1994/5. Even for adult nursing, from 1994/5 to 1998/ 1999 there was never less than a 17% drop out rate.

Table 32: Reasons for student drop out – nurses 1998-99

Reason	Number of students
Academic failure (either/both academic/clinical part)	353 (25%)
Personal circumstances (including financial pressures)	374 (26%)
Took up employment, other career choice	111(8%)
Illness	56
Transfers to other NMET funded programmes	118
Transfers to non-NMET funded programmes	14
Dissatisfaction with quality of programme including cost/ quality accommodation/ practice/ placement/ timetable	39
Reasons not specified	143
Not know	178 (321) 23%
Total	1,386

Source: NAO, 2002

51% of students dropped out because of academic failure or personal circumstances, which include financial pressures. However, 23 % of students dropped because of "*reasons not specified*" or "*not know*", so that more research was needed into some of the underlying reasons why students nurses failed to complete their training.

The NHS Plan (2000) and Implementation Plan (2002) provided more resources for investing in nurses. Providing an account of the numbers of nurses in training in the period 2000-2010 is difficult and involves using several sources of data. There was an increase in the numbers of pre-registration nursing with NHS bursaries, although this shows that the ages at which people entered nursing changed in this period. Although the percentage of students entering nurse training aged 21 or below, fell initially from 16% to 12% by 2004/5, it had risen to 24%. The age group 21-30 showed the biggest change with a fall from 60% to 40% of total entrants. The age group aged 31-40 showed the biggest increase from 16% to 24% and the 41-50 age group increased from 5% to 9%. These changes in the ages at which nurses are entering the profession have implications for the future supply of nurses.

Table 33: Applications for entry to nursing undergraduate degree courses 2000-2005

	2000	**2001**	**2002**	**2003**	**2004**	**2005**
Nursing	25,559	28,538	30,379	35,366	42,011	54,024
% change	14.3	11.7	6.5	16.4	18.8	28.6
Acceptances to degree courses home	3,208	3,698	4,202	4,861	5,575	
Acceptance o/s	33	46	50	52	24	n/a
EU	34	42	74	74	85	n/a
Total	3,275	3,786	4,326	4,987	5,684	6,351
% change	15.6	14.3	15.3	14.0	8.7	

Source: RCN 2004

Table 34: Applications for entry to nursing courses at HEIs in UK 2008-2010

	2008	**2009**	**2010**
Applications	109,127	134,367	194,214
Acceptances	21,830	25,117	27,079
Ratio- applications to acceptances	5.0	5.3	7.2

Source: UCAS annual reference tables

Applications to undergraduate nursing courses increased from 25,559 in 2000 to 54,024 in 2005, a reflection of the growing dominance of undergraduate nursing courses as the main form of pre-registration nurse training (Table 33). By 2010, the numbers applying for nursing degree courses had increased to 194,214 with 27,079 acceptances (Table 34).

The nursing trade unions had several observations to make on the changes in nurse training, particularly the criticisms of content. The B2 respondent reported:

> *"In 2010 and 2013 nursing was seen as uncaring and uncompassionate with talk about nurses being "too posh" in relation to academic training but this is not the case because the level of knowledge, which is research-based is needed to interpret patient technology which has evolved in a revolutionary fashion e.g. organ donation. In relation to the level of knowledge – I've never heard a politician or academic say that doctors shouldn't have their level of academic training. There is a perception of nurses being second class but many are taking on doctor's roles……. Not about protecting the patient but about seeing the nursing role and protecting it by liberating others and so others will support it ..... this is my belief"* (Respondent B2, 2014).

The B2 respondent's view of the criticism of nurse training focused on the institutions delivering the training.

> *"There are issues about why there are so few community placement and about mentorship and clinical practice but beneath these criticisms is a view of whether*

> *nurses really need to be in HE at graduate level…..The RCN has an association of nursing students, who may not be representative of everyone but I see a difference type of confidence which is not so deferential. This is one of the cohorts which has pushed against privatisation and marketization……Overall, I'm optimistic about people coming through training but the problem is holding onto them. Who will make decisions about leaving? There is no drop off in the numbers applying to be nurses with 50,000-60,000 applicants for 20,000 places."*(Respondent B1, 2014)

Nurse training had undergone a major reform between 1979 and 2010 but there were still relatively high level of drop out from training. There was still a high demand for nurse training places, with only a third of applicants being successful in gaining a place. The move into higher educational institutions had been pushed by the new market arrangements for the NHS but there was consistent criticism of the quality of nurses being trained by HEIs. Some of the response to these new training arrangements can be seen in the context of attitudes to role of nurses which remained a contentious issue. The Prime Minister's Commission into the Future of Nursing recommended in 2010 that nursing would become a graduate entry profession (DH, 2010). The Willis Commission in 2012 reinforced this change (Willis Commission, 2012).

Professional autonomy, professional integrity and management culture

Professional autonomy can be defined as the freedom of professionals to draw on their professional skills and expertise to make decisions. For nurses, their professional autonomy has always been defined in relation to doctors, as part of the patient's treatment and care. Since 1985 and the introduction of general management to the NHS, nurses' professional autonomy has been influenced by managers. Table 35 shows the main legislation since 1979 and the influence that it has had on nurses. Specific legislation set up a regulatory structure for nurses, called the UK Central Council for Nursing Midwifery and Health Visiting. Other legislation which has been part of the marketization and restructuring of the NHS has had a more tangential effect. Professional autonomy will be discussed in relation to pay, terms and conditions, regulation and new professional nurse roles.

Table 35: Health Acts and content related to nurses

Legislation	Nursing training	Community Health nurses/ Practice nurses	Diverse providers	Manage-ment	Regulation	Impact on nurses
1979 Nurses, midwives and health visitors act	Yes				Yes	
1982 United Kingdom Central Council for Nursing, Midwifery and Health Visiting established	Yes				Yes	
1990 Health and Community Care Act	Nurse training moved to HEIs			Yes NHS Trusts/ Health Authorities		Not entered general management Downgrading of nursing positions Nurses part of budgetary restraints?
Towards a primary care led NHS NHS purchasing and GP fundholding		Yes				
1997 Primary Care Act		Yes				
NHS Plan	Yes					More nurses Role for nurses
2006 Our Health Our Care Our Say – new direction for community health services		Yes	Wider range of providers	Yes		

Pay, terms and conditions

The NHS set up the Whitley Council system of industrial relations system with a collective bargaining structure for employers and trade unions and nurse pay and terms and conditions were decided through this system. After 1972, there were three significant changes in the pay and terms and conditions of nurses. In 1974, the Halsbury pay award improved the pay of nurses, in an attempt to make the profession more attractive to recruits. By the 1980s, there were still high levels of drop-out and overall shortages of nursing staff. In 1988 after the threat of industrial action (Hansard, 13 December 1988), the Whitley Council started to hear disputes about grading by nurses, nurse managers and doctors, which were only resolved by 1994.

In 1998, clinical grading of nursing posts was introduced which raised expectations of increased pay (Buchan and Ball, 2010). In 1999, there was a 12.5% pay increase for newly qualified staff, which marked an increase in starting salaries for nurses as a way of attracting recruits and to persuade nurses who had completed their training to become practicing nurses. These pay increases did not include all nursing staff.

The new Labour Government introduced a completely new system of pay within the NHS, which was designed to improve recruitment and retention and introduce new ways of working. In 2004, the '*Agenda for Change*' framework replaced the Whitley Council arrangements and introduced a new system of pay, terms and conditions for NHS staff, except for doctors, dentists and senior managers. The new pay system was based on the principle of equal pay for equal work. The Knowledge and Skills Framework provided a guide for what staff were expected to do and how to operate within the NHS, "*apply knowledge and skills appropriate to their level of responsibility*" and to develop the knowledge and skills to support their career progression (RCN, 2014). All NHS staff would be assessed on six dimensions:

- communication
- personal and people development
- health, safety and security
- service improvement
- quality
- equality and diversity

(RCN, 2014)

Agenda for Change and the Knowledge and Skills framework introduced a new system of pay and progression to nurses. They joined NHS workers on the same pay scales, assessed with the same knowledge and skills framework. Each pay band has two points, called gateways, where the knowledge and skills of staff were assessed using the Knowledge and Skills framework. Nurses (and other NHS staff) had to show that they met the knowledge and skills expected at these '*gateways*' if they were to increase their pay.

The move from the Whitley System of pay bargaining to Agenda for Change was a radical change which had the potential to benefit nurses. It made pay dependent on demonstrating skills and knowledge but it also provided an opportunity to move onto other posts. There are mixed views about its success although nursing unions broadly welcomed it. A National Audit Office report (2009) evaluated the implementation of Agenda for Change (AfC). It reported that there were problems in introducing a new pay system in such a large organisation (NHS). By March 2006, 99% of staff had been moved to new pay points and by 2007, 41% of NHS staff had a knowledge and skills development review in the past 12 months (NAO, 1999:6).

One of the problems with the implementation of AfC was that it required NHS Trusts to review existing job roles and then identify new ones. Many NHS staff continued with their existing roles after AfC was introduced because Trusts did not have the time to evaluate new roles with the Knowledge and Skills framework. An addition problem was that the new Foundation Trusts did not have to use Agenda for Change and could develop local terms and conditions. The NAO report was concerned about how to measure whether AfC had led to any value for money improvements in the way in which NHS staff worked but these were difficult to prove.

A study which looked at the impact of AfC on nurses' attitude to the implementation process and their attitude to the new pay bands (Buchan and Ball, 2010), by drawing on RCN surveys of nurses in 2006 and 2009, found that initially nurses felt that their new job descriptions were a more accurate reflection of their work than before. With the job evaluation process, about 1 in 4 respondents did not feel that it had been carried out well. There was some dissatisfaction felt with the new pay bands that nurses had been moved to, with higher rates

of dissatisfaction with clinical nurse specialists, nurse practitioner, managers/ directors and district nurses (Buchan and Ball, 2011:54).

Nurse pay had traditionally been seen as low and not of comparable level to other professional groups. Agenda for Change was designed to improve the pay and career prospects of NHS staff. By 2007, there was a fall in nurse expectations of career opportunities in the new system partly because there were anxieties about redundancies and financial deficits of NHS Trusts. A new pricing system for health care treatments (diagnostic related groups) had been introduced in 2006, which had an immediate impact on NHS trust budgets. By 2009, although some nurses felt that they had more career prospects, there had been little change in the attitudes to nurse pay, feeling it was lower than other groups and that they could be paid better for less effort elsewhere (Buchan and Ball, 2010:57).

The B2 respondent pointed out that

> *"Nurses have been on strike three times, in 1982, 1991 and 1998/9, and every time nurses have taken industrial action, it has been successful"* (Respondent B2, 2014).

She went on to reflect whether the move into higher education made nurses less likely to take industrial action.

> *"Has higher education and the move to higher education made nurses more submissive? When this took place, following the previous divorce between education and services, it was not done as collaboration. The service (NHS) washed its hands and missed a trick. Higher education (HE) students felt divorced from services in light of the 50% clinical and 50% teaching. This has taken them away from the coal face. It changed their employment rights in that it made them more neutered politically through the change of status and has condemned them into poverty, with the introduction of means tested grants and poverty…..The average age of entry into nursing is now 28, disproportionately women and 50% have responsibilities for children and dependents. This is in contrast to 1984 (when B2 respondent entered nursing) when most student nurses were 18-20. The relationship between contract of employment and service provision was broken when they entered HE."*(Respondent B2, 2014).

<u>Regulation</u>

Regulation can be seen in several ways and it is these different models which help to understand the role of regulation in public sector reform. Traditionally, regulation has been seen as a way of controlling who enters the profession. In the 1990s, the pressure on the

UKCC was to investigate professional disciplinary offences but not necessarily to take on a more active role of protecting the public.

In 1919, the first nurses registration act was passed, which set up the General Nursing Council for England and Wales (GNC) and a Register for Nurses (Nurses' Registration Act, 1919). Any nurse who had completed certain training requirements could become a member of the register (Traynor, 2013). This register continued until 1982. One of the most important recommendations of the Briggs Report (1972) that would contribute to the strengthening of nursing as a profession was the creation of a new nursing professional regulatory body, which combined recognition of education and training with the power to investigate professional misconduct.

Although recommended in 1972, a combination of lack of political will, Treasury concerns, devolution, lack of agreement by the three professions - especially midwives, meant that it was only implemented in 1979 through the Nurses, Midwives and Health Visitors Act, which set up the UK Central Council for Nursing, Midwifery and Health Visiting in 1982 (NMC, 2014). Separate Boards of Education were set up in England, Scotland, Wales and Northern Ireland (NMC, 2014). Nurses were legally required to register with the UKCC in order to practice as a nurse. The register included both UK based nurses who were qualified nurses, as well as nurses from outside the UK who were intending to work in the UK. The numbers of nurses on the register were a much larger number than the number of nurses employed in the UK.

Davies and Beach (2000) provided an analysis of the work of the UKCC which they stress was successful in providing a requirement to continue professional development and to re-register regularly. There were three periods of the UKCC, 1983-88, 1988-93, 1993-98 and each Council had a wider membership, reflecting a move from looking at education for the professions to a focus on practice and the public interest. The Third Council, 1993-98 included clinicians and trade unionists as well as educationalists and managers, a reflection of a wider group of stakeholders. A responsibility for investigating misconduct moved the UKCC towards defining quality standards.

Yet there were still shortcomings which were outlined in a report by JM Consulting (Davies and Beach, 2000). This review identified the establishment of a safe practice standard at

initial registration. This has to be understood in the wider context of changes in training and education during the 1980s and 1990s, which introduced the use of competencies to define standards of practice. Whether professional nurses should be subject to regular assessments throughout their career was a question raised but not resolved during this period.

The UKCC was responsible for handling professional misconduct complaints as well as maintaining a system of registration. The C2 respondent (2014) said that:

> *"Regulation was a seen as a narrow disciplining of staff but not a way of improving/ protecting the public….The regulation of nurses had grown on the coat tails of medicine".*
> *"The UKCC was a troubled regulator in the early 1990s when regulation was about protecting the public but regulation at the time was narrowly focused on setting standards, training and controlling entry to the profession."(Respondent C2, 2014)*

The "*machinery of professional conduct"* was another issue that remained unresolved because of the problems of bringing together professionals and lay people in a regulatory agency that professionals had confidence in. Davies and Beach (2000) concluded that setting up a regulatory agency which managed to bring together key stakeholders in dialogue and also provided professions with a mix of control was one of the most important goals (Davies and Beach, 2000: 209). It would involve the redefining of a contract between professionals, state and the public. However, there was extensive lobbying before the 1999 Act was passed to ensure that there was no lay representation on the new regulator (Davies and Beach, 2000: 197).

The 1999 Health Act approved the establishment of the Nursing and Midwifery Council (NMC) and the abolition of UKCC and English National Board. The Nursing and Midwifery Council (NMC) was set up in 2002 as a result of the Nursing and Midwifery Order 2001. It drew together registration and education. It was responsible for maintaining a register of all qualified nurses and midwives eligible to practice in the UK, to set standards for education, practice and conduct and to investigate complaints against professional conduct (NMC, 2014). It reversed the separation of education from registration which the UKCC had introduced in 1978/82, reflecting a new approach to regulation. The C2t respondent reported that "*It can be seen as a form of regulatory managerialism",* which is also limited as a form of "*regulation because it reduces professional autonomy"*. He recommended that professional self-regulation should be replaced by a more democratic form of regulation.

Codes of conduct

The UKCC published codes of conduct in 1983, 1984 and 1994. The UKCC had to set up codes of conduct to regulate professional practice, part of its work to defend the public interest and to establish an educational programme which linked the four national nursing boards (UKCC, 1983: 205). The 1983 Code of practice had 12 principles, of which 11 referred to different aspects of the nurse/patient/ client relationship and one referred to not endorsing commercial products with a nursing qualification (Appendix 3 p.355). The revised code of 1984 had two additional principles which were placed as the first two principles of the code of practice:

1. Act in a way so as to promote and safeguard the well-being and interests of patients/ clients
2. Ensure that no action or omission on his/her part or within higher sphere of influence is detrimental to condition of safety of patients/ clients

These are more specifically focused on the overall role of nurses to promote and safeguard the well-being and interests of patients and clients. The second principle relates much more directly to avoiding making mistakes in care and treatment.

In 1992, a further code of professional conduct was published by the UKCC, which covered many of the same principles of the 1984 version but was informed by how nurses should act.

"Each registered nurse …. Shall act at all times in a manner as to

- *Safeguard and promote the interests of individual patients and clients*
- *Service the interests of society*
- *Justify public trust and confidence and*
- *Uphold and enhance the good standing and reputation of the professions*" (UKCC, 1992).

These reflect a greater emphasis on a wider role of the nurse within society. The terms "*public trust and confidence*" and "*good standing and reputation of the profession*" shows that nurses were beginning to be promoted as a profession which played an important role within society. Nurses were expected to work in an "open and cooperative way with patients, clients and their families, foster their independence and recognise and respect their involvement in the planning and delivery of care" which can be interpreted as a reference to the role of the nurse in community and home based care.

In 1996, more detailed guidelines for professional practice were published by the UKCC in order to stimulate reflection on the principles of professional conduct. This was a continued process of developing a code of practice which nurses were expected to use to inform their professional practice. There are parallels with the way in which both teachers and social workers were encouraged to adhere to codes of conduct. Trying to make professionals work towards a code of conduct is one of a series of techniques which public sector reforms introduces as a way of shaping and controlling the practice of public sector workers.

The code of practice for nurses in 1983, 1984 and 1994 can be contrasted to the 10 key roles which the Chief Nursing Officer identified for nurses following the publication of the NHS Plan in 2000 (Table 36).

Table 36: 10 key roles for nurses

Role	Role description
1	To order diagnostic investigations such as pathology tests and x-rays
2	To make and receive referrals direct, say, to a therapist or pain consultants
3	To admit and discharge patients for specified conditions and within agreed protocols
4	To manage patient caseloads, say for diabetes or rheumatology
5	To run clinics, say, for ophthalmology or dermatology
6	To prescribe medicines and treatments
7	To carry out a wide range of resuscitation procedures including defibrillation
8	To perform minor surgery and outpatient procedures
9	To triage patients using the latest IT to the most appropriate
10	To take the lead in the way local health services are organised and the way that they are run

Source: Department of Health, 2000: 83

Almost all of the nurse roles in 2000 were defined in clinical terms, for example, ordering diagnostic investigations, running clinics, prescribing medicines. Only one role suggested that nurses had a role wider than the hospital, which was "*to take a lead in the organisation of local health services"* (DH, 2000:84).

By 2009, the Nurses and Midwifery code of practice, published by the Nursing and Midwifery Council was more outcome focused with nurses promoting health and wellbeing as well as working with patients, families, carers and the wider community. The tension between clinical skills and wider work to promote the health and well-being of the

community emerged. The 2009 code for nurses began with a statement about what professionals must place '*first*'. Nurses were expected to put the care of people first. The underlying assumption was that nurses had not always done this.

These codes can be seen as a form of government approval about how professional nurses should work, although they were not actively monitored enough to lead to increased protection of the public. The C2 respondent (2014) commented that:

> *"The Francis commission exposed that regulation did nothing about quality and safety of services and didn't pick up with student nurses (and student doctors) who would be the most aware of issues going on."*(Respondent C2, 2014)

There has been a wider criticism of trade unions and professional associations in relation to their narrow view of regulation. Regulation and standards can be used to argue for minimum standards of staffing. Increasing research evidence is emerging which show that better trained and large numbers of nurses lead to improved patient outcomes (West *et al*,2014).

Changing tasks and responsibilities

The professional autonomy of nurses can be analysed in relation to the changing tasks and responsibilities which nurses took on in the period 1970s to 2010. There have been several new developments since 1979 which show some of the underlying problems that face the nursing profession, which have been exacerbated by the imposition of a managerial culture. The NHS underwent several management reforms in the 1979-2010 period, which can be seen as part of a process of corporatisation and marketization of the NHS. The introduction of a general management function in 1984/5 was the result of the Griffiths Review, which recommended that the NHS moved from consensus management to a more hierarchical form of general management where each health authority would have a general management, ultimately responsible for decision making. The second change was the introduction of an internal market to the NHS in 1990 (NHS and Community Act), which introduced the new roles of commissioners of services (health authorities) and providers of services (NHS Trusts). No longer were health authorities given funding to run NHS services directly. Health authorities had to identify health needs and commission services to meet these needs. NHS Trusts were hospitals and other NHS providers which were re-structured to operate like businesses with business plans and limits on deficits that they were allowed to carry forward (Gaffney *et al*, 1999a).

Both of these reforms had an influence on the role of nurses in management and neither resulted in a strengthening of the nurse role. Before the introduction of general management, each health authority had a Chief Nursing Officer, who sat on the health authority board and had overall responsibility for nursing policy and practice. Many nurses managed large budgets and employed large numbers of nursing staff. However, few nurses applied for the new general management posts so that senior nurses moved to below the new general manager level with less decision making power. In many health authorities, previously senior nurse managers were managed by the new managers. The RCN campaigned against the introduction of general management on the basis that only nurses had a 24 hour a day view of patients and so should be central to the decision making process but the general management structure did not allow this (Levitt, Wall and Appleby, 1999). Chief nursing officers started to work in quality assurance and planning. The Griffiths Report and its implementation was the precursor to the internal market by abolishing consensus management and focusing on finances.

With the introduction of the internal market in 1990, the new NHS Trusts did have an obligation to have a nurse on their management boards although the new commissioning authorities did not. The role of the nurse on an NHS Trust board was not a direct management responsibility but was in charge of nursing practice, more of an advisory role (Levitt, Wall and Appleby, 1999). At this time of great change in the NHS, in 1989 the Chief Nursing Officer for the Department of Health published a Strategy for Nursing.

The introduction of Project 2000, a major reform in nursing education and training, led to several changes in the nursing workforce. One of the most immediate problems after nurses ceased to be employed during their training was who would do the work of student nurses. This was addressed by using unqualified nurses, health care assistants and providing SENs with opportunities to upgrade. This built on an expansion of unqualified nurses/ assistants in the 1970s.

The introduction of nurse practitioners in the 1980s was part of a move towards establishing more senior and skilled nurses. A comparison of nurse practitioners in the United States and the UK found that there was a much more standardised training in the United States, where they are well paid. In the UK there are undergraduate, postgraduate and diploma courses

which enable a nurse to become a nurse practitioner but there is still no nurse practitioner registration with the Nursing and Midwifery Council (Morgan, 2010). This shows that the nurse practitioner role is still not recognised as part of the nursing profession, even though they have been allowed to prescribe since 2006, within their own clinical competence (RCN, 2012a). The Aspect respondent felt that "*Nurse prescribing has helped to push forward autonomy and independence*" (Respondent C2, 2014).

In 1992, Nursing Development Units were set up where nurses were responsible for defining their own competence and practice. They provided a small number of nurses the opportunity to work with greater professional independence. The concept of nursing development units has led to the creation of nurse led teams in palliative care and nurse clinical specialists in diabetes, asthma; stoma wound care, infection control and AIDS. The B1 respondent reflected that:

> *"There are some fantastic advanced nurses extended role – nurse led services, for example, walk in centres, 111, specialist nurses to work with long term conditions. There have been discussions with GPs and opportunities for District Nurse (Respondent B1, 2014).*

Nurse consultants were one of the first innovations that the New Labour government introduced as part of its nurse modernisation programme (Department of Health, 1999). "Making a difference" recommended the "*the creation of more flexible career pathways will improve and widen access into education and create an NHS workforce more representative of the people it serves. We intend to provide more career opportunities…*" (DH, 1999: 26). This goal highlights some of the continuing problems with nursing as a profession. A new career framework was needed as an acknowledgement that nursing was not always viewed as either satisfying or rewarding. There was untapped potential among existing nurses, another sign that existing nursing practice did not effective use the skills and experience of nurses.

In 2000, the NHS Plan was published which aimed to reduce staff shortages as well as investing more funding in the delivery of NHS services. It built on the early attempts by the first New Labour government to start a process of modernising the NHS workforce, including nurses, with an emphasis on learning and training. An NHS University was proposed by the New Labour government during the 2001 election campaign to provide opportunities for NHS workers to train, with a core curriculum. It would commission new training courses and

provide a system of quality assurance. However, in 2005, it was abolished because of a failure to establish a viable organisation. The pursuit of the title "*University*" was seen as a distraction from the goal of improving training opportunities within the NHS (Wells Report, 2005).

By 2010, the Prime Minister's Commission on the Future of Nursing and Midwifery also acknowledged changes in the way in which health care was delivered and argued that the changing role of the nurse had to be better understood. B2 respondent commented that:

> *"The importance of the Prime Minister's Commission was that it was the first time that there was a positive political focus on what nursing brings economically"* (Respondent B2, 2014).

It introduced the concept of a "*pledge"* which nurses and midwives would make to ensure common standards of treatment and care. It emphasized how important nurses were in promoting health and well-being, acting as role models**.** This can be seen as consolidating the move of nurses into public health and health promotion. The report supported the move towards graduate entry for nurses.

The impetus for many changes in nurse practice was the introduction of a holistic model of health and changes in technology. The overriding policy focus in this period was the move from acute to community care. After the introduction of a new GP contract in 1990 as part of the NHS reforms and the creation of fundholding GPs, there was an expansion of practice nurses. However, acute services remained in a dominant position in terms of resources, which slowed the transfer of resources to the community. Potentially nurses could have played a leadership role in this process but they were unable to do this because effective nurse leadership depends on structural changes within health care systems that address power imbalances between nurses, doctors and managers (Hewison & Griffiths, 2004).

Acknowledging that nurses should take a leadership role did not recognise the limits of the structural position of nurses, nor did it consider some of the policies/ strategies after the NHS Plan – which emphasised the leadership role of nurses but did not question or start to restructure the NHS to support this process. Although evidence based medicine has become widely used in clinical decisions, there has not been the same value given to evidence based nursing care, particularly the value of numbers of nurses. There has been a reluctance of

nurses and nursing unions/ professionals to challenge the health reforms on the grounds of a lack of duty to care, which could have drawn on nursing care evidence (C2 respondent, 2014). The B1 respondent reported:

> *"Many grade 7s and 8s are being cut because why is a specialist nurse being paid £40K. The B1 union hasn't articulated the role of these more senior nurses with no clear hierarchy but the pressure for cost savings is clear."*(Respondent B1, 2014)

Impact of reforms

One way of assessing the impact of the reforms on the working lives of nurses can be found in the results of two health and wellbeing surveys, commissioned by the RCN in 2000 and 2005, which used similar methodologies, which surveyed 6,000 full time RCN members, using a postal questionnaire. In 2000, the weighted response rate for England was 81%. The response rate was 68%. By 2005, the response rate had fallen to 48%. The results of these two surveys provide a picture of how nurses experienced their daily working lives. Rates of bullying from colleagues and harassment and assault from patients, clients or patients' families increased during this period.

In 2000, nurses were asked about their caring responsibilities in the household and their responses showed the high level of informal, unpaid caring that nurses did in their daily lives. Nurses with caring responsibilities in the household

49% children living at home

8 % elderly relatives

10% both children and older relatives

33% no caring responsibilities.

60% respondents worked shifts but this was less likely for nurses in district nursing, school health, GP practices, occupational health, nurse education and nurse management. 43% of nurses were not working the shift pattern they would like, which was most likely to be early and late shifts but no nights. 29% of respondents felt that employers had consulted with them about how best to balance work and life, with 52% in GP practices, 26% in hospitals, 22% NHS community services.

In 2000, one in four nurses had taken sick leave in the previous 3 months but this had increased to 28% by 2005. Nurses in the hospital sector were most likely to have taken sick leave. 31% for both NHS and independent sector in 2000 but by 2005, the rate for the independent sector had increased to 35%. Nurses working in GP practices were the least likely (18%) to have taken sick leave. Some specialties has higher rates of sickness absence with mental health 36%, paediatrics 34% and acute adult care 29%. Younger nurses and those on lower grades were the most likely to have had time off/sick leave. By 2005, six in ten nurses reported that their job was stressful.

In 2000, one in six nurses (17%) reported bullying at some point in the previous twelve months but by 2005, this rate had increased to 23%. This was attributed to higher numbers of black and minority ethnic nurses and internationally recruited nurses who reported higher levels of bullying. Nurses with a disability reported a higher level of bullying (41%) and ethnic minority nurses also reported higher levels of bullying (29%). More full-time ethnic minority nurses reported bullying (33%) than did full time white nurses (21%). By 2005, 45% of Black and African Caribbean nurses and 36% of internationally recruited nurses reported bullying.

Those working in GP practices reported the lowest 13% and nurse education 24% the highest. 30% nursing agency staff reported bullying. Levels were higher in longer daily patterns of working and in higher grades SMP and H grade. Although the overall rate of bullying had increased by 2005, the incidence of bullying remained the same. 50% (47% 2005) reported bullying 2-6 times, 16% once, 7% daily and 6% weekly.

People most commonly involved in bullying were the immediate supervisor (41%) or a colleague (33%). Personality clashes (38%) and 'other' reasons were most commonly reported rather than age, race, sexuality, gender. In the 2005 survey, respondents were asked an open-ended question about the causes of bullying in an attempt to explore '*other*' reasons. 9% felt it was caused by a lack of management skills and experience, 13% because the bully misused their power and status and 3% felt that the organisation allowed the bully to get away with the behaviour.

Black and minority ethnic nurses felt that 50% of bullying was due to colour and this rate had risen to 61% by 2005, with 43% reported it was linked to nationality. White nurses were

more likely to report that it was not due to minority issues. Men who reported bullying felt their sex was the reason for bullying.

In 2000, 30% of nurses on long-term sick leave had been subject to bullying as compared to 17% of all nurses on long-term leave. A third of nurses who had been exposed to bullying were intending to leave in the next year. 23% did not report the incident but 31% told a colleague. 57% were not satisfied with the way in which the employers dealt with bullying.

In 2000, one in three nurses reported that they had experienced some form of harassment/ assault at some time in their careers and this was more likely if nurses worked late shifts, night shifts or internal rotation. In 2000, 34% of respondents reported that they had been harassed or assaulted by patients/ clients or relatives of a patient in the previous 12 months and this had increased to 40% by 2005. This was most common for full-time staff in hospital settings (43%) in 2000 and by 2005, 80% of nurses working on A& E reported assault/ harassment and 52% on hospital wards. Nurses in GP practices reported lower levels (25%). Respondents in several specialties reported higher levels of harassment and assault which had all increased in the period 2000-2005, with learning disabled (49-71%), acute adult care (44-47%), mental health (46-59%) and older people nursing (45-47%).

In 2000, 50% of respondents reported that they had been assaulted 2-4 times in the previous 12 months, 10% several times a month, and 10% several times a month. 51% reported that they did not report the incident using an accident form although 97% of those experiencing physical abuse did make a report. Nurses working in nursing homes and '*other*' settings were most likely to have received verbal or physical abuse. Black and minority ethnic nurses were least likely to report verbal abuse. 80% of those who had reported a case did not have an outcome. Unlike bullying, where there was an impact on work attendance, harassment and assault did not seem to have the same effect.

The results of these two well-being surveys of nurses present a view of the daily working life of nurses and some indications of how limited the control that nurses have over the work process. Many of the issues became worse between 2000 and 2005. The lack of choice over shift patterns and the levels of sick leave indicate growing levels of dissatisfaction. Bullying and harassment by patients show the stressors that nurses have to deal with. The differences between hospital and primary care were noticeable. However one of the most striking

findings is the differences in the experience of bullying and harassment between Black and minority ethnic nurses and white nurses. The higher levels that Black and minority ethnic nurses experience point to inequalities within the health care workplace that seem to be intensifying. Nurses with disabilities felt that the cause of their bullying was due to their disability.

Democratic professionalism

Nurses are represented by the Royal College of Nursing, a professional association and trade union for nurses, and UNISON, a trade union representing public sector workers. The Royal College of Nursing (RCN) was set up in 1916 as the College of Nursing Ltd with 34 Members. It was given a Royal Charter in 1928, becoming the College of Nursing and in 1939 was granted the title of Royal. In 1976 the RCN was registered as a trade union. In 2001, health care assistants were admitted to the RCN. It has a dual role as a professional association and a trade union, with 370,000 members, which is about half the size of the total nurse workforce. UNISON is a trade union that represents a wide range of public sector workers. Health and social care workers are the largest part of its membership, including nurses. It also represents local government workers, including social workers. Two respondents were interviewed from the RCN and UNISON.

As discussed in Chapter Two (Literature review), four elements recur in the different accounts of democratic professionalism (Oberheumer, 2005; Spours, 2013; Stevenson and Gilliland, 2015) and are outlined by Taubman (2013) as:

1) Competence;
2) Respect;
3) Integrity;
4) Responsibility (Taubman, 2013).

These elements have been used as a framework for analysing how trade unions and professional associations have responded to the concept of democratic professionalism.

<u>Competence/ Responsibility</u>

The B1 respondent recognised that there are new forms of professionalism evolving, particularly influenced by new systems of professional education and training. He was particularly interested in the concept of democratic professionalism and proceeded to make

links to recent work B1 union work. The B1 union takes a lead in public and patient participation issues, which address ways in which patients and citizens can participate in health services.

> *"How to empower the B1 union to contribute to this and combined with student issues over the next 10 years will be critical… these are huge issues still to plan for and are about relationships between professionals and society. Democratic professionalism will only happen if these processes start up. There is a more active participation and confidence (of nurses in training) at individual level and at group level. A more comprehensive view of democracy and democratic professionals and criticisms that professionals get – so must admit where it has gone wrong and how to engage in the future."* (Respondent B1, 2014)

This is important if professional protectionism and self-interest is to be challenged. Professionals need to admit where they went wrong but require confidence in order to be able to do this. Nurse education now teaches ethics and the personalisation of care and the exploration of these topics in training help to make nurses less apprehensive about being challenged. Patients have access to more information from the internet but there is still a way to go before relationships between nurse and patient become more equal. Education has to play a role in this change. Within social work, providing information to people with disabilities as part of personalised care policies, which help disabled people to manage their own services, can be seen as another way of addressing competence.

<u>Respect</u>

In contrast, the experience of hospitals is often very different. The B2 union respondent said:

> "*The relationship between nurses and patients' associations has changed and become more respectful but we still institutionalise patients. They change from being an independent person and move into hospitals where they are told when to get up, eat and go to bed. This will have to change."* (Respondent B2, 2014).

She viewed democratic professionalism as something that exists in small pockets of the NHS. There are now attempts to link staffing levels with the quality of patient care but the system is

not yet "*at tipping point*" towards a new set of professional nurse-patient relationships. The C2 union respondent felt:

> *"Unions have an important role to play in promoting safe staffing arguments."*

Integrity

Another way of viewing democratic professionalism is by examining the relationship between the makeup of the workforce and those receiving public services. Diverse workforces are more sensitive to the needs of the local community. The C2 union respondent gave an example:

> *"In a health care context, if the workforce does not reflect the local community then it will not reflect the health needs of the local population. For example how does a white dermatologist see black skin problems?"* (Respondent C2, 2014).

Democratic professionals will have to be aware of local needs and be able to respond to them.

Good practice is also influenced by good systems. The B1 union respondent observed that:

> *"Good clinical practice is not just the responsibility of the individual professional but is a product of good systems. Professionals have to make connections within systems and some make these connections naturally but others are slower."* (Respondent B1, 2014)

He felt that the B1 union is making these connections to the Health and Social Board and what happens in future:

> *"There is only 10-12 years of policy in the B2 union, which has ... as just a professional practice – practice and employment issues."* (Respondent B1, 2014)

Conclusion

The period since 1979 to 2010 has been one of extensive change for the nursing profession. Although the numbers of nurses overall has increased, there were periods when the demand

for nurses exceeded supply and when the numbers of nurses being trained were not sufficient to meet the demand. The problems of planning for a nurse workforce have not been solved, although there have been a myriad of agencies and structures which were supposed to address the problem. It is interesting to contrast the problems of nurse planning with the approach that government has taken to the medical profession, which has been approached centrally, rather than locally, and not left to local employers.

Since the 1980s, there has been a policy of community care, where people can be treated at home rather than in hospital. The growth of primary health care centres has developed with practice nurses, health visitors and district nurses playing an important role in primary health care teams. Yet, although the rhetoric of community care has changed to the integration of health and social care, there has not been a large enough transfer of resources from the acute sector to community/ social care sector. The tensions between acute and community health services have been made more intense due to the introduction of market reforms and corporatisation of healthcare management which incorporates competition into the delivery of care. Nurses seem to have been caught in the struggle for resources because the number of district nurses, who play an important role in delivering care at home, have declined since 2006.

A heterogeneous profession was placed in the centre of public sector reforms to the NHS. The changes that have affected nursing since 1979 can be interpreted partly in the light of their original, slightly ambiguous position within the health care system. The introduction of a management function to the NHS in 1985 was the first of several reforms which left nurses in a weaker position. The failure of nurses to capitalise on a policy which has the potential to place them in a central role in health and social care can be traced to the ambiguous roles that they have been placed in. There has been an expansion of more senior nurse roles, for example, nurse practitioners, nurse consultants, but these have only impacted on relatively small numbers of nurses. Due to the developmental nature of the new roles, it has been difficult to achieve more powerful and influential positions within the NHS.

A further weakness in the leadership of nurses has been the failure to promote the effectiveness of nursing on patient health outcomes. Although this is beginning to take place, nurses have not been able to argue that more nurses result in better patient outcomes. In a period when resources are declining, the capacity to argue for adequate numbers of nurses is

crucial in the continued expansion of the nursing profession. As the two respondents outlined with a series of examples, there are indications that the concept of democratic professionalism and the re-thinking of how nurses work with patients has started to influence nurse practice. This has been partly influenced by new systems of training as well as reactions to public management reforms.

CHAPTER 7: FINDINGS (SOCIAL WORKERS)

An analysis of the public policies that government since the 1970s has used to influence the professional development of social workers has to start by examining reforms of local government and how they impacted on social service departments. One of the main changes was the introduction of contracting-out of social services to not-for-profit and for-profit providers. In some cases, social workers have left local authorities to form social enterprises or for-profit organisations from which to deliver professional social work services. Many of these reforms have therefore impacted on the role that social workers play in the management of services. This is in addition to more specific policies whose main purpose was to change the way in which social workers operated professionally. The absence of any mention in public policy documents to social workers can also be seen as a form of policy towards their professional position, for example, their exclusion from a major children's policy such as 'Every Child Matters', illustrates the erosion of the professional social worker role.

Legislation is most often concerned with social services rather than social work. Social workers are part of the workforce that delivers social services and so any changes in forms of delivery will impact on their practice. In the analysis that follows, the similarities and in many cases differences between adult social services, which cover older people and people with disabilities, and children's social services will be highlighted. The contracting out of adult social services has moved rapidly since the 1980s and this has impacted on social work practice but government actions to strengthen the public protection of children by social workers have focused more on reforms to the social work profession. These two different approaches led to the dismantling of social services departments into two separate divisions, adult services and child services, in 2004 and shaped the social work profession, both directly and indirectly.

The government influence on the professional development of social workers in the period 1979-2010 will be analysed using the framework set out below:

- Training reforms;
- Professional autonomy;
- Management culture versus professional integrity;

- Democratic professionalism.

It will start with an analysis of how the size and structure of the social worker workforce changed during the period 1979-2010.

Size and structure of the social worker workforce between 1972 and 2010

The numbers of social workers had been increasing since 1948, when they were given a formal role in the implementation of the National Assistance Act and the 1948 Children Act. By 1980, there were a total of 74,400 social workers operating in the public and voluntary sectors (Table 37). In the public sector, residential social workers were the largest group (28,300). There were 15,700 field social workers and 9,000 team leaders, area divisional managers and headquarters management posts. In addition, there were 7,500 day care managers and care staff. 80% of field social workers worked in local authority area offices with only 15% in hospitals, which reflected the dominance of the local authority setting since 1945 (Table 38). It was estimated that 70% had been in post for 2 years or more and 40% in post for more than 5 years, reflecting a certain level of stability by 1980.

Qualification levels varied among these groups. Over 70% of field social workers had a Certificate of Qualification in social work in the public sector and 60% in the voluntary sector. For team leaders and area divisional managers, the rate was 90% in the public sector but much lower in the voluntary sector (10%). Residential social workers were much less qualified with only 15% holding any relevant qualification in the public sector and 17% in the voluntary sector. This research is examining field social workers rather than residential social workers.

Table 37: Numbers of social workers

Types of social worker	Numbers	Qualification
Public sector		
Field social workers – frontline work	15,700	70% Certificate of Qualification in Social Work (Central Council) or previous equivalents
Team leaders or area divisional managers	5,000	90% qualified
Headquarters management and advisory posts	4,000	
Residential social workers	28,300	15% hold social work or social services qualification (Cert Residential Social Work, Cert in Residential Care of Children and Young People, Cert. in Social Services and Cert of Qualification in Social Work)
Day services – managing and care staff	7,500	30% hold Qualifications include Diploma in Teaching of Mentally Handicapped Adults and Certificate of Nursery Nurses Examination Board
Total	**60,500**	
Voluntary agencies		
Field social workers	3,700	60% qualified Certificate of Qualification in Social Work (Central Council) or previous equivalents
Voluntary residential homes	9,200	17% qualified social services qualification (Cert Residential Social Work, Cert in Residential Care of Children and Young People, Cert. in Social Services and Cert of Qualification in Social Work)
Managing staff	1,000	10% with qualifications similar to management in social services
Total	13,900	
Total public and voluntary sectors	**74,400**	

Source: Central Council for Education and Training in Social Work, 1980

Table 38: Types of social worker

Type of social worker	%
Frontline social workers in area offices	80%
Hospitals	15%
medical general practices or child guidance clinics	1%
Other settings	2%

Source: Central Council for Education and Training in Social Work, 1980

By 1980, about 3,500 social workers were trained each year. About 65% of field social workers being trained were aged 25-45 (Table 39). People entered social work as mature students. About 3% were aged below 25 and 20% were aged 25-30.

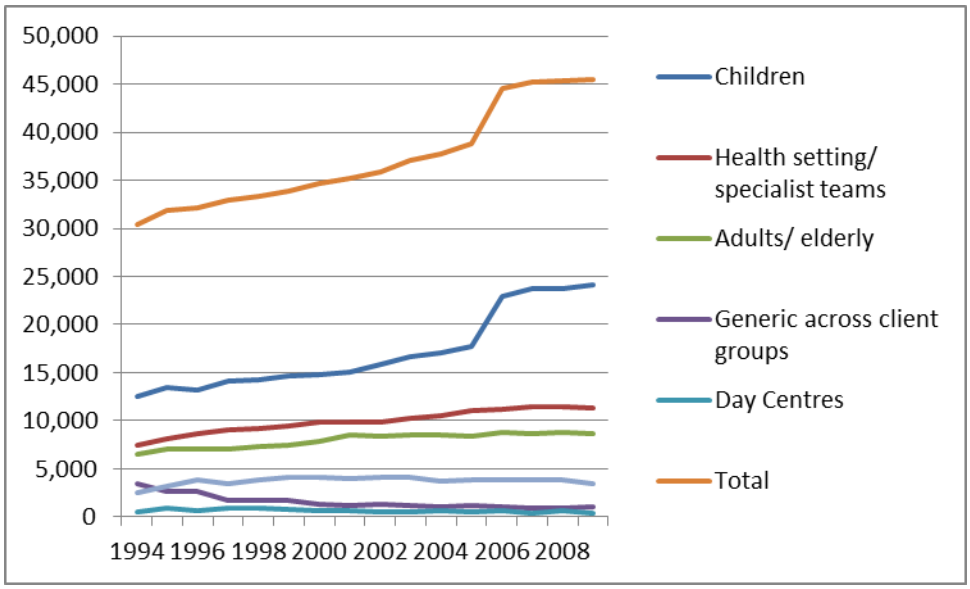
Table 39: Age of trainee social workers

Age	%	
25-45 years old	65%	Field social workers (excluding headquarters staff)
Below 25 years old	3%	
25-30 years old	20%	

Source: Age Concern 1981 and 1982 Barclay Report and ADSS, 1981 in Barclay Report, 1982

The period 1979-1997 saw a decline in the numbers of social workers which is still being felt today (C2 respondent, 2014). It can be characterised as abandoning the goals of generic social work introduced in 1971. As Figure 6 shows, between 1997 and 2010, the total number of social workers increased over this period but this can mostly be accounted for by an increase in social workers in children's services. Social workers for adult/ older people and in health settings only increased slowly. There was a slow decline in the relatively small numbers of social workers operating generically across client groups, which reflected the continuing decline of generic social work. The next section will examine the development of social work training over this period and explore to what extent training has reflected the change from generic to specialist social work.

Figure 5: Numbers of social workers 1995-2010



Training reforms

The Local Authority Social Services Act (1970) included an amendment to the Health Visiting and Social Work (Training) Act (1962) and created the Central Council for Education and Training in Social Work (CCETSW), which was established in 1971. CCETSW combined three professional associations (Central Training Council in Child Care, the Council for Training in Social Work, and the Recruitment and Training Committee of the Advisory Council for Probation and After-Care, and some functions of the Association of Psychiatric Social Workers and the Institute for Medical Social Work) and the training functions of the two professional associations (Health Visitors and Social Workers) (Dickens, 2010). CCETSW was a quango, so outside of government although funded by government, which regulated the training of social workers on behalf of government (Walker, 2002). Professional social work training was the responsibility of a central agency between 1971 and 2001, unlike teaching and nursing training which were initially determined at a local or regional level.

In 1972, the Certificate of Qualification in Social Work (CQSW) was introduced as the basic generic qualification for social work. There were also a range of social work courses

included non-graduate two year courses taught at FE colleges, undergraduate courses which included a placement as part of a year course in social sciences or sociology, a post-graduate diploma for one year and Masters courses for two years in universities. Lyons (2002) argues that the range of levels provided by social work courses can be interpreted in several ways. It can be seen as an uncertainty about the academic status of social work or a reflection of the anti-intellectualism in the social work profession (Jones, 1996). The experience of the University of Birmingham, Institute of Applied Social Studies illustrates how one department was running several types of social work training course. The department ran a Certificate in Social Services (CSS) for social care staff. It offered one or two year courses of post-graduate diploma or a Masters degree with CQSW. In 1972 **t**he department introduced a 4 year social work degree which provided two years training after two years working in social services. Students were eligible for grants or were seconded by local SSDs interested in training their staff (Davis, 2008).

During the 1970s, there was a growing conflict between local authority employers and universities about what should be taught in social work training. Since the 1940s, the dominant approach to social work had been case work, influenced by the United States, but in the 1970s, a more radical, structural approach was being discussed among social work practitioners. The growing questioning of how society operated and the apparent limitations of some of the Welfare State welfare policies/ benefits, made social workers pursue a more radical approach to solving the problems of their clients, often critiquing the use of case work. Birmingham University social work training moved from a case work model to a 'unitary model', which aimed to make social work students appreciate the political, economic, social and personal factors which affected their clients and the 'techniques and strategies' which could be used to help them (Davis, 2008). There was a greater emphasis on skills with a focus on community social work and child abuse and protection during the 1980s.

In 1987, CCETSW proposed a new Qualifying Diploma in Social Work (QDSW), a three year course, which would have linked to the proposed EC Directive on the level and length of professional training (EEC, 1989). The core of the new QDSW was the "*Statement of Minimum Requirements of the Social Worker at the Point of Qualification*" (CCETSW 1988) This was the first attempt to bring together practitioner, employer and academic interests to agree on the knowledge, skills and experience required for a professional social worker

qualification (Pierce & Weinstein, 2000). However, the UK government refused to fund the extra third year of training. This refusal can be seen as a backlash against public spending or against the social work profession (Lyons, 2002).

As a reaction, in 1989 CCETSW published the 'Rules and Requirements for the Diploma in Social Work'(Paper 30) and approved a new qualification, the Diploma in Social Work (CCETSW, 1989). The new Diploma replaced the Certificate in Social Work and the Certificate of Social Services. It was to "*signify that a student has attained a national standard based on an agreed statement of the knowledge, skills and values needed for competent social work practice*", essentially a form of validation for social work training. In 1990 the Social Work Education and Training (DipSW) Rules were approved by the Privy Council in November 1990 and amended in June 1991. A second version of Paper 30 was published in 1991 (CCETSW, 1991).

Part of the questioning of the structural factors affecting social work clients in the 1970s had led to a group of Black social work students questioning existing social work training and practice and highlighting the poor experience of Black students and the Euro-centric nature of social work education. Black children were over-presented in the care system, run predominantly by white workers. Black mental health users were disproportionately found in the mental health care system. This led to the creation of the Black Perspectives Committee in 1987. In 1989, as part of the review of the Diploma in Social Work, the Black Perspectives Committee wrote Annex 5 of Paper 30 and a CCETSW position paper on racism. The following year, a media-led backlash by Melanie Phillips, TimYeo and Virginia Bottomley against 'political correctness' resulted in the Department of Health commissioning a review of the new Diploma in Social Work in 1993-4 (Bottomley, 1992: Phillips,1993). The Black Perspectives Committee was disbanded and Annex 5 was dropped. The Chair of CCETSW resigned. The focus on anti-racism and anti-discrimination was changed to equal opportunities and valuing diversity (Weinstein, 2014). The outcome was a new Diploma in Social Work which incorporated professional competencies into social work training, described as the "*taylorisation of professional tasks*" (Dominelli, 1996:163).

The relationship between CCETSW and government had also changed over this time. From being a leader and champion of social work, after it was attacked for both the QDSW and then the annex 5 of Paper 30, CCETSW became more subservient to government. In 1994,

CCETSW reviewed the Diploma in Social Work with the Care Sector Consortium because of government criticism about 'political correctness' and anti-oppressive and anti-racist practice (Weinstein, 2014).

The underlying tensions between employers (local authorities) and Universities originated during this period after 1971. Academic social work was strongly influenced by the academic discipline of sociology, which was also being attacked by government, especially Keith Joseph, after 1979. Social work training before 1971 did not examine or promote the needs of women, Black and Minority Ethnic communities or gay/lesbian communities. As social workers worked with disadvantaged groups and those experiencing discrimination, there was a need to understand the groups experiencing discrimination. This was supported by the rise of user movements among people with disabilities and mental health services users who were demanding that service providers should better understand their needs.

However, the overall government approach to social work training 1979-1997 was that, as Virginia Bottomley, Secretary of State for Health and a trained psychiatric social worker, said in 1992, social work could be done by "*streetwise grannies*" (Bottomley, 1992; Walker, 2013). Consequently, the government commitment to training was limited and became focused on core competencies. CCETSW was also committed to matching the recently introduced national vocational and professional qualifications from NCVQ (Vass, 1996)). CCETSW has made some attempts to develop training for social care workers but had been unsuccessful in getting recognition. The introduction of competency based vocational training in the 1980s enabled CCETSW to become a partner in the Care Sector Consortium. In 1990, CCETSW approved the '*Framework for Continuing Professional Development*' (Pierce and Weinstein, 2000). This use of competencies became central to social work training after 1995.

The New Labour administration published '*Modernising Social Services*' in 1998, which emphasized the importance of training for social workers.

> *"People who receive social services should have an assurance that the staff they deal with are sufficiently trained and skilled for the work they are doing. And staff themselves should feel included within a framework which recognises their commitment, assures high quality training standards and oversees standards of practice"* (Dept. Health, 1998: 1.8 Modernising Social Services).

In a similar way to New Labour's approach to the teaching profession, Chapter 5 of Modernising Social Services used the term "*workforce*" which included social workers and social care workers.

> *"It set out proposals for developing and investing in the social care workforce, including the establishment of a General Social Care Council to set practice and ethical standards for staff, give the public greater protection, and give the staff a framework which recognises their commitment and responsibilities"(Dept.Health, 1998 Chapter5 Modernising Social Services).*

One of the first actions of the government was to set up a General Social Care Council (GSCC) which was to maintain a professional register for social workers, regulate social work education and training and set a code of practice for social care workers and employers. CCETSW was dissolved after almost 30 years of operation (Dickens, 2012). Whereas CCETSW was responsible for the UK, following the trend towards devolution, the GSCC was responsible for England and separate Councils were set up for Wales, Scotland and Northern Ireland. There was a significant change in the language used, with a move from social work to the social care workforce, which encompassed both professional social workers and social care workers.

In 1999 the government commissioned a review of the Diploma in Social Work as a prelude to its disbanding (JM Consulting, 1999). The review found that the DipSW had a number of strengths, for example, concept of partnership, emphasis on practice education, competence-based framework and the continued emphasis on the values of a caring profession. However, the review pointed out that any action would have to come when there was a consensus about how to "*modernise social work*". The process of the review involved consultation meetings throughout the UK with over 200 written submissions. Reminiscent of the Barclay Review in 1982, this review described social work as "*an emerging discipline*".

> *"It does not have all the attributes of the more established professions, but we believe that it can and should have similar aims in terms of excellence of practice; an ethos of services to clients and the public; an evidence / research base for action; and the ability and will to create and operate to a regime of high standards and continual improvement. We are certain that the public expect this'* (JM Consulting, 1999:4).

This reflects a functional approach to occupational development rather than the development of a profession. There had been some caution by those consulted as part of this review that social work should not become a profession in the way that some of the health professions

operated. The main conclusion was that social workers had to have their own framework of self-governed accountability, standards and ethics, continuing education and development and research and evidence-based practice, which were now all considered to be a requirement to be a profession. Social work need to have a more "*inclusive and flexible professional structure, a sign that the traditional professional path was not appropriate*" (JM Consulting, 1999: 4).

One factor that was felt to weaken social work was that it was difficult to define what tasks and roles social workers should undertake and how many social workers were needed. This shows that these fundamental questions had not been answered since the Barclay Report in 1982 had also tried to answer the same questions. The subsequent years of attacks on social workers had not led to any greater consensus. There were mixed views, for instance, as to whether social workers were responsible for '*care management*' or '*service delivery*' which only required judgement within a pre-determined framework of procedures. Alternatively, many respondents to the consultation felt that social workers needed independent thought and critical analytical skills, in a similar way to other health professions. The rationale for these skills was because social workers had to make multi-factor assessments for clients, had to take critical decisions which require mature and independent judgement and had to work alongside other multi-professional and multi-agency teams. This provided a strong argument that social workers needed analytical and critical thinking, associated with '*professionalism*'.

The report by J M Consulting was critical of employers, particularly local government, which were felt not to have a "*realistic view of what can be expected of the newly qualified*" (JM Consulting, 1999: 7). It was acknowledged that budget cuts had limited the investment in a 'learning environment' at local government level. The review concluded that social work training should develop practitioners who should be confident, competent, mature and reflective. Those who would not be able to develop these standards should be excluded. There should be flexible routes into a social work qualification so applicants should come either with intellectual ability and ambitions, including mature applicants who have practiced in other professions, applicants with extensive life skills and experience as well as those who have "values, attitudes and capabilities to make a safe and effective contribution to the needs of clients" (JM Consulting, 1999:8).

Although the recommendation about the types of practitioner was relatively uncontroversial, the recommendations which followed about specialisms highlighted the still unresolved issues about generic versus specialist social work. The review wrote,

> *"For a small developing group like social work to fragment into subdivisions is not necessarily in the public interest…..The needs of residential care, child protection and mental health are not the same. However the factor that makes social work a coherent and registerable activity (or profession) is the fact that there is a common core of generic skills, attitudes, knowledge and ethics which all social workers use in all these situations and in others. We think this is an important principle to be maintained"* (JM Consulting, 1999: 8).

This statement informed the main recommendation that the Diploma in Social Work should remain as the common qualifying education for all social workers but that any specialist education should take place after qualifying level. However, it also recommended a longer period of training and this became an undergraduate degree. Unlike the Conservative government, the New Labour government acknowledged the EC Directive on professional training and introduced a new Social Work undergraduate course in 2003, which brought the UK into line with other European countries, following the EU Directive on Professional Training (EEC, 1989).

A plan for the new degree was outlined in the (2002) 'Requirements for social work training' which set out occupational standards, which "*aimed to provide a baseline for identifying standards of practice which should be reached by a newly qualified social worker*" (Dept. Health, 2002: 5). These were defined in terms of a series of '*Key Roles*' that qualified social workers should be able to demonstrate (Table 40). The competence-based nature of these lists is apparent.

Table 40: Key roles and indicators for social workers

Key Role	Indicators
Key Role 1: Prepare for and work with individuals, families, carers, groups and communities to assess their needs and Circumstances	Prepare for social work contact and involvement Work with individuals, families, carers, groups and communities to help them make informed decisions Assess needs and options to recommend a course of action
Key Role 2: Plan, carry out, review and evaluate social work practice, with individuals, families, carers, groups and communities and other professionals	Respond to crisis situations Interact with individuals, families, carers, groups and communities to achieve change and development and to improve life opportunities Prepare, produce, implement and evaluate plans with individuals, families, carers, groups, communities and professional colleagues Support the development of networks to meet assessed needs and planned outcomes Work with groups to promote individual growth, development and independence Address behaviour which presents a risk to individuals, families, carers, groups, communities
Key Role 3: Support individuals to represent their needs, views and circumstances	Advocate with and on behalf of, individuals, families, carers, groups and communities Prepare for, and participate in decision making forums
Key Role 4: Manage risk to individuals, families, carers, groups, communities, self and colleagues	Assess and manage risks to individuals, families, carers, groups and communities • Assess, minimise and manage risk to self and colleagues
Key Role 5: Manage and be accountable, with supervision and support, for your own social work practice within your organisation	• Manage and be accountable for your own work • Contribute to the management of resources and services • Manage, present and share records and reports • Work within multi-disciplinary and multi-organisational teams, networks and systems
Key Role 6: Demonstrate professional competence in social work practice	• Research, analyse, evaluate, and use current knowledge of best social work practice • Work within agreed standards of social work practice and ensure own professional development • Manage complex ethical issues, dilemmas and conflicts • Contribute to the promotion of best social work practice

Source: Department of Health, 2002:7

Social workers would be prepared for these key roles through an undergraduate social work degree which would focus on the following topics, issues and skills. The Quality Assurance Agency (QAA) core subject benchmarks for social work were defined as:

- Social work services and service users
- The service delivery context
- Values and ethics
- Social work theory
- The nature of social work practice

which includes:

- Communication and Information Technology and Numerical skills
- Problem solving skills
- Communication skills
- Skills in working with others
- Skills in Personal and Professional Development

Students will have to show through assessment:

- Subject knowledge and understanding as defined in the benchmark statement
- Subject skills and other skills as defined in the benchmark statement
- Attainment of the specified standards in relation to academic and practice capabilities.

(Department of Health, 2002).

Although the emphasis on the use of Communication and Information Technology and numerical skills was new, many of the other issues were similar to social work qualifications which had been run since 1971. Some of the arrangements for the delivery of the new degree had an impact on higher educational institutions, however. Many of the undergraduate degrees eventually moved from further education colleges to Universities, for example, a BA (Hons) social work degree moved from Bromley College to the University of Greenwich in 2007 (UoG School of Health and Social Care, 2012).

An evaluation of the new BA Social Work degree, commissioned by the Department of Health, found that 60% of social work students were studying for the BA undergraduate degree and 20% studying for postgraduate awards. The review of the BA Social Work degree in 2008 found that the introduction of the BA degree had led to changes in the type of

students studying social work. Overall, there had been an increase of 38% in enrolments (5,676 in 2005-6) over the previous decade. There was a greater diversity of applicants on the BA degree with an increase in the number of students with Black African backgrounds, with an increase from 5% in 2001-2 for the Diploma in Social Work to 11% in 2005-6. The proportion of younger students had increased to 14% in 2005-6. Women still dominated social work training. There were slightly higher numbers of male students with a disability than women (Evaluation of Social Work Degree Qualification in England Team, 2008).

The pass rate for students studying post-graduate courses (81%) was higher than for undergraduate students (66%) and the deferring rate was also higher for undergraduate students (12%) than for post-graduates students (6%). The failure rate was highest among students of other ethnicities (5%) than white students (2%). Students with disabilities had higher rates of failure, withdrawal, deferral and referral. Young students had the highest rates of withdrawal (23%) although lower rates of referral and deferrals (Evaluation of Social Work Degree Qualification in England Team, 2008).

The evaluation of the teaching of course content found a generally positive picture. Students were most satisfied with the topics of '*Anti-oppressive practice*' and '*Social work values and ethics*'. '*Children and families*' was the topic that was considered to relate to working in practice setting and was joint fourth overall in terms of student satisfaction. The degree appears to have triggered the development of "*new methods of delivery of the curriculum, especially in skills lab work, in e-learning and in involving service users and carers*" (Evaluation of Social Work Degree Qualification in England Team, 2008: xiii). However, inter-professional education was more problematic and courses had had to test different models to address the problems that had emerged**.** This was in a period when '*Every Child Matters*' promoted the importance of inter-professional working. After 2004, the Department of Children, Families and Schools had become a stakeholder in social work education. The evaluation also concluded that it was too soon to tell whether the degree was providing employers with appropriately trained social workers (Evaluation of Social Work Degree Qualification in England Team, 2008).

An evaluation of recent social work training by the GSCC in a presentation to the Select Committee in 2009 was more critical and found that the:

> *"Depth of understanding attained by Newly Qualified Social Workers (NQSWs) was variable and that most respondents thought that additional training through a Post Qualifying award was necessary to provide the social worker with the full skill-set*." (GSCC to Select Committee, May 2009)

The GSCC recommended that an agreed common core curriculum would provide employers, universities and students with greater clarity about what should be taught. This would also make it easier to assess the performance of Higher Educational Institutions (HEIs). Employers would be reassured about the skills and knowledge of newly trained social workers. The GSCC recommended "*specialisation pathways*" to address the need for more specialised training after the completion of an undergraduate degree.

The GSCC also identified several weaknesses in assessing the quality of social work training which provided more insight into the relationship between GSCC and HEIs. GSCC felt that the current arrangements for assessing quality did not include any attempt to measure how HEIs prepared social workers for professional practice. Related to this was the lack of information about the quality of courses for either prospective students or local employers which meant that "*there are no 'market' based incentives to drive up quality*". A third weakness was that the way in which the social work degree was "*assessed against a set of high level output statements means that the benchmark against which quality is measured is poorly defined*" (GSCC, 2009: Point 34). This showed some short-comings of the quality assessment process and some perceived limitations of the role of universities in the delivery of social work training. This criticism should be considered in the context of the "market" being seen as a way of improving quality.

Since 1971, with the expansion of social work training, higher education institutions had extended their role in social work training. Although the 1999 review of the DipSW presented a positive view of the quality of partnerships between HEIs and employers, it did acknowledge that in England there were varying standards of partnership. These relationships have been influenced strongly by government, often in a negative way. The C1 union respondent said that:

> *"Social work education is a political football so it is so very hard for universities and employers to provide it. Central government has been very volatile about the reform of social work. Universities saw themselves as enclaves of good social work practice against the government and it was / is their role to mediate. As ways of change come down from government, universities feel/felt that it was their role to stop extremes and*

> *moderate these waves. For employers, they have to do their own moderation but didn't have their own buffer because they were driven by local politics and more"* (Respondent C1, 2014).

This has contributed to the breakdown of trust between universities and employers and so created a "*sense of disconnect*". This has been made more difficult because much of the training of social workers has to take place through placements in agencies. This conflict between universities and employers is experienced by social work students.

> *"Students are exposed to the 'disconnect' and distrust from the beginning. Students choose to identify with either universities or employers. Many students struggle with this and feel caught in the middle of the struggle between universities and employers" (Respondent C1,* 2014).

> *"As more employers are coming in so it is very difficult for universities to have any consistency. Universities have a very challenging job and most employers don't have a clue….This leaves the social work profession quite divided"* (Respondent C1, 2014).

One of the most interesting comments made by the BASW respondent was in relation to the conflict between theory and practice, which she saw as masking a structural divide between universities and local government. The tension between universities and employers is often:

> *"Expressed as a divide between theory and practice but it is actually a structural divide between Universities and local government employers but it is an easy rhetoric. This is being played out in current negotiations between Universities and employers about social worker qualifications and licence to practice"* (Respondent C1, 2014).

The Social Work Taskforce Review (2009) recommended that social work training should include a Masters' degree for those with other first non-social work/social studies degrees, an assessed year of employment and the regulation of social work education. This reflects an earlier situation when several social work qualifications were delivered at postgraduate level. It also reflects the still unresolved issue of generic versus specialist social work professional practice. From the Barclay Report (1982) to the Social Work Taskforce Review, the issues of generic versus specialist social work have never been completely resolved nor has the balance between public protection and development/ advocacy roles.

The government approach to social work training became more directive during the 1979-2010 period, with a more intensive approach since 1997 under new Labour. Social work training has been influenced by the continuing debate and lack of consensus about the role of the social worker, which can be interpreted as a continuing sign of weakness of the profession

because government had taken the role of defining the social work role rather than leaving it to social workers. The next section on professional autonomy, management culture and professional integrity will examine how the constant focus on the role of social workers was related to continued criticism of social work practice.

Professional autonomy, management culture and professional integrity

In 1970, as a response to the Seebohm Report (1968), the Local Authority Social Services Act required local authorities to set up Social Services Committees which would be responsible for the "*discharge by the authority of functions*" related to legislation passed since 1933. The main legislation which became the responsibility of the new social services committees is set out in Table 41.

As this list shows, the creation of social services departments brought together a wide range of responsibilities which had been introduced, since 1933 and later, as part of the creation of the Welfare State. They covered children's services, mental health, support for people with both physical and intellectual disabilities, care of older people as well as health promotion and prevention. Although local authorities had had these responsibilities before 1970, they had not been the focus of a single local authority committee. This organisational change represented a move towards greater coordination and centralisation and reflected a stronger awareness of the limitations of existing service and welfare provision.

The establishment of local authority social services committees in April 1971 and the accompanying organisational changes had implications for the staffing and administration of these services. Part of the 1970 legislation required every local authority to appoint "*an officer, to be known as the director of social services"* (LA SS Act, 1970: 6(1)). In addition, having appointed a director of services, the local authority '*shall secure the provision of adequate staff for assisting him in the exercise of his functions*' (LA SS Act, 1970: 6(6)). This underpinned the creation of generic social workers, responsible for a range of services and functions. This was in contrast to the more fragmented system of social work specialisms, for example, child care officers, mental health social workers, children with learning difficulties, which had been in place since 1946.

Table 41: Legislation incorporated into the 1970 Local Authority Social Services Act

Date	Legislation	Coverage
1933	Children and Young Persons Act	Children in criminal proceedings, appearing before court, approved school
1946	National Health Service Act	Care of expectant and nursing mothers (Section 22 (1) and (2) and young children, provision of domestic help for certain households (Section 29)
1948	National Assistance Act	Provision of residential accommodation for "*aged, infirm, needy"*. Welfare of people – handicapped and "*use of voluntary organisation for administration of welfare schemes"*
1948	Children Act	Provision for orphans…..children in care, registration of children's home and use of voluntary organisation
1958	Children Act	
1959	Mental Health Act	Welfare of mentally disordered
1962	Health Visiting and Social Work (Training) Act	Research into matters relating to local authority welfare services
1963	Children and Young Persons Act	Welfare of children …criminal proceedings, care
1968	Health Services and Public Health Act	Prevention of illness and care, aftercare of sick, home helps, promotion of welfare of old people
1970	Chronically Sick and Disabled Persons Act	Published information about welfare services and provision of certain welfare services and Appointment of Director of Social Services

Source: Local Authority Social Services Act (LA SS Act) 1970 Schedule 1

The new structure of social services departments dictated changes in local authority administration of welfare services. Until then, starting from the 1929 Local Authority Act, which transferred Poor Law responsibilities to counties and county boroughs through public assistance committees, local authority responsibilities for welfare services had increased incrementally (Horner, 2009). The 1948 Children Act and the 1948 Social Assistance Act had added the most significant new responsibilities because local authorities were given extensive powers in relation to children and the new welfare benefits and services introduced as part of the Welfare State. The gradual acquisition of local authority influence over welfare service delivery had formalised the development of social work as a profession, which was closely

linked to different types of services and responsibilities. After 1970, the professional development of social workers continued with a shift towards generic social work rather than a more specialised approach. Professional social work after 1970 was strongly influenced by continuing debates about the merits of specialist versus generic social work (Stephenson, 1981).

The 1970s brought a series of attacks on the Welfare State which presented challenges for social workers. The more macro-level attacks came after 1973 and the global economic crisis caused by the increase in oil prices, the IMF loan (1976) and the beginning of budget cuts in the Welfare State (outlined in the Chapter One Introduction). Social workers operated within the context of the Welfare State, providing benefits and services, and so attacks on the nature and scope of the Welfare State made social workers question their position and ability to operate with more limited resources. The poverty which resulted from the economic crisis also impacted on social work (Stephenson, 1981). However, the BASW respondent saw the 1970s as an optimistic period for social work with much discussion about the vision of how to develop social work (BASW respondent, 2014).

In 1978, the Department of Health and Social Services (DHSS) published *Social Service Teams: The Practitioner's View* (DHSS, 1978), which was written by Stephenson and Parslow, provided an account of some of the concerns that dominated the life of a professional social worker in 1978, just before the Conservative government was elected in 1979. The initial analysis argued that the work of the individual social worker had to be understood in the context of four settings: clients; the team; the wider organisation; the "*world outside*". These four levels of analysis show how the work of the professional social worker was strongly dependent on internal and external organisational factors (DHSS, 1978).

Social workers in 1978 reported that they had to deal "*with unpredictability, with the fluctuations in urgent demand which interrupted the organisation of work"* (DHSS, 1978:298 13.8). Others reported that they had "*to plot ebb and flow of work*" (DHSS, 1978: 298 13.10). This was coupled with high levels of anxiety over their daily workload. For example, one social worker reported that "*Thinking about how to help keeps me awake*" (DHSS, 1978: 300 13.14). These anxieties reflected "*a range of anxieties which reflect the individuality of the workers, their self-perceived strengths and weaknesses' (DHSS, 1978:301 13.18).* These

observations of how social workers perceived their work, show a high degree of uncertainty in the work of a social worker at this time.

The impact of generic social work can be seen in several comments which show that individual social workers were expected to be able to "*deal with a range of client groups*" but the priority of child protection work often distorted the time spent with other groups (DHSS, 1978: 299 13.11). This is a tension that had not changed significantly by 2010. The nature of generic social work was felt to influence the public perception of social workers. Many social workers resented being the professional that everyone was referred to or "*the repository for so many of society's problems, and with a wide and ill-defined role*"p.321 "*Send for the social worker*" was, it was felt, "*too often the response both of other professionals or agencies, and, to a lesser extent, of the general public*"(DHSS, 1978: 321)**.** One social worker was quoted as saying:

> *"There seems to be no clear cut jurisdiction for this department. Probation have their own clientele-they know when people come under their umbrella and when they don't. A generic department does not know. The social services department is the department everybody else sends people to" (DHSS, 1978: 321 13.78).*

The impact of a highly unpredictable professional workload and high levels of anxiety led one social worker to say:

> "*Professional self-awareness remains, in my view, a primary source of protection to the client, which is even more important in the local authority setting than in those which carry less statutory responsibility*" (DHSS, 1978: 302 3.21).

This casts an illuminating light on the role of professionals within local authorities.

> *"Supervision seen as part of professional development"* (DHSS, 1978: 302: 3.22) *and the team leader played a key role in supervision* (DHSS, 1978: 310 13.43 and DHSS, 1978: 313 13.53).

Working in teams was in integral part of functioning as a social worker but the way in which teams functioned reflected some of the problems of working as generic social workers. As many teams developed a 'consensus view':

> *"It would be…..broadly true to say that the majority of teams shared a 'consensus view' on a number of issues significant to their functioning and appeared to adopt firm, even dogmatic, views concerning the preferred method of organisation even when their colleagues down the road argued precisely the opposite! Within such*

> *teams, there were, however, often 'isolates' who told our researchers of disagreements but had often not shared them with their colleague" DHSS, 1978:.309 13.42*

These "*isolates"* were often more specialised social workers and this provided an insight into some of the limitations of generic social work. The ways in which teams operated did not necessarily allow more specialised social workers to either contribute their professional judgements or to shape a more nuanced view of social work practice. Stephenson and Parslow (1978) were critical of team leaders but found that many teams were defensive of any criticism made about their team leader. This led to a proposal that some form of specialisation would help deal with these conflicting priorities.

> *'It is not impossible to envisage a division of labour whereby a group of workers carried cases (across client groups) known over time to be likely to require urgent action. For example, work with some of the mentally ill, including those with senile dementia, as well as certain families prone to emergencies, might form part of such a group.'*(DHSS, 1978: 299 13.11)

Stephenson and Parslow (1978) concluded their study about the world of the social worker on a negative note. They felt that social workers lacked objectives, imagination and creativity and resources "*at an unfortunate time*" (DHSS, 1978: 328 13.102).

"*Social Service Teams The practitioner's view"* (1978) reported the pressures on social workers, which came from the media and central government, even in 1978. It presented a very critical perspective of social workers, even though it was written by relatively sympathetic academics, Olive Stephenson and Phyllida Parslow. Social workers provided a critical view of themselves and showed the weakness of the profession at a time when the new Conservative government in 1979 was unsympathetic to public sector workers and especially social workers (Respondent C1, 2014).

In 1980, the government commissioned the National Institute of Social Workers (NISW) to set up a committee to look at the role and tasks of social workers. In contrast to the 1978 "*Social Services Teams"* report, the Barclay Report provided an account of what it described as direct and indirect social work. Direct social work covered assessment, practice help, surveillance and control, counselling, management, mediation, support of voluntary effort. Indirect social work included supervising staff and volunteers, training, planning, management, mediation and community development (Barclay Report, 1982: 9). This provided a different way of categorising the range of activities which were encompassed in

generic social work as well as capturing the range of activities that were classified as '*social work*'.

The Barclay Report started to articulate a different type of role for social workers that would give social workers two roles: planners of social care and counsellors. Social care planning was defined as the planning, establishing, maintaining and evaluating the provision of social care. It could take place at different levels:

- Director of social services (or director voluntary agency) – identified networks for locality or client groups
- Head of residential home or day centre or unit leader of voluntary agencies – planning and delivery of social care to a group/ locality
- Social workers (statutory and voluntary agencies and in residential, field or day services) – planning for clients (Barclay Report, 1982: 34 3.3)

Clients could be individuals, families or community groups (Barclay Report, 1982: 34 3.4). Social workers also had to be able provide face-to-face communication between clients and social workers.

Respondents to the Barclay Report argued for social workers to have a stronger preventative role, which could be achieved by setting up social networks that would prevent problems occurring and would help those who were expected to have problems in future (Barclay Report, 1982: 43 3.40). This can be seen as a form of community development but social workers would not have the time to invest in networks unless their statutory individual case work was reduced (Barclay Report, 1982: 44 3.43). The overall vision was to give social workers a leading role in social planning. Additionally, the Barclay Report concluded that:

> *"Some of the confusion now felt about the role and tasks of social workers stems from a lack of clarity and certainty in our national social policy. ……We talk in terms of client groups and thus disguise the relative poverty that unites almost all who seek social work assistance"* (Barclay Report, 1982: 109 7.23)

The Barclay Report presented a future view of social work which was inspired by a vision of social workers playing a proactive role in social and community development. This was in contrast to the approach of the Conservative government, which believed in the power of the market to determine priorities rather than social planning. The Barclay Committee was divided about its own recommendations for community social work, which were framed in terms of social workers "*developing a close working relation with citizens*" (Barclay Report,

1982:217), to be called '*community social work*', which would bring the informal care of the family together with statutory social services. The move towards decentralisation would support this move as community social work could be organised on a patch or locality basis. The report recognised that these recommendations had significant implications for the accountability of social workers in relation to three groups: employers; clients; informal carers. The recommendations of the Barclay Committee were not only controversial in the context of the Conservative government, but also among its own members.

Two alternative reports presented by two minority groups on the Committee reflect other aspects of professionalism. One, led by Mrs P. Brown, Prof. R. Hadley and Mr. K.J. White, recommended a stronger version of community social work called "*neighbourhood-based social services*", which required a radical change in social services departments if the full extent of social care networks were to be used. It recommended that to do this effectively, organisational features such as localisation, interaction within social services departments, with other agencies and with informal networks, as well as stronger role flexibility and autonomy were needed. Social work teams would need greater autonomy to deliver these new roles and ways of working. Social workers would have to work with a wider team which would include generalist community orientated social workers, specialists and managers of community orientated organisations (Barclay Report, 1982: 226-7). Many of the requirements for "*neighbourhood-based social services*" match several aspects of professionalism, for example, the importance of autonomy but working in community social work and working with informal social networks both require facilitation skills rather than a conventional expression of professional authority.

An alternative view, provided by Prof. R.A. Pinker, was opposed to both community social work and neighbourhood-based social services because he felt that both models would damage social services and social work. He felt that social work should focus more selectively on its clients and should not attempt to deliver a universal service. He felt that pursuing either community social work or neighbourhood social services "*would put the future of professional social work in jeopardy"* (Barclay Report, 1982:242). He felt that the alternatives could result in the politicisation of community groups and that informal care networks could be used to justify cuts in funding. He supported the continued development of social work as it had evolved since 1946.

The Barclay Report, the outcome of the work of the committee, published in 1982, provided a review of social work, which highlighted a potential new role for social workers. It also identified the important role that the family played in caring responsibilities. These dual findings have led the Barclay Report to be used by different interest groups to support their arguments for either a new role for social workers or for the promotion of community care. Although the report presented these two findings as linked, there was scope for different interpretations of the report, strengthened by the inability of the committee to agree on the final report (Challis and Ferlie, 1988: Dickens, 2012).

The government reaction to the Barclay Report was largely negative (Lombard, 2009), although the findings about the extent of informal care networks were to inform central government community care policy. Many of the new community care policies for people with disabilities and older people had a direct impact on the role of social workers, although the public policy focus was on the needs of a specific interest group, rather than social work practice. It is this indirect policy approach, which characterised government policy towards social workers until 1997 and beyond. In this sense, the government was driving social work professional development through the explicit needs of a user group, which was in contrast and sometimes in conflict with the local authority focused delivery of welfare services. It can be seen as another sign that government approaches to professional groups was through reforming the services that they were providing rather than through an appreciation of the needs of the professionals when delivering the services.

1997-2010

One of the recommendations of "*Modernising Social Services*" (1998) was the creation of a General Social Care Council (Dept. Health, 1998: 5.6). It was set up in 2001 and as well as being responsible for training, it introduced a system of registration for social workers (Care Standards Act, 2000, Section 56). This was the first time that social workers had a formal system of professional recognition. A formal system of professional recognition can be seen as step towards the consolidation of a profession. It was not the first time that a General Social Care Council had been discussed. As the Barclay Report has observed in 1980, drawing from the Leaper Report (1980):

> *"Anyone can call himself a social worker and undertake activities which he describes as, or the public believes to be, social work. Equally there is nothing in law which prevents the appointment of an unqualified worker to a post which may at present be designated as social work" (Barclay Report, 1982: 25)*

The Barclay Committee was divided about whether a General Social Care Council should be set up (Barclay Report, 1982: Chapter 12). Both the British Association of Social Workers (BASW) and the Residential Care Association had argued in their submissions to the Barclay Committee that a General Social Work (Social Services) Council should be set up in order to set and maintain professional standards for social workers, which would maintain a register of social workers and guide education and training. They felt it would give social workers "*full professional status*" (Barclay Report, 1982: 178 12.6).

The introduction of the General Social Care Council showed how government now used the term "*social care*" to replace the term "*social work*" in many public policy documents, although the meanings are different (Dicken, 2012: 35). This reflected a similar approach to the school and healthcare workforce which conflated professional and assistant roles. The introduction of regulation, target setting and inspection was part of New Labour public sector reform and the promotion of personal choice and control for services users was a continuation of the policy of the personalisation of services, which had been started by the previous Conservative administration (Dicken, 2012).

Although there was no system of registration for social workers until 2001, there had been a national system of inspection for social work in place since 1971 when the Social Work Service was set up. This was replaced by the Social Services Inspectorate in 1985 and in 2002 by the National Care Standards Commission, in 2004 by the Commission for Social Care Inspection in 2004 and in 2009 by the Care Quality Commission (Dickens, 2010). The rapid change of inspection agencies suggests that the government had a mixed view of what the purpose of inspection should be, although it featured strongly in the professional work of social workers at this time.

By 2004, the government published "*Every Child Matters*" a policy for children which aimed to bring together the different agencies responsible for child services. The term "*social worker*" was not mentioned although this marked the beginning of the reform of children's

services workforce and the separation of social services departments into children's and adult services. Children's services agencies were only created in a virtual sense but were formed by the merger of children's social work and education services and were managed by Directors of Education and Social Services.

One way in which management culture has impacted on professional integrity has been through the imposition of an information system. The C1 union respondent (2014) said that:

> *"Government has become more and more directive about the minutiae of how the job should be done. Integrated Child Systems (ICS) computer system, now rolled out as a programme… has been a very negative programme, very destructive of social work practice in the last 10 years….It is a very destructive way of working. Central government thought 'we know what best practice is and will encode it in a computer system'….It is a very linear system with one set of information but family life is not like this so it takes forever to put the information in the right order…80% of social worker time is spent in front of a desk"* (Respondent C1, 2014).

The information systems introduced by the 2004 Children Act, required Children's Services authorities to set up databases that contained the following information: Name, address, gender, data of birth, unique identifying number, person with parental responsibility, educational details, person providing primary medical services, other people providing services, "*information as to the existence of any cause for concern in relation to him*" and other information as specified by the Secretary of State (HM Government, 2006).

Although the term "social worker" did not feature in many public policy documents, by 2005, the title "*social worker*" had become a protected title and social workers had to register in order to practice as a social worker. This can be interpreted as a positive development because one of the criticisms of social work has been that anyone could call themselves a social worker. The requirement to register as a social worker was part of a process of professionalisation as it served to exclude certain groups from social work. Registration also saw the introduction of a code of ethics/ code of practice as set out in Table 42 (GSCC, 2010).

Table 42: GSCC Codes of practice

Social care workers	Social care workers must:
Code of practice General Social Care Council (2010)	Protect the rights and promote the interests of service users and carers:
	Strive to establish and maintain the trust and confidence of services users and carers;
	Promote the independence of services users while protecting them as far as possible from danger or harm;
	Respect the rights of services users whilst seeking to ensure that their behaviour does not harm themselves or other people;
	Uphold public trust and confidence in social care services; and
	Be accountable for the quality of their work and take responsibility for maintaining and improving their knowledge and skills

Source: GSCC, 2010

The code of practice published by GSCC was for "*social care workers*" rather than "*social workers".* This difference is reflected in the content of the code of practice. Although it recognised some of the conflicts between meeting the needs of service users and the need for protection of clients and the general public, there was no recognition of some of the complexity of the social work role, which was to provide a developmental support to clients and a public protection role. It does not acknowledge the context within which clients live or expect social workers to try and change the circumstances of clients.

In contrast, the British Association of Social Workers (BASW) code of ethics stated:

> *"Social work is a professional activity. Social workers have obligations to service users, to their employers, to one another, to colleagues in other disciplines and to society. In order to discharge these obligations they should be afforded certain complementary rights* (BASW, 2002: para 1).

The issues of management culture versus professional integrity also impacts on the position of women in the social work profession, as C1 union respondent added**.**

> *"Social work is still a predominantly female profession, with 15% of men on social work courses. More men go into management more quickly and so do more management jobs. In social work, people can become managers within two or three years of qualifying…..Women take career breaks but it is also about the choices that women make. Women say they don't want to take the management route because they want to remain 'hands-on'* (Respondent C1, 2014).

In 2006, the government published *"Options for Excellence - Building the Social Care Workforce of the Future"* with options and priorities for increasing the supply of all workers within the sector, improving the quality of social care practice, defining the role of social workers and developing a vision for the social care workforce in 2020 (Dept. for Education & Skills and Department of Health, 2006). It focused on the whole workforce and reflected the government's view of social workers that no longer saw social workers as a single professional group. They had become part of a wider workforce which delivered social services to different groups. It was an example of the post-"*Every Child Matters*" environment where three government departments felt that they were stakeholders in social worker/ social care education and training.

The role of the social worker has been a continuing theme throughout the period after 1945 and the creation of the Welfare State and this continued in the 1997-2010 period. A literature review, commissioned by the Scottish Executive, provides an updated view of the social worker role and draws from reviews throughout the UK and internationally. It shows some of the tensions that encompass responsibilities to counsel, advocate and work in partnership with disadvantaged or excluded groups as well as assessing risk, contracting services and being an "*agent of social control who helps to maintain the social system against demands of individuals whose behaviour may be problematic*" (Scottish Executive, 2005: 3). The review refers to traditional factors, such as poverty and social exclusion, which influence the work of social work as well as the internationalisation of social problems and modern communication technologies (Scottish Executive, 2005).

In the 1970s, most social workers would have considered that they had a role in trying to address these more structural problems but this approach has been reduced by the introduction of contract management. The review identified several models which had influenced the development of social work; these include some of the main influences on how public services have been delivered since 1945. These started from welfarism and professionalism, when the social work profession was established, or at least '*projected*', but public sector reforms introduced concepts of consumerism, managerialism and participation and consultation. Several of these models do not fit neatly into the traditional social worker role because of the dual role of partner, advocate and counsellor set against that of risk assessor and public protector. The review concludes that the problem facing social work is that the professional identity of social work is closely linked to organisational structures but should be based on values and principles, an inherent contradiction, which has weakened the social profession during a time of criticism.

The General Social Care Council was commissioned by the Department of Health and the former Department for Education and Skills to lead a follow-up project examining the roles and tasks of social workers. This reported in 2007 on the implications for future roles, responsibilities, training and skills required of social workers in the changing context of the forthcoming years. An indication of the limited effectiveness of the GSCC was the publication of the "*Roles and Tasks (2007): Social work at its best: a statement of social work roles and tasks for the 21st century*". The GSCC's review promoted the need for more face-to-face work with clients, and working alongside other professions, reflecting views of the social worker role which had been articulated over many years. The government response was lukewarm. Ministers failed to publicly endorse the document and the work was superseded by the Social Work Task Force (Lombard, 2009).

The Social Work Task Force in 2010 recommended the creation of the post of social work consultants on parity grades with managers. This new post would do less case work management and resource allocation and would provide a career path for people with experience who did not want to enter management. These new posts were called Principal Social Workers and have become a "*deliberate way to say professional autonomy and also recognise that women can take a career pathway"* (Respondent C1, 2014).

Table 43: Changes 1979-2010

FROM	TO
Community social work	Case management
Public & NGO effectiveness and innovation	Private sector economy and innovation
Social work as a therapeutic enterprise	Monitoring and managing
Social work as advocacy	Social work as risk reduction
Critical theory on the role of social work	Critical theory and rolled back state

The creation of independent social work practices can be seen as a further attempt to place social work within an internal market. In 1978, a few social workers had argued for a model of professional practice as independent practitioners, a sign that the tensions generated when operating as a social worker within a statutory agency were felt to impact on professional autonomy. Thirty years later in 2008, this option was given to social workers, through the 2008 Children and Young Person's Act**,** which introduced new guidance and regulations for the delivery of social work services for children and young persons (Table 43). The legislation gave some local authorities "*the power to test a different model of organising social care by commissioning services from 'Social Work Practices' and to enable regulation of these practices*" (Children and Young Person's Act, 2008).

The significance of this legislation is that it formalised the commissioning and contracting out of social work services to external agencies. This is an important milestone in the history of social workers in that social work services are no longer considered an integral part of the Welfare State. They can be contracted out to private registered social workers. For the social work profession, it provided opportunities to operate in sectors other than the public sector. For a 'social services professional" it represents a change in relationship between the profession and the local authority, moving from a professional operating within a local authority to a professional being contracted by the local authority to deliver social work services. This mirrors the position of other professionals such as lawyers or accountants who also sell their services.

This has been taken up by small numbers of social workers who are exploring working in the not-for-profit sector, social enterprises and for-profit enterprises (Respondent C1, 2014).

This is a significant change in the evolution of social work as a profession, which was essentially created by the requirements of the Welfare State. It can be seen as part of a path of professional development however it may threaten the professional project that has developed as part of the Welfare State. Alternatively, it can be seen as a part of a new professional project which will develop a social work profession, which works with public, private and non-for profit sectors.

The new arrangements for contracting out of social work services were subject to a pilot evaluation project, which examined several different models of independent practices including in-house provision in a local authority, social enterprise, voluntary organisation, private company ran by an organisation already delivering social work training. Interestingly, the evaluation found that the success of all SWPs depended on the relationship with the local authority. Two of the pilots failed to win a second 5 year contract (Social Work Practices with Adults Formal Evaluation Team, 2014).

Impact of reforms

A Social Work Taskforce was set up in 2008/9 in response to the Baby P case to look into the future of child social work. As part of the research, a survey of social workers provided a view of the working conditions of social workers in 2009. About 49% of respondents worked more than their contracted hours. 9% worked over an additional nine hours a week. Only 29% worked their contracted hours. 7% worked some time at the weekend and 35% worked at least one hour before 8.30pm or after 7.30 (Baginsky *et al*, 2009).

The nature of the type of work that social workers did was shown in their account of how their time was spent. They spent 26% of their working time in direct contact with clients, 34% on other case-related work in their agencies and 13% on inter-agency work, which constituted 73% of time with client-related work. 22% was spent recording case-related work. For those with electronic recording systems, they spent more time on recording case work then those social workers who did not use an electronic system (Baginsky *et al*, 2009)

Adequate supervision has been identified as essential for good quality social work. Two thirds of respondents reported that they received supervision every four weeks, with 10% reported that they received it more frequently. Some reported problems with prioritisation,

sickness and vacancies that affected supervision. A quarter of frontline social workers in CSDs and over a third in DASS and one in four managers in CSDs and DASS were not receiving supervision every six weeks. Although there was a general level of satisfaction with supervision received, many felt it was focused on case management, action planning and targets. Some respondents, especially more experienced social workers, regretted the lack of time to "*reflect, develop, learn and unburden*" (Baginsky *et al*, 2009).

Social worker respondents identified a number of factors which would improve their professional lives, which were ranked according to the number of times they were mentioned (Table 44).

Table 44: Factors which would improve the professional lives of social workers

Ranking	Factor
1	Children's services to abandon ICS and also adult services a similar comment in relation to electronic recording systems
2	Smaller case loads
3	Improved IT
4	Improved post-qualification training
5	Fewer targets
6	Abandon hot desk policies
7	More experienced social workers in teams
8	More administrative support
9	Availability of clinical or similar supervision
10	Better salaries/ more resources/ clear career progression routes
11	The end of the media's negative portrayal of social workers

Source: Baginsky et al, 2009

The Social Work Taskforce concluded that:

> *"Social work is a profession which is essential to the nation, but which has been trapped in a 'vicious circle' of problems which undermine efforts to improve"* (DCSF/DH/BIS, 2010: 5)

The government responded to the Social Work Taskforce report by agreeing to introduce several of the Social Work Task Force's recommendations which can be seen as ways of strengthening a profession. A new career structure, with social work consultant posts, which would allow practitioners to remain in frontline roles, similar to senior nursing posts. A College of Social Work, described by government as "*led and owned by the profession"* but to be set up by government. This showed the limitations of the independence of the social work profession. The probationary year for newly qualified social workers would be assessed by local authority employers and would lead to full social worker status, a sign of renewed employer influence on training and professional development. A new framework for continuing professional development was introduced with a practice based Masters qualification (DCSF/DH/BIS, 2010). Although these recommendations attempted to address some of the problems facing the profession, but the constant debates about the nature and role of social work, seen as an indication of professional weakness, were not resolved.

Democratic professionalism

In 1970, with the creation of local authority social services departments, a new professional association was set up, the British Association of Social Workers (BASW), which unified seven previous professional associations – the Association of Child Care Officers, Association of Family Case workers, Association of Psychiatric Social Workers, Association of Moral Welfare officers, Association of Social Workers, Institute of Medical Social Workers and Society of Mental Welfare Officers. All members of these organisations became members of BASW and from 1970 membership was limited to those with professional qualifications. There were tensions within BASW about whether the purpose was to develop professional standards, influence social policy or negotiate improvements in pay and working conditions (Payne, 2002).

By 2014, BASW was both a professional association and a trade union. In 2010, it set up the Social Work Union (SWU) to represent social workers as a trade union. The BASW has 15,000 members, out of a total of 50,000 - 60,000 social workers. Half of BASW members are members of the Social Work Union, which has a separate identity, with its own executive, funding and trade union officials. The Chief Executive of BASW stood for election as General Secretary of SWU.

Prospect /Association of Professionals in Education and Children's Trusts (Aspect) was previously the National Association for Education Inspectors, Advisers and Consultants (NAEIAC). Aspect now represents 3,000 professionals in the education, children's services, early years, commissioning and children's social care field, as part of the Prospect trade union. Two respondents from these two professional organisations/ trade unions were interviewed.

As discussed in Chapter Two (Literature review), four elements recur in the different accounts of democratic professionalism (Oberheumer, 2005; Spours, 2013; Stevenson and Gilliland, 2015) and are outlined by Taubman (2013) as:

1) Competence;
2) Respect;
3) Integrity;
4) Responsibility (Taubman, 2013).

These elements have been used as a framework for analysing how trade unions and professional associations have responded to the concept of democratic professionalism. Each element is introduced with a short interpretation drawn from recent literature.

Competence

Social workers are having to rethink how they deliver their services in different setting, which involves the questioning of the knowledge and expertise that they require in different settings.

> *"Social workers have been looking at how to provide expert services within family courts services, grouped together in the Children and Family Court Advisory and Support Service (CAFCAS). Social workers provide expert services and also provide expert witnesses. Courts wanted advice about how to get the best advice."* (Respondent C1, 2014)

They are starting to learn from other professionals about how to provide expert advice.

Respect

The C2 respondent felt that the best doctors and nurses have moved away from the old macho model of "*trust me I'm a …*" Co-production involves the patient in playing a part in their care. He reported that:

> *"The best health visitors and social workers have always worked like this. In hospitals it is more difficult to work for co-production. Sharing access to medical records is a beginning."* (Respondent C2, 2014)

Other developments might include having joint discussions about the right to a second opinion, with nurses explaining how a patient might complain if they are unhappy with the process.

> *"More professionals should share knowledge rather than hiding behind it, e.g. whether to keep a patient alive ….. Being more democratic makes people more radical and this has been forced into public health which has to consider discharge arrangements, having to ask what is the home situation and so focus less on fixing problems and moving into prevention."* (Respondent C2, 2014)

Integrity

Social workers are learning from other settings about how professionals deliver their services.

> *"Lawyers are involved in courts in different ways so social workers began to realise that they can have different 'voices' and roles within this system, which enable them to contribute their legal expertise as well as individual experience. To achieve this requires extensive rethinking of the social worker professional identity, basing the changes on learning from other professions about how to do things differently."* (Respondent C1, 2014)

This process is beginning to make social workers review their own ways of working and learn from other professionals and other settings.

Responsibility

The C1 respondent observed that:

> *"Democratic professionalism has been the focus of a significant discussion in an organisation like the C1 union, which has a growing membership at a time when other trade unions/ professional associations are in decline."(Respondent C1, 2014)*

> *"There is a sense of unity and strength in saying, 'this is a group of people who I want to be identified with and… professional identity is important and so proactive in work together."*(Respondent C1, 2014)

Social workers are faced with a difficult question in relation to democratic professionalism. They have responsibility for the "*protection side and also performance responsibility for protection*", which can conflict.

> *"The uncertainty of the employment environment is forcing those social workers to think differently about their future because they can't rely on local government. Some social workers work in the NHS, which is challenging and they see other professionals, for example, in relation to continuous professional development, where cross learning has helped people to think about what is done. The reforms have created a lot of debate, with some members passionate about the role of social work in local government and want to fight any reforms that destabilise that link."*(Respondent C1, 2014)

For social workers, the concept of democratic professionalism is providing a way of getting social workers to think about their future and how they want to work.

Conclusion

By 1979, the social work profession had to incorporate a new way of working into their professional practice, following the introduction of generic social work in 1970. Although the numbers in social work training during this early period had declined slightly, by 1997, the number of social workers had increased from 27,700 in 1980 to 33,000 in 1997, with 14,100 working with children and 9,100 working in health and other specialist settings.

Major changes in the way in which social services operated, the internal market and contracting of care for older people, introduced direct challenges to social worker professional autonomy. Social workers had to take on the new role of care manager, managing the contracts for social care. By 2010, there were 3,500 care managers but the majority of social workers were still involved in front-line work, although it had become more circumscribed. New rights had been introduced for people with disabilities, with new

arrangements for management of funds, self-managed budgets and payments for full-time caring responsibilities. Impact of user involvement and user movements on social workers – combined with internal market and consumerism and choice.

This was indicative of changes in the relationship between social workers and their clients and provided some direct questioning of social worker professional autonomy. This period was also characterised by increasing criticism of social workers, following the deaths of children in the care of social services. The social work profession experienced a hostile climate during the period which affected their sense of professional autonomy and challenged their professional integrity. In addition, training reforms, combined with the encouragement of inter-professional working, provider further challenges to social worker roles. In 1979, many social workers felt that all problems were referred on to them when other agencies were unable to deal with them. By 1997, this self-perception had not changed significantly. The in-coming New Labour government soon announced that modernisation of the social workforce would be part of their vision for reformed public services.

The role of the social worker in adult social services has changed significantly away from a professional social worker role to that of a manager/ commissioner of services. In children's services, the aim of the government was to control the professional practice of the social worker, which has resulted in the de-professionalisation and disempowering of social workers. In contrast to this restricted future, social workers have started to re-think the ways in which they deliver services, learning from other professionals. This is resulting in a form of democratic professionalism - which is questioning social work practice and developing a new form of professionalism.

CHAPTER 8: DISCUSSION

This chapter discusses the themes that have emerged from the research process. These can be grouped around issues of 'social services professionals', workforce changes, professional autonomy and work processes, training reforms and the search for democratic professionalism.

'Social Service Professionals'

The literature review found that the way in which professions have been studied has changed over time as a response to socio-economic changes and the role that professionals play in society. More recent changes in approach can be related to the role that professionals play within organisations and institutions. Professionals, such as teachers, nurses and social workers, working within the Welfare State have been described as "*social service professionals*". This means that they do not necessarily fit the more conventional functional model of professions, which sell their services, because there is greater state influence over training, regulations and the work process. They are also subject to changes within Welfare State institutions.

Although teachers and nurses had a long history as recognised professions, social workers were a relatively new profession created to implement the provision of welfare services by the Welfare State. The immediate post-war period drew government involvement into the recruitment and training of all three groups because there were shortages of teachers, nurses and social workers after 1945. By the 1960s, government concern was not just recruitment of teachers, nurses and social workers but improvement in the quality of public services and of the professionals working within them. This reflected the changes that state provision of education, health care and welfare services had had on demand and on people's expectations of what these services should be providing. Wider government policies on comprehensive schools, the expansion of higher education, moving services from hospitals/ institutions to the community and making welfare services more integrated also had an influence on how these groups were expected to work. The role that local authorities had started to play as the main providers of welfare services raised organisational issues about how they should be coordinated across local authorities, which affected social workers. Community health

services had moved from local authorities to the NHS in 1974. Some of the criticisms of public services were about their lack of responsiveness to the needs of users. The 1960s and 1970s were decades when social change, including the increased role of women in the workforce, led to changing demands on the Welfare State.

Until the 1970s, public policy documents show that government perception of these three professional groups was strongly influenced by a conventional view of gender. This operated in two main ways. Firstly, there was an assumption that all members of the profession were male illustrated through the use of the male pronoun in policy documents. The MacNair report introduced the concept of the teachers having a "*full life*", which assumed a teacher playing a more active role in the local community but there was no acknowledgement of teachers as carers within the household. Secondly, women were assumed to have limited abilities and interests. The James Report assumed that young women would want to have a mix of specialism and teacher training, not necessarily taking a separate subject degree.

These documents also show the extent to which government viewed these groups as professions. By the 1970s, all three groups were referred to as professions, although there were still questions about whether nurses fulfilled all the dimensions of a profession. This is an important benchmark to use in assessing the impact of public sector reforms. This thesis argues that by 1979, all three groups fulfilled a majority of the criteria for professions. Although there was a lack of consensus about what specialist knowledge was appropriate, training covered the acquisition of professional knowledge. Only nurses were part of a regulatory system.

Table 45: Teachers, nurses and social workers and professions 1979

Group	Training in HEI	Specialist knowledge	Professional autonomy	Regulation
Teachers	YES	YES	YES	NO
Nurses	On the job	YES	YES	YES
Social workers	YES	YES	YES	NO

The institutional changes taking place within the Welfare State (comprehensive schools, community health services and integrated local authority services), which were related to changes in demand and expectations for services, affected all three groups. By 1979, all three groups faced some problems of professional development (Table 45). The demands of new comprehensive education were making the continued professional development of teachers a priority, as identified by the James Report (1972). The Briggs Report (1972) on nursing and Barclay Report (1982) on social work showed two professions which were not perceived as having coherent professional identities. Nurses were supposed to be part of the vanguard which would move services from hospitals to the community but there were many types of nurses (mental health, mental handicap, hospital, community), which resulted in a lack of understanding of their role by the public. Social workers had been affected by the creation of social services departments, which attempted to integrate welfare services within local authorities. The impact of these changes forced them to adopt a generic approach to social work in contrast to the more specialised model that had been set up after 1948. Consequently, both nurses and social workers felt that they often had to do work which either no other professional group wanted to do or was able to do.

These problems should also be understood in the context of the nature of the work that these three type of professionals did. All three professionals had a strong caring role. This might have been more explicit with nurses, but care was also part of the work of teachers and social workers as well. Care within society had been traditionally done by women and is not valued. This has not changed significantly since 1979.

The 1979 Conservative government had strong views about imposing limitations on teachers and social workers and a more general hostility to public services. Consequently, the impact of public sector reforms was felt most immediately by teachers and social workers during the 1980s. For teachers, the introduction of the National Curriculum was a major event in the shaping of their professional life, with fundamental implications for their professional autonomy. For social workers, the impact of new technologies, new systems of management and the contracting out of services that characterised the period after 1979, all reduced their professional autonomy.

Demand for workers

Throughout the whole period, because of their location within the Welfare State, the government had a responsibility for anticipating demand for these three groups and so determined how many training places were funding and implemented. This became more problematic as the public sector reforms progressed. The initial responsibility for workforce predictions was placed at local and regional level for teachers and nurses. Central government gradually became more involved because shortages of teachers, nurses and social workers all had political implications. However, the process of marketization has made workforce planning more difficult.

The need to predict the numbers of these groups in order to secure the running of public services was taken up by the New Labour government of 1997 as part of a focus on the school, health care and social care workforces. Although the 1979-1997 Conservative government started some of the major reforms which affected the professional autonomy of these groups, New Labour was more explicit about the need to "*modernise*" the workforce. This reflects a slightly different approach, although it built on the initial reforms of teachers and social workers. The tone used by government in documents which set out the rationale for workforce modernisation was slightly different for each professional group. For teachers, the tone of modernising the school workforce was one of a low level threat to teachers, that they had to take part in these proposed modernisation reforms. For nurses, it was more a question of being told what to do. For social workers, it was to become part of the social care workforce, which included thousands of social care workers who had received much less training and were paid much less.

Size and structure of the workforces

Negotiating a path for professionals within Welfare State institutions was not the only issue that faced these three groups in 1979. Witz (1992) argued that professions are a gendered project and for three professional groups, which are predominantly female, their position in the Welfare State reflects the distribution of power between women and men in this setting. Consequently, the way in which public sector reforms have affected teachers, nurses and social workers has to be interpreted not just in terms of the impact of a reformed public sector

but also how the dual issues of maintaining a professional project and its gendered nature influenced them.

All three groups are dominated by women and this has changed little in the period 1979-2010. The numbers of each professional group have fluctuated throughout the period, with shortages of teachers, nurses and social workers recorded regularly. There were, and continue to be, high dropout rates during training and when in work, even though data has only been collected regularly on all groups since 1995.

Although women are in a majority in all three professions, it does not follow that they dominate the way in which organisations are run. Research into the impact of the introduction of general management in the NHS showed that nurses, who had previously held Director of Nursing posts at district level, fared badly after the new management agenda was introduced in 1984. Senior nurses were appointed to posts at lower levels in the hierarchy below the general manager. The process of marketization introduced by public sector reforms is stereotypically a masculine project, which commodifies processes by reducing them to a series of tasks and ignores the value of a holistic approach to delivering public services. In addition, as Wajcman (1998) wrote, the gender relations within the workplace are a result of the unequal distribution of power and resources, which favour men.

Studies have shown that women are often unwilling to take on management positions in all three groups. Men, although in a minority, disproportionately dominate management positions in schools, health care and social work and there has been little change in this pattern. New posts at a senior level have been introduced, with a strong practitioner focus in order to retain experienced practitioners. Although there has been some take up of these posts, it is unclear what power is attached to them. Many of them have a developmental aspect to the work by improving practice that has a long time frame but they will be evaluated on a shorter set of goals.

Professional autonomy and the standardisation of work

During the period 1979-2010, the form of the state, in England, changed from "*hollowed out*" to a "*congested*" and "*regulatory state*". The impact of these changes was felt by these three

groups in different ways. Some social workers were directly affected by the contracting out of social care services and became contract managers. Teachers became part of semi-privatised structures, where head teachers took on corporate management roles, with frontline teachers experiencing extensive changes to their work process. The nursing profession, already a fragmented group, became more segmented with the creation of new senior nurse roles and an expansion of unqualified nurses. All three groups had to adapt to working within corporatised schools, hospitals and local authorities, which were public institutions operating with business principles. A quasi-market structure had been set up in the NHS and local authorities with the buying and selling of services. These processes were part of the reforms of the Welfare State which made its institutions operate like businesses, having to account for the use of resources and the services delivered. Replacing a model of consensus management, a hierarchical model of management, taken from the private sector, was introduced to schools, hospitals and local authorities. Managerialism became the dominant paradigm, which often challenged professional, collegial judgements.

Performativity, with an emphasis on measuring and assessing the achievement of work objectives through the use of targets, monitoring and inspections, was to characterise the working lives of all three groups after 1979. Professional practice became dominated by meeting targets and demonstrating that work tasks were completed. The introduction of targets, inspections and league tables has reduced professional control over the work process. A definition of a professional includes control over the work process although the position of these three groups as 'social services professionals' within the Welfare State has often limited this control over their work. The impact of public sector reforms on these three groups has been to reduce their scope for independent judgement and lose control of their labour process.

Further evidence of government control can be seen through the codes of conduct which have been drawn up for each of these groups. Although there is some mention of caring, there is a lack of understanding about how this can be incorporated into more managerial activities. Codes of conduct for social workers acknowledge the problems of developmental (caring) and public protection. Debates about the role of social workers have highlighted a conflict between a developmental approach needed to work with families in the long term and a public protection role. Codes of conduct for nurses, perhaps not surprisingly, have explicit mentions of care. The concept of nurses having a caring role emerges in a negative way in relation to training reforms because it is not always understood how a degree can contribute

to improving the quality of care. There is now a slowly growing body of evidence that shows that improved patient outcomes are directly influenced by the number of nurses and the qualifications of these nurses but under current constraints, this is only slowly influencing health care policy. Government policy to address these shortcomings was to try and control the labour process of all three groups.

Nursing has been described as part of "*a gendered division of labour which helps to sustain the medical profession*" (Davies 1994:62). One of the biggest policy initiatives during this period, in which nurses potentially had the scope to play an important role, was the move from acute/ institutionalised care to community/ home based care, which included an emphasis on disease prevention and health promotion. There has been strong policy rhetoric from government but the policy implementation has been weak. It involves a redistribution of power and resources between acute services to community based services. Although nurses have gained new roles, e.g. practice nurses, nurse-led teams, for example in diabetes and palliative care, which are part of new ways of delivering community based services, the number of district nurses and health visitors, who have a key role to play in the delivery of community based care, has declined. This illustrates the limited power of this professional group to change the way in which a public service is delivered, even though they have a key role to play in the re-focused health services. The root causes of this failure lie in the tensions between the public health and acute sector approaches, where, although the government supports stronger prevention policies, the power of the acute sector, dominated by doctors, results in no meaningful re-distribution of resources. In addition, a marketised system of contracting is not able to place value on this type of work, making it less of a priority.

In teaching, there is a conflict between the delivery of the National Curriculum and the range of different processes that are involved in teaching a class of children. The relationship between socio-economic inequalities and schools is an issue that is ignored by politicians. As a result, teachers have been forced to take responsibility for dealing with the results of child poverty.

Social work has an acknowledged conflict between its development role and public protection role. The difficulties in balancing these competing priorities have been exacerbated by government imposition of new ways of working and organising information. This can be

seen as part of a bureaucratic solution to the coordination of social services, which ignores the caring element of social work.

Training reforms, universities and government

By the 1970s, all three groups were facing reforms to their training and some challenges to how they operated as professionals. Teaching was becoming a graduate entry profession but there were still unanswered questions about what the correct balance of theory and practice should be within their training, something which related to their development as a profession and the influence of independent schools on the conventional view of a teacher. This focused on the relative importance of subject specialism and appropriate pedagogies. The role of nurses had been subject to debate since the creation of the NHS, influenced by their subservient relationship to doctors. Project 2000 introduced theory and a focus on public health and health promotion rather than clinical skills which were previously learnt on the ward. For social workers, the struggle was between generic skills and specialisation in one of the different types of welfare services, often related to age group (children, older people) or a specific service, for example, mental health, mental handicap). However, since 1947 and the publication of three reports on social worker training, there had also been a debate about the relative merits of case work, group work and community skills for social workers. By the 1970s, the focus had shifted to a generic model of social work delivery where one social worker was responsible for a whole family, covering a range of problems and services. Some of the debates about the content of training were indicative of a lack of consensus about what these professional groups should be doing. This can be related to the nature of caring, which is part of the work of all three groups. Many nurses and social workers felt that they were doing things that other professional groups were unwilling or unable to do.

All three groups became graduate entry professions during this period. The move towards graduate entry has been most controversial for nurses. Graduate entry to a profession can be interpreted as a way of strengthening the professional group through the introduction of a professional project which limits the supply of entrants to the profession. For both nurses and social workers, the reforms in training have led to changes in the age structure of those entering the professions. In 1979, the majority of trainee nurses had just left school but there are now more nurses entering training who are aged over 30. For social workers, the introduction of an undergraduate degree in social work has lowered the age at which people

enter the profession. Social work had previously been characterised as having a workforce which was older, where many entrants had previous work experience. These changes have had an impact on the professional profile of both groups.

The relationship between higher educational institutions, government and public sector employers become more hostile during the period 1979-2010. Even in the 1970s, there were differences in views between teacher training colleges and schools about what trainee teachers should be taught. Schools placed greater emphasis on having something to teach rather than on wider professional development. This was significant in the light of the refocusing of teacher training from universities to schools which took place after 1994. For nurses, there has been a consistent criticism of Project 2000 by employers because it does not always prepare nurses for working on a ward. For social workers, higher education institutions have often attempted to protect social workers from reforms but local authority employers, under pressure from government targets and league tables, were dissatisfied with the standard of training and the level of specialisation.

The deterioration of relationships between government and higher education institutions characterises this period, although governments have traditionally played a role of accrediting training for professions. In higher education, the training of practitioners has often been seen as less important than more conventional academic work. The lower status of departments of education, nursing and social work within universities reflects this ambiguous attitude to vocational education. Yet from a government and an employer perspective, university-delivered training was often criticised as being not practical enough. This led to the introduction of new systems of training in teaching and social work, where graduates can '*train on the job*'. For nurses, the process has been different, with a move away from '*learning on the ward*' to trainee nurses becoming full-time students. However, the criticism that training in higher education is often not practical enough is still applied to nurses.

All three groups have been subject to reforms of vocational education which have affected not just the content of the training but have introduced the use of competencies to assessing how each group should function. This has had a fundamental effect on the content of what was taught in social work training courses, with an emphasis on short-term learning outcomes. This does not always address the development of skills and expertise which should underpin the professional practice of teachers, nurses and social workers.

Another characteristic of this period was the introduction of national agencies which were responsible for the training of teachers, nurses and social workers. What started as locally and regionally organised training after 1945 has become more centrally organised with the creation of regulation and training agencies. For teachers, the Teacher Training Agency (TTA) was set up in 1994. The UK Central Committee for Nursing, Midwifery and Health Visiting (UKCC) was finally established in 1982 after it had been recommended by the Briggs Report in 1972. The General Social Care Council (GSCC) was instituted/ created in 2001 for social care workers, including social workers. However, as an indication of the instability of a marketised system, all these three organisations have either been renamed (TTA) or closed (UKCC and GSCC). The TTA became the Training and Development Agency for Schools (2004). UKCC was replaced by the Nursing and Midwifery Council (2001). The GSCC was replaced by the Health and Care Professions Council (2012).

One of the characteristics of professionals has been their power to self-regulate. For health professions, including nurses, questioning of their power to self-regulate has been taking place for many decades. Governments since 1979 have also attempted to use regulation to control teachers and social workers. Nurses had been part of a system of professional regulation since 1919 but a new system of regulation was introduced for nurses in 1982. Neither teachers nor social workers had been subject to regulation until the establishment of the General Teaching Council (GTC) and the General Social Care Council (GSCC) by the New Labour Government in 2001. However, as with the agencies responsible for training, these are not stable structures, reflecting changing government priorities in relation to regulation. Both the GTC and the GSCC were closed by the Conservative-led Coalition government after 2010 as part of the reduction of the public sector

Democratic professionalism

Democratic professionalism is an important concept which has been refined over the last thirty years and should be seen as part of a longer tradition of questioning professional power. All three professionals groups started to question how professional practice was constructed and how professionals could operate in a more democratic way in the 1960s and 1970s. The current interest in democratic professionalism is a significant movement because public sector reforms were influenced by the dissatisfaction felt by public service users in the

services they received. Parents of children taken into care by social workers did not feel that their rights were recognised. The professional interests of teachers were not always felt to complement the interests of children and their parents. The rationale for public sector reforms was the need for users or consumers of public services to assert their rights to a choice of services. It often set service users against the professionals providing the services, exacerbating problems of professional power.

When the concept of democratic professionalism was tested with a consultative group (see Methodology chapter), only three of the ten members had heard of the concept, whether it was called democratic professionalism or a similar concept. However, there was a positive response, with discussion about whether it could be applied to higher education and how it complemented existing work. One member of the collaborative group felt that:

> "*The sectoral differences are interesting to identify although the common four dimensions framework is useful. Above all, what would it take in each sector in order to arrive at a consensus among the stakeholders on a simple model of professionalism? Over-elaborate competency models should be avoided!"*

Some of the consultative group felt that future research could explore "*how democratic professionalism is expressed in practice and in different areas*". It could be used with "*the relation professions (Swedish Welfare State professions) and the potential influence from workers, users, politics*". More research could examine "*how it might be manifested and how it might impact materially*."

The impact of public sector reforms on teachers, nurses and social workers has undermined their professional authority. For professionals to recognise that they will have to share their power (knowledge, expertise, skills) with the users of services requires a transformation of their professional practice. It will also mean that the concept of co-production can be used in a constructive way to involve the sharing of knowledge and experience rather than in a financial sense with user fees. However, the development of democratic professionalism is at an early stage. It will require a much greater awareness among trade unions and professional associations about how they can help to shape future professional practice. The creation of effective alliances will be at the core of the transformation. Training and professional development will have to start to address how to change professional practice through

collaborative working with different stakeholders. At the centre will be the creation of a more holistic view of services being delivered and the involvement of professionals at all levels – service delivery, organisation, democratic management and participation. This will require professionals to have a wider range of skills and more confidence to use them in different settings.

Although government set up new systems of regulation, there was a very limited debate about how much influence lay people and service users should have within new systems of regulation. The only way this question can be resolved is with wider involvement of service users in public services but this will not happen unless there is a greater consultation and involvement of people in the structures of these services. Although public sector reform supposedly addresses this through the introduction of consumerism and choice, this is an individual approach which does not facilitate a wider contribution of service users to the delivery of public services.

There are some signs that all three professional groups are beginning to explore the concept of "*democratic professionalism*" as a reaction to the undermining of professional autonomy over the last three decades. Democratic professionalist responses are determined by the nature of relationship between professional and client/ service user. This brings together changes in the relationship between professionals and service users which needs to be placed in a wider framework of how professionals can operate in a more accessible way. This is taking place at a time when the Welfare State, which is the institutional framework within which these three groups function, is being dismantled.

Democratic professionalism has implications for the development of a professional group which are not hindered by the gendered nature of organisations and the professional project. Democratic professionalism provides women and men professionals in all three groups with opportunities to address the gendered nature of professional projects. Applying a gender perspective to the four elements of democratic professionalism shows how this could be done.

<u>Competence</u>

Considering the provision and contested nature of competence, which draws on knowledge, pedagogical theory and personal experience, provides opportunities to develop a much more

gender-sensitive way of dealing with technical expert knowledge. If this has to be blended with lived experience, women teachers/nurses/social workers have much to draw on. The majority of nurses are carers as well as nurses, so this experience can inform their practice. If the gendered nature of the professional project is to be challenged, then drawing on the personal experience of women will benefit all service users.

Respect

Ensuring the respect of professionals for their users and vice versa will require a rethinking of how professional services are delivered. Breaking out of a conventional training mind-set would allow women to incorporate their own experiences of working with service users as well as being service users and sharing knowledge with them. The promotion of safe staffing arrangements can also be part of a rethinking of the relationship between professionals and users. The interests of nurses can be seen not just in terms of their own jobs but in relation to the way in which an appropriate number of qualified nurses will help to improve patient outcomes.

Integrity

Increasing self-awareness of a professional's own values, prejudices and fallibilities would help to create more gender-sensitive ways of delivering services. Social media is enabling teachers to talk about the value of teaching in an anonymous way, which may benefit women teachers who want to explore new ideas. It would help to create different ways of providing expertise and advice, for example through social work or more disease prevention services.

Responsibility

Accepting that there are dilemmas in professional work and that the relationships between professionals and clients are increasingly complex is an important element of a democratic professionalism. In order to facilitate this, professionals of all three groups will have to work with different stakeholders. For teachers, this will involve working more collaboratively with parents. For women, this provides new opportunities for working in facilitative ways with a changing sense of professional identity.

CHAPTER 9: CONCLUSIONS AND RECOMMENDATIONS FOR FUTURE WORK

At the beginning of 1979, these three groups of "*social service professionals*" were all working within institutions which were part of the Welfare State in England. This period saw major reforms introduced to the Welfare State, which are continuing. As the Welfare State has been reformed, the role of "*social service professionals*" has changed. Overall, these groups have less control over their work and reduced professional autonomy. With the introduction of a managerial agenda, hierarchies have been extended, with new senior posts and unqualified posts, leading to more fragmented and diverse professional groups. This chapter draws together the findings from the data analysis, identifies the similarities and differences between the three groups after 1979, outlines two original contributions to knowledge emerging from the data and makes some suggestions for future research.

This thesis sought to answer the main research question:

> *What influence did institutional change, in the form of public management reform, have on the professional development of three professional groups, teachers, nurses and social workers, delivering public services in England between 1979-2010?*

Sub-research questions

1. *Did the concept of 'professional' change in public policy documents relating to these three groups between 1979 and 2010?*
2. *Did the structure of these professional groups change, as seen in terms of gender, age and ethnicity, at key points in this period?*
3. *What were the main changes in training during the period?*
4. *What were the experiences of these three groups as perceived by key activists?*

The thesis started by locating the research problem in the context of changing public services. Social and economic pressures led to the election and formation of the 1979 Conservative government and the introduction of public management reform and gradual changes in the form of the state in England. Labour intensive services such as schools, hospitals and social services have been affected by subsequent public management reforms in a different way from the utilities, for example, water, which experienced a more direct and immediate privatisation. Three professions - teachers, nurses and social workers - were chosen for this

research as the subjects for an examination of how public management reform and the changing role of the state affected their professional development.

The theory of professional power was chosen as the theoretical framework for this research. The concept of professions and professionals has been studied for over a century. The literature review started by identifying how professionals originated in the development of modern society. Professionals play important roles in society, providing specific services which are trusted by clients. The role of professionals in bureaucracies has been seen as a key step in their evolution in some countries. This background has been important in considering the role of professionals in the Welfare State because the employment status of professionals within the public sector is different from many other professionals, such as lawyers and accountants, who operate as independent contractors selling their services.

Studies of the development of professions have identified the processes whereby professions establish a uniqueness that protects their position in the marketplace for selling services. Professional groups use '*professional projects*' to define a knowledge base and training programmes that individuals have to complete before being allowed to enter the profession. The concept of '*labour market shelters*' acknowledges the important position that professionals have in terms of protected jobs and employment. Training is reinforced by being provided by professionals themselves although the state has played an important role in the regulation of qualifications and the maintenance of standards, one which has increased over time. The state has also played a key role in establishing the professional projects of 'social services professionals' through reforms to training.

Whether or not professionals operate within bureaucracies or institutions, they are influenced by wider power structures, particularly in relation to women and men. Feminist organisational research has conceptualised masculinity and femininity as gender codes, which influence the way in which women and men relate to each other. These influence how organisations and institutions function. This is important to consider when studying teachers, nurses and social workers, where women form the majority of employees, but are not necessarily occupying the most powerful positions. Interpretations of the criteria that determine whether occupations can be considered to be professions are subject to a male gendered perspective, which has influenced how occupations such as teaching, nursing and social work are viewed as professions. Class, ethnicity and sexual orientation also affect the

power dimensions that underlie the structure of professions but they have not been the key focus of this research.

Many studies of professionals have tried to identify the common characteristics of a professional in order to define whether certain occupational groups can be classified as professions. A review of the professional identity literature for teachers, nurses and social workers has identified four common issues that constitute the creation and maintenance of a professional identity. These issues are professional autonomy, training and managing expectations, management culture versus professional integrity and the expansion of multi-disciplinary/ inter-disciplinary working. These fulfil three out of the four main criteria for the definition of a profession. The fourth criteria, the state role in establishing standards and qualifications can be addressed through a more detailed analysis of government policies towards these three groups. Three of these criteria have been used to analyse the impact of public management reforms on teachers, nurses and social workers: training, professional autonomy and managerial culture versus professional integrity.

The research aimed to understand the process of how government influenced professionals within the Welfare State but also the way in which key stakeholders, such as trade unions and professional associations, viewed public management reforms. A form of research triangulation was used to gather data. There were five forms of data collection and analysis:

- A critical discourse analysis of key public policy documents, which explored whether the concept of professionalism as perceived by government changed over time;
- An analysis of the composition of the workforce of these three groups as measured by gender, age, ethnicity;
- An analysis of the significant changes in the professional training for these three groups over the 1979-2010 period;
- An analysis of how these changes were experienced by activists in the three groups will be constructed through a series of key participant interviews with trade unionists and officers of professional associations, e.g. Royal College of Nursing.
- Reactions to the concept of democratic professionalism were tested at the International Labour Process Conference April 2015 – audience of academic trade union/labour force researchers

A comparative approach was used to identify the similarities and differences between the three groups. As the researcher was also involved in examining the impact of privatisation on public services, some of the findings have been interpreted through a lens of wider changes in public services.

There are several limitations of the study. The focus has been on policy documents, organisational responses and fluctuations in the size and structure of the workforce. Front line practitioners have not been interviewed, although trade unions and professional associations have provided an effective synthesis of this experience.

Although the research question focuses on the period 1979-2010, the thesis took a historical perspective from 1945 in order to understand the role of government/the state in the professional development of teachers, nurses and social workers in the period since 1979. Government involvement in the training of these three groups gradually became more focused after 1945. This should be seen in the context of how the universal services set up as part of the Welfare State began to expand over time as the needs of society started to change and new demands were placed on public services.

Teachers

The total number of teachers changed slightly over time, declining after 1980, partly due to a decline in the number of teachers being trained in the 1970s and rising after 1997. The total number of teachers in 1980 was 503,000, which had fallen to 400,200 in 1997 and risen again slightly to 448,000 by 2010. However, there was a threefold increase in the number of teaching assistants and school support staff, mainly in secondary schools, academies and City Technology Colleges between 1997 and 2010. The expansion of the school workforce to include less qualified workers complemented the reduction in the professional autonomy of teachers. A management function was introduced to schools which created a new power for head teachers and senior managers within schools and, arguably, the beginnings of the end of collegiality. The impact of regular Ofsted inspections has distorted the priorities of schools so that the focus is concentrated on achieving a good Ofsted report. Teachers report that the quality of their working life has deteriorated because of the stresses of performativity, which is an unrelenting process of providing evidence that targets are being met, rather than concentrating on teaching children. Ball (2002) has described this as a new form of stat

regulation. The national collective bargaining system for teachers, the Burnham Committee, which had been in place since 1919, was dismantled in 1986.

After 1972, there was a gradual consolidation of a graduate entry to the teaching profession. Initially, this can be seen as part of the expansion of higher education. Universities had traditionally accredited and approved professional training. Responsibility for teacher training was one of several professional training programmes of which higher education took control. As well as government control over the work process of teachers, there was a gradual criticism by government of university teacher training programmes, which led to the introduction of a form of 'learning on the job' training where trainee teachers are trained by the school that they work in. Although this approach to school based training was first mentioned in the late 1980s, it has taken almost two decades before being implemented more fully. The position of the teaching profession has become weaker during this period, with a loss of national collective bargaining arrangements, reduced professionality and constant subjection to a management agenda with the erosion of a university based system of training.

Nurses

The period between 1979 to 2010 has been one of extensive change for the nursing profession. The annual total of nurses fluctuated from year to year. In 1976, there were 342,000 nurses; by 1997, the total had fallen to 318,856 but risen again to 410,615 in 2010. Although the numbers of nurses overall has increased, there were periods when the demand for nurses exceeded supply and when the numbers of nurses being trained were not sufficient to meet the demand. The problems of planning for a nurse workforce have not been solved, although there have been a myriad of agencies and structures which were supposed to address the problem. In contrast to nurses, central government was responsible for planning the medical workforce. Nurse workforce planning was left to local or regional agencies until the creation of the Workforce Confederation in 2001.

Since the 1980s, community care, where people can be treated at home rather than in hospital, has been promoted by government. Practice nurses, health visitors and district nurses play an important role in primary health care teams. Yet, although the rhetoric of community care has changed to health and social care integration, there has not been a large

enough transfer of resources from the acute sector to the community/ social care sector. The tensions between acute and community health services have been made more intense due to the introduction of market reforms and the corporatisation of healthcare management which incorporates competition into the delivery of care. Nurses seem to have been caught in the struggle for resources because the number of district nurses and health visitors, who play an important role in delivering care at home, has declined since 2006.

Project 2000 was a major reform of nurse training introduced in 1986. It built on criticisms of 'on the ward' training which had been made over several decades and introduced a more academic approach to training, taught in higher educational institutions (HEIs). By 1990, the pilot of Project 2000 had only just finished but the move of all nursing education into HEIs was promoted by Working Paper 10 which informed the 1990 NHS and Community Care Act. Working Paper 10 recommended that nurse training should be moved into the educational sector because, if left to hospitals, training might not have a priority in the new internal market. Nurse training is now commissioned by the NHS from higher education institutions. This shows the ways in which marketization has influenced the professional development of nurses.

Social workers

By 1979, the social work profession was adjusting to a new way of working in their professional practice, following the introduction of generic social work in 1971. Although the numbers in social work training during this early period had declined slightly, by 1997, the number of social workers had increased from 27,700 in 1980 to 33,000 in 1997, with 14,100 working with children and 9,100 working in health and other specialist settings. By 2010, there were 46,200 full time social worker posts. By 2010, there were 3,600 care managers but the majority of social workers were still involved in front-line work, although it had become more circumscribed. About half of social workers have a responsibility for children's services.

Although there were regular reviews of social work training, as well as changes in the organisations responsible for guiding training, the most notable development was the introduction of an undergraduate degree in social work in 2003. The initial reason for establishing an undergraduate degree was to comply with European Union legislation relating

to the free movement of professionals within Europe. The undergraduate degree has led to a change in the age group entering social work, with a younger age group now entering the profession. Previously, social work training was dominated by mature students. The younger cohorts may change the nature of the profession, making it less experienced.

Major changes in the way in which social services operated, the internal market and contracting of care for older people, introduced direct challenges to social worker professional autonomy. Some social workers had to take on the new role of care manager, managing the contracts for social care. New rights had been introduced for people with disabilities, with new arrangements for the management of funds, self-managed budgets and payments for full-time caring responsibilities. This was indicative of changes in the relationship between social workers and their clients and provided some direct questioning of social worker professional autonomy.

Table 46: Comparison of teachers, nurses and social workers 1979-2010

Professional group	Size / structure of workforce	Training reforms	Professional autonomy and managerialism
Teachers	Little change in numbers of teachers between 1979 and 2010 but huge increase in school support workers (especially secondary schools). Men predominate in management although in minority	Graduate entry uncontroversial Lack of consensus about what ITT should cover 'Learning on the job' became more dominant, in a long-term move towards school-based training Criticism of university training Education academic departments low academic status Training reforms have not affected the age structure in the same way as nursing and social work	Teachers – subject to public criticism throughout period National Curriculum and reduction of control over professional autonomy Targets and inspection, league tables
Nurses	Uneven planning for nurse demand especially after marketization. Increased number of new senior posts and unqualified posts Men predominate in management although in minority	Controversial move to graduate entry Criticism of content and quality of training by HEIs Nursing academic departments low status Training reforms (from on the ward to HEIs) have led to change in ages of people, still mainly women, entering	Only since 2012 were nurses subject to public criticism on same scale as teachers and social workers. Previously maintained a favourable image with public. Form filling, targets, inspection and league tables New senior practitioner posts evaluated on a longer term perspective but this does not fit

		training with a move from 18 to older women (30+) with implications for the future	with audit culture – development versus short term
Social Workers	Considered as part of social care workforce, rather than separate group but total number of social workers has doubled between 1979 and 2010. New senior practitioners posts to help retain older women. Men predominate in management although in minority	Lack of consensus about generic/ specialisation – also case approach, group work skills and community work Tensions between universities and employers and government Social work academic departments – low status New social work undergraduate degree has resulted in an increase in younger people 18+ entering social work training. Contrast with before when a much more mature workforce	Social workers subject to extensive criticism as a result of a series of child deaths after 1970s – enquiries always made recommendations for improvements in social work practice ICT information systems – form filling Form filling, targets, inspection and league tables Assessment of new posts – development versus short term targets Conflict between generic and specialisation since Seebohm but splitting of social services departments in 2004 into adult and children's services suggest that specialisation is now more dominant.

Table 46 shows a comparison of the three groups according to size and structure of the workforce, training reforms and professional autonomy and managerialism. It shows that there are many similarities between these groups but also some interesting differences. The numbers of teachers and nurses fluctuated, with some shortages, but the size of the workforce of professional teachers and nurses had not changed significantly between 1979 and 2010. There has been a rapid increase in non-qualified teachers in the teaching workforce. Although there has been an increase in non-qualified nurses, the levels of nursing assistants and health care assistants have also fluctuated over time. In contrast, the number of social workers has doubled between 1979 and 2010.

The impact of the introduction of graduate entry has affected these groups in different ways. There has not been a significant change in the age groups entering teaching but the introduction of nurse training to higher education has led to the entry of older students. The introduction of the social work degree has led to younger people entering social work.

The provision of training by universities has been widely criticised by government and the future of professional training may lie more in practice settings. Within universities, education, nursing and social work departments have never achieved high status, which has also affected the development of a research evidence base.

All groups have experienced a reduction in their professional autonomy although a small group of senior nurses have taken on more independent roles. Although women are in the majority in all three groups, men are disproportionately represented in management, a reflection of how organisations and public management reforms are still gendered in favour of men in terms of the ways in which they work and how resources are distributed.

Teachers and social workers have experienced extensive public criticism, often led by government, though this does not always translate directly into large-scale public perceptions of trust in these professions, as UK Ipsos Mori and US Gallup survey data has consistently tended to be highly favourable. Until recently, nurses were not subject to the same hostility but in 2012 but with the publication of the Francis Report which examined care in Mid-Staffordshire Foundation Trust, nurses were widely criticised for poor standards of care, ironically at the same time that USA-based Gallup data indicated that nursing was the most trusted profession in America. The proliferation of negative incidents involving nurses has

resulted in the vilification of nurses by some portions of the public, government and media, in the same way that both teachers and social workers have experienced since 1979.

The loss of professional autonomy and control over work processes has affected the health and well-being of all three groups. There are high levels of drop out in teacher and nurse training programmes. The numbers of teachers, nurses and social workers that leave their professions has also increased, whether this was to take early retirement or to move to another career. All three groups have reported that they consistently work over the statutory number of hours a week.

Table 47: Teachers, nurses and social workers and professions 2010

Group	Training in HEI	Specialist knowledge	Professional autonomy	Regulation
Teachers	YES	YES but contested	Limited	YES
Nurses	YES	YES but contested	Limited	YES
Social workers	YES	YES but contested	Limited	YES

Table 47 shows how these three groups meet the criteria for being defined as a profession. There has been a change since 1979, with extensive changes to professional autonomy but training and regulation have become more standardised. Specialist knowledge is still contested.

At the heart of many of the changes lies an ambiguity about the value of care within society and, as a result, a lack of consensus about the services that these three groups should deliver. The problems have always been part of the history of these three professional groups, but their incorporation into the Welfare State provided an institutional structure, which initially provided support. Welfare State reforms and the introduction of a masculine marketised system do not allow for any exploration of different ways of delivering their responsibilities. Instead, a more top-down approach has been introduced which has resulted in a more limited control over the work process and a limited exercise of professional autonomy. There is growing evidence that these three groups have limited power to determine how services are delivered.

A response to the limitations placed on the role of 'social services professionals' has been to start to explore the concept of "*democratic professionalism*". This provides opportunities for rethinking how professionals should interact with services users in ways which could also be more gender sensitive.

Original contribution to knowledge

There are two original contributions to knowledge:

1. How 'social services professionals' have been affected by public management reforms

This thesis has contributed to a better understanding of how 'social services professionals' have been affected by public management reforms, by analysing public policy documents and the language used in these, which highlights the assumptions made about these groups by government. The impact on the professional autonomy of each group has been evident but these results need to be placed in the context of a gender analysis. The gender composition of these three groups has not changed significantly. They are still predominantly female but the implications of the imposition of a managerial agenda and marketization has meant that the essential caring aspects of their work is not valued any more than it was in 1979.

Another dimension of how 'social services professionals*'* have been affected by reforms has been the change in the relationship between universities and government. Previously, for a brief period, universities played an important role in the accreditation of professional training. However, the creation of the National Council for Vocational Qualifications, and the introduction of competency based training for teachers, nurses and social workers over the next decade, broke the links between training and qualifications. Competencies are based on an assessment of performing certain skills in the workplace, but there is no parallel assessment of the knowledge which should inform the skills. The use of competency based training had contributed to the weakening of universities

The impact of new technologies to structure the data collection that is part of performativity has influenced 'social services professionals'. For teachers and social workers, the use of new technologies has reduced their control over their work process and contributed to de-

skilling. For nurses, the use of new technology can be associated with higher level nurse posts which are not necessarily associated with a loss of skills.

This thesis has provided some new empirical research into how a group of senior expert representatives from trade unions and professional associations are viewing democratic professionalism as well as placing this awareness in the context of earlier work where professionals had introduced new more democratic ways of working with users. This shows that the concept of democratic professionalism has its origins in the way in which 'social services professionals' have functioned within the Welfare State.

This explores how these three professional groups can develop new relationships with services users and create coalitions with user and citizen groups in order to improve public services. These findings are an important contribution to original knowledge because the concept of "*democratic professionalism*" has only become more widely used in the last two decades. It provides an important counter to some of the reasons why public management reform has been hostile to public sector workers. It offers an alternative to the model of consumerism which had been promoted as part of neo-liberalism, and is one which builds on the values of respect, competence, integrity and responsibility, which are essential in the formation and maintenance of trust.

2. <u>Further development of comparative professional studies</u>

This study has compared and contrasted three professional groups – teachers, nurses and social workers. Many professional studies have been carried out on one or, occasionally, two professions. Only a few studies take two or more professions and compare them. This tri-professional study has found that the process of comparing and contrasting three professional groups provides an opportunity to identify trends within an institutional context. Some of the processes that have affected all three groups have happened at different times but, after thirty years of neo-liberalism, there are some strong shared trends which will affect the professional development of each group in the future.

Future research topics

There are two main future research topics which emerge from this thesis. An examination of another profession, for example, planners, would test the textual analysis of public policy documents and identify government assumptions about the profession. Planners are dependent on local and national planning frameworks rather than market forces. As a profession which expanded as the result of the creation of the Welfare State after 1945 and the rebuilding of cities, it would be interesting to explore how the planning profession has been affected by public management reforms and the role of government in this process. The planning profession has been reduced in status since the 1980s and the relationship with architects can sometimes be compared to that of the nurse: doctor relationship, with architects providing the buildings and planners having to accommodate to their needs.

Further research is needed into the scope and potential of the emerging concept of democratic professionalism. Working with three professional groups who are predominantly female provides an opportunity to rethink the relationship between professionals and service users in a gender sensitive way as well as questioning the institutional structures within which these professionals operate. This could provide a basic framework for the renewal of public services and democratic involvement of citizens within them. The research would have to examine the different forms of democratic professionalism, factors that facilitate its growth, awareness-raising and the role of trade unions and professional associations as leaders of this process. This might then provide opportunities to influence future policy towards public services which value the needs of both users and '*social service professionals'*.

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APPENDICES

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