(Observers) Social Work England Board Meeting

MEETING

30 October 2026 11:00 GMT

PUBLISHED
27 October 2026

Social Work England Board Meeting

Friday 30 October 2026, 11:00 – 13:00

at The Don, Social Work England and by videoconference

AGENDA

Item	Time	Topic	Paper / Ref.	Board Action	Lead
		Welcome			Chair
1.	11:00	Apologies for absence and declarations of interest	Verbal	**To note/ declare**	Chair
2.	11:00	Minutes of the meeting held on 17 July 2026	Paper 01	**To approve**	Chair
3.	11:05	Matters arising and action log	Paper 02	**To discuss and note**	Chair
4.	11:10	Chair's report	Verbal	**To note**	Chair
5.	11:20	Chief executive's report	Paper 03	**To discuss and note**	Chief executive
6.	11:30	People and remuneration committee chair's report	Verbal	**To discuss and note**	People and remuneration committee chair
7.	11:35	Policy committee chair's report: • Co-option of committee members	Paper 04 *	**To discuss, note and approve**	Policy committee chair
8.	11:45	Audit and risk assurance committee chair's report: • Business case: direct award contract • NAO Management letter and lessons learned 2025/26 audit • Chair's report	Paper 05 * Paper 06 * Paper 07 *	**To discuss, note and approve**	Audit and risk assurance committee chair; Executive director, people and business support

Item	Time	Topic	Paper / Ref.	Board Action	Lead
9.	12:00	Corporate risk report	Paper 08 *	**To discuss and advise**	Head of change and improvement; Risk manager
10.	12:10	Quarter 2 performance report 2026/27 Fitness to practise performance report Quarter 2 2026/27	Paper 09 Paper 10	**To discuss and note** **To discuss and note**	Head of change and improvement; Executive directors Executive director, regulation; Assistant directors, regulation
11.	12:25	Finance and commercial report • Management accounts to 30 September 2026	Paper 11	**To discuss and note**	Executive director, people and business support; Head of finance and commercial
12.	12:35	EDI update	Paper 12 slide deck	**To discuss and note**	Executive director, professional practice and external engagement; Head of EDI
13.	12:45	Board effectiveness report	Paper 13 *	**To discuss, note and approve**	Chair
14.	12:50	Board terms of reference review	Paper 14	**To discuss, note and approve**	Chair
15.	12:55	Board and committee meeting dates 2027/2028	Paper 15	**To note**	Chair
16.	12:55	Review of the meeting	Verbal		Chair
	13:00	Meeting to close			
		Next meeting: **22 January 2027**			Chair

* Papers marked with an asterisk are 'private' to protect confidentiality according to our guidance for publishing board papers.

LIST OF ATTENDANCE

Board members:	Dr Andrew McCulloch	Chair, Non-executive Director
	Dr Adi Cooper	Deputy chair, Non-executive Director
	Amrat Khorana	Non-executive Director
	Cheryl Hobson	Non-executive Director
	Chris Nicholson	Non-executive Director
	Simon Lewis	Non-executive Director
	Dr Sue Ross	Non-executive Director
	Colum Conway	Chief Executive
Staff in attendance:	Joe Stockwell	Assistant Director, Assurance and Improvement
	Linda Dale	Executive Director, People and Business Support
	Natalie Day	Assistant Director, Policy and Strategy
	Philip Hallam	Executive Director, Regulation
	Rachel Lloyd	Assistant Director, Regulation (Registration, Advice and Adjudications)
	Stephen Barnett	Assistant Director, Regulation (Investigations)
	Sophie Bennet	Head of Finance and Commercial

	Neil Smith-McOnie	Head of Business Planning and Improvement
	Sarah Blackmore	Executive Director, Professional Practice and External Engagement
	Bea Karol Burks	Assistant Director, Communication, Insight and Engagement
	Clarissa Allford	Risk Manager
Sponsor team:	Andrew Wise	Department for Education
	Nusrat Shaheen	Department for Education
Public observers:	Hazel Chimanga	Registered social worker
	Wayne Reid	British Association of Social Workers
	Anna Lyne	Professional Standards Authority
	Richard West	Professional Standards Authority
Staff observers:	Alex Hayward	Fitness to Practice Performance Manager (Item 10 only)
	Hannah Foster	Senior Data and Insight Analyst (Items 09, 10 and 11 only)
Minute taker:	Dani Shaw	Executive Assistant
	Alison Edbury	Corporate Governance Manager
Apologies:	Stephen Hale	Assistant Director, Digital Programme Manager

For approval

Minutes of the Social Work England board meeting

Friday 17 July 2026, 10.30am – 1.00pm

at The Don, Social Work England and by videoconference

Board members:	Dr Andrew McCulloch	Chair, Non-executive Director
	Dr Adi Cooper	Deputy Chair, Non-executive Director
	Cheryl Hobson	Non-executive Director
	Amrat Khorana	Non-executive Director
	Simon Lewis	Non-executive Director
	Chris Nicholson	Non-executive Director
	Dr Sue Ross	Non-executive Director
	Colum Conway	Chief Executive
Staff in attendance:	Linda Dale	Executive Director, People and Business Support
	Sarah Blackmore	Executive Director, Professional Practice and External Engagement
	Philip Hallam	Executive Director, Regulation
	Clarissa Allford	Risk Manager (Item 10 only)
	Natalie Day	Assistant Director, Policy and Strategy
	Rosie Hancock	Head of Legal (Senior Lawyer) – Business Support (Item 07 only)
	Rachel Lloyd	Assistant Director, Regulation (Registration, Advice and Adjudications)
	Gavin Moorghen	Regional Engagement Lead (Item 14 only)
	Rebecca Mulvaney	Senior Policy Manager (Research and Public Affairs) (Item 13 only)
	Faith Salih	Head of Legal (Regulation) (Item 07 only)
	Neil Smith-McOnie	Head of Business Planning and Improvement (Item 13 only)
	Joe Stockwell	Assistant Director, Assurance and Improvement
	Alexandra Hayward	Fitness to Practice Performance Manager (Items 10 and 11 only)
	Stephen Hale	Assistant Director, Digital Programme Manager
	Sophie Bennett	Head of Finance and Commercial
Sponsor team:	Andrew Wise	Department for Education
	Peter Royle	Department for Education
	Jo Denyer	Department for Education

	Nusrat Shaheen	Department for Education
Public observers:	Colette Higham	Professional Standards Authority
Staff observers:	Nasheen Oya	Head of Investigations
	Deborah Platts-Fowler	Head of Research
Minute taker:	Alison Edbury	Corporate Governance Manager
	Dani Shaw	Executive Assistant
Apologies:	None	

1. Welcome, apologies for absence and declarations of interest

1.1 The chair welcomed board members, colleagues and observers to the meeting.

1.2 No apologies had been received.

1.3 There were no declarations of interest made.

2. Minutes of the last meeting — Paper 01

2.1 The minutes of the meeting on 15 May 2026 were **approved** as a correct record.

3. Matters arising and action log — Paper 02

3.1 There were no matters arising.

3.2 The chair reviewed the action log. All actions closed at or since the last meeting were **approved** as follows:

Closed actions following the last meeting on 15 May 2026:

- **Action 130:** Assistant director, policy and strategy to provide a report on feedback and thematic findings from the initial AMHP and BIA inspections to a future board meeting. *The outcome of the inspections including feedback and findings can be found in the quarterly performance report section of board papers*. **Action closed.**
- **Action 131:** Executive director, people and business support to update the board on progress and outcomes from the finance and commercial recruitment. *Kaye Gilbert, Senior Finance Business Partner, started in post on 16 March and the new Head of Finance and Commercial, Sophie Bennet, started on 19 May*. A**ction closed.**
- **Action 134:** Executive director, regulation to model and present at the next board meeting, the assumptions and resource requirements for managing Fitness to Practise referrals at both 230 and 250 cases per month, including the impact of the process review changes and resource flexibility. *This was presented and discussed at the board strategy session on the afternoon of 15 May 2026*. **Action closed.**

Actions pending sign off at the 17 July 2026 meeting:

- **Action 132:** Executive director professional practice and external engagement to share learning and insights from Social Work Week to inform policy committee discussions. *An overview of Social Work Week formed part of the Executive Director's report at the last Policy Committee, a paper was presented to the board at the 17 July board meeting.* **Action to close.**
- **Action 135:** Executive director for professional practice to develop and communicate clearer milestones and interim steps for the CPD review, including trials or testing, to provide assurance to the board and the profession about ongoing work and progress. *Work is continuing to advance our review of CPD, with regular updates to the board and the broader profession as part of our ongoing work. Building on recent board discussions, we notified the register on 12 May of plans to review CPD records for this registration year.* **Action to close.**
- **Action 136:** Corporate governance manager to make the amendments to the code of conduct for board members, declarations of interest, conflict resolution policy and the gifts and hospitality policies and seek the chair's approval. *The suggested amendments from the board meeting on 13 March have been made to the policies and these have been approved by the chair. The policies have been shared with the corporate documents team for publication on the intranet.* **Action to close.**
- **Action 138:** The corporate governance manager to communicate the approval of the 2% non-consolidated pay award for the CEO to the senior business partner. *This information was communicated with the senior finance business partner on 21/05/2026.* **Action to close**.

4. Chair's report — Verbal

4.1 The chair provided an update on activity undertaken since the previous board meeting. Ongoing engagement relating to the independent review of social work professional regulation ('independent review'), had involved a follow-up meeting with the lead reviewer to discuss the report's recommendations and implementation. The chair reported that he had written to the Minister in response to the letter from the Minister in relation to review and had received a positive response to Social Work England's acceptance of the recommendations and commitment to delivering the associated actions. The chair also met with the chair of the British Association of Social Workers (BASW) to discuss matters of mutual interest following publication of the independent review. He had attended a meeting focused on artificial intelligence and its implications for the sector. The chair noted the importance of maintaining external engagement and supporting the organisation's response to the independent review.

4.2 The board **noted** the report.

5. Chief executive's report — Paper 03

5.1 The chief executive noted the publication of the independent review. He thanked the lead reviewer and review team for their work. The chief executive also acknowledged the significant contribution from colleagues, particularly the executive director, people and business support over an intensive period of review activity. He said Social Work England accepted the recommendations and intended to take them forward; more detailed discussion of the organisation's response would take place under agenda item 6.

5.2 The chief executive reported that the annual report and accounts had been approved by the board and the audit and risk assurance committee on 28 June and had subsequently been laid before Parliament on 9 July. He thanked colleagues, the audit and risk assurance committee and the National Audit Office for their support in delivering the annual report and accounts within a challenging timetable.

5.3 Quarter 1 business plan performance would be considered later in the meeting. He noted ongoing work relating to education and training, including consultation on proposed changes to the education and training standards, which had been launched following discussions with the review team, the Department for Education and other stakeholders.

5.4 Board members discussed proposed changes to funding arrangements for level 7 social work apprenticeships. The executive director of professional practice and external engagement advised that Social Work England had become aware of the proposals through sector contacts and that the changes had been announced without prior consultation. She expressed her concern that student cohorts enrolled for September and January could be affected. Assistant director, policy and strategy advised that more than 100 apprentices, alongside employers and course providers, could be affected by the proposed changes. She noted that approved level 7 apprenticeship routes had increased from 9 to 14 courses and that Social Work England was engaging with Skills England, course providers and the trailblazer group to seek clarity on the implications.

5.5 Social Work England had written to the Department for Work and Pensions requesting a meeting and had raised the issue with the Department for Education, chief social workers and the Education and Training Advisory Forum. Board members expressed concern regarding the impact of the proposed changes on workforce development, students and education providers and agreed that these concerns should be communicated to the relevant government departments and stakeholders.

5.6 Executive director, professional practice and external engagement provided a further update on policy developments, including the appointment of Emily Miles as chief executive of the Care Quality Commission. She also highlighted recently published findings from inspections of all 153 local authorities, noting that approximately 60% had been rated as good.

5.7 Board members noted that red, amber and green (RAG) performance reporting may not provide sufficient visibility of organisational performance, progress and risk in the quarterly reports to the board. It was agreed that the approach should be reviewed.

5.8 The board **noted** the report.

Action: **Executive director, people and business support to review the current approach to red, amber and green (RAG) ratings and performance reporting and consider whether the existing methodology continues to provide sufficient visibility of organisational performance, progress and risk.**

6. Independent review of social work regulation: response and planned actions Paper 04

6.1 The chair noted that board members had been briefed on correspondence with the Minister regarding the independent review and emphasised the importance of meeting the commitments made to the Department for Education, including the development of an 'end to end' strategic improvement plan for fitness to practise to be delivered within the next 6 months. The chair highlighted the importance of appointing an external programme manager and welcomed the agreement that monthly progress reports submitted to the Department for Education would also be shared with the board. He confirmed his availability to support the organisation over the summer and encouraged continued board engagement throughout the period of implementing the delivery plan.

6.2 The chief executive advised that work on the recommendations was already underway and that a comprehensive implementation plan would be developed for consideration by the board in September. The fitness to practise improvement plan would be developed to meet the required deadline and that discussions were ongoing with the Department for Education regarding measures of success. Delivery would be managed through a programme management approach, and the resource implications would be considered alongside existing business plans and available budgets.

6.3 Board members welcomed the progress made to date and emphasised the importance of ensuring that implementation remained focused on improving the experiences of those engaging with the regulatory system. The challenge of delivering significant organisational change while maintaining day-to-day operational activity was acknowledged.

6.4 Board members discussed the importance of balancing strategic ambition with practical delivery and sought assurance regarding arrangements to coordinate implementation of the recommendations. In response, the chief executive confirmed that recruitment for an external programme manager role was underway, with interviews expected later in July or early August. Interim internal capacity had been identified pending appointment. The role would provide programme management support, coordinate implementation of the recommendations and help ensure that business-as-usual activity would continue alongside the implementation programme.

6.5 The board agreed that implementation of the independent review, including the draft implementation plan and fitness to practise improvement plan, would be the main focus of the board strategy session in September.

7. Audit and Risk Assurance Committee (ARAC) chair's report

Business case: re-procurement of legal services (corporate and litigation) Paper 05*

7.1 The chair of the audit and risk assurance committee referred to the business case for the re-procurement of legal services. The proposal had been scrutinised by the committee on 10 June 2026, and the committee had agreed to recommend approval to the board. Board members noted the importance of maintaining a high-quality legal service while ensuring that a competitive procurement process was followed. The business case was **approved** by the board.

Final audit completion report — Paper 06*

Annual report and accounts 2025 to 2026 — Weblink

7.2 The chair of the audit and risk assurance committee reported that the committee had held an extraordinary meeting on 23 June 2026 to undertake detailed scrutiny of the annual report and accounts and the final audit completion report. There were a number of matters to be completed at that stage. The board had subsequently received assurance on the closure of items in the final audit completion report and the final updated annual report and accounts for approval, which were approved and recommended to the board. The board had approved the annual report and accounts on 28 June 2026 by correspondence.

7.3 The chair asked about the provisions for tribunal cases referenced in the audit completion report. Executive director, people and business support agreed to follow up with an update for the chair.

7.4 The head of finance and commercial noted that the timetable for preparation of the accounts had been particularly challenging due to new staff onboarding and capacity constraints. Following completion of the audit, learning sessions had been undertaken with finance colleagues and the external auditors to identify opportunities for improvement. This included reviewing processes, introducing additional training and strengthening corporate knowledge to support a more efficient year-end process in future. The chief executive and executive director, people and business support acknowledged the challenges faced. The chair, audit and risk assurance committee reported she was satisfied that the extended work from the external audit team had provided required assurances in finalising the audit.

Action: Executive director, people and business support to provide the chair with a briefing on the employment tribunal provisions referenced in the audit completion report.

Chair's annual report 2025/26

7.5 The chair of the audit and risk assurance committee introduced the committee's annual report, which provided an overview of the committee's work during 2025/26, and the assurance provided to the board throughout the year. The report also summarised matters that had been reported previously through regular chair updates to the board.

Chair's report Paper 08*

7.6 In presenting her report, the committee chair summarised discussions from the committee's meeting on 10 June 2026 and an additional meeting held on 23 June 2026. The committee had reviewed a range of governance, risk and assurance matters, including the annual report and accounts, sustainability reporting, and the committee's annual effectiveness and self-assessment review. Internal and external auditors had attended the meeting to support discussion and scrutiny.

8. Policy Committee chair's report Paper 09*

8.1 The chair of the policy committee reported on the committee's recent discussions, which had focused on children's social care reform, strategy for social work in adult social care and future policy developments. The committee had also considered forward planning in relation to deprivation of liberty safeguards and welcomed the contribution made by its co-opted members, whose specialist expertise continued to strengthen discussions and scrutiny.

8.2 The chair of the policy committee provided an update on recruitment to the National Advisory Forum. 68 applications had been received and were being shortlisted. It was noted that the intention was to secure a balance of members with lived and learned experience. The new members were expected to make a valuable contribution to the organisation's work and were anticipated to join the forum by September. It was further reported that a wider review of the forum's role and operation was underway and would help inform its future direction. This would require careful consideration of the timing of future work and ensuring opportunities for engagement between the board and the National Advisory Forum once appointments had been made.

8.3 Executive director of professional practice and external engagement highlighted local government reform and the potential implications for the social work workforce and professional leadership. It was noted that the recruitment of some directors of children's services and directors of adult social services was from outside social care backgrounds. The importance of maintaining strong practice leadership within reformed structures was emphasised, particularly as some local authorities had moved towards shared service arrangements.

8.4 Board members noted that recent changes to integrated care board structures had reduced the prominence of social work leadership, which could have implications for the profession and its influence within integrated systems.

8.5 The board **noted** the report.

9. Sustainability plan — Paper 10*

9.1 Assistant director, assurance and improvement introduced the sustainability report 2025/26 achievements and proposed 3-year sustainability strategic plan and year 1 action plan, which had previously been scrutinised and approved by the audit and risk assurance committee at its meeting on 23 June 2026.

2025/26 achievements — Paper 10a*

9.2 The report highlighted key achievements during the year, including progress on carbon literacy, staff engagement activity, food waste segregation and sustainability reporting. It was noted that some actions had progressed more slowly than anticipated, as set out in the report.

Strategic Plan 2026 - 2030 — Paper 10b*
Priority actions 2026/27 — Paper 10c*

9.3 The proposed action plan for 2026–2030 was structured around four delivery themes and set out a series of deliverables to support the organisation's sustainability objectives.

9.4 Board members sought assurance regarding the organisation's arrangements for food waste segregation. In response, it was confirmed that assurance was received from the organisation's waste management provider and that monitoring arrangements were in place to understand how waste was processed and disposed of.

9.5 Board members suggested that to support prioritisation of activity and understanding of impact, future reports could include more detail on the organisation's most significant sources of energy consumption and emissions. Executive director, people and business support agreed that developing the organisation's data and evidence base was an important next step and noted that improved data would enable more detailed analysis and support future decision-making and performance monitoring.

9.6 The board **noted** the 2025/26 report and **approved** the sustainability strategic plan 2026/30 and action plan 2026/27.

The board took a short break at 11:37 am and reconvened at 11:40 am.
The fitness to practice performance manager, risk manager and head of business planning and improvement joined the meeting at 11:40 am

10. Corporate risk report

10.1 The corporate risk report was introduced by the risk manager who reported that she had undertaken a light-touch review of the organisation's risk appetite framework. The proposed changes were presented for the board to discuss.

10.2 The proposed changes included removing the standalone processes category and separating governance and compliance into governance and legal compliance to better reflect the different aspects of risk within that area. It was noted that the organisation intended to continue refining its approach to risk appetite in line with developing good practice, including further work on how risk tolerances were articulated and reported.

10.3 Board members commented on the risk appetite relating to financial governance and sought clarification on whether the current rating appropriately reflected the organisation's approach to financial planning. The discussion considered recent budget-setting decisions and the extent to which different approaches to financial planning may be required to support delivery of organisational priorities.

10.4 In response, the chief executive agreed that there was a distinction between the organisation's approach to financial planning and its approach to financial governance and compliance. He suggested that future work on risk appetite should consider different tolerance levels within individual risk categories, recognising that the organisation may accept a greater degree of risk in some aspects of financial planning while maintaining a low tolerance for risks relating to governance, control and compliance. Board members welcomed this approach.

10.5 The audit and risk assurance committee chair noted that the discussion reflected feedback previously considered by the committee. She emphasised the importance of ensuring that robust arrangements were in place to manage and mitigate risks and confirmed that the committee would continue to provide scrutiny and assurance through its review of financial monitoring, forecasting and risk management arrangements.

10.6 The chair highlighted the need for proportionality when applying a minimal risk appetite to areas such as data protection and legal compliance. While maintaining a strong focus on compliance with legal and regulatory requirements, including data protection obligations, it was noted that there was a risk of applying an overly restrictive interpretation of GDPR requirements in circumstances where there was little or no personal data involved. The organisation should therefore ensure that its approach remained proportionate to the actual level of risk.

10.7 Board members agreed that further work on risk tolerances would be valuable and noted that a more detailed discussion of the risk appetite framework, including tolerance levels within individual categories, would take place at a future board development session.

10.8 The board **noted** the report and **approved** the revised risk appetite statement.

Action: Risk manager to develop proposals on how risk tolerances are articulated within the risk appetite framework and bring these to a future board discussion as part of the planned review of risk appetite.

The risk manager left the meeting at 11:50 am

11. Quarter 1 performance report 2026/27 — Paper 12
Fitness to practise performance Q4 2026/27 — Paper 13

11.1 The chief executive introduced the quarter 1 performance report and highlighted that 2 business plan objectives were not currently rated green. These related to workforce and financial planning, and the digital, data and technology programme. Three key performance indicators had not been achieved during the quarter, relating to fitness to practise performance and finance. Positive performance was noted in triage activity and restoration timeliness.

11.2 Executive director, professional practice and external engagement reported that all objectives within the directorate remained on track. Progress was highlighted against the education and training standards consultation, which would close on 6 August and had been supported by a series of online engagement events. Positive feedback had been received from stakeholders. Updates were also provided on workforce and policy priorities, including concerns regarding level 7 social work apprenticeships, the appointment of a new head of research, publication of referrals research, development of the research strategy, continuing professional development (CPD) reform proposals, the exploration of future technology solutions for CPD, and completion of approved mental health professional inspections. Progress was also reported on student engagement, recruitment to the National Advisory Forum and analysis of responses to the social work survey, which had attracted significantly higher participation than the previous survey.

11.3 Assistant director, policy and strategy provided an update on work relating to placements and practice education. This included commissioned research into placement quality and sufficiency, engagement with the Department for Education and Department of Health and Social Care (DHSC), and findings from annual monitoring activity. Continuing challenges relating to access to placements, particularly in rural areas and for non-driving students, were noted.

11.4 Board members discussed CPD compliance. Questions were raised regarding the number of registered social workers who did not complete CPD requirements each year and how this would be addressed through future reforms. It was explained that completion rates related to broader registration factors, including individuals who chose not to renew registration. Assistant director, regulation (registration, advice and adjudications) confirmed that registrants who failed to meet CPD requirements would not be able to renew their registration. The findings from a review of more than 2,000 CPD records would inform future policy development and that the quality of CPD reviewed to date had been encouraging.

11.5 The executive director of professional practice and external engagement reported that the single point of contact (SPOC) network had recently met to discuss the fair referral

principles and consider the implications of the Mann Review. The review considered antisemitism and racism within the NHS and the role of professional regulation. Whilst focused on the NHS, it was noted that the review's recommendations had broader relevance for health and care regulators. Executive director, professional practice and external engagement advised that the review aligned with and reinforced Social Work England's existing work on anti-racism, proportionality, transparency and fair referral principles, and that the organisation was participating in a cross-regulator working group established by the DHSC to consider wider issues relating to discrimination and regulatory practice. In relation to the Mann Review the Executive director, regulation also updated the board on proposed reforms to the regulatory framework of the General Medical Council (GMC) and the Medical Practitioners Tribunal Service (MPTS) arising from the review. He noted that some proposals remained under consultation, including reforms to appeal arrangements, and advised that whilst there were no immediate implications for Social Work England, developments would continue to be monitored. It was agreed that the executive director, professional practice and external engagement would provide board members with a briefing on the Mann Review and its implications for Social Work England.

Action: Executive director, professional practice and external engagement to provide board members with a briefing on the Mann Review and its implications for Social Work England.

11.6 Executive director, regulation reported that registration performance remained strong and that all registration key performance indicators had been achieved during the quarter. Applications from overseas-qualified social workers had continued to decline, reflecting wider workforce and recruitment trends across the sector. Performance relating to restoration applications had improved significantly and remained within target levels, addressing an issue previously highlighted through the independent review.

11.7 Within fitness to practise, performance at the triage stage had improved significantly, with more cases concluded than in any previous quarter and closure rates exceeding forecast levels. Referral volumes appeared to have stabilised at around 250 referrals per month, approximately 100 more referrals per month than had been seen a year earlier. As a result of increased decision-making activity, the open triage caseload had reduced throughout the quarter and was at its lowest level since October 2025. Performance improvements had been supported by the temporary recruitment of additional part-time decision-makers, some use of overtime by the existing triage team and the implementation of new ways of working arising from the triage and investigations process review. Although decision-making forecasts were expected to reduce later in the year due to recruitment and training requirements, temporary

capacity would continue to support performance and forecasts indicated that more cases would continue to be concluded than referred.

11.8 Performance within investigations had also improved, with timeliness exceeding target levels and average investigation times reducing to 45 weeks against a target of 54 weeks. Executive director, regulation advised that investigation caseloads were expected to increase as more cases progressed through triage and that workforce planning was underway to ensure sufficient capacity across investigations, case examination and hearings.

11.9 Executive director, regulation reported that performance at the case examination stage continued to improve, with more than twice as many decisions made compared with the previous quarter and a reduction in the open caseload. Performance at hearings also remained on track, with legal services successfully re-procured and additional provider capacity secured to support future demand. Interim order performance continued to meet target levels.

11.10 During discussion of hearing outcomes, board members sought assurance regarding the proportion of cases reaching hearings that resulted in a finding of no impairment. Executive director, regulation advised that a number of factors contributed to this position, including the age of some cases, delays experienced during the period when cases were paused, challenges in securing witness evidence and instances where registrants had exercised their right to a hearing or had not engaged with alternative disposal options. He noted that the current profile of hearing outcomes was influenced by historic cases progressing through the system and that, as timeliness improved and delays reduced, the balance of outcomes was expected to change over time. He also noted that proposals emerging from the independent review relating to non-engagement could help address some of these issues in future. Further work to strengthen flexibility and resilience across the fitness to practise system would be considered by the executive leadership team.

11.11 The board **noted** the reported improvements in performance and the progress made in implementing recommendations arising from the triage and investigations process review.

11.12 Executive director, people and business support reported on progress against the delivery and improvement objectives within the business plan. Objective 1 remained rated red and amber due to delays to work intended to improve automation and reporting across people and finance. She explained that progress had been affected by limited capacity within the finance team during the quarter, largely due to the annual report and accounts process, audit activity and staffing challenges. The people team had also experienced a period of turnover and temporary capacity pressures. Whilst some progress had been made, the project was being reviewed and rescoped to reflect available resources and delivery priorities for the remainder of the year. She noted that management capacity within the people team had now increased, the teams were moving towards full staffing, and meetings were planned to review progress and agree

the next phase of delivery. She also advised that longer-term financial and workforce planning had not progressed as quickly as intended and remained rated amber, although work to scope and take forward this activity was due to commence.

11.13 Objective 2, relating to digital, data and technology (DDaT), had moved from green to amber. Executive director, people and business support advised that there were no major concerns regarding the overall programme; some progress had been delayed, particularly the data architecture discovery work. Resources had been prioritised towards supporting the independent review and annual reporting requirements, resulting in slippage against the original roadmap. She explained that the roadmap and programme priorities were being reviewed in light of the independent review recommendations, particularly those relating to data and information management. A revised resourcing model and future structure for the digital, data and technology function had now been agreed, and implementation of the first phase of a significant internal restructuring programme had commenced. This would strengthen future delivery capability but would require a phased implementation involving recruitment, changes to external support arrangements and workforce development over the coming years.

11.14 Assistant director, digital programme manager reported the progress achieved on workforce planning, data governance and improvements to case management security. He confirmed that the delay to the data architecture discovery work had required changes to the delivery roadmap.

11.15 Executive director, people and business support concluded that the overall performance picture remained positive. Most corporate key performance indicators (KPIs) were on track; the financial KPI remained below target which reflected the current funding position rather than concerns about financial control. Discussions with the Department for Education remained ongoing, and the position would continue to be closely monitored.

Fitness to practice performance manager and head of business planning and improvement left the meeting at 12:30 pm

12. Finance and commercial report — Paper 14

Management accounts to 30 June 2026

12.1 Head of finance and commercial introduced the management accounts to 30 June 2026. She reminded the board that reporting continued to be based on the lower grant-in-aid allocation agreed with the Department for Education, whilst the organisation's operational budget approved by the board acknowledged there was a funding gap in delivering agreed business plan objectives. It was reported that expenditure was currently 6% above the Department for Education budget, reflecting delivery against the board-approved budget.

12.2 The forecast showed an adverse variance of 20%. Head of finance and commercial clarified that this represented a full-year forecast position rather than a quarter 1 position and reflected the difference between the grant-in-aid allocation and the board-approved budget. Discussions with the Department for Education remained ongoing and the position would continue to be closely monitored, including through the mid-year review by the audit and risk assurance committee. The chair of the audit and risk assurance committee confirmed that the committee would continue to scrutinise the organisation's budget monitoring and forecasting arrangements to provide assurance to the board.

12.3 The board **noted** the report.

Senior policy manager joined at 12:35 pm

13. Fitness to practise concerns and referrals research outcomes Paper 15 and slide deck

13.1 The senior policy manager presented a slide deck of the findings of the referrals research project, which examined the reasons for increasing referral volumes, the characteristics of those raising concerns and their expectations of Social Work England. The research included analysis of 500 pre-triage cases, engagement with health and care regulators and consideration of wider factors that may influence referral patterns. The research found that many individuals raising concerns had previously sought support or raised issues elsewhere before contacting Social Work England, although this did not always involve a formal complaints process. The findings suggested that some individuals viewed referral to the regulator as part of a wider escalation process and valued the organisation's independence as a means of ensuring their concerns were heard.

13.2 Several factors were identified as potentially contributing to increased referral volumes, including growth in the social work register, rising complaint levels across the social care sector, changes in local authority practice and increased public awareness of Social Work England. It was also noted that developments in online search tools and artificial intelligence may make it easier for members of the public to access information about the regulator and its role.

13.3 The report recommended enhancements to data collection and analysis, including capturing more information about complainants and their relationship to registrants, improving understanding of referral pathways and increasing public understanding of when concerns should be raised with employers and when they should be raised with the regulator. The findings would also inform future work relating to fitness to practise, seriousness and demand management.

13.4 Board members considered whether greater use of local complaints procedures before referral to the regulator might be appropriate in some cases. It was recognised that this approach would not be suitable in all circumstances, particularly where social workers operated outside local authority settings or where complainants were

unable to identify a registrant's employer. It was noted that similar discussions were taking place across health and social care regulation regarding the management and direction of demand.

13.5 Board members welcomed the research and the additional insight it provided into referral patterns and demand. Members emphasised the importance of continuing to strengthen the evidence base, implement the recommendations and improve understanding of the factors contributing to increases in referrals.

13.6 The chair noted that the findings would support wider work on the end-to-end fitness to practise process and contribute to future policy development in this area.

13.7 The board **noted** the report.

Regional engagement lead joined the meeting at 12:50

14. Social Work Week 2026 evaluation — Paper 16

14.1 Regional engagement lead introduced the evaluation report and highlighted that Social Work Week continued to provide a high-impact, low-cost opportunity to engage with social workers, stakeholders and the wider sector. It was noted that the programme made an important contribution to increasing understanding of Social Work England's role as a regulator and supported preventative work relating to fitness to practise. The evaluation demonstrated strong levels of engagement and positive feedback from attendees.

14.2 Board members discussed attendance levels and participant engagement. It was noted that, while actual attendance figures were lower than the number of registrations, this reflected a common trend for online events. The executive director reported that over 5,000 people had attended Social Work Week 2026 and that participants remained in sessions for longer than in previous years, indicating strong interest in and relevance of the content. It was also noted that more than 117,000 people had attended Social Work Week events over the six years since the programme began.

14.3 Board members discussed the importance of ensuring that future Social Work Week content remained aligned with Social Work England's regulatory role. It was suggested that sessions led by Social Work England should continue to have a clear regulatory focus, including areas such as professional standards, CPD, fitness to practise, fair referral principles and understanding the role of the regulator.

14.4 Regional engagement lead noted that Social Work Week programmes had been designed with a strong regulatory focus and had included sessions on regulation, fitness to practise, CPD, professional standards and collaboration with other regulators and partner organisations. Social Work Week continued to provide an important opportunity to strengthen understanding of Social Work England's role and responsibilities across the profession.

14.5 The board **noted** the report and welcomed the positive evaluation findings.

15. Review of the meeting / any other business — Verbal

15.1 The chair advised that work was underway with the corporate governance manager to strengthen forward planning for future public board meetings. This would include the development of a forward work programme to support board oversight of key issues, including implementation of the independent review and the scheduling of future board business.

15.2 Board members were invited to provide feedback on the conduct of the meeting. No comments or suggestions were raised during the meeting.

15.3 No other business was raised.

Date and time of next meeting: Friday 25 September 2026, 10.30am - 1.00pm

The meeting ended at 1:04 pm

Summary of actions

- Executive director, people and business support to review the current approach to red, amber and green (RAG) ratings and performance reporting and consider whether the existing methodology continues to provide meaningful visibility of organisational performance, progress and risk.
- Executive director, people and business support to provide the chair with a briefing on the employment tribunal provisions referenced in the audit completion report.
- Risk manager to develop proposals on how risk tolerances are articulated within the risk appetite framework and bring these to a future board discussion as part of the planned review of risk appetite.
- Executive director, professional practice and external engagement to provide board members with a briefing on the Mann Review and its implications for Social Work England.

* Papers marked with an asterisk are ‘private’ to protect confidentiality according to our guidance for publishing board papers.

Summary of actions from board meetings up to 30 October 2026

Agenda Item 3 Paper Ref 02

Paper for the
Social Work England Board

Sponsor
The Chair of the Board

Author
Alison Edbury, Corporate Governance Manager

Date
30 October 2026

Reviewed by
Executive Leadership Team

This paper is for
Assurance and Noting

Associated strategic objective
SO10: Continually develop and improve how we work, ensuring we are a well-run organisation that delivers the right outcomes and provides value for money.

Impact: Risk type and appetite
Governance and legal compliance - cautious

Equality impact assessment (EIA)
N/A

1. Summary

The actions below provide an audit trail of items closed at or since the last board meeting on 17 July 2026. Actions still in progress or yet to complete since the last meeting are listed on the log that follows.

Closed actions following the last meeting on 17 July 2026:

- **Action 132:** Executive director professional practice and external engagement to share learning and insights from Social Work Week to inform policy committee discussions. *An overview of Social Work Week formed part of the Executive Director's report at the 18 September* Policy Committee, *a paper was presented to board at the 17 July board meeting.* **Action closed.**
- **Action 135:** Executive director for professional practice to develop and communicate clearer milestones and interim steps for the CPD review, including trials or testing, to provide assurance to the board and the profession about ongoing work and progress. *Work is continuing to advance our review of CPD, with regular updates to the board and the broader profession as part of our ongoing work. Building on recent board discussions, we notified the register on 12 May of plans to review CPD records for this registration year.* *Social Work England confirms updated approach to reviewing CPD records - Social Work England* **Action closed.**
- **Action 136:** Corporate governance manager to make the amendments to the code of conduct for board members, declarations of interest, conflict resolution policy and the gifts and hospitality policies and seek the chair's approval. *The suggested amendments from the board meeting on 13 March have been made to the policies and these have been approved by the chair. The policies have been shared with the corporate documents team for publication on the intranet.* **Action closed.**
- **Action 138**: The corporate governance manager to communicate the approval of the 2% non-consolidated pay award for the CEO to the senior business partner. *This information was communicated with the senior finance business partner on 21/05/2026.* **Action closed.**

Actions pending sign off at the 30 October 2026 meeting:

- **Action 140:** Executive director, people and business support to provide the chair with a briefing on the employment tribunal provisions referenced in the audit completion report. *A briefing paper was published to the board on 4 September 2026.* **Action to be closed.**

- **Action 142:** Executive director, professional practice and external engagement to provide board members with a briefing on the Mann Review and its

implications for Social Work England. *Policy briefing was shared with the board*. **Action to be closed.**

2. Action required

The board is asked to note the progress against the open actions below.

Social Work England Board Meeting
Action Log

Action no.	Date of Meeting	Action	Owner	Due By	Update	Next review	Status
133	13/03/2026	Executive director, people and business support to ensure ongoing quality assurance for translation services by obtaining feedback from service users to confirm that the service meets their needs, including dialect and cultural appropriateness.	Linda Dale	30/10/2026	Procurement of Translation services was completed 26/08/26. Re-procurement of Transcription services will commence in November 2026. Feedback from Translation service users will be considered as part of the new procurement process and subsequent contract management.	11/12/2026	Open
137	15/05/2026	Executive director, professional practice and external engagement to provide chair of the board with copies of communications	Sarah Blackmore	17/07/2026	A new process has been built into the communications plan to ensure that copies of communications issued to registered social workers regarding the	22/01/2027	Open

Action no.	Date of Meeting	Action	Owner	Due By	Update	Next review	Status
		issued to registered social workers regarding the CPD review for awareness.			CPD review will be shared with the Chair via the Corporate Governance Manager. Communications are planned for week beginning 26 October. Following drafting and distribution, the final messaging will be shared with the board. As the CPD review is ongoing, the action will remain open for the duration of the review.		
139	17/07/2026	Executive director, people and business support to review the current approach to red, amber and green (RAG) ratings and performance reporting and consider whether the existing methodology	Linda Dale	22/01/2027	A review has commenced of how we monitor performance within reporting. This will be incorporated into a review of our KPIs later in the calendar year. We will share further thinking with the board	11/12/2026	Open

Action no.	Date of Meeting	Action	Owner	Due By	Update	Next review	Status
		continues to provide meaningful visibility of organisational performance, progress and risk.			at the December meeting.		
141	17/07/2026	Risk manager to develop proposals on how risk tolerances are articulated within the risk appetite framework and bring these to a future board discussion as part of the planned review of risk appetite.	Clarissa Allford	30/10/2026	Following discussions at the board strategy day, a workshop is scheduled with executive leadership team 27 October 2026. The resulting proposals will be brought to the board for discussion and approval in due course.	22/01/2027	Open

Chief executive's report

Agenda Item 05 Paper Ref 03

Paper for the
Social Work England Board

Sponsor
Colum Conway, Chief Executive

Author
Colum Conway, Chief Executive

Date
30 October 2026

Reviewed by
Executive Leadership Team

This paper is for
Assurance and Noting

Associated strategic objective
SO10: Continually develop and improve how we work, ensuring we are a well-run organisation that delivers the right outcomes and provides value for money.

Impact: Risk type and appetite
Strategic approach - open

Equality impact assessment (EIA)
N/A

1. Introduction

Since the July board meeting, and alongside our day-to-day activity, we have focused on our planning and approach for responding to the recommendations from the Independent Review. Regular meetings with colleagues in DfE and DHSC have been established in relation to the development of the Fitness to Practise improvement plan. We have also had a productive strategy session with board held over two days in September where we considered our overall approach and project plans for all of the review recommendations. Following today's board meeting we will continue to meet with colleagues at DfE and DHSC to finalise our plans in response to the review and work on our business plan for 2027/28, our budget for 2027/28 and our strategy plan for 2027/30. The intention is to ensure our overall approach to planning and delivery for the years ahead is clear, coherent and fully aligned.

The Q2 report at the board meeting today shows good performance against our business plan objectives and the more detailed report on Fitness to Practise shows positive outcomes in this quarter across all areas in terms of decision making, case management and timeliness. The board will note the positive revised forecasting in FtP to year end based on the half year out turns – noting also that these are based on levels of demand remaining at current rates.

We have appointed a new Head of Data who will take up post in January and the data and insight, technology and digital teams have now moved into an integrated team structure which will improve our ability to deliver our digital and data strategy ambitions.

Our annual People Engagement survey is currently open and will close on 30 October 2026. This will be discussed further at the Remuneration Committee meeting next week and with the board when the analysis has been completed.

As part of the board agenda for this meeting there will be an update presentation on our work on EDI and Co Production. We have agreed that this is built into our business planning and performance reporting, which is evident in the Q2 performance report. This work is also included in our plans for the recommendations in the review. However, we know the board welcome discussion and participation on our approach to EDI and Co Production. I would like to note our Talent Inclusion and Diversity Evaluation (TIDE) assessment scores, the commendation from the Institute of Regulation, and the positive outcome from our recent recruitment to the National Advisory Forum.

2. Budget 2026/27

As the board are fully aware and as agreed with DfE, we have been operating with at risk budget since the beginning of the financial year. We have received confirmation that we can now reframe the at-risk budget and plan for the rest of the year with the approval of funding from DfE to address the £3.3m funding gap. This is very welcome news and will ensure we can stay on track with our improvement plans and deliver on our business plan and continue to

improve performance in FtP with additional capacity. We are now working on budget alignment with expenditure to date and forecasting to year end. There will be further update on this at today's meeting. It should be noted that this changed position is not yet reflected in the Q2 performance report.

3. Education and Training Standards

There has been a considerable focus since the last board meeting on the ongoing development of the revised Education and Training Standards and accompanying documentation including the Knowledge Skills and Behaviours statements. This work has been greatly assisted by all those who contributed to the consultation process earlier in the year, by the Chair and members of our Education and Training Advisory Forum, by members of our National Advisory Forum, by the Chief Social Workers for Adults and Children and by colleagues in DfE and DHSC. The standards are currently with the Secretary of State for approval and final sign off.

We are looking forward to publishing the standards and accompanying documents and working with the providers in the sector in preparation for our new inspection cycle beginning September 2027.

4. Registration Renewals 2026

The board will be aware that the registration renewals period for 2026 opened at the beginning of September and will continue until the end of November. We have made a good start and are tracking renewal submissions in line with previous years, the trends over the years are very similar. We continue to send out regular communications to remind social workers to complete their applications (including submitting CPD) before the end of November deadline.

5. Continuing Professional Development (CPD)

Work to reform our approach to continuing professional development (CPD) is progressing through a programme of engagement, research, assurance and technology development. This includes a national programme of stakeholder engagement, including national in person events in Liverpool, Wolverhampton and Brighton, alongside two further online sessions taking place during October and early November. This is being complemented by engagement delivered in partnership with employers, such as CAFCASS, and a workshop at the British Association of Social Workers (BASW) Annual Conference. These activities are providing valuable insight into the experiences of social workers, employers and other stakeholders, helping to shape emerging reform options. Alongside this, we are conducting internal research to explore different CPD models and approaches, and a review of a sample of CPD records

submitted as part of the 2025/26 renewal cycle. Together, these activities will strengthen the evidence base that will inform future proposals for consultation on CPD reform.

6. Conclusion

We have a clear focus on delivering against our business plan for this year, striving for improvement in all areas, as well as planning for delivery against all of the review recommendations. It is also important that we continue to be influenced by and contribute to the national perspective on issues relevant to us as a regulator the social work profession. This week Sarah attended the Lancaster House Conference 2026 hosted by Lord Mann, The Office of HM Governments' Independent Advisor on Anti Semitism. This is aligned with the recent independent investigation by Lord Mann into antisemitism, islamophobia, and systemic racism across the NHS and its regulatory systems and the follow up work professional regulators are engaged in with DHSC on the recommendations arising from the report by Lord Mann.

In November, Phil will be attending a Parliamentary Reception sponsored jointly by the Professional Standards Authority and the All Party Health Group hosted by Dr Simon Opher MP, Chair of the APHG. The reception will discuss 'How can regulation support the Government's priorities for health and care'. Also, in November Sarah and I will be attending the annual National Children and Adult Services Conference at which Sarah will be contributing to a panel presentation along with the Chief Social Workers.

7. Annex

Annex 1: Chief Executive's meetings

Ofsted External Advisory Group

President of the Association of Directors of Children's Services

President of the Association of Directors of Social Services

DfE National Practice Group

Chief Executives of Regulated Bodies

Interim Chief Executive of British Association of Social Workers

UK and Ireland Alliance Partnership

DfE Permanent Secretary ALBs Meeting

Oversight Executive Group of the Adult Social Care Workforce Strategy

Social Worker of the Year Awards Parliamentary Reception

Chief Social Worker for Adults

Social Work England
Quarterly performance report
Q2 July – September 2026



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Executive summary



Executive summary

Business plan progress

We have progressed work on the people and finance reporting project. Prioritised system improvements and the review and rationalisation of existing reporting is under way.

We have reprioritised the DDaT programme following the Independent Review, pausing and deferring some planned projects and shifting focus to data architecture and improvement. We have also progressed wider improvement projects including case management and triage and investigation updates.

We have completed recruitment of the new management team and case officers in triage and commenced recruitment of additional resource in investigations. Senior Lawyer and Senior Business Case Officer roles have also been recruited to.

We have established a project to implement recommendations from the recent process review and are piloting new ways of working across FtP processes including; the use of senior decision makers, professional advisors and legal support at pre-triage stage.

We have established a dedicated Research team and are developing priority research on CPD, FtP and placements.

We concluded a review of CPD submissions, and are preparing for a larger review of 2026/27 submissions in December. We are planning research activity and sector engagement to inform future proposals.

We have completed our consultation on the education framework and finalised our rules, standards and guidance. The final document has been sent to the Secretary of State for sign off.

Performance update

We opened the 2026 renewals process on 1 September 2026. Progress across the renewal stages is consistent with previous years.

We achieved 15 of our 18 KPIs.

We are well within our communications targets at registration despite the expected increase in call and email volumes.

We did not meet targets for case examination (FTP3 and FTP4). Timeliness has improved in Q2 as forecasted and we expect these improvements to continue. Performance at case examiner stage is reliant on increased resources in the future as the volumes progressing through triage and investigation increase.

We continued to make a higher number of triage decisions than in the previous year and the open caseload is reducing. We are also seeing improvements in timeliness at the triage stage.

We did not meet our KPI target for finance. The KPI reporting at the end of Q2 does not reflect the changed financial position following DfE approval of the at risk budget and will be amended for the next report.

Business plan update



Business plan progress overview

ID	Business plan objective	RAG
Strategic alignment: Delivery and improvement		
1	Building a sustainable financial and workforce plan	AMBER
2	Improving our digital systems, data quality and security	AMBER
Strategic alignment: Regulation and protection		
3	Improving the way concerns are triaged so that decisions are timely and proportionate	GREEN
4	Strengthening capacity and consistency across investigations and case examination	GREEN
5	Reducing the backlog after case examination and improving case timeliness	GREEN

Business plan progress overview

ID	Business plan objective description	RAG
Strategic alignment: Prevention and impact		
6	Building our research function to strengthen evidence and insight	GREEN
7	Building the evidence base for the future of continuing professional development	GREEN
8	Strengthening our engagement with social workers, employers and the sector	GREEN
9	Shaping the future of specialist and advanced social work practice	GREEN
10	Improving social work education and strengthening our quality assurance processes	GREEN

Strategic alignment: Delivery and improvement

Business plan progress

Objective 1:
Building a sustainable financial and workforce plan

Quarter	Q1	Q2	Q3	Q4
RAG	R A	AMBER		

Activity and assurance

People and finance reporting:

- We have established priority deliverables for the project to optimise the benefits that can be achieved.
- We have assessed the staffing establishment report and data accuracy (i.e. the % of all fields being accurate) is 98.6%. Data cleansing work is underway on the remaining 1.4%
- We are progressing work on the key system improvements that are achievable within current resource, and we are in the process of prioritising future improvements.
- We are rationalising existing reports and developing wireframes for new PowerBI dashboards to increase management information and insight.

Longer-term financial and workforce planning:

- The workforce planning element hasn't yet started though it remains a priority. A staff cost model has been developed which is a significant step forward in forecasting this cost type in the current and future years.

EDI and co-production activity

We are planning internal engagement on the new dashboards/reports to ensure they will be accessible and meet the needs of all colleagues.

Changes to risk, any further concerns

System resource risks exist that mean we are unlikely to complete all desired system improvements within the financial year.

Outcome and impact

It is too early to evidence impact. We will start to be able to measure impact when the first system improvements are delivered.

Key planned activity next quarter

- We will have agreed the future suite of people reports and finalised the establishment report
- We will have engaged with stakeholders to gather feedback on the new dashboard developments
- We will have a clear prioritised list for the next round of system improvements, with understanding of resource requirements and options for priority and non-priority improvements.

Strategic alignment: Delivery and improvement

Business plan progress

Objective 2:
Improving our digital systems, data quality and security

Quarter	Q1	Q2	Q3	Q4
RAG	AMBER	AMBER		

Activity and assurance

- We have approval for the target model of the DDaT workforce and capability plan and phase 1 is now complete, with appointments to key leadership and specialist roles.
- We are continuing the implementation of data governance with work underway on people and finance data and planning of other priority domains.
- Our work on data architecture has been prioritised as part of the organisation's response to the Independent Review. Planning is underway to explore options for a single data layer to improve reporting, analysis and insight.
- We have completed discovery work into case management system access controls, and new work to explore online account authentication and security is underway.
- We have progressed improvements to fitness to practise digital systems and processes, including projects to assist in managing restricted information, post-case examiner caseload and triage and investigation.

EDI and co-production activity

No specific activity was undertaken this quarter that directly relates to these business plan objectives. But co-design and user research has been integral to the delivery of DDaT programme initiatives, including our discovery work on CPD.

Changes to risk, any further concerns

The Independent Review has led to a reprioritisation of digital delivery activity. This has increased focus on data governance and data improvements, while other planned initiatives have been paused or deferred.

Outcome and impact

- Much of the work remains focused on foundational improvements, and it is too early to report significant impact.
- During the quarter, we have strengthened leadership and specialist DDaT capability, and progressed implementation of data governance and security improvements.

Key planned activity next quarter

- We will start to plan phase 2 of the DDaT workforce plan.
- We will continue to embed new data governance arrangements though communications and training activity.
- We will begin work on data quality improvements as part of the organisation's response to the Independent Review.
- We will commence the discovery work to explore a long-term data architecture solution.

Strategic alignment: Regulation and protection

Business plan progress

Objective 3:
Improving the way concerns are triaged so that decisions are timely and proportionate

Quarter	Q1	Q2	Q3	Q4
RAG	GREEN	GREEN		

Activity and assurance

- We have established a project team to implement recommendations from the process review.
- We have moved to a process where most triage cases are now managed by a single case holder.
- We have completed recruitment of the new management team and Triage Case Officers.
- We have commenced a pilot of new ways of working; the use of senior decision makers, professional advisors and legal support at pre-triage stage. We are utilising temporary additional resource to support the triage service as we implement new ways of working
- Senior Lawyer and Senior Business Support Officer roles have also been recruited to in this period to support triage.
- We have made changes to the online concerns form, changes to the case management system and the introduction of text messaging as part of our new ways of working.

EDI and co-production activity

The development of the EDI learning programme is underway. This will build confidence in applying inclusive thinking to everyday work and decision making. Delivery will commence in Q3 with a wider roll out taking place in Q4.

Changes to risk, any further concerns

Performance in Q3 is expected to dip as new staff are onboarded, and focus is given to older triage cases. This will be temporary as more resource is available from Q4.

Outcome and impact

- Month-on-month performance is good with targets being exceeded.
- As in Q1, the number of triage closures in Q2 have surpassed the number of new referrals – meaning that the overall caseload has reduced for another quarter.

Key planned activity next quarter

- We will complete the induction and training of new Triage Case Officers.
- We will complete our trial of new ways of working and evaluate.
- We will implement improvements to the regular updates to parties' processes.

Strategic alignment: Regulation and protection

Business plan progress

Objective 4:
Strengthening capacity and consistency across investigations and case examination

Quarter	Q1	Q2	Q3	Q4
RAG	GREEN	GREEN		

Activity and assurance

- We have established a project team to implement recommendations from the process review.
- We have completed the first phase of recruitment in investigations and started phase 2. This will introduce a new senior investigator role, and increase throughput to Case Examiners .
- We have established a training plan for new ways of working in investigations.
- We have Case & Contract Manager roles in place to support new external legal provider contract management.
- We have developed options for creating more robust capacity at case examination stage.

EDI and co-production activity

- The development of the EDI learning programme mentioned in objective 3 is also relevant here.
- We have continued the implementation and promotion of Fair Referral Principles through ongoing employer engagement and workshops.
- Our collaboration with Skills for Care through the Social Care Workforce Race Equality Standard is sharing fitness to practise data and insights to support organisations in reviewing workforce race equality data, identifying disparities, and developing actions to promote fair referrals and race equity.

Changes to risk, any further concerns

The performance at case examination stage may by impacted by additional recruitment and throughput at investigations

Outcome and impact

- The number of decisions made is increasing and performance against timeliness KPIs has improved
- We will have resource available in investigations to manage the increasing caseload from the higher number of triage decisions.

Key planned activity next quarter

- We will complete the recruitment and onboarding into new investigations team structure.
- We will deliver management skills training to investigations management team.
- We continue to progress our work to develop case examiner capacity and capability.
- We will implement improvements to the regular updates to parties' processes.

Strategic alignment: Regulation and protection

Business plan progress

Objective 5:
Reducing the backlog after case examination and improving case timeliness

Quarter	Q1	Q2	Q3	Q4
RAG	GREEN	GREEN		

Activity and assurance

- We have successfully onboarded our two legal providers. We now instruct two legal providers on cases as our new provider began receiving cases from September.
- Our hearing-stage decisions were in line with our Q2 forecast. We made 55 decisions and closed a further five cases by other means, bringing total year-to-date closures to 60.
- Based on decisions made to date and confirmed listings, we remain on track to achieve our annual target of 137 decisions.

Outcome and impact

- Increasing instructions will maintain a steady pipeline of cases for future hearings.
- Prioritising older, higher-risk cases this financial year will help reduce the backlog and overall caseload.
- Having two providers will strengthen resilience by increasing capacity and reducing reliance on a single provider.

Changes to risk, any further concerns

Although the forecast includes an allowance for adjournments, the higher volume of hearings planned for Q3 and Q4 may increase the number of cases adjourned. We are targeting additional cases to provide sufficient resilience within the pipeline.

Key planned activity next quarter

- A further 82 cases have confirmed listings across Q3 and Q4, with an additional 58 cases targeted for listing.
- We will review the case progression strategy to provide greater emphasis on concluding more older, lower-risk cases.

Strategic alignment: Prevention and impact

Business plan progress

Objective 6:
Building our research function to strengthen evidence and insight

Quarter	Q1	Q2	Q3	Q4
RAG	GREEN	GREEN		

Activity and assurance

- We have established a dedicated Research Team, increased capacity and introduced a coordinated research work programme.
- We have developed and progressed priority research on CPD, FtP and placements, including comparator work and strategic conversations with other regulators.
- We have provided research, survey design and evaluation support across the organisation, including EQA annual monitoring, the Social Work Survey and the National Advisory Forum (NAF) evaluation.
- We have begun work to refine our research strategy, strengthening research ethics, project planning and cross-organisational working.

EDI and co-production activity

- We have developed two FtP EDI research projects to examine differential patterns in referrals and progression.
- We have built demographic monitoring into CPD research so we can assess whose voices are represented and explore how different groups may be affected by potential changes.
- We have worked with the EDI team to develop the NAF evaluation approach and clarify the Research Team's methodological contribution.

Changes to risk, any further concerns

Several priority projects are running concurrently. Additional capacity has reduced the immediate risk, but delivery will require continued prioritisation and management of dependencies.

Outcome and impact

- Increased capacity to deliver research internally and provide timely methodological advice and quality assurance.
- Research is increasingly embedded in priority policy, regulatory and evaluation work, strengthening the evidence available for decision-making.

Key planned activity next quarter

- We will deliver the CPD survey, interviews and focus groups.
- We will begin evidence gathering for the FtP EDI projects.
- We will progress the evaluation framework with the EDI team.
- We will continue working with the EQA team to improve annual monitoring data quality and usefulness.
- We will continue oversight of placements research and support work on practice education.
- We will progress the research strategy, work programme and cross-organisational working arrangements.

Strategic alignment: Prevention and impact

Business plan progress

Objective 7:
Building the evidence base for the future of continuing professional development

Quarter	Q1	Q2	Q3	Q4
RAG	GREEN	GREEN		

Activity and assurance

- We have defined and established a multi stranded project that responds to the findings of the independent review and will help us prepare for consultation in early 2027.
- We have completed the internal review of CPD submissions, analysed the results. Findings from that review have informed our approach to the formal CPD review to be carried out in December 2026.
- We have designed a national engagement programme to inform future proposals for CPD ahead of consultation. The programme will explore three key themes: frequency, impact and assurance.
- We have designed research activities to help inform the CPD options and started the regulator comparator review.
- We have completed discovery work to explore the use of emerging technology to support the review of CPD, recommending further work to develop a proof of concept and explore how any future approach could maintain the trust of social workers.

EDI and co-production activity

An EIA has been completed for the proposed engagement activities, informing the design and structure of the activities.

Changes to risk, any further concerns

The planned activities are very resource intensive and will draw from multiple teams at one of our busiest times of year. The timely delivery of the review will also depend on our ability to secure and maintain temporary resource.

Outcome and impact

- Publishing the findings of our internal review demonstrates commitment to applying a consistent approach in next review.
- Our robust approach to engagement and consultation will help to secure sector buy in and strengthen our consultation proposals.

Key planned activity next quarter

- We will recruit and train the necessary staff and launch the formal review of a sample of CPD records submitted in the current registration year.
- We will communicate our plans for the December 2026 CPD review and share high-level findings from our recent review.
- We will deliver the national engagement programme, with online and in-person activities to gather insight on the future proposals.
- We will continue our research, including a registrant survey, interviews with key informants, registrants & employers. We will use the learning from our engagement and research to advance our proposals in preparation for consultation.
- We will develop a proof of concept to test how technology can support with the review of CPD, building on the discovery work.

Strategic alignment: Prevention and impact

Business plan progress

Objective 8:
Strengthening our engagement with social workers, employers and the sector

Quarter	Q1	Q2	Q3	Q4
RAG	GREEN	GREEN		

Activity and assurance

- We have updated engagement materials and renewal communications to social workers to improve understanding of our role and regulation.
- We have updated and segmented engagement materials, with an initial focus on first-year students; and scoped a series of educational videos for students to address knowledge gaps, with the first two videos on joining the register published.
- We have established the cross-organisation customer engagement programme. This focuses on customer service standards, communications, policies and processes, alongside targeted improvements including staff training.
- A Single Point of Contact (SPOC) forum was held, with 49 representatives attending, where we provided updates on revised triage processes, referral and employer response requirements, and the management of requests relating to private court proceedings.
- Following the completion of the social worker survey analysis, we began drafting the findings report.

EDI and co-production activity

Input from NAF members has helped shape our approach to strengthening understanding of our role and the value of regulation. They provide tactical suggestions, which are considered and prioritised as part of wider working group.

Changes to risk, any further concerns

No change.

Outcome and impact

- We have more targeted engagement with students that strengthens understanding of professional regulation throughout their learning journeys.
- Nationally, our engagement leads continue to report improvements to engagement with the SPOC network.

Key planned activity next quarter

- Our work on customer engagement will deliver a draft customer service strategy for feedback from colleagues alongside work to improve how we update parties involved in fitness to practise.
- We will introduce 12-month communications grid to support proactive, coordinated communications planning.
- We are running workshops on our Fair Referral Principles with 57 local authorities set to attend with the strongest engagement coming from the South-West, North-West and Midlands.
- We plan to finalise and publish the findings from the social worker survey.

Strategic alignment: Prevention and impact

Business plan progress

Objective 9:
Shaping the future of specialist and advanced social work practice

Quarter	Q1	Q2	Q3	Q4
RAG	GREEN	GREEN		

Activity and assurance

- We have finalised and shared internally the findings from our work to date on practice education and proposed potential models for education quality assurance of practice education courses.
- We developed a plan for key stakeholder engagement and communications activity to inform the next phase of the practice education work.
- We engaged with research teams and agreed next steps for the student focused and assessment of practice learning practice education research, which should be completed next quarter.
- We've mapped legislative frameworks to establish our options for improvements to our annotation systems

EDI and co-production activity

- We have engaged with our Practice Education Development Group (PEDG) to explore the potential models for education quality assurance of practice education courses.
- We have been engaging with Practice Educator Professional Standards (PEPS) course providers to enhance our knowledge of course provision and use these insights to feed into our work. This has been particularly useful in non-HEI settings which was a gap in our previous commissioned research.

Changes to risk, any further concerns

No change.

Outcome and impact

The work we're doing around practice education is informing our broader approach to specialist regulation of other roles.

Key planned activity next quarter

- We will publish the learning report from the first phase of our practice education work.
- We'll engage with key stakeholders to discuss our work to date and the direction of travel for practice education, recognising the need to co-produce any approach, given the impact that the introduction of any regulatory framework would have on the sector.
- We will begin to identify the changes we would want to make to our frameworks, to improve our annotation systems, should the opportunity to review the regulations arise.

Strategic alignment: Prevention and impact

Business plan progress

Objective 10:
Improving social work education and strengthening our quality assurance processes

Quarter	Q1	Q2	Q3	Q4
RAG	GREEN	GREEN		

Activity and assurance

- We completed the consultation process, including engagement events and analysis of all responses received. We have used the feedback to inform and finalise amendments to our rules, standards and guidance.
- In collaboration with DfE colleagues we have made amendments to our knowledge, skills and behaviours statements to refresh them in preparation for changes to our education framework, and to better align them with external post qualifying frameworks.
- Following the completion of the AMHP and BIA reapproval cycles we have analysed the learning, including feedback from those who had been part of it, and have begun drafting a report to share externally what we have learnt.

EDI and co-production activity

- Changes to our education framework were co-produced with members of our Education and Training and Advisory Forum (ETAF), including people with lived experience to ensure the proposed changes would not negatively impact groups with protected characteristic.
- We finalised the EIA from our education framework consultations. Feedback on the potential impact on protected characteristic groups has informed the outcomes of the consultations.

Changes to risk, any further concerns

No change.

Outcome and impact

- In response to our learning from AMHP and BIA inspections, we are making changes to our education and training framework that will drive improvements in social work education and training.
- The learning from the delivery of our EQA function has informed changes to our education and training standards. This is intended to contribute to improvements in the delivery of pre-qualifying social work education and training.

Key planned activity next quarter

- We will submit the suite of documents from our education framework to the DfE for secretary of state sign off.
- We will finalise the AMHP/BIA EQA findings report and prepare it for publication.

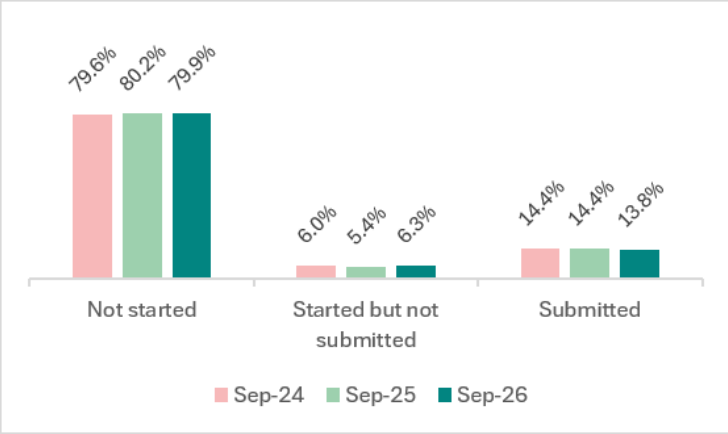
Performance update



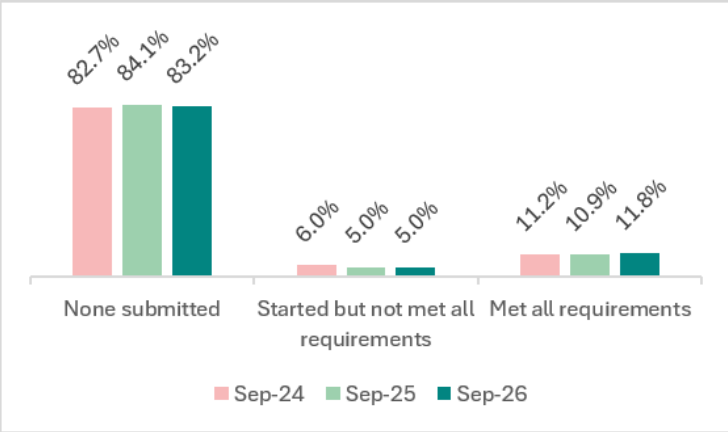
Renewals

Performance update

Percentage of social workers by renewal form stage



Percentage of social workers by CPD requirements



Commentary

- The renewals period opened on 1 September 2026 and will close on 30 November 2026.
- We issued communications to all registered social workers on launch of the process, resulting in 2,283 renewal applications being submitted on the opening day.
- By the end of September 2026, 14,890 social workers had completed a renewal form. 12,737 had met all CPD requirements. Progress across renewal actions remains consistent with previous years at the same point in the cycle.
- The first direct debit instalments were collected on 1 and 5 October 2026, increasing renewal fee compliance to 57.8%. A processing delay by the third-party payment provider affected 1,400 direct debit collections. This generated additional enquiries and a higher-than-expected number of reported payment failures. These issues have now been resolved.
- We have recruited 4 Renewals Officers on fixed term contracts until February 2027 to manage increased enquiries and regulatory activity.

Changes to risk, any further concerns

The payment issue affected just over 1% of all renewals. There is a risk of an increase in post-renewal complaints from social workers affected by the third-party direct debit processing issues.

KPI performance overview

ID	KPI	Target	RAG
EQA1	Time taken from end of course inspection to regulator decision	≤ 60 working days (median)	45
REG1	Time taken to approve UK registration applications	≤ 10 working days (median)	3
REG2	Time taken to approve restoration applications	≤ 10 working days (median)	4
REG3	Time taken to answer emails	≤ 5 working days (median)	1
REG4	Time taken to answer phone calls	≤ 8 minutes (median)	4
FTP1	Time taken to complete triage	≤ 26 weeks (median)	17
FTP2	Time taken to conclude investigation	≤ 54 weeks (median)	54
FTP3	Time taken to complete case examination process	≤ 12 weeks (median)	17
FTP4	Time from receipt of concern to final fitness to practise outcome at case examination	≤ 92 weeks (median)	109

KPI performance overview

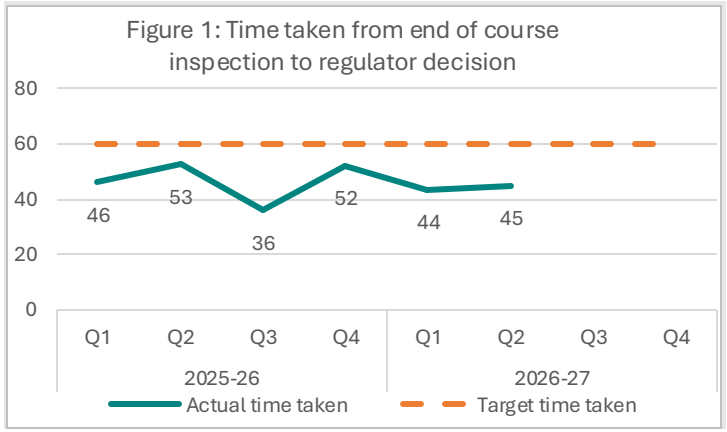
ID	KPI description	Target	RAG
FTP5	Time from receipt of concern to final fitness to practise outcome at hearing	To monitor - (median weeks)	276
FTP6	Time taken to approve interim orders	≤ 20 working days (median)	19
IG1	Time taken to complete FOI requests	≥ 90% within statutory deadline	100%
IG2	Time taken to complete subject access requests	≥ 90% within statutory deadline	99%
C1	Corporate complaints response time	≥ 80% within 20 working days	92%
P1	Retention rate	≥ 85%	93%
P2	Sickness absence over last 12 months	≤ 8.2 days per person	7.3
FIN1	Forecast year-end variance to budget	+/- 1.5%	+23.5%
IT1	System availability excluding planned outages	≥ 99%	100%

Strategic alignment: Prevention and Impact

Education

Performance update

EQA1: Time taken from end of course inspection to regulator decision[1]
Target: ≤ 60 working days (median)



Commentary

- Targets met. We do not anticipate any change to this in the next quarter.

Changes to risk, any further concerns

We are likely to see fewer decisions being made over the next quarter as we start to conclude our AMHP reapprovals. As we will no longer be in a reapproval cycle, the inspections taking place will be approval inspections.

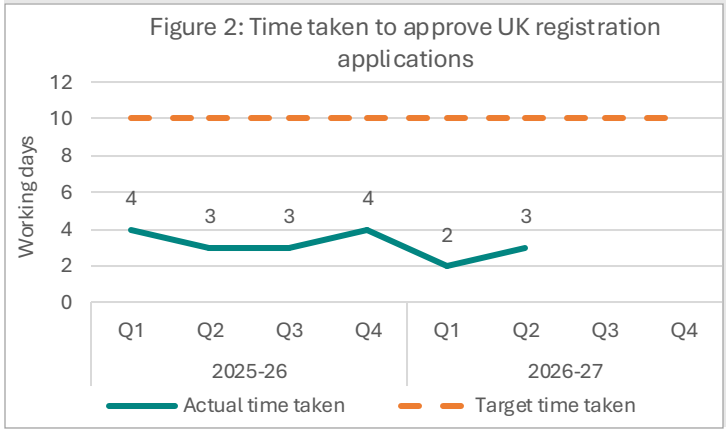
[1]Some figures have been retrospectively updated due to expected manual case movements.

Strategic alignment: Regulation and protection

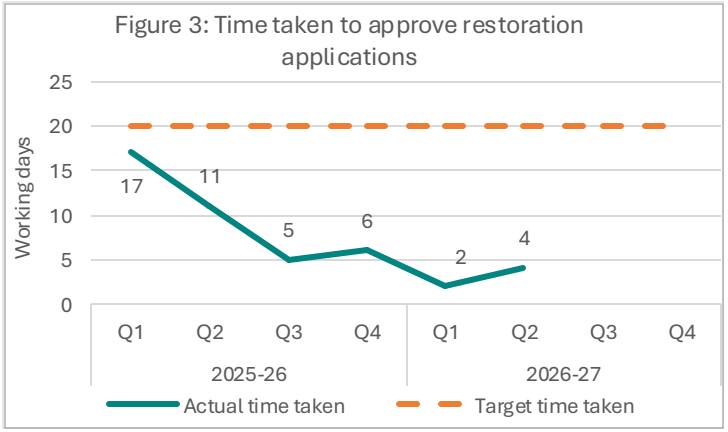
Registration - Applications

Performance update

REG1: Time taken to approve UK registration applications
Target: ≤ 10 working days (median)



REG2: Time taken to approve restoration applications
Target: ≤ 10 working days (median)



Commentary

- Targets met.
- Timeliness remains within KPI. During Q2 we had an anticipated increase in UK applications, which continued to be assessed within the KPI.

Changes to risk, any further concerns

The renewal period is now underway, and staff resources will need to be managed effectively to ensure continued strong performance.

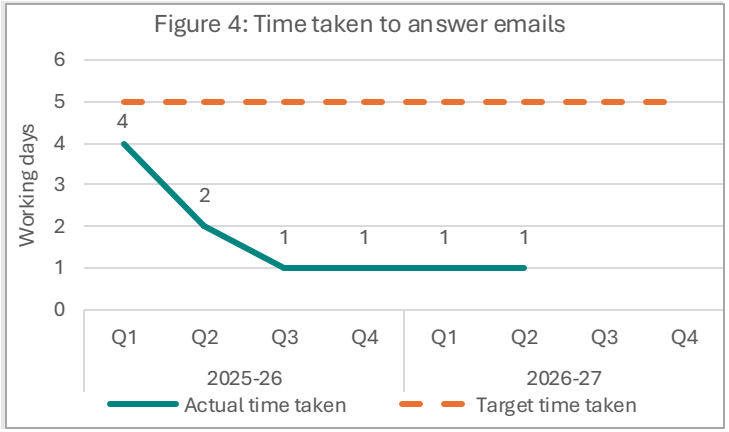
Strategic alignment: Regulation and protection

Registration - Contacts

Performance update

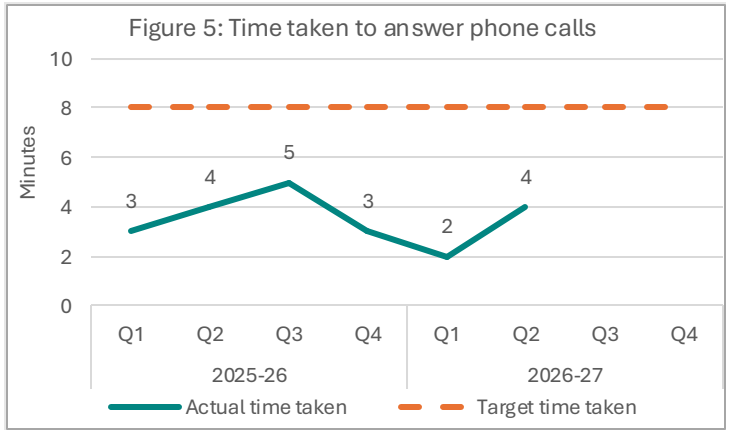
REG3: Time taken to answer emails

Target: ≤ 5 working days (median)



REG4: Time taken to answer phone calls

Target: ≤ 8 minutes (median)



Commentary

- Targets met.
- During Q2 we had an anticipated increase in calls and emails.

Changes to risk, any further concerns

The renewal period is now underway, and staff resources will need to be managed effectively to ensure continued strong performance.

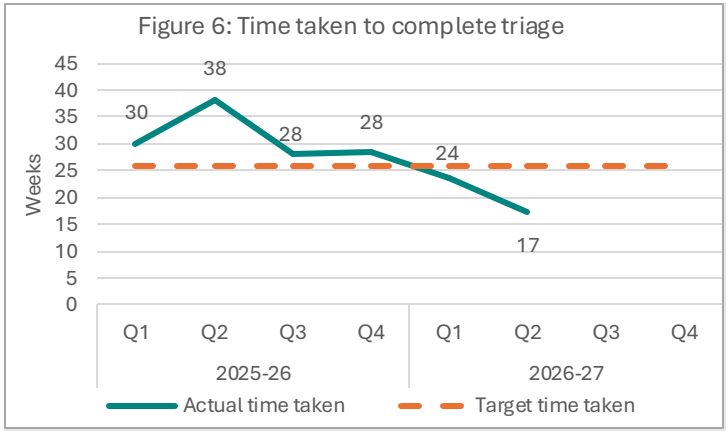
Strategic alignment: Regulation and protection

Fitness to Practise – Triage and investigation

Performance update

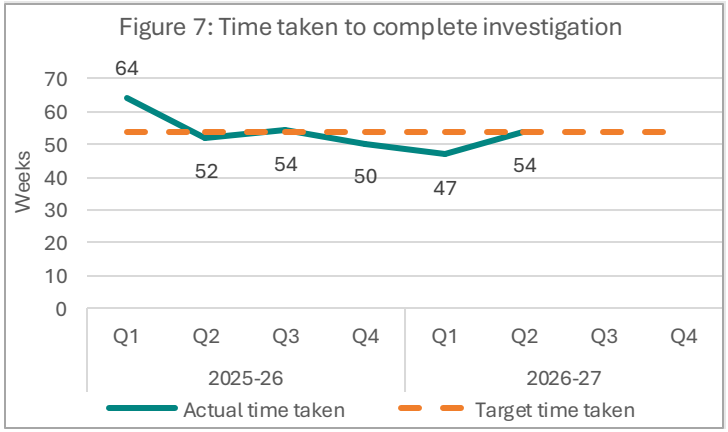
FTP1: Time taken to complete triage[2]

Target: ≤ 26 weeks (median)



FTP2: Time taken to complete investigation[1]

Target: ≤ 54 weeks (median)



Commentary

- Targets met.
- Timeliness will continue to be impacted volume and age of cases at the triage and investigations stage, however Q2 has seen a further improvement in timeliness at the triage stage. We have continued to make a higher number of decisions and reduce the triage caseload.
- We have also seen an increase in investigations decisions made by the team in Q2, the highest quarterly total over the last two financial years.
- Further information on performance in triage and investigations can be found in the separate fitness to practise performance paper.

Changes to risk, any further concerns

Performance in Q3 may dip as new staff are onboarded, and focus is given to older triage cases. This will be temporary as more resource available from Q4.

[2]Some figures updated due to improvements in reporting and expected case movements.

Strategic alignment: Regulation and protection

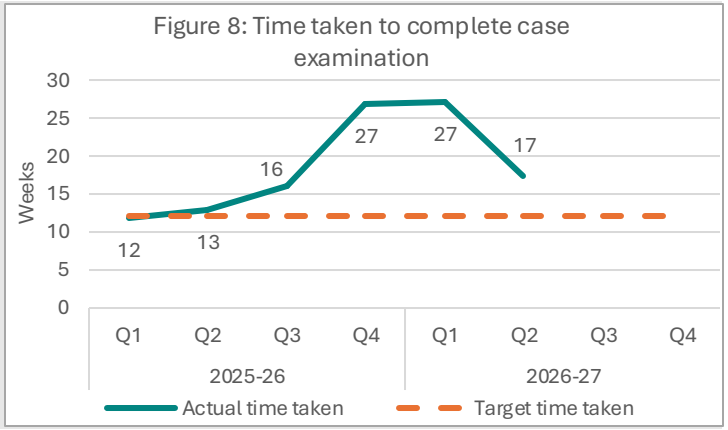
Fitness to Practise – Case examination

Performance update

FTP3: Time taken to complete case examination

Target: ≤ 12 weeks (median)

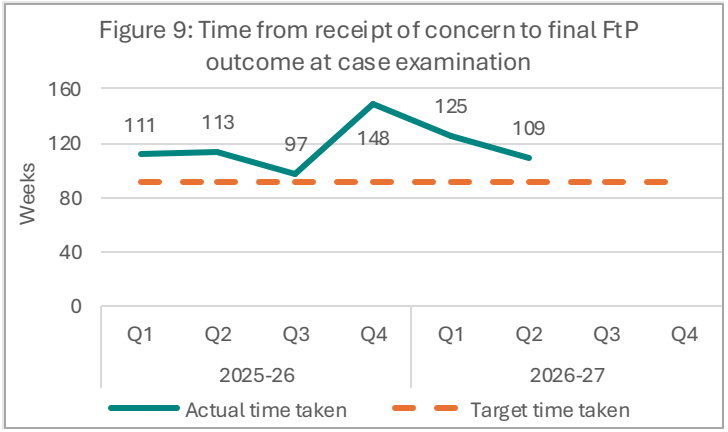
Figure 8: Time taken to complete case examination



FTP4: Time from receipt of concern to outcome at case examination

Target: ≤ 92 weeks (median)

Figure 9: Time from receipt of concern to final FtP outcome at case examination



Commentary

- Targets not met for FTP3 and FTP4.
- Timeliness in case examination has improved in Q2 in line with our forecast. We expect the improvement to continue and be back to target by the end of the financial year.
- FTP4 is a combination of all stages in the fitness to practise process up to the final decision at case examination. This KPI will remain subject to volatility until volume and age of cases are reduced at the earlier stages.
- Further information on performance in triage and investigations can be found in the separate fitness to practise performance paper.

Changes to risk, any further concerns

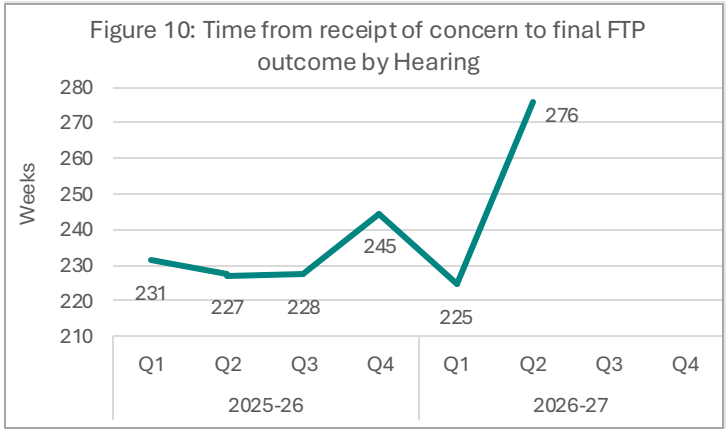
Case examination performance remains subject to the requirement for increased resources in future quarters, as the volume of cases referred through triage and into investigations increases.

Strategic alignment: Regulation and protection

Fitness to Practise – Hearings

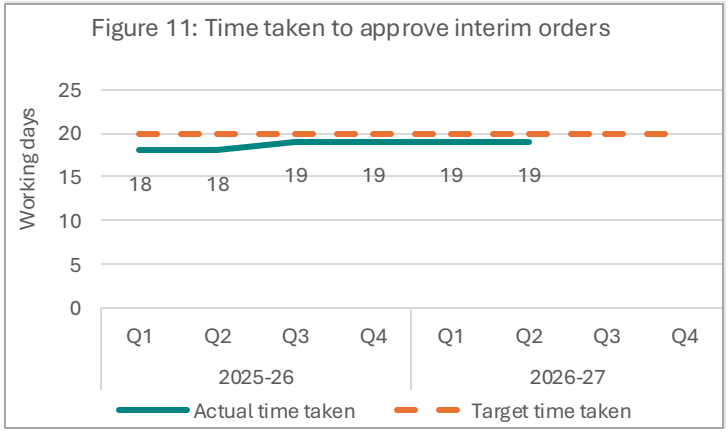
Performance update

FTP5: Time from receipt of referral to final fitness to practise outcome at hearing
Monitor – no target



FTP6: Time taken to approve interim orders

Target: ≤ 20 working (median)



Commentary

- Target met on FTP6
- We continue to close cases in line with our target for the year, totalling 51 decisions at a hearing so far.
- The timeliness for the receipt of referral to final fitness to practise decision at hearing has increased in Q2. This was driven by a higher volume of hearing decisions, including a higher number of older cases. As older cases continue to be heard, this measure is expected to be impacted until the age profile of the caseload improves.

Changes to risk, any further concerns

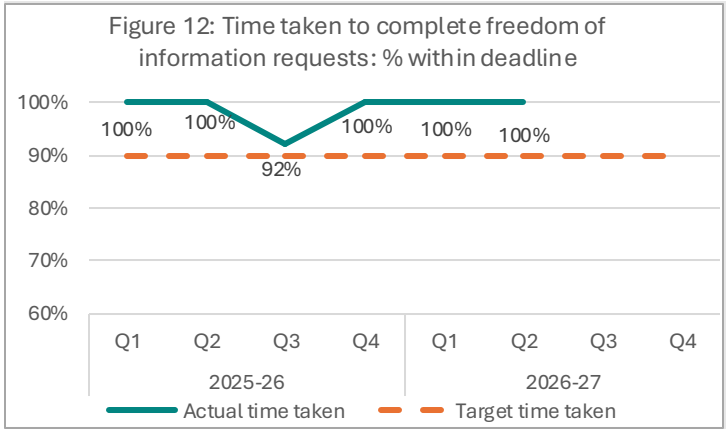
We will review the case progression strategy to provide greater emphasis on concluding more older, lower-risk cases. This should start to positively affect FTP5 in coming quarters and into the next financial year.

Strategic alignment: Delivery and improvement

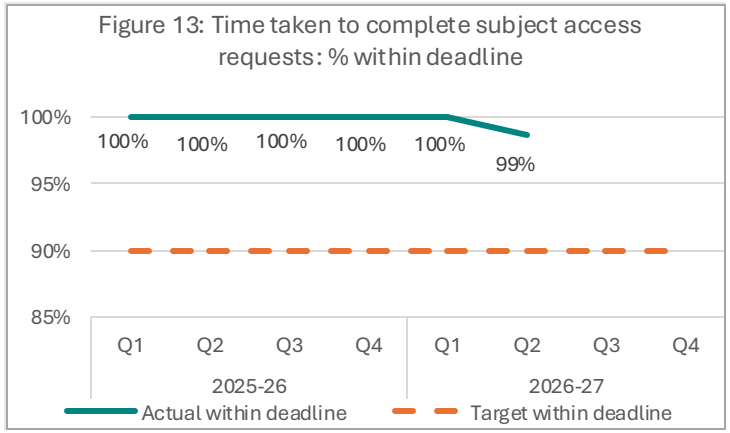
Information governance

Performance update

IG1: Time taken to complete freedom of information requests
Target: ≥ 90% within deadline



IG2: Time taken to complete subject access requests
Target: ≥ 90% within deadline



Commentary

Targets met.

Changes to risk, any further concerns

There has been an increase in the number of subject access requests we receive over the past year.

Strategic alignment: Delivery and improvement

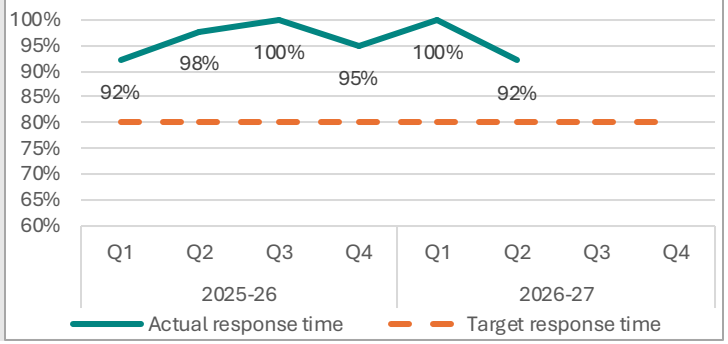
Corporate complaints

Performance update

C1: Corporate complaints response time

Target: ≥ 80% within 20 working days

Figure 14: Corporate complaints response time



Commentary

Target met.

Changes to risk, any further concerns

No change.

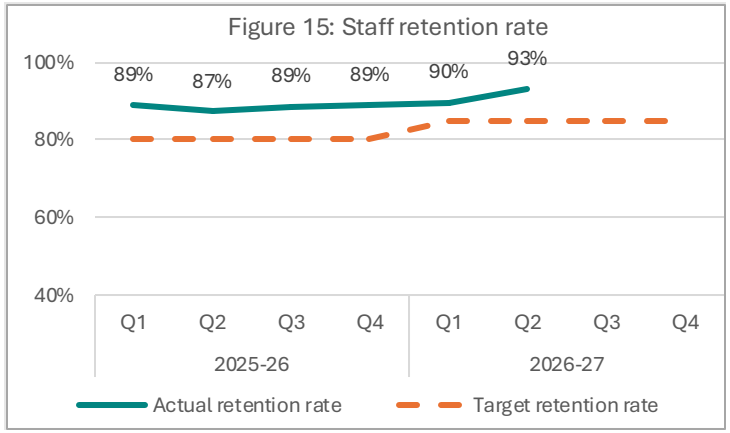
Strategic alignment: Delivery and improvement

People

Performance update

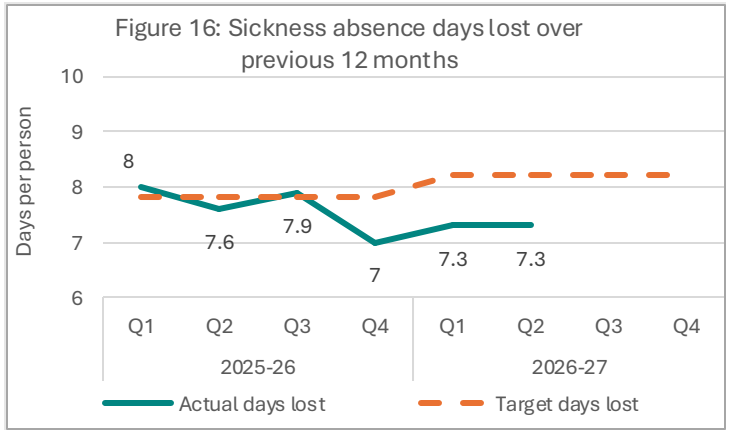
P1: Staff retention rate

Target: ≥ 85%



P2: Days lost in sickness absence over last 12 months[3]

Target: 8.2 days per person



[3]Some figures have been retrospectively updated due to late recording of sickness.

Commentary

- Targets met.
- Staff retention has increased month on month, with an increase from 90% in Q1 to 93% at the end of Q2. This is positive, showing workforce stability and indicating that employee engagement is high.
- Our sickness absence rate has stabilised, the total days lost to sickness increased only marginally in Q2, with the rolling 12-month average remaining at 7.3 days per worker.
- Following initiatives to improve the accuracy of absence reason recording we have now established that mental health accounts for 25.4% of total sickness absence.
- We are in the process of finalising a revised sickness policy and renewed guidance will be published in the next month to further support managers and employees.

Changes to risk, any further concerns

If the current trend continues, there could be some risks associated with a very high retention rate, in that some level of turnover is healthy for any organisation.

Strategic alignment: Delivery and improvement

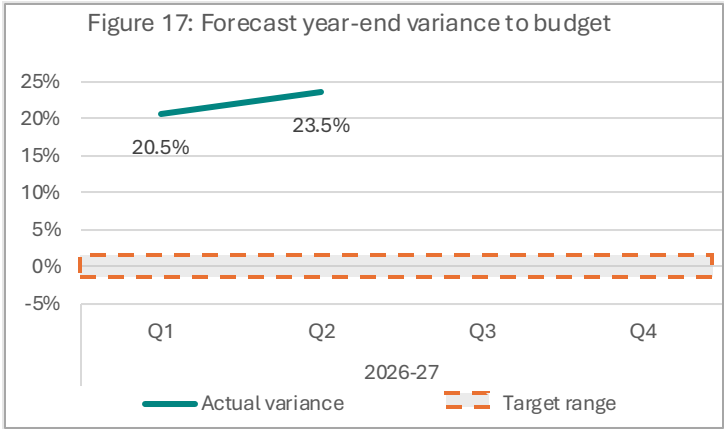
Finance

Performance update

FIN1: Forecast year-end variance to budget

Target: +/- 1.5%

Figure 17: Forecast year-end variance to budget



Commentary

The KPI target was not achieved at the end of Q2 with a forecast variance of 23.5%. Reporting at the end of Q2 does not reflect the changed financial position following DfE approval of the at risk budget and this will be amended for the next report. The year end forecasts will be updated on an ongoing basis throughout the year. See paper 11 (finance and commercial report) for more detail.

Changes to risk, any further concerns

There is a reducing risk trajectory in relation to KPI performance.

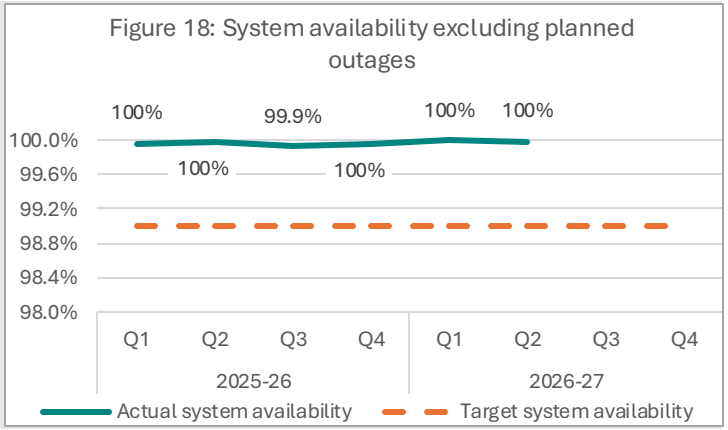
Strategic alignment: Delivery and improvement

Technology

Performance update

IT1: System availability excluding planned outages
Target: ≥ 99%

Figure 18: System availability excluding planned outages



Commentary

Target met.

Changes to risk, any further concerns

No change.

Annex A
Q2 2026-27 performance data



Education and training		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Median time taken from end of course inspection to regulator decision (working days)	2026-27	45	45	37	44	44	48						
	2025-26	N/A	38	54	47	47	58	34	36	46	56	42	51[4]
Time taken for report to be written and agreed after inspection end date	2026-27	29	29	26	28	28	30						
	2025-26	N/A	25	30	28	35	26	25	29	29	31	30	24
Time taken for the regulator decision after final report sent to regulator	2026-27	4	6	2	10	9	8						
	2025-26	N/A	3	14	6	7	14	4	4	9	18	5	12
Number of course inspections decisions made	2026-27	5	6	3	4	6	7						
	2025-26	0	7	5	3	1	2	2	2	3	2	3	5
Number of BIA reapprovals decisions made	2026-27	4	2	0	0	0	0						
	2025-26	0	0	0	0	0	0	0	0	1	2	1	5
Number of AMHP reapprovals decisions made	2026-27	0	2	3	3	4	6						
	2025-26	0	0	0	0	0	0	0	0	0	0	0	0
Number of approvals decisions made (including AMHP & BIA approvals)	2026-27	1	2	0	1	2	1						
	2025-26	0	7	5	3	1	2	2	2	2	0	2	0

[4]Figure has been retrospectively updated due to expected manual case movements.

Registration			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of registered social workers		2026-27	106,599	106,701	106,759	107,562	108,345	109,237						
		2025-26	105,007	105,337	105,454	106,294	107,070	108,088	108,406	107,741	105,590	105,982	106,317	106,521
Number of social workers joining the register		2026-27	213	152	223	840	900	1,130						
		2025-26	275	380	280	888	856	1,188	640	379	621	411	356	290
Number of social workers leaving the register		2026-27	130	49	157	33	115	236						
		2025-26	123	49	161	42	76	169	320	1,063	2,773	19	18	85
Number of new registration applications received	All applications	2026-27	196	158	434	1,212	995	1,315						
		2025-26	349	457	521	1,230	1,226	1,352	605	594	219	406	286	270
	UK graduates	2026-27	139	101	370	1,143	940	1,253						
		2025-26	235	338	413	1,104	1,125	1,233	507	463	170	341	227	187
	Overseas graduates	2026-27	57	57	64	69	55	62						
		2025-26	114	119	108	126	101	119	98	131	49	65	59	83
Median time taken to approve registration applications (working days)	All applications	2026-27	4	6	2	3	3	2						
		2025-26	5	4	4	2	3	3	4	4	8	7	6	5
	UK graduates	2026-27	3	2	1	3	3	2						
		2025-26	5	4	4	2	3	3	3	3	6	5	5	3
	Overseas graduates	2026-27	24	16	16	15	14	15						
		2025-26	12	20	17	21	19	20	21	22	23	21	23	21
Number of restoration applications received		2026-27	56	46	53	75	64	61						
		2025-26	57	42	52	70	71	59	58	77	528	88	74	86

Registration		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Median time taken to approve restoration applications (working days)	2026-27	5	3	2	3	4	4						
	2025-26	15	18	15	10	14	11	9	4	5	7	6	5
Number of misuse of title cases opened	2026-27	10	4	5	2	4	3						
	2025-26	17	11	7	5	7	5	10	8	20	15	2	8
Number of misuse of title cases closed	2026-27	5	5	9	7	3	6						
	2025-26	24	22	19	20	7	13	3	6	30	20	12	12
Median time taken to conclude misuse of title cases (working days)	2026-27	17	41	16	16	58	9						
	2025-26	22	14	12	24	58	9	22	20	0	6	33	41
Number of phone calls received	2026-27	1,060	940	1,062	1,235	1,173	2,102						
	2025-26	1,314	1,309	1,359	1,752	1,571	2,630	2,866	4,760	3,346	1,464	1,178	1,272
Median time taken to answer phone calls (minutes)	2026-27	2	2	3	3	4	5						
	2025-26	4	2	3	3	3	7	8	3	9	4	3	2
Number of emails received	2026-27	1,987	1,654	1,710	1,985	1,836	2,805						
	2025-26	2,438	2,404	2,380	2,611	2,915	4,215	3,966	5,052	4,039	3,263	2,241	2,312
Median time taken to answer emails (working days)	2026-27	2	1	1	1	1	1						
	2025-26	3	2	7	3	2	2	3	1	1	1	1	1

Continued professional development

Performance data

Continued professional development		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Percentage of social workers that have submitted at least one piece of CPD	2026-27	3%	4%	6%	7%	9%	17%						
	2025-26	3%	4%	5%	7%	8%	16%	33%	96%	0.3%	1%	2%	3%
Percentage of social workers meeting all CPD requirements	2026-27	1%	2%	2%	4%	5%	12%						
	2025-26	1%	1%	2%	3%	4%	11%	26%	95%	0.05%	0.2%	0.5%	1%

Fitness to practise - triage

Fitness to practise – triage		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of concerns received[5]	2026-27	231	258	244	244	254	301						
	2025-26	190	184	210	250	211	194	233	204	236	248	240	260
Median time taken to complete triage (weeks)[5]	2026-27	30	25	13	23	14	12						
	2025-26	27	31	31	37	42	35	33	25	17	37	33	23
Number of open triage cases	2026-27	2,341	2,260	2,172	2,047	2,056	2,013						
	2025-26	1,907	1,926	1,993	2,083	2,128	2,134	2,215	2,254	2,380	2,448	2,481	2,424
Median time open cases have spent in triage (weeks)	2026-27	25	25	27	27	27	27						
	2025-26	25	26	25	24	22	22	22	23	24	25	25	25
Number of decisions made at triage[5]	2026-27	344	354	361	392	274	358						
	2025-26	184	179	148	175	173	205	182	176	127	196	224	349
Percentage of cases closed at triage[5]	2026-27	84%	86%	88%	90%	89%	91%						
	2025-26	86%	80%	79%	87%	82%	86%	82%	86%	78%	82%	89%	86%
Percentage of cases progressed to investigation[5]	2026-27	16%	14%	12%	10%	11%	9%						
	2025-26	14%	20%	21%	13%	18%	14%	18%	14%	22%	18%	11%	14%

[5]Some figures have been retrospectively updated due to improvements in reporting.

Fitness to practise - investigation

Fitness to practise - investigation		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Median time taken to complete investigation (weeks)[6]	2026-27	44	43	60	48	60	37						
	2025-26	64	59	69	50	51	52	68	41	45	39	46	75
Number of cases into investigation (including adjournments)	2026-27	63	63	53	60	41	45						
	2025-26	29	40	34	33	35	37	45	29	33	40	33	57
Number of open investigation cases	2026-27	516	552	567	583	576	576						
	2025-26	464	460	441	434	430	434	438	443	436	440	446	480
Median time open cases have spent in investigation (weeks)	2026-27	35	33	32	31	31	32						
	2025-26	55	53	47	46	45	44	37	38	39	38	39	38
Number of concluded investigation cases	2026-27	25	27	38	44	48	45						
	2025-26	35	42	53	40	38	33	40	24	40	36	27	23

[6] Some figures have been retrospectively updated due to expected manual case movements.

Fitness to practise – case examiner

Fitness to practise – case examiner		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Median time taken to complete case examination (weeks)	2026-27	32	23	27	25	13	12						
	2025-26	12	11	13	7	13	14	16	14	17	26	27	27
Number of cases into case examination (including adjournments)	2026-27	26	24	39	46	50	48						
	2025-26	39	43	53	41	40	32	43	22	37	35	27	22
Number of open case examination cases	2026-27	157	147	127	109	105	95						
	2025-26	80	101	120	119	130	129	139	137	154	172	177	170
Median time open cases have spent in case examination (weeks)	2026-27	16	17	13	9	8	8						
	2025-26	7	7	7	8	9	10	11	13	12	14	14	16
Number of decisions made at case examination	2026-27	30	21	47	40	39	44						
	2025-26	32	18	31	32	23	23	20	19	15	13	14	20
% of cases closed at case examination	2026-27	60%	81%	70%	80%	95%	68%						
	2025-26	47%	67%	61%	81%	74%	57%	65%	68%	73%	69%	57%	85%

Fitness to practise – case examiner

Fitness to practise – case examiner		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% of cases progressed to hearings	2026-27	40%	19%	30%	20%	5%	32%						
	2025-26	53%	33%	39%	19%	26%	43%	35%	32%	27%	31%	43%	15%
Median time from receipt of concern to final FtP outcome at case examination (weeks)	2026-27	96	76	148	107	103	110						
	2025-26	122	144	84	111	104	136	85	120	116	141	131	160
Number of cases closed with 'No Impairment'	2026-27	9	8	19	20	20	10						
	2025-26	6	7	9	15	9	4	9	9	3	2	2	15
Number of cases closed with 'Impairment'	2026-27	9	9	14	12	17	20						
	2025-26	9	5	10	11	8	9	4	4	8	7	6	1
Number of Accepted Disposals offered	2026-27	16	10	17	29	12	22						
	2025-26	4	11	10	17	11	8	9	10	8	4	3	5

Fitness to practise – hearing

Fitness to practise – hearing		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Median time from receipt of concern to final FtP outcome at Hearing (weeks)	2026-27	225	275	218	295	254	287						
	2025-26	231	217	260	337	204	214	230	229	226	232	255	251
Number of cases into hearings	2026-27	18	7	16	8	6	17						
	2025-26	27	7	13	8	6	14	7	8	7	6	7	6
Number of open cases in hearings	2026-27	403	404	404	404	396	397						
	2025-26	428	431	440	442	446	449	447	444	441	435	425	403
Median time open cases awaiting a hearing (weeks)	2026-27	116	121	119	123	125	122						
	2025-26	140	103	106	106	109	112	115	113	115	119	117	118
Number of decisions made at a hearing	2026-27	6	5	10	8	10	12						
	2025-26	1	3	2	4	2	7	8	9	7	7	16	24
Median time concluded cases spent in pre-hearing (weeks)	2026-27	144	244	128	181	176	200						
	2025-26	162	132	140	160	114	165	155	167	131	174	186	179

Fitness to practise – interim order and quality

Fitness to practise – hearing		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Median time take to approve interim orders (working days)	2026-27	18	18	19	18	22	19						
	2025-26	14	18	18	N/A	18	19	19	19	17	17	20	19
Number of interim order application hearings	2026-27	4	1	9	4	5	4						
	2025-26	2	6	4	0	2	8	2	4	2	1	1	5
Number of interim orders imposed	2026-27	4	1	9	3	5	4						
	2025-26	2	6	4	0	2	8	2	4	2	1	1	4

Fitness to practise – internal quality		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
FtP internal quality score	2026-27	100%	89%	90%	95%	90%	76%						
	2025-26	100%	89%	100%	91%	N/A	94%	84%	89%	N/A	86%	96%	88%

People		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Retention rate	2026-27	88%	89%	90%	91%	92%	93%						
	2025-26	89%	89%	89%	88%	88%	87%	88%	88%	89%	88%	89%	89%
Headcount of staff	2026-27	323	322	329	333	334	341						
	2025-26	276	271	276	279	288	285	300	309	308	314	316	325
Days lost to sickness per employee over previous 12 months[7]	2026-27	7.1	7.1	7.3	7.3	7.3	7.3						
	2025-26	8.2	8.2	8.1	8	7.8	7.6	8	7.9	7.9	7.8	7.4	7

[7] Some figures have been retrospectively updated due to expected manual movements.

Corporate complaints

Corporate complaints		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Corporate complaints responded to within timescales	2026-27	100%	100%	100%	100%	83%	92%						
	2025-26	91%	90%	100%	93%	100%	100%	100%	100%	100%	100%	87%	100%
Number of corporate complaints received (stage 1 only)	2026-27	8	6	4	5	6	11						
	2025-26	5	9	10	17	6	10	16	14	18	16	7	11
Number of corporate complaints that missed 20-day timescale	2026-27	0	0	0	0	1	1						
	2025-26	1	1	0	1	0	0	0	0	0	0	2	0
Median response time over previous 12 months (working days)	2026-27	14	14	15	14	14	14						
	2025-26	16	16	15	16	16	16	16	15	15	15	15	15

Annex B
Q2 2026-27 course reapproval and approval decisions



Course approval decisions

Provider	Course	Region	Inspection dates		Link to inspection report	Decision
			From	to		
University of Leeds	BA (Hons) Social Work	Yorkshire and the Humber	14th April 2026	16th April 2026	https://www.socialworkengland.org.uk/media/cxpdvllv/final-approval-report-ulecpp518.pdf	Approved with conditions
University of Suffolk	MA Social Work	East	31st March 2026	2nd April 2026	https://www.socialworkengland.org.uk/media/dsbatpfy/200826_approval_inspection_report_usucpp514_rd.pdf	Approved with conditions
Sheffield Hallam University	PG Cert Approved Mental Health Professional	Yorkshire and the Humber	14th April 2026	15th April 2026	https://www.socialworkengland.org.uk/media/v3tgrahe/20260721_shu-amhp-report.pdf	Approved with conditions
Sheffield Hallam University	PG Cert Approved Mental Health Professional	Yorkshire and the Humber	14th April 2026	15th April 2026	https://www.socialworkengland.org.uk/media/v3tgrahe/20260721_shu-amhp-report.pdf	Approved with conditions
Leeds Beckett University	PG Cert Approved Mental Health Practice	Yorkshire and the Humber	28th April 2026	29th April 2026	https://www.socialworkengland.org.uk/media/1akdchv4/20260810_lbur1_acp78_final_v6.pdf	Approved with conditions

Course approval decisions

Provider	Course	Region	Inspection dates		Link to inspection report	Decision
			From	to		
Buckinghamshire New University	PG Dip Approved Mental Health Professional	South East	28th April 2026	29th April 2026	https://www.socialworkengland.org.uk/media/2a3p0cil/070926_amhp-inspection-report_bnur1_a-rd.pdf	Approved with conditions
University of Brighton	PG Dip Approved Mental Health Practice	South East	12th May 2026	13th May 2026	https://www.socialworkengland.org.uk/media/lwtbwglq/20260514_ubrir1a_amhp_final.pdf	Approved with conditions
University of Lancashire (previously University of Central Lancashire)	PG Cert Mental Health Practice inc. Approved Mental Health Professional training	North West	12th May 2026	13th May 2026	https://www.socialworkengland.org.uk/media/3mhpszsl/20260703_uclr1_a_final_report.pdf	Approved
University of Chester & Cheshire Approved Mental Health Professional (AMHP) Partnership	PG Cert Applied Mental Health Practice	North West	19th May 2026	20th May 2026	https://www.socialworkengland.org.uk/media/o5pplsma/inspection-report-uchr1_a.pdf	Approved with conditions

Course approval decisions

Provider	Course	Region	Inspection dates		Link to inspection report	Decision
			From	to		
University of East Anglia	PG Cert Approved Mental Health Professional	East	26th May 2026	27th May 2026	https://www.socialworkengland.org.uk/media/w3uhjsll/210826_amhp-inspection-report_uear1_a_rd.pdf	Approved
University of Hertfordshire	PG Cert Applied Mental Health Practice Full time	East	26th May 2026	27th May 2026	https://www.socialworkengland.org.uk/media/j5khy1yz/20260907_uhr1_a_final_v2.pdf	Approved
University of Hertfordshire	PG Cert Applied Mental Health Practice Parl time	East	26th May 2026	27th May 2026	https://www.socialworkengland.org.uk/media/j5khy1yz/20260907_uhr1_a_final_v2.pdf	Approved
University of Manchester	PG Cert Approved Mental Health Professional Practice	North West	09th June 2026	10th June 2026	https://www.socialworkengland.org.uk/media/v5ffuzkl/20260617_umr1_a_amhp_final.pdf	Approved
University of Salford	Best Interest Assessor	North West	23th June 2026	24th June 2026	https://www.socialworkengland.org.uk/media/scych2vi/202826_uscpp516_bia_final.pdf	Approved

Course approval decisions

Provider	Course	Region	Inspection dates		Link to inspection report	Decision
			From	to		
University of Wolverhampton	Advanced Diploma Mental Health Practice for Approved Mental Health Professionals	Midlands	09th June 2026	10th June 2026	https://www.socialworkengland.org.uk/media/iqzhqmoa/uwor1_a-mental-health-for-approved-mental-health-professionals-inspection-report.pdf	Approved with conditions
University of Wolverhampton	PG Cert Mental Health Practice for Approved Mental Health Professionals	Midlands	09th June 2026	10th June 2026	https://www.socialworkengland.org.uk/media/iqzhqmoa/uwor1_a-mental-health-for-approved-mental-health-professionals-inspection-report.pdf	Approved with conditions
Edge Hill University	MA Social Work	North West	07th July 2026	09th July 2026	https://www.socialworkengland.org.uk/media/a2vmkd00/20260715_ehu522_ma_final.pdf	Approved

Fitness to practise – performance Q2 2026/27

Agenda Item 10 Paper Ref 10

Paper for the
Social Work England Board

Sponsor
Philip Hallam, Executive Director, Regulation

Author
Philip Hallam, Stephen Barnett, Rachel Lloyd, Alexandra Hayward

Date
30 October 2026

Reviewed by
Colum Conway, Chief Executive

This paper is for
Assurance and Noting

Associated Strategic Objective
SO6: Review our fitness to practise case resolution approach, to improve service quality and fairness, and ensure value for money.

Impact: Risk type and appetite
Statutory regulatory functions - open

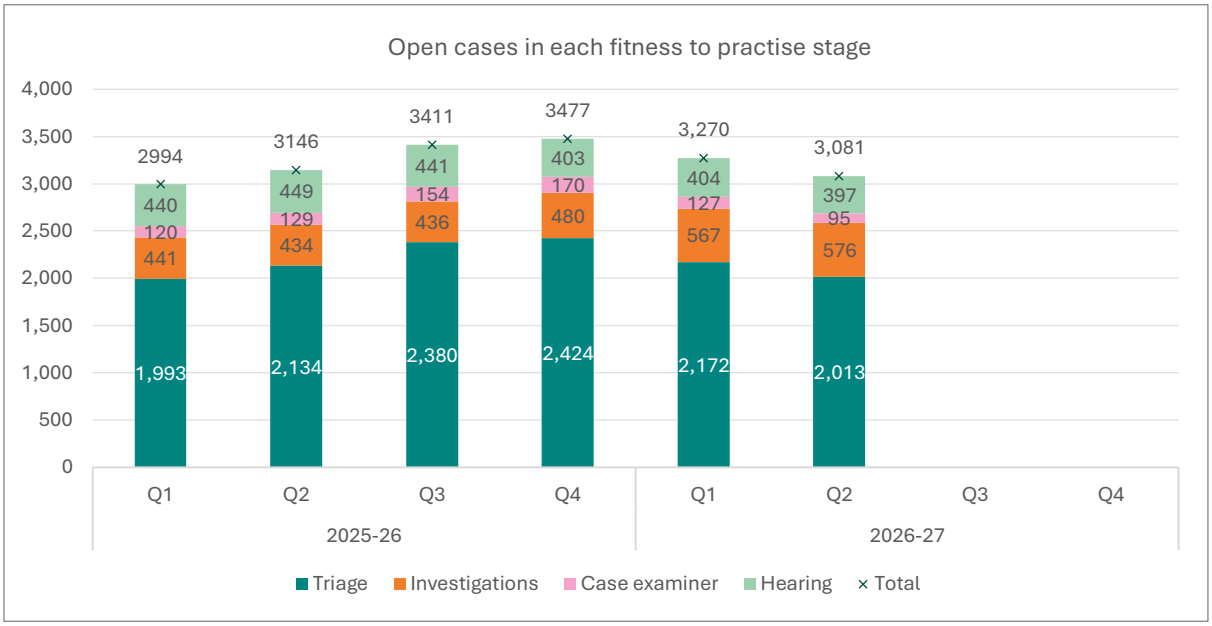
Equality impact assessment (EIA)
N/A

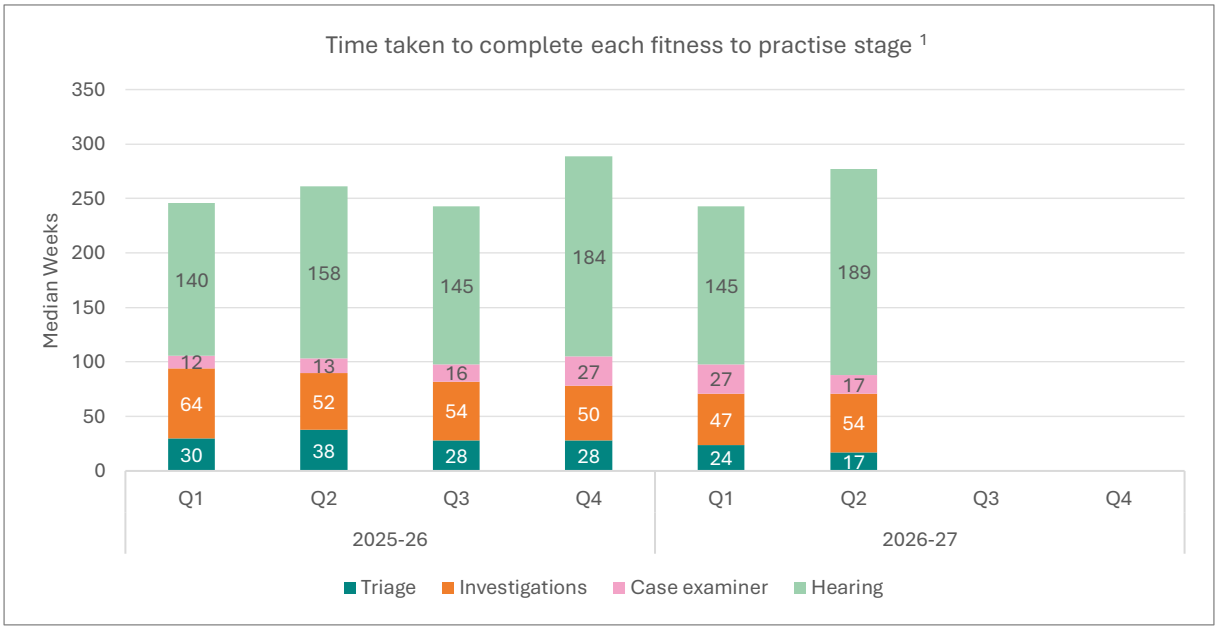
1. Summary

This report sets out performance for the second quarter of 2026-27. The paper focuses on the throughput of cases at each stage of fitness to practise and sets out our projections for caseloads at the end of the financial year. The paper also considers closure rates and decision-making outcomes, and references performance against timeliness indicators. It sets out activities that have taken place over the quarter and looks ahead to activities planned for the next quarter.

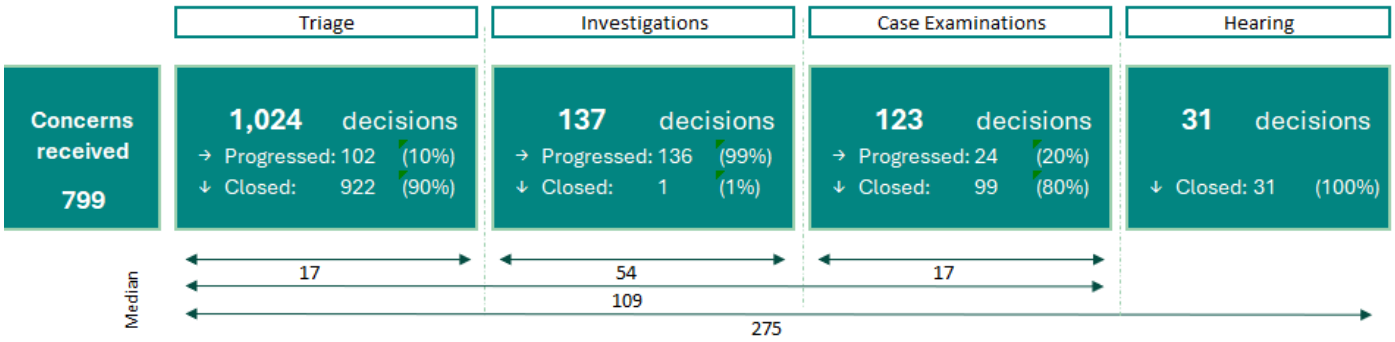
Headline performance for this quarter is as follows:

- All areas of fitness to practise have shown good performance this quarter. The total fitness to practise caseload reduced for the second consecutive quarter.
- We continue to make a high number of decisions at the triage stage of fitness to practise, and this has continued to reduce the number of cases awaiting a triage decision.
- We have exceeded the timeliness KPI at the triage stage this quarter.
- We achieved the timeliness KPI for investigations this quarter and exceeded our target for conclusions at the investigations stage.
- Timeliness at the case examination stage improved this quarter in line with our forecast, and decisions made at this stage exceeded performance last quarter. Case examiners made the highest number of decisions since Q1 23-24.
- Hearings performance is in line with forecast and over 93% of the 168 cases being targeted for listing in 26-27 are either listed or concluded. The overall number of cases awaiting a hearing has reduced to 397.
- We have now revised our forecasts and targets for the remainder of the financial year, taking into account current performance. These revisions appear in the relevant charts below.


Open cases in each fitness to practise stage
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0
2994
3146
3411
3477
3,270
3,081
440
120
441
1,993
449
129
434
2,134
441
154
436
2,380
403
170
480
2,424
404
127
567
2,172
397
95
576
2,013
Q1
Q2
Q3
Q4
Q1
Q2
Q3
Q4
2025-26
2026-27
Triage
Investigations
Case examiner
Hearing
Total


Time taken to complete each fitness to practise stage [1]
Median Weeks
350
300
250
200
150
100
50
0
140
12
64
30
158
13
52
38
145
16
54
28
184
27
50
28
145
27
47
24
189
17
54
17
Q1
Q2
Q3
Q4
Q1
Q2
Q3
Q4
2025-26
2026-27
Triage
Investigations
Case examiner
Hearing

Decision- making across the fitness to practise process in Q2 has been as below:



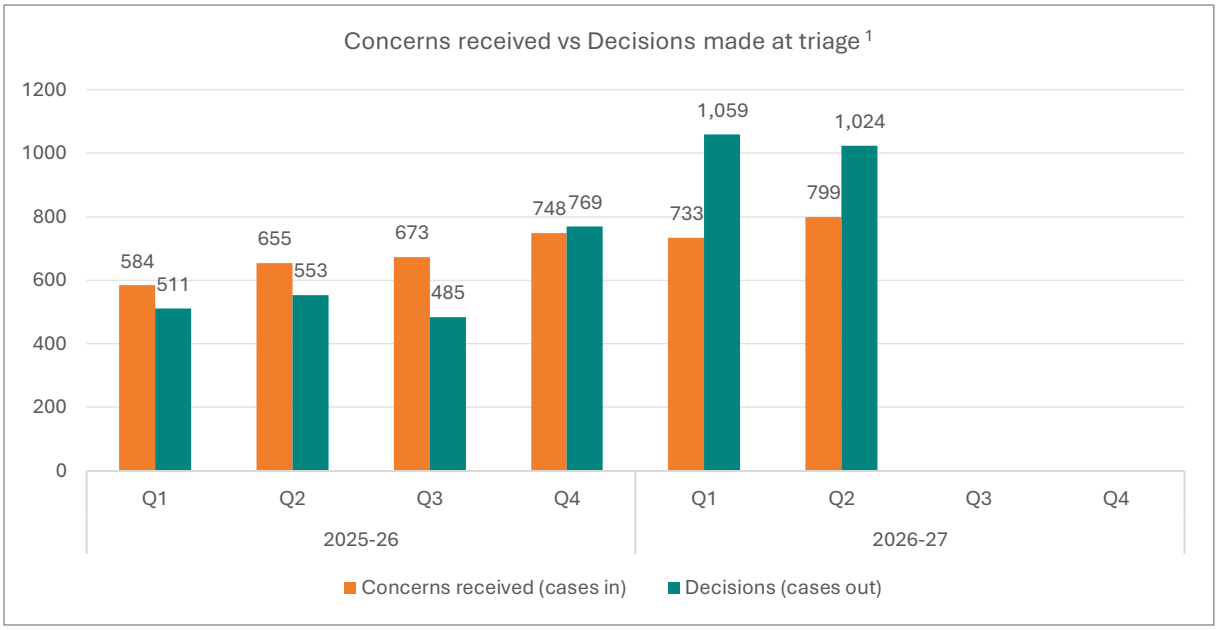
Note: Median timeliness is calculated separately for each team using only cases that progressed beyond that stage. As cases may close at different stages of the process, team medians are not cumulative.

2. Triage

Performance at the triage stage continues to be affected by the high volume and age of the caseload. We forecast that we will receive 250 referrals each month, and the number of referrals have been within this forecast each month since December 2025. However, the number of referrals increased by 51 in September. We are reviewing the nature of those increased referrals and will monitor closely whether this is a temporary increase or a further upward trend.

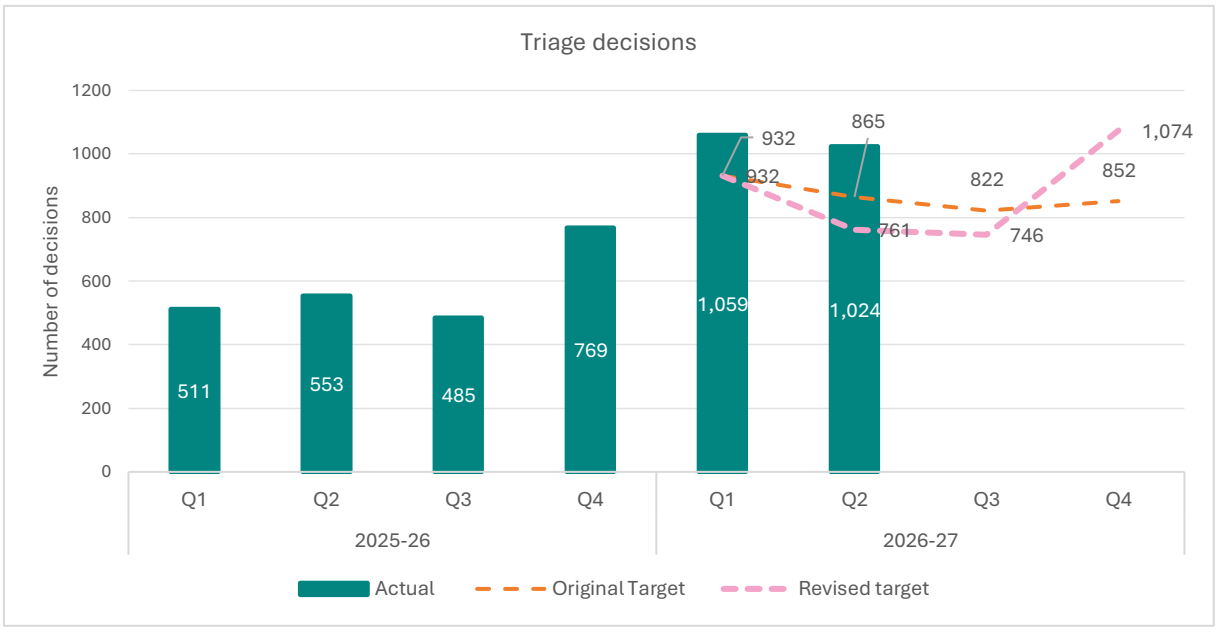
Notwithstanding the September increase in referrals, the triage service continued to make more decisions in Q2, representing a 95% increase compared with the same point last year. Overall, the triage caseload continued to fall in Q2 as the number of decisions made across Q1 and Q2 exceeded the number of new referrals received. The KPI at this stage of the fitness to practise process, time taken to complete triage, has improved in Q2 and is tracking better than target at 17 weeks. However, as previously discussed with the Board, there will be continued volatility in this indicator throughout the financial year as significantly aged cases are closed alongside newer ones. Closing such aged cases will be a focus for Q3-4.

[1] *Some figures updated due to improvements in reporting and expected case movements.*



Triage decision making in Q2 was above forecast - the total number of triage decisions made was 1,024 against a revised forecast of 761. This improvement continues to be led by the Head of Triage, and the testing and embedding of new ways of working related to the outcomes of the process review. The high number of decisions in Q2 has also been supported by the recruitment of temporary part-time senior decision makers [1]and some limited use of overtime.

Performance to date, and our forecast for the remainder of the year, is as follows:

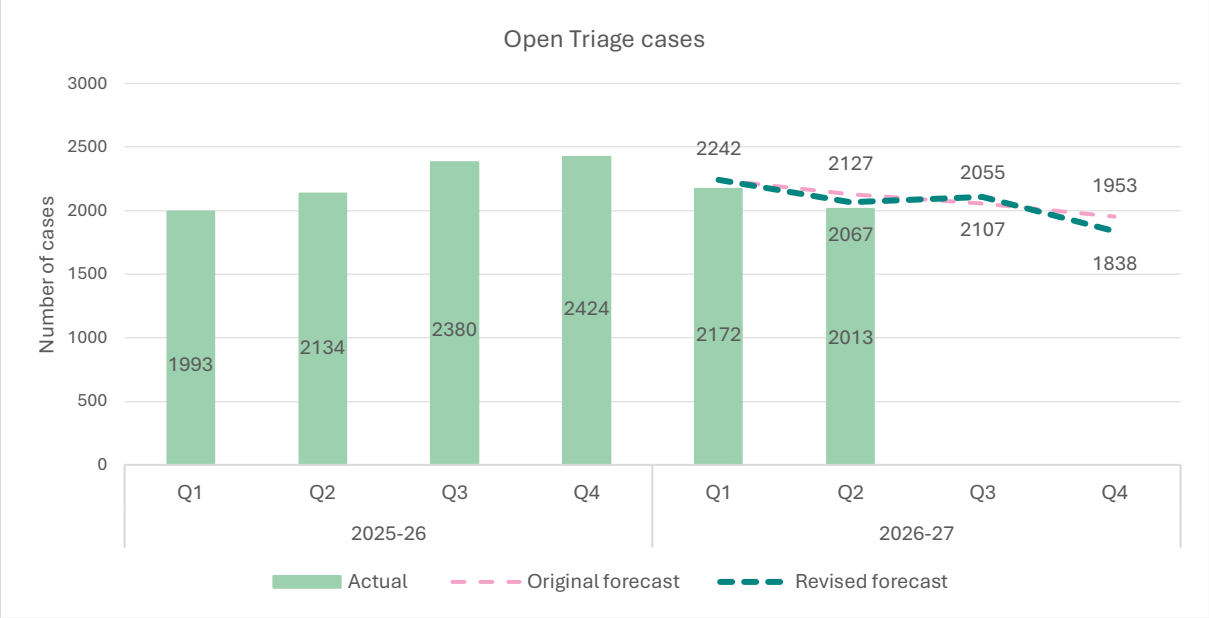


[1] These decision makers are experienced fitness to practise colleagues from across the regulatory sector who provide availability on a monthly basis whilst we recruit additional triage staff.

The revised forecast for decisions during the year takes into account the effect of additional recruitment and training of new staff over Q3 and Q4. Whilst new staff are inducted and trained, we expect some reduction in performance, which will be recovered in Q4.

The open caseload at the end of Q2 was 2,013, better than our revised forecast of 2,067. The team continue to close or progress more cases than concerns received.

The forecast triage caseload for the remainder of the year is set out below.



The table below highlights the higher number of triage decisions made in Q2 of 2026/27 when compared to 2025/26. Closure rates in 2026/27 continue to be higher than our assumption of 80% of cases closing once the triage test is applied. In Q2, closure rates at the triage stage were at 86% (see below).

Triage decisions						Total decisions made
FY	Q	Closed		Progressed		
2026-27	Q2	922	90%	102	10%	1,024
	Q1	913	86%	146	14%	1,061
2025-26	Q4	660	86%	109	14%	779
	Q3	400	82%	85	18%	485
	Q2	471	85%	82	15%	553
	Q1	419	82%	92	18%	511

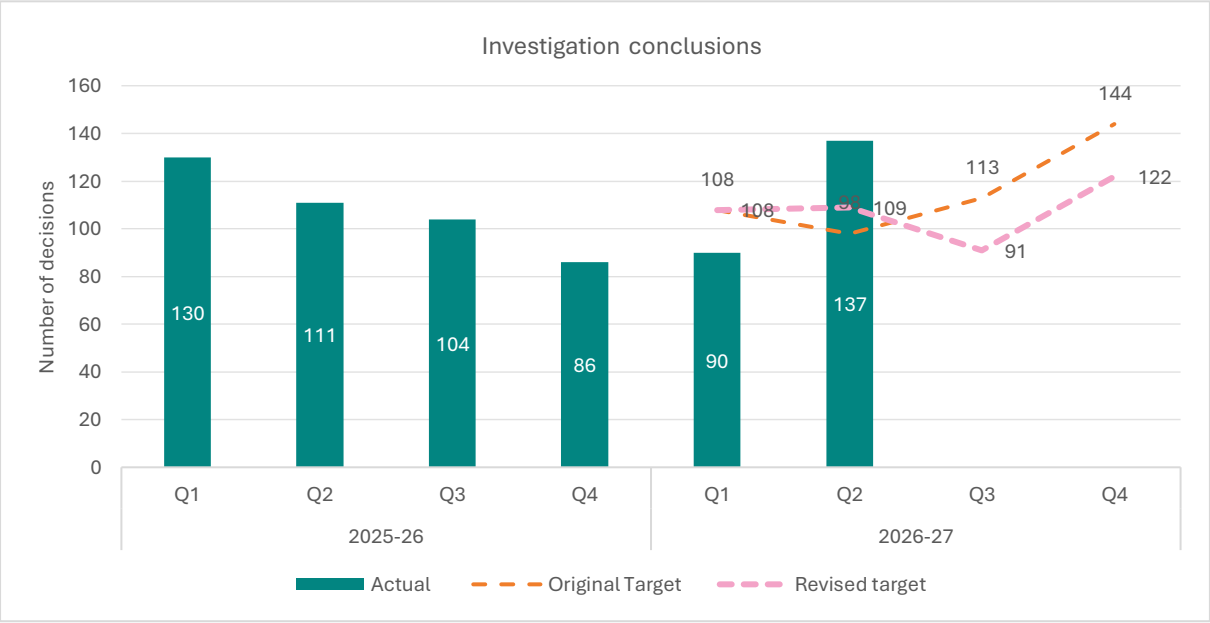
Actions we have taken this quarter to continue to address the high volume of cases in triage, and improve our approach, have included:

- Continued focus on performance by the Head of Triage. A renewed focus on performance across teams alongside the use of temporary additional resources has helped sustain high levels of decision making throughout the quarter, despite high referral volumes.
- Significant recruitment activity took place in August, with 84 interviews held. A third triage manager and a new senior operations lead were also onboarded. These roles will further support improvement activities and work to reduce the volume and age of the caseload.
- The new approach to case holding tested during Q1 was adopted as business as usual.
- A new approach to concern screening was employed from Q2 with senior reviewers assessing referrals at the point of receipt to provide greater scrutiny and clearer direction.

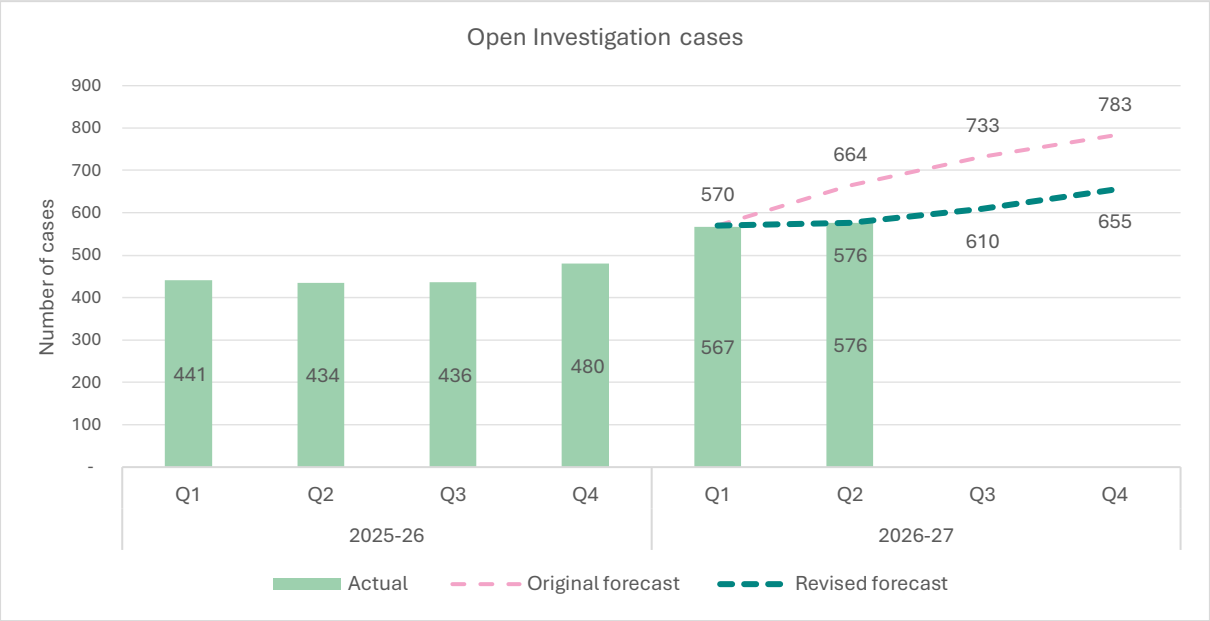
3. Investigations

- Time taken to conclude investigations is at Q2 target of 54 weeks.
- The overall caseload has risen slightly during Q2 as more cases flow through from triage. The investigations service has also been recruiting new Investigators during this period to replace staff who have left.

The number of investigations concluded during the quarter exceeded our revised forecast and was the highest recorded in the past two financial years.



We forecast that the investigations caseload would continue to increase as more cases moved from triage. However, the revised forecast showed a lower caseload than originally expected because more cases have been closed at triage over the last two quarters due to changes to ways of working. We have updated the forecast assumptions to reflect this.



We continue to improve our approach to the investigation of cases, and activities taken in the investigations service this quarter have included:

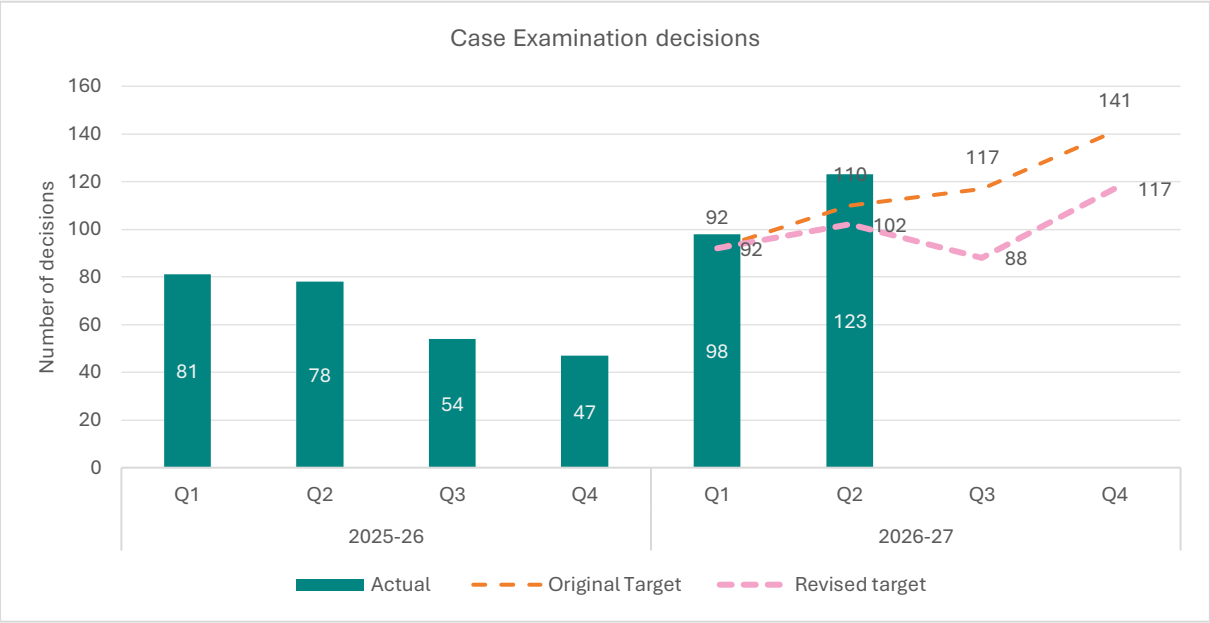
- Concluding the process review and re-engineering project (alongside the triage process review). Recommendations for Investigations were approved by the Executive Leadership Team in May 2026. An implementation project has now been established to make changes resulting from the review throughout 2026/27.
- Uplifting our resource following the recommendations including introduction and recruitment for the Senior Investigator role.
- Reviewing the training offer to staff to support implementation of the process review planned changes
- Further work on establishing improved management and monitoring of cases that are currently awaiting a hearing.

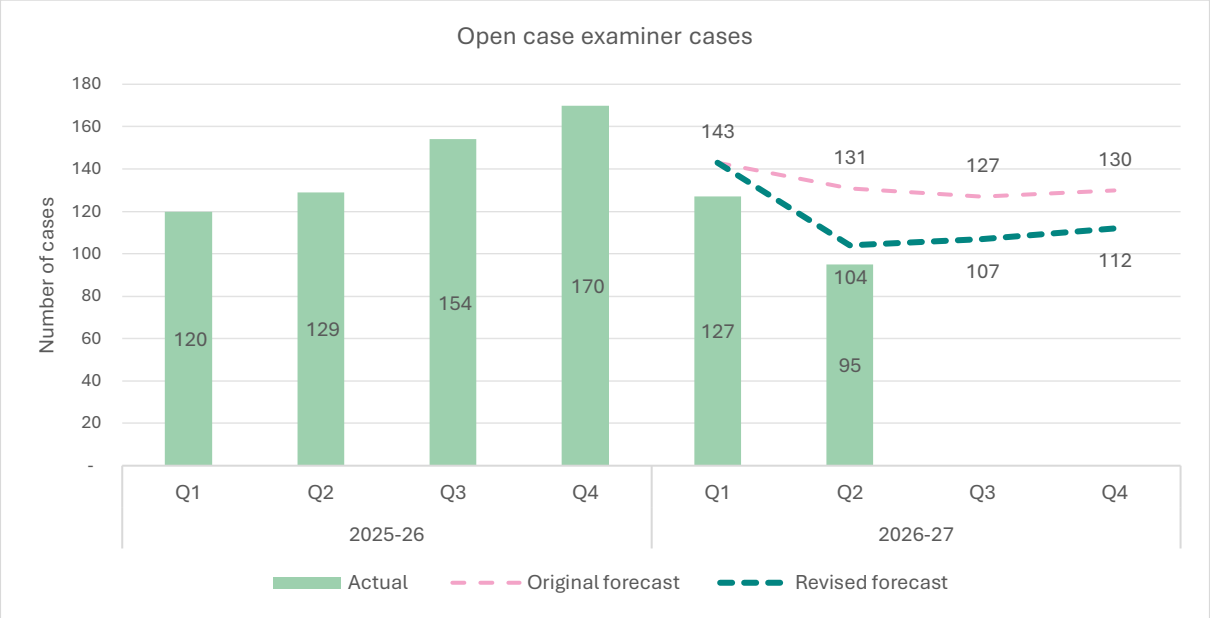
4. Case examination

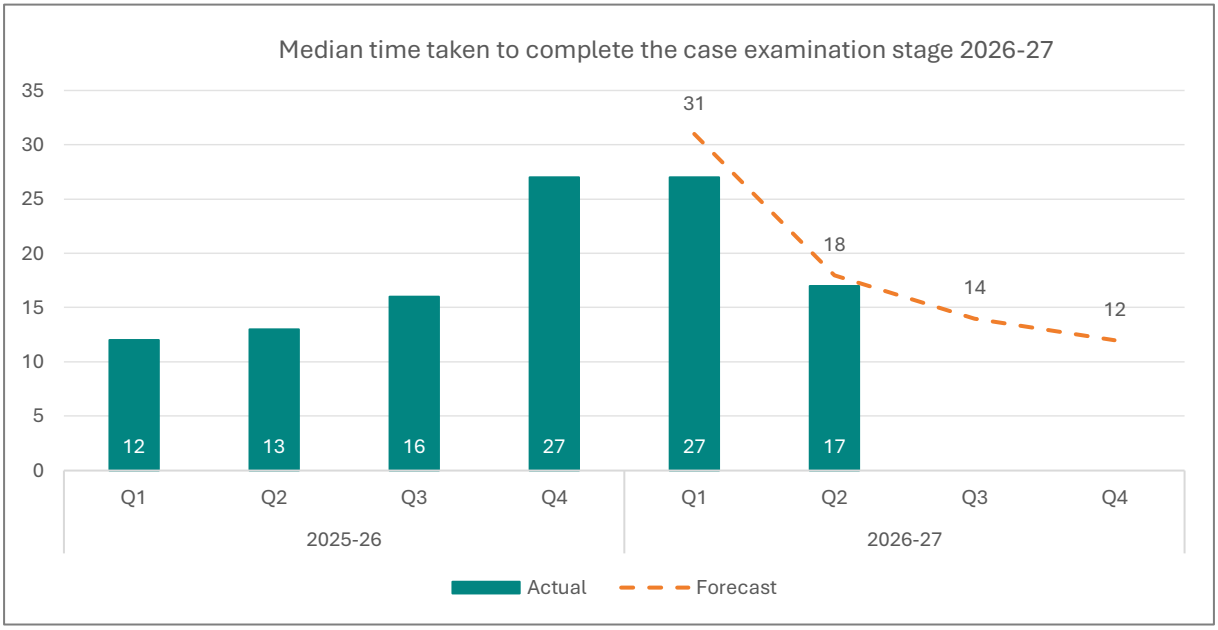
The case examination stage concluded 123 decisions in Q2, the highest quarterly total recorded in the past three financial years.

The KPI for the quarter is 17 weeks. Whilst this is above the KPI target, this is an improvement from the previous quarter and is line with our forecast. We anticipate that the KPI will continue to reduce as the number of cases awaiting a decision at this stage further reduces.

The number of case examiner decisions forecast in QQ3/4 is likely to be less than originally forecasted due to the impact of one of the lay case examiners currently acting in a fixed term case examiner operations manager role. We continue to review adjournments by case examiners to identify further opportunities for improvement. The team will also undertake annual refresher training and EDI training in Q3.







Of those cases concluded at the case examination stage, outcomes have been as follows:

Case examination decisions								Total decisions made
FY	Q	Closed no further action		Accepted disposal		Referred to hearing		
2026-27	Q2	50	41%	49	40%	24	20%	123
	Q1	36	37%	32	33%	30	31%	98
2025-26	Q4	19	41%	14	30%	13	28%	46

	Q3	21	39%	16	30%	17	31%	54
	Q2	28	36%	28	36%	22	28%	78
	Q1	22	27%	24	30%	35	43%	81

The referral rate to hearing was within the forecast range, with 20% of cases referred this quarter.

For 2026-27, we have also set out a target for the median time taken from receipt of a concern to the closure at the case examination stage. By the end of the year, we have set out that this time taken should be 92 weeks. For this quarter, the time taken is 109 weeks. As with KPIs above, this KPI will be subject to volatility until the volume and age of cases reduces.

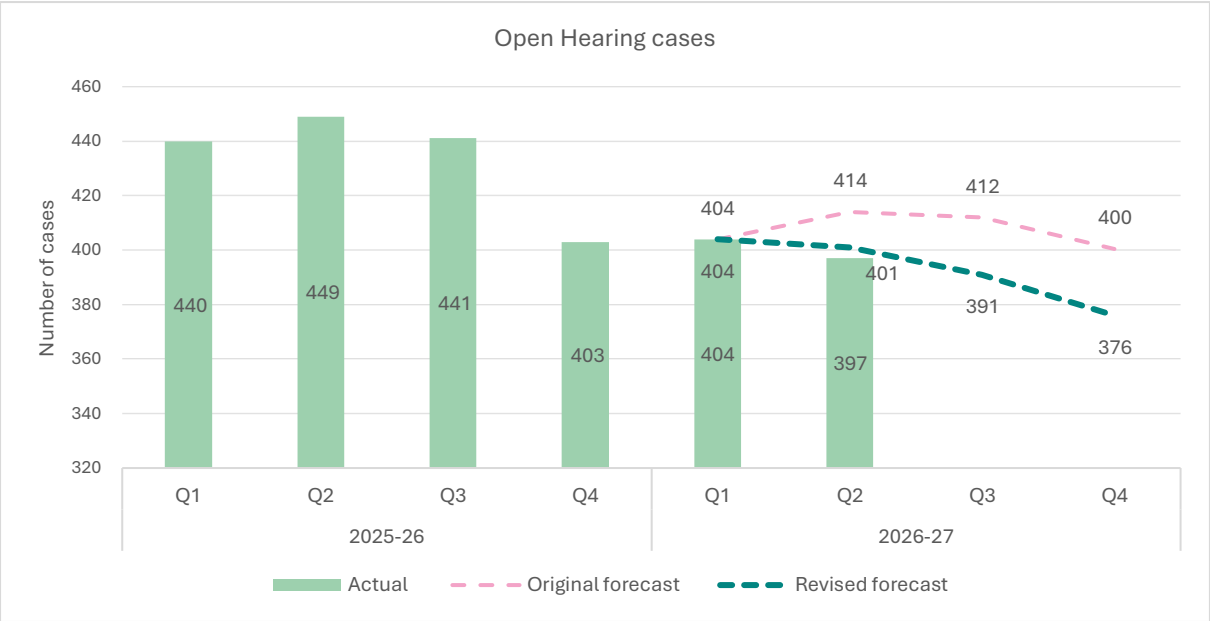
5. Hearings

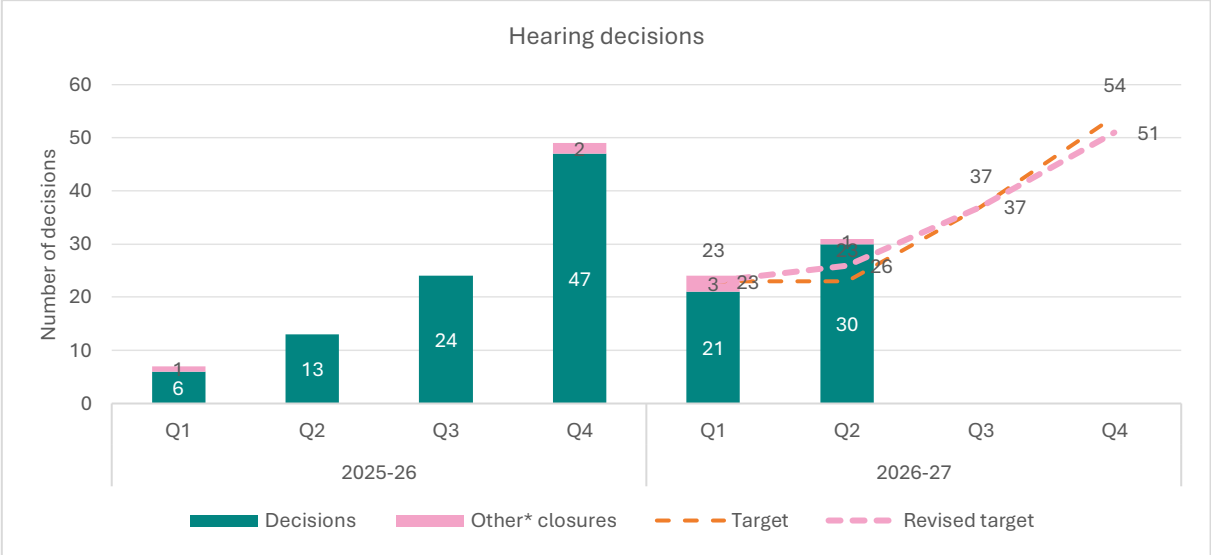
There are currently 397 cases at the hearings stage of the fitness to practise process. Over the course of the quarter, 24 cases have been referred by case examiners. This is in line with our forecast.

We forecast that 168 cases will be listed this year, and 137 concluded at the hearings stage by the end of the financial year. This takes into account an 18% adjournment rate. Over 93% of the 168 cases being targeted for listing in 26-27 are either listed or concluded.

We continue to work with our external legal providers to progress as many cases for a hearing as possible. We have now concluded our re-procurement of legal services and are in the process of onboarding an additional external legal provider which will give us greater capacity for listing hearings in future years.

We continue to monitor the time taken from receipt of concern to the final outcome at hearing stage. Timeliness will continue to be affected by the backlog of cases awaiting conclusion at this stage. For Q2 the time taken is 276 weeks, an increase from the previous quarter (225 weeks). This increase was driven by a higher volume of hearing decisions, including a higher number of older cases.





**Other closures include voluntary removal from the register or removal from the register on another fitness to practise case.*

This quarter, 30 cases were disposed of via a final hearing, with the following outcomes:

Hearing outcomes	2026-27		2025-26			
	Q2	Q1	Q4	Q3	Q2	Q1
No impairment, no further action	12	7	16	3	5	2
No impairment, advice	0	1	1	0	0	0
No impairment, warning	0	1	1	1	0	0
Impaired, advice	0	0	1	0	0	0
Impaired, warning order	3	1	3	1	0	0
Impaired, conditions of practice order	4	0	1	1	0	0

Impaired, suspension order	4	1	5	8	3	3
Impaired, removal order	7	10	19	10	5	1

In addition to the above outcomes, we have also concluded one additional case by other means, taking the total number of closed cases at hearing to 31 at the end of Q2.

6. Interim orders and case review

We continue to meet our KPI target for the time taken to approve interim orders.

In Q2, 13 interim order applications were considered by adjudicators, and 12 orders granted (8 suspension orders and 4 conditions of practice orders.)

Our case review team continue to support social workers subject to interim or final orders, and in Q2, 53 interim order review and 23 final order review hearing events were held.

7. Other fitness to practise activities

In Q2 there were four ongoing judicial review claims at permission stage (two in respect of cases closed at triage, one in respect of a referral where a triage decision has not yet been made and one brought by a former registrant). Two further claims for judicial review (both in respect of triage decisions) have been refused permission on the basis the claims were totally without merit but the Claimants have sought permission to appeal from the Court of Appeal so remain live pending determination of the appeal applications.

Alongside this, we continue to receive learning points from the Professional Standards Authority relating to cases they have considered through their section 29 process. This process allows for the Professional Standards Authority to review final fitness to practise panel decisions and disseminate any learning identified. We review these learning points and share internally and with our partners.

Our Decision Review Group continues to review decisions from across the different stages of the fitness to practise process. Our internal quality score for Q2 is 86%

In Q2, our legal team received 5 new applications to review a case examiner decision, of these applications:

- 2 were considered at stage 1 of the process,
- 3 cases were determined ineligible and subsequently closed.

No cases were referred back to the case examiners for a fresh decision

In Q2 we have received 8 applications for voluntary removal from the register by registrants currently in the fitness to practise process. We made 6 decisions in the quarter, 4 being refused, 2 being withdrawn and the final one being closed for administrative reasons.

8. Looking ahead to Q3 2026/27

Following the publication of the independent review report, we continue to forward the recommendation relating to an end-to-end fitness to practise strategy. The draft strategy will be shared with the Board in October and will include information on the throughput and timeliness targets discussed in this report, and set out our future targets for this financial year and beyond.

In preparing that strategy, we will continue to proactively monitor and adjust our referral assumptions and our decision-making targets. On the assumption that referral rates do not reduce, our current modelling shows a reduction in the **triage** caseload and timeliness throughout 2026/27 and into 2027/28. Recommendations stemming from our triage process review are now being introduced as part of an implementation project. This includes new ways of working alongside a restructured staffing establishment in triage, with temporary triage roles also recruited in 26/27 and 27/28.

In **investigations** we will continue to work closely with our external legal providers to ensure that a pipeline of ongoing work at all stages is maintained. We will also induct new staff and take forward recommendations from the investigations process review.

In **case examinations** we will continue to drive down the time taken to reach a case examiner decision, and reduce the number of cases at this stage of the process. We will take forward work with the investigations team to ensure that cases referred to the case examiners can be determined upon effectively and efficiently.

In **hearings and case review** we will continue to list cases for hearing as expeditiously as possible, using resources available to us and working closely with our external legal providers.

Finance and Commercial Report

Agenda Item 11 **Paper Ref 11**

Paper for the
Social Work England Board

Sponsor
Linda Dale, Executive Director, People and Business Support

Author
Kaye Gilbert, Senior Finance Business Partner

Date
30 October 2026

Reviewed by
Sophie Bennet, Head of Finance and Commercial

This paper is for
Assurance, noting and discussion

Associated Strategic Objective
SO10: Continually develop and improve how we work, ensuring we are a well-run organisation that delivers the right outcomes and provides value for money.

Impact: Risk Type and Appetite
Financial governance - Cautious

Equality Impact Assessment (EIA)
N/A

1. Summary

This paper provides an update on the following:

- Management accounts for the month ending 30 September 2026
- Recent commercial activity

2. Action required

The board is asked to:

1. Note the September 2026 year-to-date financial position and full-year forecast;
2. Note that the reported capital variance remains subject to further assurance;
3. Take assurance from the financial management arrangements, forecast monitoring and mitigating actions described in this report;
4. Take assurance from the commercial update and the governance arrangements in place for the activities described.

3. Commentary

Management Accounts

A summary set of the management accounts for the month ended 30 June 2026 can be found in Annex A.

- At 30 September 2026, year-to-date net revenue expenditure was £7.636m, £432k (6%) above the Department for Education (DfE) approved budget. The variance principally reflects staff related cost pressures, including retention being higher than expected, and digital revenue expenditure.
- The September forecast indicates a full-year net expenditure pressure of £854k against the total budget. The forecast pressure reflects a combination of factors. Certain budget assumptions, particularly in relation to staffing and support service costs, have not materialised as anticipated. In addition, some financial pressures emerged progressively during the year before mitigating actions could be fully implemented. The reported position has also been affected by accounting adjustments identified through routine financial review processes. Management has responded through enhanced forecast review, validation activity and the development of mitigating actions, with approximately £390k of mitigations identified to date. We expect to manage back to budget by year end.
- The £3.3m additional Grant-in-Aid has now been confirmed. As the funding was already included in the total Board-approved budget on an at-risk basis, confirmation removes the funding uncertainty but does not create a further favourable movement in the forecast.
- The September full-year forecast incorporates actual expenditure to 30 September and budget holders' estimates for the remaining six months. Forecast validation, the review of Fitness to Practice capacity improvements, cost-saving options and confirmation of deliverable mitigations remain ongoing. The key forecast risks are external legal costs,

digital revenue/capital classification, salary pressures, costs associated with the response to the independent review and fee income trends.

- The forecast assumes expenditure will continue to increase according to plan in triage and external legal delivery, alongside continued management of digital programme costs and delivery of identified mitigations.
- Fee income was £66k below budget, reflecting lower scrutiny and new registrant income, partly offset by higher renewals and restoration fees.
- Digital revenue costs are £168k above budget year to date, while capital expenditure on digital development (£86k) and IT equipment additions are £174k above budget.
- The digital resourcing plan has been developed and is undergoing review to confirm the appropriate revenue/capital classification and to ensure total delivery remains within approved budgets.
- The balance sheet remains stable. The net current liability position is largely driven by deferred fee income and the timing of grant funding and other liabilities, consistent with the organisation's funding model. Cash flow and liquidity will continue to be monitored through the year. Non-current assets total £10.4m net book value, comprising primarily the internally generated system (£5m net book value) and £4.6m (net book value) of assets under construction (Forge system). This reflects continued investment in digital capability, with assets expected to transition into operational use over time. Depreciation and amortisation remain in line with expectations, with no indicators of impairment. Working capital is negative at £5.4m, driven by deferred income (£2.6m), accruals (£2.9m) and payables (£1.3m), partially offset by cash balances (£1.1m) and prepayments (£0.3m). This reflects the advance receipt of fee income and the timing of liabilities. While this results in a net current liability position, it is consistent with the organisation's funding model and does not indicate liquidity concerns.

4. Commercial update

The Commercial Team is supporting a range of strategic procurements and contract-management activity.

The two external legal provider contracts have been executed and onboarding has been completed. Operational leads, supported by case and contract managers, are managing case allocation, service delivery and reporting.

A new contract for translation has been awarded. The transcription procurement was discontinued before contract award and the future route to market is being considered. A time-limited direct award is being progressed through the appropriate governance route to maintain operational continuity in the meantime.

Market engagement for legal services for business support and regulation has completed, with the intent to go live in November 2026.

We have published an invitation to tender for internal audit services and expect to award a new contract by January 2027. The audit and risk assurance committee chair was involved in development of the service specification and tender documentation.

5. Conclusions and/or Recommendations

N/A

6. Annexes

Annex A – management accounts

Annex A - Year-to-date management accounts and full-year forecast - September 2026

Directorates	Year to date amount	Year to date budget	Year to date £ variance	Year to date % variance	*Current expected full year spend* Full year forecast	*Current DfE Grant in Aid (GIA)* Full year budget	*At risk budget Total budget - GIA* At risk	*Full year total budget* Full year total budget	*£ Variance forecast to budget* Full year £ variance	*% Variance forecast to budget* Full year % variance
Fee income	**(6,743,547)**	**(6,809,335)**	**(65,788)**	**(1.0%)**	**(13,609,176)**	**(13,813,875)**	**0**	**(13,813,875)**	**(204,698)**	**(1.5%)**
Executive Leadership Team										
Wages & Salaries	311,744	276,293	(35,451)	(12.8%)	623,264	559,459	0	559,459	(63,805)	(11.4%)
Support	28,476	16,160	(12,316)	(76.2%)	42,111	27,270	0	27,270	(14,841)	(54.4%)
Total	**340,220**	**292,453**	**(47,767)**	**(16.3%)**	**665,375**	**586,729**	**0**	**586,729**	**(78,646)**	**(13.4%)**
People & Business Support										
Wages & Salaries	2,159,194	2,094,830	(64,364)	(3.1%)	4,651,672	4,244,752	0	4,244,752	(406,920)	(9.6%)
Support	2,246,089	2,033,859	(212,230)	(10.4%)	3,904,558	3,595,264	(54,892)	3,650,156	(254,402)	(7.0%)
Total	**4,405,283**	**4,128,689**	**(276,594)**	**(6.7%)**	**8,556,229**	**7,840,015**	**54,892**	**7,894,907**	**(661,322)**	**(8.4%)**
Regulation										
Wages & Salaries	5,287,727	4,772,270	(515,457)	(10.8%)	12,425,720	9,657,175	(2,399,328)	12,056,503	(369,217)	(3.1%)
Support	2,694,942	3,106,920	411,978	13.3%	8,524,471	8,249,926	(865,590)	9,115,516	591,045	6.5%
Total	**7,982,670**	**7,879,190**	**(103,480)**	**(1.3%)**	**20,950,191**	**17,907,101**	**3,264,918**	**21,172,019**	**221,828**	**1.0%**
Professional practice and external engagement										
Wages & Salaries	1,564,911	1,546,271	(18,639)	(1.2%)	3,367,693	3,131,007	0	3,131,007	(236,686)	(7.6%)
Support	86,241	166,174	79,933	48.1%	442,667	548,658	(0)	548,658	105,991	19.3%
Total	**1,651,152**	**1,712,446**	**61,294**	**3.6%**	**3,810,360**	**3,679,665**	**0**	**3,679,665**	**(130,695)**	**(3.6%)**
Total Expenditure	**14,379,324**	**14,012,778**	**(366,547)**	(2.6%)	**33,982,156**	**30,013,510**	**3,319,810**	**33,333,321**	**(648,836)**	(1.9%)
Net Expenditure	**7,635,777**	**7,203,442**	**(432,335)**	**(6.0%)**	**20,372,980**	**16,199,635**	**3,319,810**	**19,519,446**	**(853,534)**	**(4.4%)**
Depreciation/Amortisation	1,209,179	1,217,924	**8,745**	**0.7%**	2,427,103	2,435,848	0	2,435,848	**8,745**	**0.4%**
Net Expenditure inc Depreciation	8,844,956	8,421,366	**(423,590)**	**(5.0%)**	22,800,083	18,635,483	3,319,810	21,955,294	**(844,789)**	**(3.8%)**
Capital Expenditure	1,487,786	1,314,000	**(173,786)**	**(13.2%)**	3,008,211	2,838,000	0	2,838,000	**(170,211)**	**(6.0%)**
Total	**10,332,742**	**9,735,366**	**(597,375)**	**(6.1%)**	**25,808,294**	**21,473,483**	**3,319,810**	**24,793,294**	**(1,015,000)**	**(4.1%)**

Annex A - Management Accounts Balance Sheet as at 30 September 2026

	Cost £	Depreciation £	N.B.V £
Fixed Assets			
Buildings	1,264,299	(1,100,875)	163,423
Right of Use Asset	1,129,345	(761,527)	367,818
IT Equipment	1,455,060	(1,084,777)	370,282
Fixtures & Fittings	346,497	(323,521)	22,976
Internally generated system	11,495,766	(6,567,978)	4,927,788
Forge System (WIP)	4,585,856	0	4,585,856
	20,276,822	**(9,838,678)**	**10,438,144**
Current Assets			
Prepayments			298,628
Bank			1,112,476
Debtors			3,128
			1,414,232
Current Liabilities			
Accruals			**(2,884,025)**
Deferred Income			**(2,621,251)**
Payables			**(1,354,067)**
			(6,859,342)
Working Capital (Current Assets less Current Liabilities)			**(5,445,110)**
Non-Current Liabilities			
Lease liability additions			**(1,152,302)**
Lease liability payments			**789,939**
Lease interest			**(103,576)**
Provisions			**(172,464)**
			(638,404)
Total Assets & Liabilities			**4,354,630**
Taxpayers equity			**4,354,630**

Equality, diversity and inclusion (EDI) and Co-production

30 October 2026



Today's spotlight:

- Impact and delivery of our EDI and co-production work
- Embedding EDI and co-production in the 2026–27 business plan
- Transparency, accountability and communicating progress following the Independent Review recommendations 12 & 13

Key organisational messages

EDI and co-production are central to our work as an effective regulator and employer.

Our approach reflects social work values and our organisation's values and behaviours.

Our work informs decisions across the organisation and helps us make a positive contribution to society.

We are leading the way in embedding EDI across all our work.

We are working to increase visibility of the action we are already taking on equalities

We want everyone we work with to feel supported and treated fairly, with dignity and respect.

We continue to tackle racism and oppression, recognising there is more to do.

Social workers promote social justice and the rights, strengths and wellbeing of the people, families and communities they work with.

Social workers have a duty to promote ethical practice among colleagues and protect those who need support.

We're proud to have been awarded

Onvero

TIDE Gold 2026

Talent Inclusion and Diversity Evaluation

for the second consecutive year

TIDE assessment scores

Category	Score
Inclusive leadership	100%
Values and behaviours	100%
Wellbeing and belonging	100%
Inclusive recruitment	98%
Employee voice and engagement	97%
DEI training	96%
Strategy and planning	90%
Talent management and development	86%
Working practice	85%
Diversity data monitoring	78%

Our diversity data analysis journey: 2023–2026

2023

Published our first analysis.

Found that some groups of social workers are overrepresented in fitness to practise (FtP) referrals and progression.

2024

Added another year of data.

Found similar patterns continued.

2026

Used more detailed statistical analysis.

Explored which factors are most strongly linked to cases moving through the process.



Latest findings(2026)

- Referral source and concern type were most strongly associated with whether cases progressed.
- No differences by ethnicity, age or gender were found at pre-triage.
- Cases involving Black social workers were more likely to progress at triage.
- Cases involving Black social workers were around twice as likely to progress at the case examiner stage.
- Some age and gender differences remained, but the pattern was less consistent than earlier analysis suggested.

Turning insight into action

Independent review recommendations 12 and 13

Continuing to work with employers through our Fair Referral Principles, workshops, expanding the East region pilot, SPOC network and support the implementation of SC-WRES.

Developing anti-racism and EDI training for staff and partners involved in fitness to practise decision-making.

Building our understanding through further research, including research into people's experiences and the context of cases to explore why some groups are more likely to move to later stages in FtP.

Creating a dedicated EDI fitness to practise data report to improve transparency and track trends over time.

Reviewing FtP policies, guidance and decision-making to identify and address barriers to fair and inclusive decision-making.



FtP partner training: early participant feedback

8 of 9 respondents were very satisfied.

All 9 agreed or strongly agreed that the training was relevant to their role.

"Thought provoking training on an important topic."

"A good balance of theory and collaborative discussions with colleagues. The session was well paced, and enabled individuals to consider their responses before sharing."

"I have heard of the Pause model before, but it's never been explained in such detail."

INSTITUTE OF REGULATION

Institute of Regulation commendation



We received second place in the Institute of Regulation's 'innovative practice' category in March 2026.

The award recognised our cross-team work on FtP and diversity data

The judging panel noted that the work carried out demonstrates integrity and professionalism in a genuinely sensitive area of regulatory practice.

Collective action

We have committed to 9 shared principles developed by health and social care regulators.

'Advancing Workforce Race Equity in Health and Social Care: Shared Principles Across Regulators' aims to coordinate regulators' work to tackle racism experienced by the workforce.

We welcome the Lord Mann Review and its focus on tackling racism, including antisemitism, as a matter of safety, quality and accountability.

We are working with partners across government and regulation to consider and respond to its recommendations.

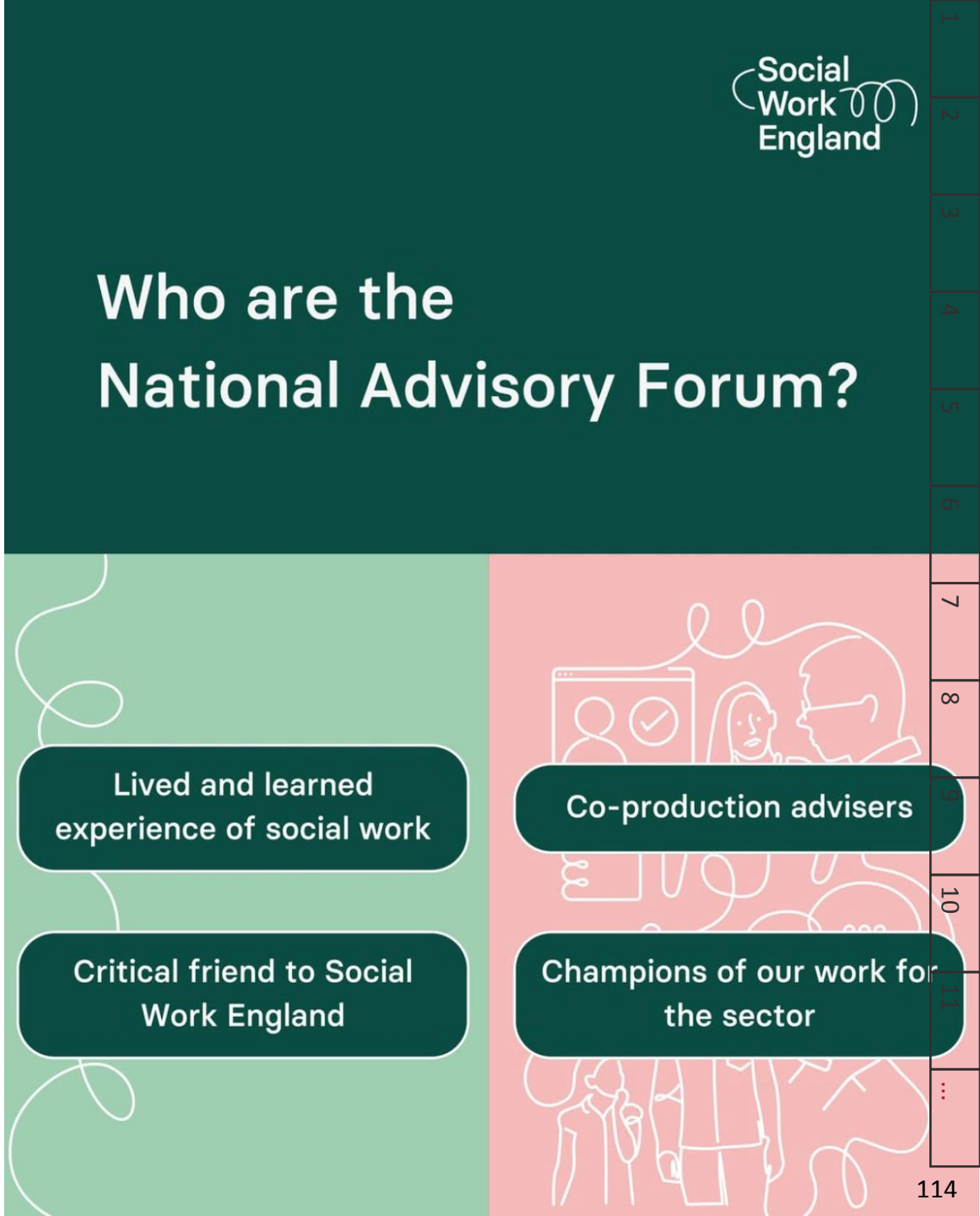


Strengthening co-production through the National Advisory forum

Following summer recruitment, the National Advisory Forum now has 16 members.

The Forum helps us to make co-production central to everything we do at Social Work England.

Members bring diverse perspectives as social workers, social work students, educators and people with lived experience of social work.



National Advisory Forum: members' and partners' perspectives



"I have thoroughly enjoyed my time being part of the NAF, getting to know Social Work England more, not just the people but the processes, policies, and structures. Being in the NAF I have felt valued and co production has felt genuine and not tokenistic, being part of the planning, feedback, and changes to new ways of working and guidance."

National Advisory Forum member

"The two members have engaged enthusiastically with the project, being vocal in the project meetings and workshops they've attended, asking the right questions at the right time and generally adding value throughout. Having the voices of people with lived experience involved has helped represent these valuable perspectives in identifying and attempting to address the challenges facing the adult social work sector."

Policy Manager for Workforce Strategy for Adult Social Work

"My involvement in the NAF continues to develop and nurture my skills in social work, not only do I learn from those who work for Social Work England, I also learn from the perspectives of my peers. Evolving perspectives and understanding is ample to good social work practice and the NAF is contributing to my development as a practitioner!"

National Advisory Forum member

How we communicate our EDI and co-production work



Public updates:

- Our website shares quarterly EDI updates, news and research, including our FtP diversity analysis.



Staff communications:

- We share examples of inclusive practice through staff newsletters (Evolve), intranet blogs and Weekly Connect.



Co-production updates:

- The Forum's quarterly newsletter shares members' contributions, project updates and opportunities to get involved.



Practical engagement:

- Regional engagement leads run fair referral principles workshops, with invitations shared through professional networks

Independent review recommendation 12: increase visibility of the action we are already taking on equalities, including by publishing more substantive and detailed data on equalities aspects of regulation and encouraging employers to take action based on the data

- Embedding EDI and Co-production as guiding principles through all our work - starting with embedding these principles within our business plan for 2026 to 2027
- A commitment to making the wide range of our EDI and co-production work visible across our channels – utilizing both digital channels and face to face opportunities
- Collaboratively working with the PSA, external regulatory bodies, Skills for Care (SCR-WRES), NHS Race and Health Observatory on Advancing Workforce Race Equity in Health and Social Care, Lord Mann review recommendations
- Continuing our innovative approach to collaboration including the expansion of our successful anti-racist pilot in the East to 2 more regions – North West and South West initially

Thank you for your time today

Questions and reflections?



Board Effectiveness Review 2026 draft report

Agenda Item 13 Paper Ref 13 Annexe A*

Paper for the
Social Work England Board

Sponsor
The Chair of the Board

Author
Alison Edbury, Corporate Governance Manager

Date
30 October 2026

Reviewed by
The Chair of the Board

This paper is for
Decision

Associated strategic objective
SO10: Continually develop and improve how we work, ensuring we are a well-run organisation that delivers the right outcomes and provides value for money.

Impact: Risk type and appetite
Governance - open

Equality impact assessment (EIA)
N/A

1. Summary

As part of our good corporate governance practice, the board undertakes a formal and rigorous annual evaluation and appraisal of its own performance and that of its committees and individual non-executive directors. This paper presents the key findings from the 2026 review and the proposed next steps. The detailed draft board evaluation report is provided separately to board members.

2. Action required

Board members are asked to:

- review and discuss the key findings summarised in this paper; and
- review and approve the draft board evaluation report 2026; and
- Agree next steps.

3. Commentary

As part of our good corporate governance practice, the board undertakes a formal and rigorous annual evaluation and appraisal of its own performance and that of its committees and individual non-executive directors. The whole board self-appraisal normally takes place early in the year, but this review was delayed pending receipt of the external review report. It is suggested that the next review commences towards the end of 2027, subject to the views of the next chair. Individual self-appraisals remain at the normal point in the year – autumn – which fits with the historic recruitment pattern for non-executives.

The annual evaluation and appraisal process was conducted as follows:

- Board members were asked to complete a board evaluation questionnaire by 14 October 2026;
- Board members were asked to complete a self-appraisal form by 14 October 2026;
- Board members were asked to meet with the chair to review and discuss their self-appraisal forms.

In addition, and to ensure compliance with the board's terms of reference, for 2026 we had planned to support the board's self-evaluation process with external evaluation provided by a third-party supplier. Due to constraints on our resources, and the timing of the external review of the organisation as a whole, we have decided that we will now undertake the external board effectiveness review in the new financial year to allow for effective resource planning. The board can take assurance from the outputs from the internal evaluation along with additional review processes which include the current review of our framework agreement with our sponsor department, the Department for Education.

Board evaluation

The board evaluation questionnaire sets out to assess how the board is performing in delivering its core role in:

- providing strategic leadership;

- setting purpose, objectives and strategy;
- ensuring the appropriate human and financial resources are available to achieve objectives;
- setting the organisation's values and behaviours;
- meeting its statutory obligations;
- ensuring that obligations to stakeholders are understood and met; and
- delegating operational responsibilities to the Executive team.

Board members were asked to rate their experience of the board and any committees they are part of over the past 12 months using this guide to rating, scoring responses 1 to 5:

1 Low rating – degree of criticism and suggests that some kind of immediate remedial action is required
2 Low/average rating – could be better
3 Average
4 Medium/high rating: acceptable performance – room to achieve higher rating
5 High rating – very satisfied

All board members completed the questionnaire; this included 7 non-executive directors and the chief executive.

The results are provided separately in the Annexe: Draft Board Evaluation Report 2026*.

Key findings

The questionnaire responses were generally positive about arrangements for delegation, strategic oversight, risk management and committee reporting. They also identified areas for further development in governance processes, stakeholder engagement and the information available to support scrutiny:

- **Stakeholder engagement:** responses were more mixed on opportunities for direct engagement and access to stakeholder feedback, including through the National Advisory Forum and engagement with the profession.
- **Meeting arrangements:** opportunities included a better balance of agenda items, less duplication between public and private meetings, and more time for strategic discussion and significant decisions.
- **Information and assurance:** assurance on implementation of the independent review recommendations, progress against the fitness to practise improvement plan, budget risks and the implications of children's and mental health reforms were seen as priorities.
- **Specialist support and development:** suggestions included access to additional advice and training on social work practice, digital technology, artificial intelligence and cyber risk, including through co-option.

Overall, all members of the board responded that they were satisfied that the board has in place an appropriate process for regular board, committee and individual board member evaluation; and that the questions contained in the evaluation form were the right ones.

Board self-appraisal

As part of their self-appraisal non-executive directors were asked to:

- review their 12-month objectives and performance
- identify any learning and development or training requirements
- meet to discuss their completed self-appraisal with the chair.

The self-appraisal process is currently ongoing, being 71% complete. The process is expected to be completed by end November 2026 with an executive summary report to follow.

4. Conclusions and/or recommendations

Board members are asked to:

- review and discuss the key findings summarised in this paper; and
- review and approve the draft board evaluation report 2026; and
- Agree next steps.

Annexes

Annexe A: Draft Board Evaluation Report 2026 *

Social Work England board and board committee terms of reference

Agenda Item 14 Paper Ref 14

Paper for the
Social Work England Board

Sponsor
Linda Dale, Executive Director, People and Business Support

Author
Alison Edbury, Corporate Governance Manager

Date
30 October 2026

Reviewed by
Linda Dale, Executive Director, People and Business Support

This paper is for
Decision

Associated strategic objective
SO10: Continually develop and improve how we work, ensuring we are a well-run organisation that delivers the right outcomes and provides value for money.

Impact: Risk type and appetite
Governance and legal compliance - cautious

Equality impact assessment (EIA)
N/A

1. Summary

This paper invites the board to consider minor amendments to its terms of reference, and to the terms of reference for board committees. These amendments would amend the name of the remuneration committee, reflect recent changes to the scheme of financial delegation and extend current arrangements for co-opting advisory members to board committees on a temporary basis.

2. Action required

The board is asked to consider and, if content, approve the proposed amendments to terms of reference for the board and board committees (Appendix 1).

3. Commentary

Co-option

The role of co-opted members is to bring an external perspective to the work of Social Work England and contribute specific professional expertise or lived experience to the committee to which they are appointed. The appointment of a co-opted member takes place to resolve an identified knowledge or experience gap in that committee's membership.

A process for co-option was agreed by the board in October 2024. Since that time, two co-opted members have been appointed to enhance the work of the policy committee. Other board committees are now starting to consider the potential to co-opt additional members, to broaden the range of professional and specialist knowledge available to support their work.

Minor amendments to board and committee terms of reference are proposed to enable the appointment of co-opted members to each of the board committees on a temporary basis, including the people and remuneration committee. These amendments would also increase the maximum number of co-opted members who can join a board committee from two to three. This will enable all committees to benefit from access to a broader range of specialisms; for example the policy committee has identified a need for specific expertise relating to children's services, adult social care and social work education and training.

Annual policy review

As part of the annual policy review cycle, other minor changes are proposed to:

- Change the name of the remuneration committee to 'people and remuneration committee'

- Ensure that the board's terms of reference continue to align with the scheme of financial delegation.

The board is invited to note and approve these proposed amendments. It is also invited to review the document in its entirety and consider whether any further amendments are required at the present time.

The board is invited to note that a review of Social Work England's framework document is currently underway. There may potentially be a need to revisit terms of reference again in the coming months, to align with any changes to the framework document.

4. Conclusions and/or Recommendations

The board is invited to consider, and if content approve, the proposed amendments to the terms of reference at Appendix 1.

5. Appendices

Appendix 1– proposed amendments to board and board committee terms of reference.

Social Work England Board

Terms of Reference for review October 2026

Social Work England was established under the Children and Social Work Act 2017 ("the Act") to be a new single-profession regulator for social workers in England. It is a separate legal entity, administratively classified by the Cabinet Office as a non-departmental public body ("NDPB") and operates at arm's length from Government.

Social Work England was established on 1 April 2018. It took on its regulatory functions on 2 December 2019.

Social Work England regulates all social workers in England.

The Board is the governing body for Social Work England.

Purpose

The Board provides leadership, direction and a steer on the overall strategy for the organisation. It is responsible for overseeing the full range of Social Work England's regulatory functions, including setting professional standards and standards for education and training for all social workers; establishing and running a fitness to practise system; and holding a register of social workers in England. The Board ensures effective arrangements are in place to provide assurance on risk management, governance and internal control.

Responsibilities

The Board's specific responsibilities include:

- establishing and taking forward the strategic aims and objectives of Social Work England consistent with its overall strategic direction in its corporate plan
- providing effective leadership of Social Work England within a framework of prudent and effective controls which enables risk to be assessed and managed
- ensuring the financial and human resources are in place for Social Work England to meet its objectives
- reviewing management performance against Key Performance Indicators and other deliverables
- ensuring that the Board receives and reviews regular financial and management information concerning the management of Social Work England
- ensuring that the Board is kept informed of any changes which are likely to impact on the strategic direction of Social Work England's Board or on the attainability of its targets, and determining the steps needed to deal with such changes and where appropriate bringing such matters to the attention of the Secretary of State and Principal Accounting Officer via the executive leadership team, sponsor team (DfE) or directly
- ensuring that any statutory or administrative requirements for the use of public funds are complied with; that the Board operates within the limits of its statutory authority

and any delegated authority agreed with the DfE, and in accordance with any other conditions relating to the use of public funds (Annex A); and that, in reaching decisions, the Board takes into account guidance issued by the DfE

- supporting the executive leadership team in the development and effective use of a data and insights strategy as part our business plan objectives
- ensuring that as part of the above compliance it is familiar with:
    - the Framework Document,
    - any delegation letter issued to Social Work England
    - any elements of any settlement letter issued to the DfE that is relevant to the operation of Social Work England
    - any separate settlement letter that is issued to Social Work England from the DfE, and
    - that it has appropriate internal mechanisms for the monitoring, governance and external reporting regarding any conditions arising from the above documents and ensure that the Chief Executive and Social Work England as a whole act in accordance with their obligations under the above documents
- demonstrating high standards of corporate governance at all times, including by using the independent Audit and Risk Assurance Committee to help the Board to address key financial and other risks
- assessing and approving risk appetite annually
- advising the Secretary of State annually on the remuneration of the Chief Executive giving due weight to the proper management and use and utilisation of public resources.
- appointing, with the Secretary of State's approval, subsequent Chief Executives
- contributing to the annual evaluation of the performance of the Chair, to be led by the DfE
- determining all such other things which the Board considers ancillary or conducive to the attainment or fulfilment by Social Work England of its objectives, and
- establishing and maintaining a publicly accessible register to list all the interests of its Board members.

Therefore, the Board will ensure effective arrangements are in place to:

- Provide strategic direction and challenge to the Chief Executive, and through the executive leadership team, in running the organisation.
- Ensure Social Work England's strategic direction and corporate objectives are in line with our overarching objective, the protection of the public.
- Provide assurance and ensure effective systems are in place for managing performance, risk, governance and internal control.
- Maintain probity in, and public accountability for, the exercise of Social Work England's functions and the use of public funds.

Membership

The Chair and non-executive members are appointed by the Secretary of State under paragraph 2, Schedule 3 of the Act. These appointments are subject to the Public Appointments Order in Council 2019 and as such must comply with the Governance Code on Public Appointments. All such appointments should have regard to the principle that appointments should reflect the diversity of the society in which we live, and appointments should be made taking account of the need to appoint boards which include a balance of skills and backgrounds.

The Secretary of State may remove a member, by notice in writing. Appointment processes will be carried out in line with the Governance Code for Public Appointments. The Board operates in accordance with the Code of Good Practice for Corporate Governance.

The membership of the Board consists of:

- The Chair
- The Deputy Chair, with the specific responsibilities detailed at Annex B
- Non-Executive Directors, one of whom will be an appropriately qualified finance director as described in Annex 4.1 of Managing Public Money and one of whom may be appointed by the Chair to undertake the role of Senior Independent Director (SID), with the specific responsibilities detailed at Annex C.
- The Chief Executive

There are three sub-committees made up from the members of the Board: the Audit and Risk Assurance Committee, the People and Remuneration Committee and the Policy Committee. Social Work England will comply with all the requirements for an NDPB and the principles of good governance for public bodies in ensuring that non-executive members will always be in the majority on the Board. This is to ensure that the organisation's executive is supported and constructively challenged in their roles.

Sub-Committees

The Chair will ensure Board committees are properly structured with appropriate terms of reference. The terms of each committee will set out its responsibilities and the authority delegated to it by the Board.

The Chair will ensure that committee membership is periodically refreshed and that individual independent non-executive directors are not over-burdened when deciding the chairs and membership of committees. Subject to each sub-committee's Terms of Reference, sub-committee members may include Social Work England's Chief Executive and executive directors, National Advisory Forum members and co-opted members.

Co-opted Members

The Board will decide the appointment of any co-opted members to sub-committees, following the process in Annex D.

Decision-making

Decisions by the Board are normally to be made by consensus and in accordance with the Social Work England Board Code of Conduct. Sub-committee members are also expected to abide by this Code.

The decisions made by the majority of Board members will be considered as if made by the whole group. Decisions and actions will be recorded within the minutes of the meeting. While the Board may make use of committees to assist its consideration of appointments, succession, audit, risk and remuneration it retains responsibility for, and endorses, final decisions in all of these areas.

Where there is disagreement between the relevant committee and the Board, adequate time should be made available for discussion of the issue with a view to resolving the disagreement. Where any such disagreement cannot be resolved, the committee concerned should have the right to report the issue to the sponsor team, Principal Accounting Officer, and Secretary of State. They may also seek to ensure the disagreement or concern is reflected as part of the report on its activities in the annual report.

Meetings

Meeting arrangement are as follows:

- the frequency of Board meetings is aligned with the requirement to review performance, strategy and work on board development
- the Chair, Deputy Chair, or Chief Executive may convene additional meetings, including strategy meetings, as they deem necessary
- the minimum number of non-executive members for the Board to be quorate is 3 plus the Chair, or if delegated, the Deputy Chair
- Board meetings will normally be attended by the executive leadership team and the sponsor team (DfE)
- other members of Social Work England's staff may be invited to attend the Board meetings as and when required
- as part of our commitment to openness and transparency, members of the public are welcome to attend and observe Board meetings held in public. Places for members of the public to attend Board meetings as a guest will be allocated on a first come first served basis and will be limited according to capacity.

Reporting and Administration

The Executive Office will provide the secretariat function for the Board. Papers for all Board meetings will be circulated at least 5 working days in advance of the meeting. The minutes of all Board meetings will be recorded including the recording of decisions made by the Board.

The minutes of the meetings and papers, as appropriate, will be published on the Social Work England website.

The minutes shall be made available within 10 working days to the Chair and Deputy Chair. The Chair, or if delegated, the Deputy Chair, is asked to agree the minutes before they are presented to the Board for approval at the following meeting.

Access

The internal auditors, external auditors or their representative and the Sponsor Team will have free and confidential access to the Chair of the Board.

Information requirements

After the end of each financial year, the Board must prepare and publish an Annual Report and Accounts. This sets out its activities together with an account of corporate governance in its annual governance statement, including the Board's assessment of its compliance with the Corporate Governance in Central Government Departments Code of Good Practice; and its audited accounts.

Review and Evaluation

The Chair will review the effective working of the Board and its members on an annual basis as set out in the Code of Good Practice for Corporate Governance. The Chair will usually do this annually, with an externally facilitated board evaluation conducted at least every three years, in line with the UK Corporate Governance Code (Provision 21).

The terms of reference of the Board shall be reviewed and reapproved annually.

Annex A

Maximum authority levels (including VAT)	**Role of authoriser**
£10,000	Budget Holder
£25,000	Head of Function
£50,000	Assistant Director
£100,000	Director
£500,000	CEO
£500,000+	Board, on recommendation of ARAC
Unbudgeted expenditure within agreed DfE budget allocations	Chief Executive
Unbudgeted expenditure out with agreed DfE budget allocations	Board + DfE
Notes: 1. Authority levels represent the gross value of an order (inc VAT) or contract rather than value of individual invoices 2. Business cases are required for amounts of ~~£25,000~~ £30,000 and above	

Annex B

Deputy Chair: Role and responsibilities

The Deputy Chair is selected from the existing non-executive directors and their appointment is agreed by the Board. Their responsibilities include:

- To chair Board meetings, and lead the Board in discharging its responsibilities, in the absence of the Chair
- To deputise for the Chair at meetings with internal or external stakeholders when required
- To carry out other duties, as may be required, to support the Chair in his/her leadership of the Board.

Annex C

Senior Independent Director (SID): Role and responsibilities

The SID is selected from the existing non-executive directors and their appointment is agreed by the Board. Their responsibilities include:

- To work closely with the Chair, acting as a sounding board and providing support
- To act as an intermediary for other non-executive directors on the Board as and when necessary
- To be available to key stakeholders and other non-executives to address any concerns or issues they feel have not been adequately dealt with through the usual channels of communication (i.e. through Board meetings, or through the Chair, Deputy Chair or Chief Executive)
- Dealing with any complaints about the Chair, or dealing with any matters where the Chair has a conflict of interest and has recused him/herself
- To act as decision maker for complaints or other matters, as may be requested to support the Chair and/or maintain their independence to hear an appeal
- To support with succession planning, recruitment, and induction for the Chair's role and for other non-executive directors as may be required
- To contribute to the Chair's annual appraisal if this is requested by DfE

Annex D

Co-opted members may be appointed to sub-committees in an advisory, unremunerated, non-voting capacity to resolve knowledge or experience gaps in the membership of that committee. They shall not be an employee or member of Social Work England.

The process for deciding when and who to co-opt is as follows:

1. A gap is identified in the knowledge or experience of the members of a committee of the Board which needs filling on a restricted timetable.
2. The reasons for the restricted timetable and the options for filling the gap are considered by the Board and (if applicable) it is decided that the most suitable option is to co-opt a member.
3. Potential co-opted members will be discussed by the relevant committee and nominated by the Chair of the relevant committee to the Board for approval.
4. Selection of co-opted members is at discretion of the Chair of the relevant committee and is based on the following principles:
    a. Unique knowledge and experience that would support the committee to achieve the balance and diversity of thought and experience it requires to be effective.
    b. There is confidence that the co-opted member(s) have the ability to:
        - declare and manage potential conflicts of interest
        - build strong working relationships with committee members and executive officers
        - understand and apply the principles of equality, diversity and inclusion when advising the committee.
        - demonstrate the seven principles of public life and Social Work England values
        - contribute to the effective governance of the organisation.
5. With the consent of the proposed co-opted member, the Board considers the relevant committee Chair's nomination and makes the final decision on the appointment based on the terms set out in these Board terms of reference and the Committee terms of reference, subject to the co-optee signing a confidentiality agreement and agreeing to abide by the Board Code of Conduct.
6. The co-opted member is informed in writing of their appointment to the relevant committee and asked to agree to abide by the Board Code of Conduct (covering expectations to avoid conflicts of interest, declare gifts and hospitality and declare and register interests), to sign a confidentiality agreement, and to note the Board and Committee terms of reference.
7. Once the agreement to abide by the Board Code of Conduct and signed confidentiality agreement are received, the appointment can commence.

Last reviewed: January 2025

Next review date: October 2026

Signed off by the Board:

Policy Owner: Executive Director – People and Business Support

Policy Committee

Terms of Reference

Purpose

The Board provides leadership, direction and a steer on the overall strategy for the organisation. It has established a Policy Committee as a sub-committee of the Board to support the Board, the Chair and Deputy Chair with oversight of the positioning of Social Work England as the single-profession regulator for social workers in England, in relation to matters of public policy. This includes the organisation's programme of policy development, consultation, research and publications in delivering the current and future corporate strategy. The Committee will provide the Board with assurance with regard to the process and content of the organisation's policy programme, enabling the Board to delegate detailed scrutiny of the policy process, but also to receive regular reports and advice from the Committee.

Responsibilities The Policy Committee

- Advises the Board on developing external policy, significant changes to existing policy, presentation of policy and relations with key stakeholders.
- Advises the Board on research priorities, procurement and progress of research partnerships, and recommendations and action issuing from research activity.
- Advises the Board on the programme of public consultation, to ensure inclusive and widespread engagement with people and agencies who may be affected by proposals and those who have an interest in our work.
- Advises the Board on matters relating to the link between policy and legislation, understanding the legal basis for developing policy and significant changes to regulation.
- Assures the Board on the development of a data and insights strategy.
- Reflects the Board's views on major policy publications, including but not limited to, state-of the-nation or landmark policy publications and advises the Board on horizon scanning, progress to delivery and the impact of policy outputs.
- Works alongside the Audit and Risk Assurance Committee to advise the Board on matters relating to regulatory risk, developing 'right-touch' mitigations, and monitoring and evaluating measures taken to protect the public.
- Agrees the executive's strategic aims on issues of equality, diversity and inclusion (EDI) and then advises the Board on the executive's progress towards delivery.
- Considers wider contextual issues that could impact us and relevant policies both social work specific and generic (e.g. workforce, regulation, health and social care).

- takes account of Stakeholder management. i.e. how we relate to stakeholders in our policy arena tactically and strategically to achieve maximum appropriate impact.

Decision-making

The Policy Committee acts only in an advisory capacity and has no executive or decision-making powers.

Membership

The Chair of the Board is responsible for appointing the Chair of the Policy Committee.

The membership of the Committee is comprised of:

- The Chair (a Non-Executive Director)
- At least one other Non-Executive Director
- Two Executive Directors with responsibility for regulatory functions
- Two members of the National Advisory Forum
- Optionally, ~~one or two~~ up to a maximum of three co-opted members.

Co-opted Members

Any co-opted member appointed by the Board shall:

- Sign a Social Work England confidentiality agreement prior to commencing their appointment.
- Abide by the Board Code of Conduct.
- Act in an advisory capacity on a temporary basis only to fill a gap in the committee's knowledge or experience.
- Be a non-voting member.
- Receive no remuneration for the role, but reasonable expenses for travel and subsistence will be covered in accordance with Social Work England's travel and expenses policy.
- Be appointed for a term of 12 months, subject to any early resignation, suspension, termination or extension.
- Be able to resign on 3 months' notice to the Board.

Suspension, early termination and extension of a co-opted member's term:

- Suspension and early termination of the appointment are at the discretion of the Board and must be communicated in writing to the co-opted member.
- There is no right of appeal.
- The effect of suspension and early termination is that the co-opted member shall not attend meetings or give advice to the committee and should return any confidential information or personal data shared with them.
- Extension of the appointment is at the discretion of the Board.

Meetings

- The Policy Committee will meet at least four times a year.
- The Chair of the Policy Committee may convene additional meetings, as they deem necessary.
- A minimum of 3 members of the Policy Committee will be present for the meeting to be deemed quorate, including the Committee Chair (or a Non-Executive Director Committee member to whom the Committee Chair has delegated the role).
- If the Chair of the Policy Committee is absent for a meeting, the role of chairing the meeting will be delegated to a Non-Executive Director Committee member.

Reporting and Administration

The Policy Committee Chair will report to the Board after each meeting.

The Executive Office will provide secretariat facilities to the Committee.

Papers for all Board and Committee meetings will be circulated at least 5 working days in advance of the meeting. The minutes of meetings will be confidential and will not be reported at the public element of any full Board meeting.

The minutes shall be made available within 10 working days to the Chair of the Committee

Access

The Chief Executive will have free and confidential access to the Chair of the Policy Committee.

Review and Evaluation

The Policy Committee will periodically review its own effectiveness annually and will report the results of that review to the Board. The terms of reference of the Policy Committee shall be reviewed and reapproved annually.

Last reviewed:

Next review date: October 2026

Signed off by the Board:

Policy Owner: Executive Director – People and Business Support

Audit and Risk Assurance Committee

Terms of Reference

Purpose

The Board has established an Audit and Risk Assurance Committee as a subcommittee to support them in their responsibilities for providing assurance in the areas of audit, risk management, governance and internal control.

Responsibilities

The Audit and Risk Assurance Committee provides assurance to the Board and Accounting Officer on:

- the strategic processes for risk management, governance, levels of assurance activity and the annual Governance Statement
- the accounting policies, the accounts, and the annual report of the organisation
- the Scheme of Delegation and in line with this, proposed expenditure over £500,000
- management's letter of representation to the external auditors
- planned audit activity and results of both internal and external audit
- adequacy of management response to issues identified by audit activity, including external audit's management letter
- assurances relating to the management of risk including data protection risks and compliance with data protection obligations, and corporate governance requirements for the organisation
- our approach to managing sustainability risks, and making appropriate disclosures, in line with relevant standards such as the Greening Government Commitments and the Government Financial Reporting Manual's Sustainability Reporting Guidance.
- the proposals for tendering and appointment of internal auditors or for purchase of non-audit services from contractors who provide audit services
- the strategy, remuneration and the work of the National Audit Office for the audit work undertaken on the annual accounts
- compliance with Government Financial Reporting Manual and HMT Managing Public Money, anti-fraud policies, whistle-blowing processes, and arrangements for special investigations.

Membership

The Chair of the Board is responsible for appointing the Chair of the Audit and Risk Assurance Committee. The membership consists of:

- The Chair (a Non-Executive Director who is neither the Chair of the Board nor the Chair of the People and Remuneration Committee); and
- Non-Executive Directors who are not existing members of the People and Remuneration Committee.
- Optionally, ~~one or two~~ up to three co-opted members.

Co-opted Members

Any co-opted member appointed by the Board shall:

- Sign a Social Work England confidentiality agreement prior to commencing their appointment.
- Abide by the Board Code of Conduct.
- Act in an advisory capacity on a temporary basis only to fill a gap in the committee's knowledge or experience.
- Be a non-voting member.
- Receive no remuneration for the role, but reasonable expenses for travel and subsistence will be covered in accordance with Social Work England's travel and expenses policy.
- Be appointed for a term of 12 months, subject to any early resignation, suspension, termination or extension.
- Be able to resign on 3 months' notice to the Board.

Suspension, early termination and extension of a co-opted member's term:

- Suspension and early termination of the appointment are at the discretion of the Board and must be communicated in writing to the co-opted member.
- There is no right of appeal.
- The effect of suspension and early termination is that the co-opted member shall not attend meetings or give advice to the committee and should return any confidential information or personal data shared with them.
- Extension of the appointment is at the discretion of the Board.

The Chief Executive (Accounting Officer) also attends Audit and Risk Assurance Committee meetings.

The Audit and Risk Assurance Committee may also:

- Procure specialist ad-hoc advice at the expense of the organisation, subject to budgets agreed by the Board.

Meetings

Meeting arrangements for the Audit and Risk Assurance Committee will be as follows:

- The frequency of Audit and Risk Assurance Committee meetings is aligned with requirement to review audit, risk management, governance and internal control. The Chair of Audit and Risk Assurance Committee may convene additional meetings, as they deem necessary
- A minimum of 2 Non-Executive Director members of the Audit and Risk Assurance Committee will be present for the meeting to be deemed quorate, including the Committee Chair (or a Non-Executive Director committee member to whom the Committee Chair has delegated the chair role).
- Audit and Risk Assurance Committee meetings will normally be attended by the:
    - Internal auditors
    - National Audit Office (External Audit) and / or their representatives
    - Sponsor Team (DfE)
- the Audit and Risk Assurance Committee may ask any other members of staff within Social Work England to attend to assist it with its discussions on any particular matter
- as part of our commitment to continuing professional development, members of staff are welcome to attend and observe Audit and Risk Assurance Committee meetings. Places will be allocated on a first come first served basis and will be limited according to capacity
- the Audit and Risk Assurance Committee may ask any or all of those who normally attend but who are not members to withdraw from a meeting to facilitate open and frank discussion of particular matters
- the Board or the Accounting Officer may ask the Audit and Risk Assurance Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.
- if the Chair of the Audit and Risk Assurance Committee is absent for a meeting, the role of chairing the meeting will be delegated to a Non-Executive Director Committee member.

Decision-making

The Audit and Risk Assurance Committee acts only in an advisory capacity and has no executive or decision-making powers.

Reporting and Administration

The Audit and Risk Assurance Committee will report to the Board through the Chair of the Committee. The Executive Office will provide secretariat facilities to the Committee. Papers for all Board and Committee meetings will be circulated at least 5 working days in advance of the meeting. The minutes of meetings will be confidential and will not be reported at the public element of any full Board meeting. The minutes shall be made available within 10 working days to the Chair of the committee.

Access

The internal auditors, external auditors or their representative and the sponsor team (DfE) will have free and confidential access to the Chair of the Audit and Risk Assurance Committee. Social Work England's Data Protection Officer will have free and confidential access to the Chair of the Audit and Risk Assurance Committee and / or any Non-Executive Director of the Audit and Risk Assurance Committee.

Review and Evaluation

The Audit and Risk Assurance Committee will also review its own effectiveness annually and report the results of that review to the Board.

The terms of reference of the Audit and Risk Assurance Committee shall be reviewed and reapproved annually.

Last reviewed: October 2025

Next review date: October 2026

Signed off by the Board:

Policy Owner: Executive Director – People and Business Support

People and Remuneration Committee

Terms of Reference

Purpose

The People and Remuneration Committee is established as a sub-committee of the Social Work England Board. Its purpose is to support the Board, and the Chair, to fulfil their responsibilities in relation to remuneration and performance; people and culture. As outlined in the Framework Document, the People and Remuneration Committee develops advice for the Board, which in turn advises the Secretary of State annually on the remuneration of the Chief Executive. The Committee also advises on remuneration and performance for the executive leadership team.

The work of the People and Remuneration Committee is bounded by the levels of remuneration and terms and conditions of service (including pensions) within the general pay structure approved by the Department for Education (DfE) and HM Treasury and on the understanding the Secretary of State's approval is required to amend these terms and conditions.

The Committee also holds delegated responsibility to consider people and culture issues, to assist the Board in fulfilling its obligation to provide strategic direction and challenge to the chief executive and leadership team in running the organisation.

All Committee members should uphold the seven principles of public life: selflessness, integrity, objectivity, accountability, openness, honesty and leadership. These principles should be central to the way in which the Committee delivers its remit, and the advice it gives to the Board.

Responsibilities

The responsibilities of the People and Remuneration Committee are to provide advice and assurance to the Board regarding remuneration and performance; people and culture.

In order to provide advice and assurance in relation to remuneration and performance, the Committee:

- Reviews the Chief Executive's annual performance report.
- Advises the Board, who then advises the Secretary of State annually, on the remuneration of the Chief Executive.
- Provides oversight on the setting of annual objectives for the Chief Executive.
- Reviews the Chief Executive's performance assessment of the Executive Leadership Team.
- Advises the Board on the remuneration of the team of Executive Directors.

- Reviews and advises on job specifications for Executive Directors and the Chief Executive.
- Supports succession planning for the Chief Executive and Executive Directors.
- Advises the Board on appointing the Chief Executive.

In order to provide advice and assurance in relation to people and culture, the Committee:

- Offers guidance to assist the organisation in developing its people strategy
- Reviews progress towards identified people priorities, offering relevant advice, challenge and support.
- Reviews and challenges performance in relation to key workforce indicators including, but not exclusively, sickness absence, learning and development, retention and employee engagement
- Considers the need for periodic 'deep dives' to better understand and advise on key people and culture related issues, as appropriate
- Provides assurance and oversight of the overall system of remuneration and reward, including the annual pay remit process
- In line with the corporate risk approach reviews, assesses and identifies risk in relation to people and culture, ensuring appropriate mitigation and escalation.

Decision-making

The People and Remuneration Committee acts only in an advisory capacity and has no executive or decision-making powers.

Membership

The Chair of the Board is responsible for appointing the Chair of the People and Remuneration Committee.

The membership of the People and Remuneration Committee is comprised of:

- The Chair (a Non-Executive Director who is neither the Chair of the Board nor the Chair of the Audit and Risk ~~and~~ Assurance Committee).
- Two Non-Executive Directors who are not existing members of the Audit and Risk ~~and~~Assurance Committee.
- Optionally, up to three co-opted members.

Co-opted Members

Any co-opted member appointed by the Board shall:

- Attend and advise the committee in relation to its people and culture responsibilities. They will not have a role in advising on executive remuneration and performance.

- Sign a Social Work England confidentiality agreement prior to commencing their appointment.
- Abide by the Board Code of Conduct.
- Act in an advisory capacity on a temporary basis only to fill a gap in the committee's knowledge or experience.
- Be a non-voting member.
- Receive no remuneration for the role, but reasonable expenses for travel and subsistence will be covered in accordance with Social Work England's travel and expenses policy.
- Be appointed for a term of 12 months, subject to any early resignation, suspension, termination or extension.
- Be able to resign on 3 months' notice to the Board.

Suspension, early termination and extension of a co-opted member's term:

- Suspension and early termination of the appointment are at the discretion of the Board and must be communicated in writing to the co-opted member.
- There is no right of appeal.
- The effect of suspension and early termination is that the co-opted member shall not attend meetings or give advice to the committee and should return any confidential information or personal data shared with them.
- Extension of the appointment is at the discretion of the Board.

The Chair of Social Work England and other Non-Executive Directors will attend as appropriate apart from the Chair of Audit and Risk ~~and~~ Assurance Committee. The Chair of the Board should attend meetings, as appropriate, to discuss the Chief Executive's remuneration and performance.

The Department for Education's Director of HR is not a member of the Committee but may attend meetings, as the Secretary of State's representative, to advise on senior remuneration policy across the public sector and how this has been applied in other nondepartmental public bodies ("NDPB"s). Social Work England should have regard to Chapter 5 of the Cabinet Office's Public Bodies: A Guide for Departments that provides guidance on staff issues in public bodies including the CEO.[1]

Meetings, quoracy and attendance

- The People and Remuneration Committee will meet at least once a year. A meeting will take place each spring to review senior performance, agree non-consolidated performance pay, set objectives for the chief executive and executive leadership team and discuss priorities for the annual pay remit.

- The Committee's annual meeting cycle will typically include 2 further meetings – (i) in summer to oversee final pay remit proposals and (ii) in autumn to review mid-year performance and consider people engagement survey outcomes.
- The Chair of the People and Remuneration Committee may convene additional meetings, as they deem necessary.
- A minimum of 2 Non-Executive Director members of the People and Remuneration Committee will be present for the meeting to be deemed quorate, including the Committee Chair (or a Non-Executive Director Committee member to whom the Committee Chair has delegated the role)
- if the Chair of the People and Remuneration Committee is absent for a meeting, the role of chairing the meeting will be delegated to a Non-Executive Director committee member.

The People and Remuneration Committee Chair, on behalf of the People and Remuneration Committee members may:

- invite the Chief Executive to attend any parts of its meetings and take part in discussions, except when the Committee is discussing the Chief Executive's own performance or remuneration
- invite the Executive Director for People and Business Support to attend any parts of its meetings and take part in discussions, except when the Committee is discussing the Executive Director's own performance or remuneration
- ask any other member of staff within Social Work England to attend to assist it with its discussions on any particular matter, providing there is no breach of confidentiality or conflict of interest in relation to the matters being discussed.
- ask any or all of those who normally attend, but who are not members, to withdraw from a meeting to maintain confidentiality and/or to facilitate open and frank discussion of particular matters
- ask the People and Remuneration Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

Reporting and Administration

The People and Remuneration Committee Chair will report to the Chair of the Social Work England Board after each meeting. The Corporate Governance Manager will provide secretariat facilities to the Committee.

Papers for all Committee meetings will be circulated at least 5 working days in advance of the meeting.

The minutes of meetings will be confidential and will not be reported at the public element of any full Board meeting. The minutes shall be made available within 10 working days to the Chair.

Access

The Department for Education will have free and confidential access to the Chair of People and Remuneration Committee.

The internal and external audit teams will have access to the Chair of the People and Remuneration Committee and its members.

Review and Evaluation

The People and Remuneration Committee will review its own effectiveness annually and will report the results of that review to the Board.

The terms of reference of the People and Remuneration Committee shall be reviewed and reapproved annually.

Last reviewed: October 2025

Next review date: October 2026

Signed off by the Board:

Policy Owner: Executive Director – People and Business Support

Proposed Board and committee dates for 2027/28

Agenda Item 15 Paper Ref 15*

Paper for the
Executive Leadership Team

Sponsor
Linda Dale, Executive Director, People and Business Support

Author
Alison Edbury, Corporate Governance Manager

Date
30 October 2026

Reviewed by
Executive Leadership Team

This paper is for
Decision

Associated strategic objective
SO10: Continually develop and improve how we work, ensuring we are a well-run organisation that delivers the right outcomes and provides value for money.

Impact: Risk type and appetite
Strategic approach - Open

Equality impact assessment (EIA)
N/A

1. Summary

The proposed schedule of dates for board and committee meetings in 2027/28 is presented to the board for review and decision.

The board meeting cycle is scheduled as per the current frequency of board and committee meetings, with a strategy session planned for end of September. Since the May half day strategy meeting was not required in 2026/27, confirmation is sought regarding whether a half day in May would be needed for a board strategy meeting.

Pre meetings for the audit and risk assurance committee are listed for members' awareness. These were introduced following the effectiveness review. They are to be held immediately prior to ARAC meetings. Non-executive directors attend every pre-meeting. Internal and external audit teams attend every other pre meeting.

The schedule of dates aligns with quarterly performance reporting and our internal ELT planning and decision-making cycle.

Dates for board meetings held in public will be published on Social Work England's website following formal approval.

2. Action required

The board is asked to:

- Consider whether a half day in May is needed for a board strategy meeting;
- Review and feedback on the proposed schedule of meetings for 2027/28.

Social Work England – Proposed board and committee dates 2027/2028

Q1 (April - June 2027)

Date	Meeting/Event	Time
Friday 23 Apr 2027	People and Remuneration Committee	10:00-12:00
Friday 07 May 2027	Audit and Risk Assurance Committee Pre Meeting	09:45-10:00
Friday 07 May 2027	Audit and Risk Assurance Committee	10:00-12:00
Friday 21 May 2027	Board Private Strategy Meeting	09:15-10:15
Friday 21 May 2027	Board Meeting	10:30-13:00
Friday 18 Jun 2027	Policy Committee	10:00-12:00
Friday 25 Jun 2027	Audit and Risk Assurance Committee Pre Meeting	09:45-10:00
Friday 25 Jun 2027	Audit and Risk Assurance Committee	10:00-12:00

Q2 (July - September 2027)

Date	Meeting/Event	Time
Friday 16 Jul 2027	People and Remuneration Committee	10:00-12:00
Wednesday 28 Jul 2027	Board Private Strategy Meeting	09:15-10:15
Wednesday 28 Jul 2027	Board Meeting	10:30-13:00

Friday 24 Sept 2027	Policy Committee	10:00-12:00
Thursday 30 Sept 2027	Board Strategic Away Day	14:00-17:00
Friday 01 Oct 2027	Board Strategic Away Day	09:00-15:00

Q3 (October - December 2027)

Date	Meeting/Event	Time
Tuesday 12 Oct 2027	People and Remuneration Committee	10:00-12:00
Friday 15 Oct 2027	Audit and Risk Assurance Committee Pre Meeting	09:45-10.00
Friday 15 Oct 2027	Audit and Risk Assurance Committee	10:00-12:00
Friday 29 Oct 2027	Board Private Strategy Meeting	09:15-10:15
Friday 29 Oct 2027	Board Meeting	10:30-13:00
Friday 10 Dec 2027	Policy Committee	10:00-12:00

Q4 (January - March 2028)

Date	Meeting/Event	Time

Friday 28 Jan 2028	Board Private Strategy Meeting	09:15-10:15
Friday 28 Jan 2028	Board Meeting	10:30-13:00
Friday 18 Feb 2028	Audit and Risk Assurance Committee Pre Meeting	09:45-10:00
Friday 18 Feb 2028	Audit and Risk Assurance Committee	10:00-12:00
Friday 25 Feb 2028	Policy Committee	10:00-12:00
Friday 24 Mar 2028	Board Private Strategy Meeting	09:15-10:15
Friday 24 Mar 2028	Board Meeting	10:30-13:00

Colour coding key

Colour	Meeting/Event type
Yellow	Board meetings, private strategy meetings and strategic away days
Purple	Audit and Risk Assurance Committee
Light orange	People and Remuneration Committee
Orange	Policy Committee