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Abstract

Social regulation as a tool is designed to change behavior and ultimately protect the public from some form of harm. In this sense, social work regulation is a tool with the primary goal of public protection. Social work practice regulations vary widely within the United States, and the concept becomes more distorted when examined through an international lens. This manuscript outlines the regulation of social work practice in the United States, the United Kingdom, and the European Economic Area. Regulation in this context is examined through the framework of governance. Attention is given to the mechanism of regulation that is the regulatory body. The regulation of social work practice in the United States, the United Kingdom, and the European Economic Area share many similarities and several fundamental differences.

Introduction

Social work is a diverse profession that has the unique ability to impact lives across a spectrum of communities, nations, and cultures. Social work can trace its roots from Toynbee Hall in London to Hull House in Chicago, and the Institute for Social Work Training in Amsterdam. Despite its international heritage, a comprehensive definition of social work is challenging (Kendall, 2000). For functional purposes, social work is defined as:

...A practiced-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility, and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities, and indigenous knowledge, social work engages people and structures to address life challenges and enhance well-being (International Federation of Social Workers, 2014).

Given the broad-encompassing definition of the social work profession and the impact social workers have on well-being, governments have made strides in implementing processes, rules, laws, and statutes that regulate the practice of the social work profession. Generally, the regulation of social work practice is implemented under the auspices of public protection. That is to ensure that those who are practicing as social workers have the qualifications, training, and experience to practice safely and effectively (Dombo, Kays, and Weller, 2014).

This manuscript presents an overview of the regulation of social work practice as a tool of governance. The regulation of practice will be examined within the United States, the United Kingdom, and the European Economic Area. Finally, a brief analysis will compare the policies between the three geographic locations.

Social Work Regulation as a Tool of Governance

In his seminal work, Salamon (2002) noted the revolution that occurred in government and public administration. This revolution refers to a transition from a traditional model of government to one of governance. Essentially, this transition translated into a paradigm shift, as the fundamental processes of government changed (Campbell, 2015; Kuhn, 2012). One component of this model refers to the transition from programs and agencies to tools. In this instance, the regulation of social work practice manifests in tool form as social regulation (Salamon, 2002).

Social Regulation as a Tool

As a tool of governance, regulation in its most basic form is nonspecific. That is to say that the defining features of regulation as a tool are often diluted in the quagmire that is the process of implementation (Salamon, 2002). Social regulation as a tool seeks to change behavior. May (2002) outlines four defining characteristics of social regulation: “(1) rules that govern expected behaviors or outcomes, (2) standards that serve as benchmarks for compliance, (3) sanctions for noncompliance with the rules, and (4) an administrative apparatus that enforces the rules and administers sanctions” (p. 158). These defining characteristics allow for social regulation to be better conceptualized and envisioned within the governance perspective. To examine this tool further, it can be analyzed using the key tool features developed by Salamon (2002): coerciveness, directness, automaticity, and visibility.

Coerciveness relates to the ability of the regulation to alter the behavior of the regulated individual, group, or organization. In this instance, social regulation is highly coercive. The coercive nature of social regulation stems from its procedural demand or requirement to comply with the regulatory desired behaviors. In this sense behavior is not a suggestion. Should an individual, group, or organization not comply with the behavioral requirements they may face some form of penalty or fine (May, 2002; Salamon, 2002).

Directness refers to the level at which the governing body is involved in implementing and enforcing the type of social regulation. Typically, within the United States, legislative bodies pass a particular regulation and then hand it off to another agency, department, or entity to implement, enforce, or oversee. Given this, social regulation is somewhat indirect (May 2002, Salamon, 2002).

Automaticity refers to processes and mechanisms of social regulation and their ability to rely on or utilize existing government means to accomplish regulatory goals or achieve regulatory outcomes. If this is related to the defining characteristic of an administrative apparatus it refers to the enforcement ability of the government. Relating to directness this refers to the handoff or lack thereof. Typically, governments create an enforcement mechanism for the corresponding regulation. In this sense, social regulation is not automated (May, 2002; Salamon, 2002).

Visibility is the extent to which the financial or resource impacts of the regulation are transparent, and how readily

available are they during the normal process of budgeting. Traditionally, the financial impacts of the administration, implementation, and provision of social regulation are somewhat hidden. That is not to say that they are concealed, but rather no attention is drawn to them, possibly due to political factors. Given this, social regulation is a relatively invisible process (May, 2002; Salamon, 2002). Table 1 summarizes the key tool features of social regulation.

Table 1. Key Tool Features

| Feature | Rating |
|--------------|--------|
| Coerciveness | High |
| Directness | Low |
| Automaticity | Low |
| Visibility | Low |

Social Work Regulation as Social Regulation

As previously mentioned, social regulation has a public focus. This focus is to foster behavioral change to protect individuals, groups, communities, and societies. The regulation of social work practice aligns with this public protection axiom well. At its most basic level, professional regulation, and more specifically social work regulation was implemented to protect the public in various ways. If we relate this mission of public protection to the four aspects of social regulation as defined by May (2002) a clear relationship between social regulation and social work regulation exists (Association of Social Work Boards, 2023a.).

Typically, the practice of social work is governed by a set of specific rules. In the United States, each state, territory, or jurisdiction has a board charged with regulating social work practice. In the United Kingdom, each country has a care council or equivalent. These boards and/or councils enforce the rules and regulations that governments pass as they relate to the practice of social work. These boards/councils are also, typically responsible for compliance with their respective regulations (Association of Social Work Boards, 2023a.; Marcovitch, 2015).

Two additional key components of social regulation as defined by May (2002) are an enforcement apparatus and sanctions for noncompliance. Social work boards and councils are typically charged with enforcement and the provision of sanctions. This power may be designated by a legislative body. In these instances, the board or councils operate as a quasi-judicial entity enforcing regulations, and as an administrative entity dispensing fines and/or sanctions when warranted (Bevan, 2008; Strom-Gottfried, 2000). Table 2 outlines the defining characteristics of social regulation and their corresponding characteristic within the field of social work.

Table 2. Defining Characteristics and Social Work

| Defining Characteristic | Social Work "Tool" |
|-------------------------------------|---|
| Rules that govern behavior/outcomes | Set by governing/legislative body |
| Standards/benchmarks | Set by governing/administrative body and/or board/council |

| Defining Characteristic | Social Work “Tool” |
|--------------------------------------|-------------------------------|
| Sanctions for noncompliance | Administered by board/council |
| Administrative enforcement apparatus | Via board/council |

Adapted from the defining features of social regulation as described by May (2002)

Social Work Regulation in the United States

The first legislation regulating the practice of social work in the United States was enacted in 1945 in California. The act encouraged the registration of social workers and was a precursor to legislation that would eventually sweep across the nation (USAID, 2008). Currently, in the United States, no federal system of regulation for the practice of social work exists. Given this, the regulation of over 700,000 social workers in the United States (U.S. Bureau of Labor Statistics, 2022) is largely left to the states/jurisdiction. As such, each state/jurisdiction has different laws that govern practice. Typically, jurisdictional authority rests with a board of social work or similar entity. In addition to jurisdictional authority, several nongovernmental players influence the regulation of social work practice such as the Association of Social Work Boards and the Council on Social Work Education (Donaldson et al., 2014).

What has emerged from this disjointed regulation is a multi-tiered system of social work licensure/registration. In this instance, the licensure/registration of social workers is the vehicle in which jurisdictions regulate practice. Generally, these tiers consist of undergraduate-level licensing, graduate/generalist level licensing, advanced-generalist level licensing, and clinical-level licensing (Groshong, 2000).

Licensure at the undergraduate level occurs in 43 jurisdictions. At this level, social workers must typically complete an undergraduate degree from an accredited school of social work and pass a national board exam (Association of Social Work Boards, 2021). Of the 43 jurisdictions that regulate practice at the undergraduate level, there are 10 different designations in use, with Licensed Baccalaureate Social Worker (LBSW) (N=10) being the most prevalent (Association of Social Work Boards, 2021). Table 3 summarizes the various licenses used at the undergraduate level.

Table 3. Types of Undergraduate-level Social Work Licenses by Jurisdiction

| Type of Social Work License | Jurisdiction (n=43) |
|--------------------------------------|--|
| Certified Social Worker | Nebraska, New Jersey, North Carolina, Wisconsin, Wyoming |
| Licensed Baccalaureate Social Worker | Alaska, Arizona, Montana, New Mexico, North Dakota, Northern Mariana Islands, South Carolina, Tennessee, Texas, Virginia |
| Licensed Bachelor Social Worker | Alabama, Guam, Hawaii, Indiana, Iowa, Kansas, Maryland, Michigan, Pennsylvania |
| Licensed Bachelors Social Worker | Delaware, Missouri |
| Licensed Social Work Associate | District of Columbia, Oklahoma |

| Type of Social Work License | Jurisdiction (n=43) |
|--|---|
| Licensed Social Worker | Arkansas, Idaho, Kentucky, Maine, Massachusetts, Minnesota, Mississippi, New Hampshire, South Dakota, West Virginia |
| Registered Baccalaureate Social Worker | Oregon |
| Registered Social Worker | Louisiana |
| Social Service Worker | Utah |
| Social Worker | Nevada, Virgin Islands |

Information retrieved from the Association of Social Work Boards (2021)

At the graduate level, the most basic level of social work regulation available in the United States is the graduate-level license. Typically, this license is obtained after completion of the master's degree in social work from an accredited social work education program. Forty-six jurisdictions offer this type of license, falling under 10 designations. The most prevalent designation for the graduate-level license is the Licensed Master Social Worker (LMSW) (N=24) (Association of Social Work Boards, 2021; Donaldson et al., 2014). Table 4 outlines the various types of graduate-level licenses and the corresponding jurisdiction.

Table 4. Types of Graduate-level Social Work Licenses by Jurisdiction

| Type of Social Work License | Jurisdiction (n=46) |
|----------------------------------|--|
| Advanced Practice Social Worker | Wisconsin |
| Certified Master Social Worker | North Carolina |
| Certified Social Worker | Kentucky, South Dakota, Utah, Virgin Islands |
| Licensed Certified Social Worker | Massachusetts |
| Licensed Graduate Social Worker | District of Columbia, Minnesota, West Virginia |
| Licensed Master Social Worker | Alabama, Alaska, Arizona, Arkansas, Georgia, Guam, Idaho, Iowa, Kansas, Louisiana, Maine, Maryland, Mississippi, Missouri, Nevada, New Mexico, New York, North Dakota, Northern Mariana Islands, Oklahoma, South Carolina, Tennessee, Texas, Vermont |
| Licensed Master's Social Worker | Montana, Oregon, Virginia |
| Licensed Masters Social Worker | Delaware |
| Licensed Social Worker | Colorado, Hawaii, Illinois, Indiana, New Jersey, Ohio, Pennsylvania |
| Master's Level Social Worker | Connecticut |

Information retrieved from the Association of Social Work Boards (2021)

Following the graduate-level license is the advanced generalist-level license. This level of licensure follows the completion of the graduate level of education and usually requires some sort of generalist practice experience coupled with a passing score on the national exam. Seventeen jurisdictions offer the advanced generalist level of

licensure/registration. The most common type of license issued at the advanced generalist level is the Licensed Independent Social Worker (LISW) (N=3) (Association of Social Work Boards, 2021). Table 5 presents the advanced generalist-level licenses with corresponding jurisdictions.

The “highest” level of social work licensure/registration in the United States is the clinical level license. This level of licensure is also the type that the public is most familiar with. Every jurisdiction has implemented some form of licensure to regulate the practice of clinical social work. Whereas the previous two forms of regulation are geared to the practice of social work at a generalist or macro level, the clinical license aims to enable holders to, in most cases, provide psychotherapeutic services to the public. As such most jurisdictions require an accredited degree in social work, up to 3,000 hours of post-degree experience, supervision received from a qualified practitioner, and continuing education units. The most common type of licensure at the clinical level is the Licensed Clinical Social Worker (LCSW) (N=33) (Association of Social Work Boards, 2021; Donaldson et al., 2014). Table 6 summarizes the clinical-level licenses by jurisdiction.

Table 5. Types of Advanced Generalist-level Social Work Licenses by Jurisdiction

| Type of Social Work License | Jurisdiction (n=17) |
|---|---|
| Certified Independent Social Worker | Wisconsin |
| Certified Master Social Worker | Florida, Nebraska |
| Certified Social Work Manager | North Carolina |
| Independent Social Worker | Nevada |
| Licensed Advanced Macro Social Worker | Missouri |
| Licensed Advanced Practice Social Worker | Tennessee |
| Licensed Advanced Social Worker | Washington |
| Licensed Certified Social Worker | Maryland, West Virginia |
| Licensed Independent Social Worker | District of Columbia, Minnesota, New Mexico |
| Licensed Independent Social Worker-AP | South Carolina |
| Licensed Master Social Worker - Macro | Michigan |
| Licensed Master Social Worker-Advanced Practice | Texas |
| Licensed Social Worker | Oklahoma |

Information retrieved from the Association of Social Work Boards (2021)

Table 6. Types of Clinical-level Social Work Licenses by Jurisdiction

| Type of Social Work License | Jurisdiction (n=54) |
|--|---|
| Certified Independent Social Worker | Virgin Islands |
| Certified Social Worker Private Independent Practice | South Dakota |
| Clinical Social Worker | Nevada |
| Licensed Certified Social Worker | Arkansas, Mississippi |
| Licensed Certified Social Worker-Clinical | Maryland |
| Licensed Clinical Social Worker | Alaska, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Guam, |

| Type of Social Work License | Jurisdiction (n=54) |
|---|---|
| Licensed Independent Clinical Social Worker | Hawaii, Idaho, Illinois, Indiana, Kentucky, Louisiana, Maine, Missouri, Montana, New Jersey, New Mexico, New York, North Carolina, North Dakota, Northern Mariana Islands, Oklahoma, Oregon, Pennsylvania, Tennessee, Texas, Utah, Virginia, Wisconsin, Wyoming |
| Licensed Independent Mental Health Practitioner | Alabama, District of Columbia, Massachusetts, Minnesota, New Hampshire, Rhode Island, Vermont, Washington, West Virginia |
| Licensed Independent Social Worker | Nebraska |
| Licensed Independent Social Worker-CP | Iowa, Ohio |
| Licensed Master Social Worker-Clinical | South Carolina |
| Licensed Specialist Clinical Social Worker | Michigan |
| | Kansas |

Information retrieved from the Association of Social Work Boards (2021)

Given the lack of continuity across state and jurisdictional boundaries, fully understanding social work licensure and regulation within the United States is a complex endeavor. The endeavor becomes more convoluted when social workers licensed in one jurisdiction wish to practice in another. Since no system of reciprocity exists within the United States, social workers must apply to and meet the requirements for each jurisdiction in which they wish to practice (Donaldson et al., 2014). Additionally, since the regulatory titles vary from jurisdiction to jurisdiction, confusion may be present. For example, the acronym LCSW can mean Licensed Clinical Social Worker, Licensed Certified Social Worker – at an advanced generalist level, or Licensed Certified Social Worker – at the graduate level. The lack of consistency in areas such as this may contribute to confusion regarding this form of regulation. Moreover, this lack of inconsistency among the various jurisdictions illustrates the varying roles and degrees of social work regulation within the United States. In a sense, some jurisdictions more heavily regulate the practice of social work than others.

Nongovernmental Agencies and Their Role in Social Work Regulation

As previously mentioned, two nongovernmental agencies intersect in the regulatory process of the practice of social work. These two agencies, the Association for Social Work Boards and the Council on Social Work Education play key roles.

The Association for Social Work Boards is a nonprofit organization whose membership consists of the social work regulatory boards in each state, territory, and Canadian province. The Association of Social Work Boards plays a prime role in the regulation of social work practice in that it owns, maintains, and administers the social work licensing examinations. Licensing examinations are a key component of the regulatory process as all jurisdictions require examination at some level of practice. It should be noted, however, that, unlike a social work

license, the examination score can be transferred between jurisdictions (Association of Social Work Boards, 2023b). It is noted that in 2020, the Association of Social Work Boards released examination pass rate data, highlighting racial/ethnic inequities. As such, there have been calls for many stakeholders to reform the social work regulation process, with a particular focus on the continued usage of licensing examinations (DeCarlo, 2021).

The Council on Social Work Education, a nonprofit association represents the educational interests of professionals, institutions, and students. Accreditation of social work educational programs is one of the key components of the Council. The Council on Social Work Education accredits bachelor and master-level programs in social work. This accreditation links directly to social regulation, as all jurisdictions within the United States require that social work degrees be received from an accredited institution and an accredited social work program (Council on Social Work Education, n.d.; Donaldson et al., 2014).

Social Work Regulation in the United Kingdom

While the social work regulation apparatus in the United States typically uses the term “licensed”, social workers in the United Kingdom are “registered”. Despite the differences in naming, the purpose for the regulation of social work practice is comparable, to ensure the safety of the public (British Association of Social Workers, 2022; Ferguson, 2012). In addition to protecting the public, regulatory agencies in the United Kingdom are also reasonable for regulating education, competence, and professional behavior. A vehicle to address public concerns is embedded in the regulatory model (Spencer-Lane, 2014). In the United Kingdom, regulation of practice is charged to the constituent country, England, Wales, Northern Ireland, or Scotland.

In England, modern social work regulation was largely shaped by the Care Standards Act of 2000. Under this act regulation of the social work profession was delegated to the General Social Care Council (Saks and Allsop, 2007). In 2017 the Children and Social Work Act was passed establishing Social Work England as the regulatory body for social work in England (Local Government Association, 2017). Additional legislation, The Social Workers Regulation Act 2018 was passed to support the implementation of the social work regulatory framework (Social Work England, 2022). Social Work England sets the standards for training and professional behavior. Additionally, Social Work England is responsible for maintaining a public register of all social work professionals. In England, the minimum educational standard for registering as a social worker is a bachelor’s degree (Social Work England, n.d.).

In Wales, the regulation of social work practice is delegated to Social Care Wales and set forth, most recently, in the Regulation and Inspection of Social Care (Wales) Act 2016 (Social Care Wales, 2022). Much like the standards set by Social Work England, the undergraduate degree in social work is the minimum educational requirement for registration with Social Care Wales. Social Care Wales is also responsible for issuing practice guidelines and approving social work education programs. Additionally, Social Care Wales formally encourages the use and development of the Welsh language in the practice of social work. (Social Care Wales, 2023).

Created under the Health and Personal Social Services Act (Northern Ireland) of 2001, the Northern Ireland Social Care Council is responsible for the regulation of social work practice in the country of Northern Ireland (Northern Ireland Social Care Council, 2022). Much like the regulatory agencies in Wales and England, the Northern Ireland Social Care Council certifies social work educational programs, maintains a public register of all social workers within its jurisdiction, and sets the standards of practice and conduct for social work practitioners. The Social Care Council also can investigate registrants who have violated the regulations (Northern Ireland Social Care Council, 2015).

Created under the Regulation of Care (Scotland) Act of 2001, the Scottish Social Services Council has regulatory authority over the practice of social work in Scotland. As with the other three social care regulatory agencies within the United Kingdom, the Scottish Social Services Council approves social work educational programs, sets standards for the practice of social work, maintains the public register of qualified social workers, and implements professional codes of conduct. The Scottish Social Services Council also fields public complaints (Scottish Social Services Council, 2023).

Despite the four regulating bodies being distinct entities, they share similar characteristics as they relate to their duties and responsibilities to the public. Additionally, the substantive requirements to be registered as a social worker in each area are nearly identical. The four regulatory entities have a common understanding to share information amongst themselves while respecting the independence and jurisdictional authority of each member entity. For social workers, the similarity of practice regulations may lead to greater ease when moving between countries. It should be noted, however, that social workers registered in one county are required to register in the appropriate country should they wish to practice there. This process is eased as those registered in one county are eligible for registration in any of the other three (British Association of Social Workers, 2018).

Social Work Regulation in the European Economic Area

Whereas the previous two exemplars of social work regulation looked at specific nations, the European Economic Area consists of 27 nations spread across the continent of Europe. In 2007 the European Commission enacted Directive 2005/36/EC, which effectively allowed professionals, including social workers who are deemed qualified and registered/credentialed in their home county the right to practice in other countries within the Economic Area (Hussein, 2011). Essentially, this arrangement allows for a system of pseudo-reciprocity within the European Economic Area.

Under this system, nations do have some leeway if a national from a European Economic Area country does not meet the qualifications set forth by the local regulatory agency. In this instance, should it occur, the “host” country usually will allow for any gap in regulatory alignment to be filled. For example, if an individual from Romania intends to work in Germany, the German regulatory agency may allow the Romanian national to make up a difference in qualifications (Hussein, 2011, 2014).

A key trend that has emerged throughout this manuscript is that at some level a governmental entity regulates the

practice of social work professionals. This trend holds importance within the European Economic Area given Directive 2005/36/EC. Of the 27 member nations, only 14 reported viewing social work as a regulated profession. Nineteen nations regulate the education and training of social workers. Table 7 outlines the nations that view social work as a regulated profession and those that regulate the education and training of social work professionals.

The information presented in Table 7 outlines some of the disparities in the regulation systems implemented in the European Economic Area. It is somewhat reasonable to assume that differences exist as each nation has its unique heritage, culture, and history. Under a more isolated system, this type of regulation could be less problematic. However, given the mobility of citizens, these discrepancies in regulation standards could promote confusion and difficulties in regulating the profession across a continent.

In this instance, it is beneficial to examine the regulatory requirements of a European Economic Area member state to create some form of baseline for regulation. As Hussein (2011) summarized, the Romanian government regulates the practice of social work under Law 466/2004 and Law 47/2006. Regulatory authority is delegated to the National College of Social Workers (Colegiul National al Asistentilor Sociali). As with other regulatory bodies, the National College of Social Workers requires those wishing to practice as a social worker (assistant social) to register. To register as a social worker in Romania, one must have completed an approved course of study usually leading to a university diploma or a diploma of social work from a certified university/program (Hussein, 2011; National College of Social Workers, 2023).

Table 7. Social Work Regulation and Education in European Economic Area Countries

| | Countries |
|---------------------------------------|---|
| Social work is a regulated profession | Austria, Cyprus, Finland, France, Germany, Greece, Iceland, Irish Republic, Luxembourg, Malta, Poland, Romania, Slovenia, Switzerland |
| Education/training is regulated | Austria, Belgium, Bulgaria, Cyprus, Czechia, Finland, Germany, Greece, Iceland, Ireland, Luxembourg, Malta, Norway, Poland, Romania, Slovenia, Spain, Sweden, Switzerland |
| No data reported/available | France (partial), Hungary, Italy, Lithuania, Portugal, Slovakia |

Table adapted from Hussein (2011)

Discussion

After examining social work regulation in the United States, the United Kingdom, and the European Economic Area clear differences and similarities emerge. Regulation in these instances, for the most part, is carried out by a specific regulating body. These regulating bodies set the minimum standards of practice, educational and training requirements, and requirements for continuing education, if any. In contrast, the reach of the regulating agency

differs across each nation/group of nations. Finally, after examining the nature of social work regulation across a spectrum of nations, several key implications emerge.

Regulation across all areas seems to have several aims, with the protection of the public as one of the core emerging themes. In the United States, this protection comes in the form of licensure at three different levels of practice. These levels provide the public with information on the level at which social workers can practice. In the United Kingdom, registration ensures members of the public that registered social workers have met the minimum standards for practice set forth by the respective regulatory authority. Under Directive 2005/36/EC of the European Economic Area, regulation to ensure minimum standards of practice is largely left to the member nation. In all three cases, the legal frameworks that allow for the regulation of social work practice grant regulatory authority to some entity, typically one separate from the legislative body itself.

Differences among regulation by nation emerge at several levels. One such is the different educational requirements. In the United States, a graduate degree in social work is the minimum standard for licensing in most states. In most European countries, the United Kingdom included, an undergraduate degree is acceptable. Additionally, for licensure in the United States, most jurisdictions require a set amount of post-master practice hours. This does not appear to be the case in the United Kingdom and European Economic Area. It should be noted however that this could be, in part due to differences in the scope of social work practice within the various regions. Another key difference and perhaps one of the most noticeable ones is the portability of license/registration. In the United Kingdom, the system of pseudo-reciprocity exists allowing social workers qualified and registered in one country to register in another. The European Economic Area also provides a similar provision allowing those credentialed in a member nation to work in another. These regulatory practices seem somewhat reasonable as they allow for a highly mobile workforce. In the United States, however, no such system exists. A social worker licensed in one state must become licensed in every state in which he or she intends to practice. This lack of reciprocity within the United States may prove challenging to licensed social workers who wish to practice in another state.

Social Work Regulation and the Tool Features

Throughout this manuscript, social work regulation has been viewed as a form of social regulation. May (2002) and Salamon (2002) defined four key features of the tool of social regulation. Given the application of social work regulation with the social regulation framework these four key elements can be reexamined. Much like with social regulation, the coerciveness of social work regulation is high. Social workers are forced to comply with the regulations or may face penalties. This aligns with the defining characteristics of rules that govern behavior/outcomes, standards/benchmarks, and sanctions for non-compliance.

Social work regulation is also indirect. The respective legislative body passes the legislation and, in all cases, reviewed in this paper, passes regulatory duties on to a council or board, linking the defining characteristics of social regulation to the social work tools. This handoff to a council or board also impacts the automaticity of social work regulation. Given that these boards must be, at some point created, social work regulation is not very

automated. Finally, social work regulation much like social regulation has low visibility as the associated costs with regulation are somewhat hidden.

Implications

Perhaps the greatest implication from the comparison of social work regulation practices across the United States, United Kingdom, and European Economic Area is the lack of consistency across national, international, and intra-national boundaries. To remedy this, in the United States, the Social Work Interstate Compact Model Bill would create a system of licensure portability. The bill is still in its early stages and broad adoption would be required to create a true system of licensure portability (National Association of Social Workers, 2023). A system such as this would also bring the United States more in line with the European Economic Area and the United Kingdom concerning mobility. Moreover, the lack of consistency in educational requirements across geographic areas presents an area of concern. Internationally, this creates confusion among the social work profession and possibly the public as there is no uniform unifying educational base of knowledge from which social workers draw. This author acknowledges that drawing an international base of knowledge is difficult given cultural, political, and linguistic nuances across the three regions examined in the manuscript. Social work regulation is a form of social regulation in that the primary aim of the regulation of practice is to protect the public. The regulation of social work practice in the United States, the United Kingdom, and the European Economic Area share many similarities and several fundamental differences. The similarities primarily lie in the function of the regulation such as the formation of a regulatory agency and the overall aims of regulation. Differences exist in educational requirements, practice requirements, and licensure/registration portability. The lack of consistency may create confusion for social workers and the public alike. While a more unified social work regulation system may be ideal, it is also somewhat unlikely given the current state of the landscape and the nature of social work within geographic areas.

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