Social Care Ireland

- Statutory registration awareness amongst social care workers survey.

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Acknowledgements.

On behalf of Social Care Ireland, I would like to thank the Health and Social Care Professionals unit of the Health Service Executive for its support in funding this survey. I would also like to thank all those who completed the survey online and those who participated in interviews. The number of responses was significant and this helps to ensure the robustness of the information now available to us. This information will be of great assistance as we enter this next crucial phase in the professionalisation of social care work in Ireland – thank you all.

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Introduction.

Statutory registration for health and social care professionals has become an increasing feature of regulatory systems in many nations (Allsop & Saks, 2002; Cornes, Manthrope, Huxley & Sherrill, 2007; Byrne, 2016). In Ireland, the primary legislation that underpins regulation is the *Health and Social Care Professionals Act* (2005). The inclusion of social care worker within this Act (2005) was pivotal, as recognition by the state is an essential component of legitimisation as a profession (at least in the Anglo-Saxon policy world, which includes Ireland) (Williams & Lalor, 2001; Joint Committee on Social Care Professionals; Evetts, 2003; Fourcade, 2006). More recently, other important developments have occurred. In 2015, a Social Care Workers Registration Board was established within CORU, in late-2016 a draft Code of Professional Conduct and Ethics for social care workers was circulated for consultation, and in mid-2017, Standards of Proficiency for Social Care Workers and Criteria for Education and Training Programmes were released.

While this recent flurry of activity highlights that registration is now impending, the legacy of the longevity of calls for registration (Williams & Lalor, 2001; Byrne-Lancaster, 2017; Hutchinson, 2017), as well as the general absence of impetus immediately following the 2005 Act, have done little to grow awareness around registration (Farrelly & O'Doherty, 2011). It is a situation compounded by the previous "unregulated" status of social care work, the "range and variety of titles", the "range of routes into" practice and the diversity of "social care practice" (Hutchinson, 2017).

If these are challenges for establishing a register, there are two related difficulties for the profession. First, no precise figure exists for the number of current social care workers, with estimates suggesting up to 8,000 (Lyons & Howard, 2014). Second and more importantly, is concern around the levels of awareness and understanding of registration and its implications. Certainly, those working in the area have often heard statements such as, 'registration will never happen; sure they have been talking about that for years'. Though there is extremely limited research in this area, it also concludes that discussion of regulation is largely conspicuous by its absence, particularly in the disability sector (Finnerty, 2012).

This study therefore sought to help address this gap and was initiated with two aims – (1) to gather data on the extent of awareness in relation to statutory registration and its implications (2) to raise awareness through disseminating the survey widely, especially within the disability sector.

Methods.

A mixed methods approach was adopted. Phase one involved an online survey using the Survey-Monkey platform. This survey was made available through the Social Care Ireland webpage, through social media (SCI Facebook, SCI Twitter), was disseminated to and by Social Care Ireland members, and educational providers. In addition, direct phone/email contact was made with organisations (approximately 350), the majority from the disability sector. While it is not possible to say with accuracy how many people the survey reached, the survey was accessed by 991 people and completed by 726.

Phase two involved follow up with 16 survey participants who had indicated they would be willing to participate in semi-structured interviews. Participants were purposefully selected, so that they were from the disability sector, where geographically spread, and so as to capture a diversity of ages, qualifications, job titles and lengths of experience. To facilitate the participants and ensure rapid follow up in the wake of the survey, these semi-structured interviews were conducted by phone rather than in-person. The interviews were transcribed verbatim and analysed thematically (Braun & Clarke, 2006).

Ethical approval was sought and granted from Social Care Ireland in advance of this study. To ensure informed consent, survey participants were required to complete a mandatory informed consent question before being allowed to take the survey. Receipt of a completed survey, including agreement with the consent question, was considered to satisfy informed consent. In the case of the interviews, participants were provided with a participant information sheet and consent form in advance. These consent forms were returned to the researcher prior to interview. In one case, the consent form did not reach the researcher and consent was confirmed and recorded verbally prior to the interview proceeding.

The survey consisting of 26 questions and analytics for both survey monkey and SCI social media sites indicated a significant uptake of the online survey in the first two days after launch. While an increasing attrition rate was evident as participants progressed through the survey questions, technological limitations such as the browser type, resulted in some participants being exited from the survey before they could complete it.

Survey and Findings

The survey was divided into three sections. The first collected basic demographic information, work status and level of education. The second section explored respondents' perceived levels of awareness around registration. The third examined respondents' preferences for seeking and receiving information in relation to professionalisation, as well as data on awareness and usage of Social Care Ireland's website. This latter element is not reported here, as it was gathered for internal planning purposes only.

Demographics, work status and education.

Respondents were predominately female (82%/male 18%) and ranged in age from 20 to over 60 years of age: 20-29 (28%), 30-39 (35%), 40-49 (24%), 50-59 (12%), 60+ (1%). Respondents were geographically spread: Dublin city (26%), Mid-Leinster (21%), South (24%), North East (6%), West (20%), with 2% working on a national basis. Almost half of respondents worked in the disability sector (48%). Others were employed in children's residential (18%), homeless services (5%), education/training (4%), community based (4%), family support (4%), aftercare (3%), drug and alcohol (2%), youth (2%), special education (1%) and other (10%). 'Other' included a broad range such as students, unemployed, independent living, mental health and respite services. Respondents had worked in social care for less than 1 year (2%), 1-5 years (42%), 6-10 year (19%), 11-15 years (14%), 16-20 years (11%), and 21+ years (11%).

The work status of respondents was mainly full-time permanent (64%), followed by part-time permanent (14%), temporary/relief (10%), student (6%), agency (3%), and volunteer (2%). A total of 80 separate job titles were indicated by respondents, with the greatest number working as social care workers (26%), social care managers (2%) or social care leaders (6%). Amongst the other 66% of respondents there was a near bewildering array of job titles, which included care assistant (4%), team-leader (4%), student (4%), community support worker (3%), project worker (3%), and a staggering range of other titles. The three main duties of respondents' roles were: day-to-day care of service users (56%), needs assessment and care planning (49%), one-to-one work (37%), managing challenging behaviour (36%), management (23%), staff supervision (19%), advocacy (17%), group work/facilitation (13%), child protection (12%), interagency working (10%), mental health (7%), community development (6%), student/tutor (4%), drug and alcohol

education/treatment (3%), early intervention (3%), and other (7%). Other included duties such as training/education, inspection/monitoring, co-ordination and governance.

The majority of respondents were educated to degree level (level 7 -25%, level 8 - 48%), with post-graduate qualifications held by 16% (level 9 - 15%, PhD - 1%). As such, few respondents were below the level 7 threshold (level 6 - 6%, level 5/4- 4%), with only 1% having no formal qualification/in service training only. The area of primary qualification was overwhelmingly social care (76%), with other areas including social science (5%), psychology (3%), youth and community (3%), childcare (2%), nursing (1%), sociology (1%), teaching (>1%), and other (8%). Other included areas such as healthcare, special needs, play therapy and HR/business.

<center>Levels of awareness.</center>

Section two of the survey asked respondents to indicate their levels of awareness around registration in general, before exploring perceived levels of awareness around specific aspects. Likert scales were used for most questions.

Figure 1. Awareness of registration.

Q – How aware are you of the forthcoming statutory registration for social care workers?
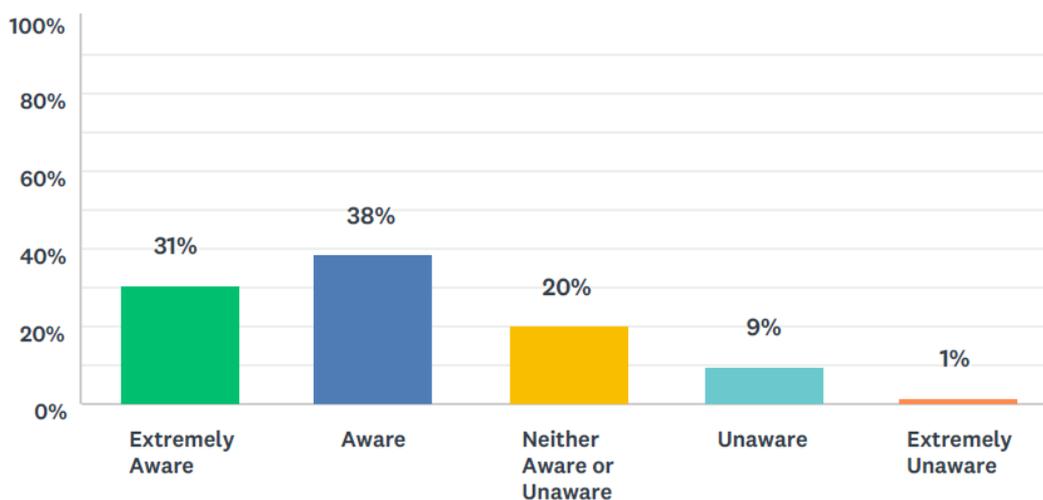
Respondents rated their levels of awareness as, extremely aware (31%), aware (38%), neither aware or unaware (20%), unaware (9%), and extremely unaware (1%). These findings should be interpreted with some caution as initially two "unaware" options were provided in error for this question, with unaware replacing aware. This was subsequently amended and a similarity in trends was noted for both sets of data. As such, the structure of the Likert scale mitigated any major impact from the initial error.

Figure 2. Knowledge of legislation, regulatory and regulations.

Q – Please rate your knowledge of the following-
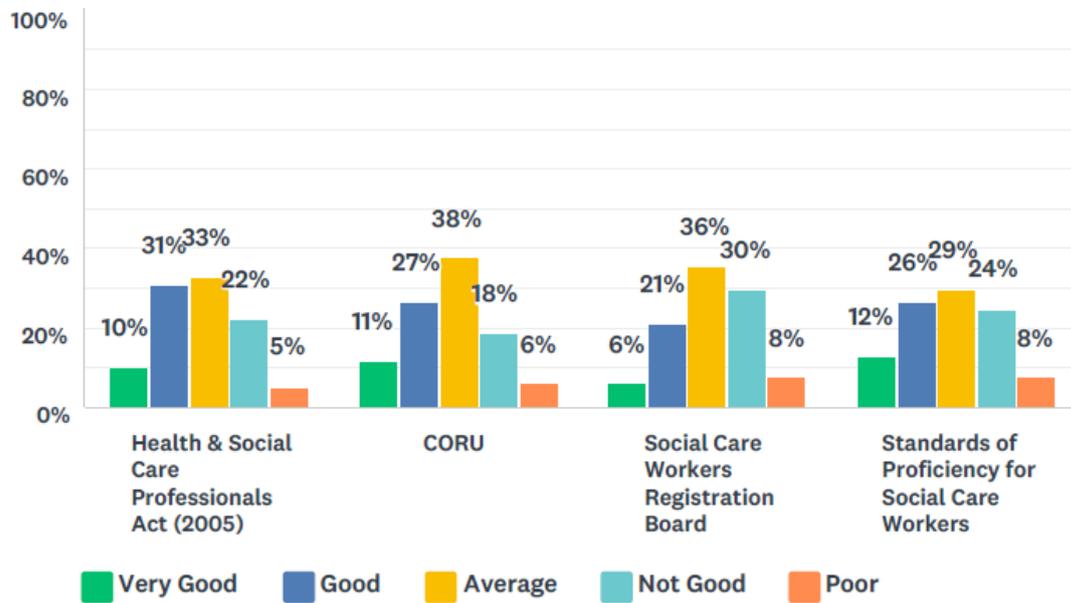
While levels of awareness of registration (figure 1) were generally high, there was slightly less confidence expressed in relation to the knowledge of the underpinning legislation, CORU, the Social Care Workers Registration Board and the Standards of Proficiency for Social Care Workers.

Figure 3. Where people heard most about registration.

Q – Please indicate where you heard most about statutory registration for social care workers.
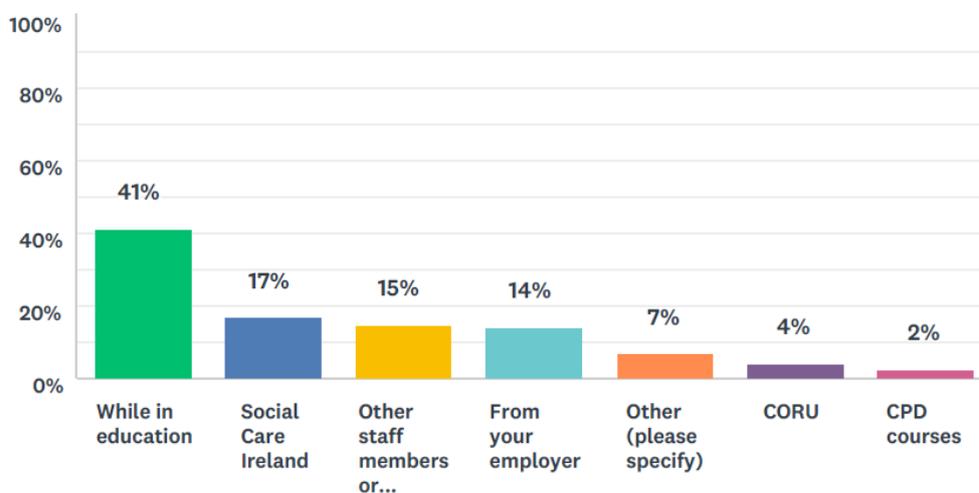
Respondents had heard most about registration while in education (41%), through Social Care Ireland (17%), from other staff members or colleagues (15%), from their employer (14%), from CORU (4%), and through CPD courses (2%). Other sources (7%) included social media, online searches and unions.

Figure 4. Responsibility for providing information on registration.

Q – Who do you feel should be most responsible for providing information on statutory registration for social care workers?
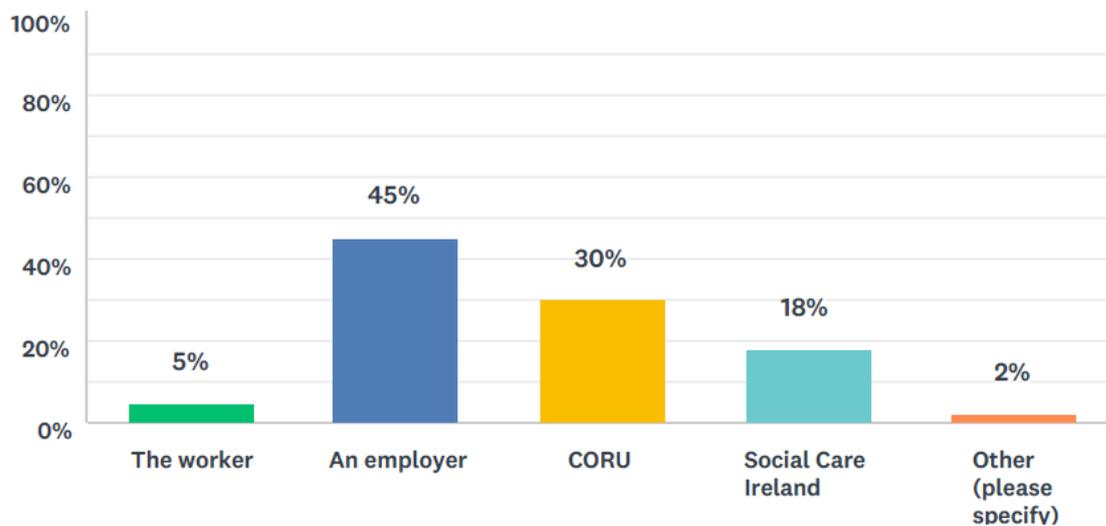
Respondents suggested information should be provided by employers (45%), CORU (30%), Social Care Ireland (18%), workers (5%), and other (2%). Other included educators, all of the above, and government officials.

Figure 5. Level of agreement with statements around registration.

Q – Please state your level of agreement with the following statements –

1. I am aware that "Social care worker" will be a protected title.

2. I am aware that social care workers will be required to undertake and maintain a CPD (continuous professional development) portfolio as a requirement of registration.

3. I am aware that level 7 is the minimum level of qualification for eligibility to apply for registration.

4. I am aware that a grandparenting scheme will be opened for two years only to allow those with suitable experience to apply for registration on the basis of experience.

5. I am aware that social care workers will be subject to fitness to practice procedures if found in breach of standards and the outcome of such procedures may result in removal from the register.
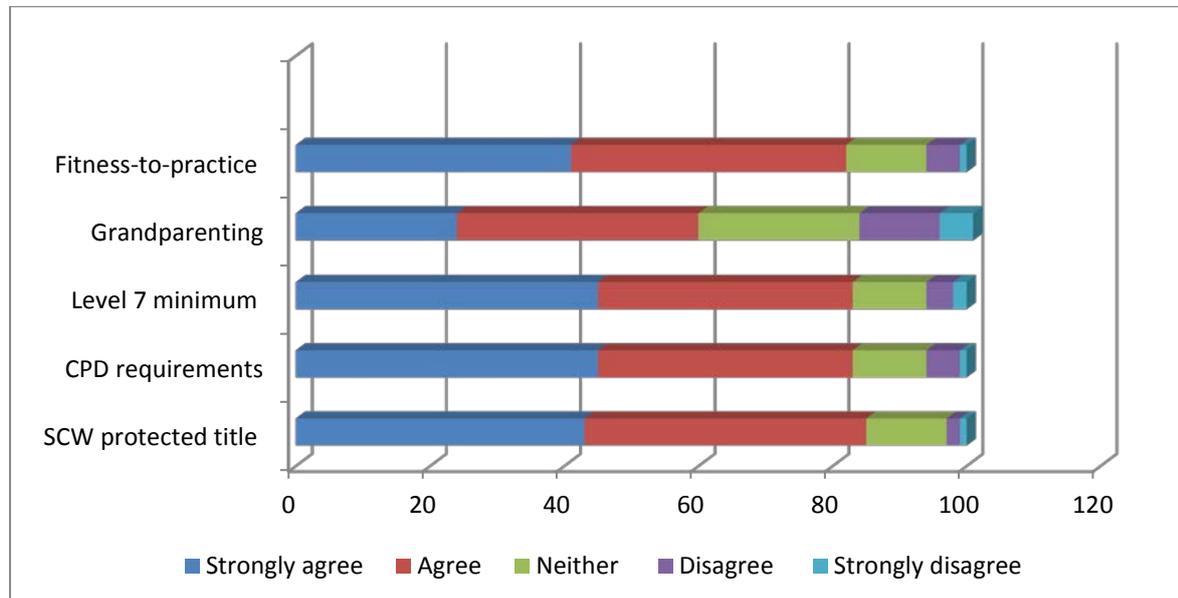
While there is a clear pattern in levels of awareness indicated in relation to protection of title, CPD requirements, minimum level of qualification and fitness-to-practice, grandparenting is markedly different, with more than twice as many respondents selecting the neither agree nor disagree to disagree strongly brackets.

Figure 6. Information seeking around registration.

Q – When seeking information about statutory registration for social care workers, which of the following are you most likely to engage with?
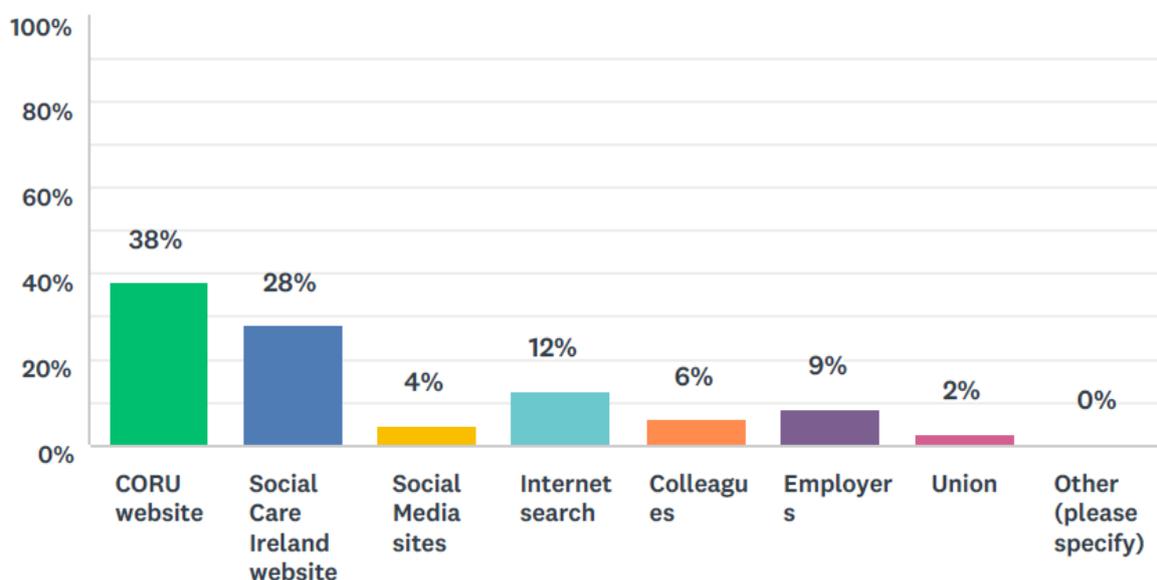
Participants indicated a preference for seeking information from the CORU website (38%), Social Care Ireland website (28%), general internet searches (12%), employers (9%), colleagues (6%), social media (4%), unions (2%) and other (0%). Other included only 'college library' and 'Irish Association of Social Care Managers' (IASCM).

Figure 7. Barriers to accessing information.

Q – What do you feel is the main barrier for you in accessing information about the statutory registration process for social care workers?
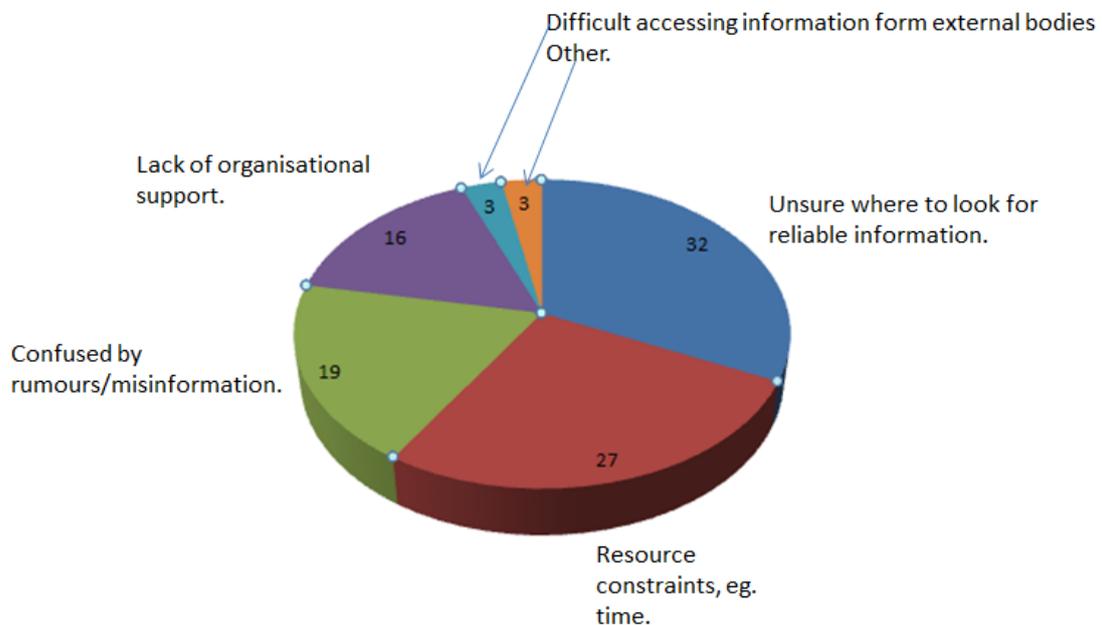
Respondents indicated being unsure where to look for reliable information (32%) as the greatest barrier, followed by resource constraints (27%), confused by rumours/misinformation (19%), lack of organisational support (16%), difficulty accessing information from external bodies (3%), and other (3%). Other included responses such as no barriers, no motivation, and length of time registration had been discussed.

The option to leave an email address so that further information around statutory registration could be sent was included at the end of the survey. An indication of the appetite for information is that 547 emails were left.

Interviews and Findings

As a follow-up to the survey and to get a greater understanding of awareness levels, particularly within the disability sector, semi-structured interviews were conducted with 16 survey participants. Initial follow-up emails were sent to 44 survey participants in the disability sector who had indicated they would like to participate in a telephone interview and who had provided a valid email address. In total, 16 participants (12 female, 4 male) working within disability services participated. Interviews took place between the 27th October and the 10th November 2017, at a time suitable to interviewees.

Participants were represented across all geographical regions, including Western region (n =5), Mid-Leinster (n =5), Dublin region (n =2), Southern region (n =2), North-Eastern region (n =1), and nationally (n =1). Participants worked primarily in residential adult intellectual disability (ID) services (n = 7), followed by residential adult intellectual disability and mental health services (n =2), adult intellectual disability day services (n =3), residential adult physical disability services (n =1), respite children's intellectual disability services (n =1), service for adults with autism (n =1), and both adult intellectual day and residential services (n =1). Participants ranged in age from 20-59 years of age and had worked in social care from 2 to 39 years, with on average 11 years' experience working in social care. In total they were six participants in manager, acting manager or supervisor roles, seven participants who were in social care worker roles and/or Persons Participating in Management (PPIM) roles or Person in Charge (PIC) roles, one HR lead, one Community Support Worker (CSW), and one Care Assistant. Five participants held a NQF level 9 qualification, eight held a NQF level 8, and three a NQF level 7. Interviews averaged 36 minutes in duration and explored areas such as job titles and roles, registration awareness, information provision and seeking, influence of context, and opportunities and barriers.

While the high levels of awareness reported in the survey would seem to indicate that impending registration and its implications would be well understood, the interviews painted a somewhat different picture. Across the interviewees there was a continuum of awareness, understanding and motivation. At one end, there were individuals who were enthused by the opportunities that registration offered and who were proactive in seeking information and disseminating it. Across the remainder of the continuum were the majority of individuals who primarily felt that registration was largely an organisational concern. This became more deeply entrenched when moving across the continuum and it was clear that a fair proportion

of participants felt that registration was less an opportunity and more of a burden to be shouldered when or as suggested by some, if, it happened.

If this latter view reflects a lack of appreciation of how far advanced the registration process is, especially with the launch of the Standards of Proficiency, it is a view that is shaped significantly by the infrastructure and cultures of services, and an ambiguity toward professionalisation, which is often (mis)informed at an individual level by an absence of a clear sense of identification as a profession. As a consequence, there is something of an irony in that there is more often than not a perception of being an individual employee of an individual organisation, but frequently less corresponding recognition of the nature of being an individually registered professional who is considered to be autonomous and individually accountable.

This is in many ways the overarching theme that emerges from the interviews and may be best described as a distinction between perceptions of being a worker in social care and being a social care worker; titled here under the heading 'working is social care versus being a social care worker: Registration opportunity or burden?' These perceptions are very much informed by the structures, cultures and relations within which participants practice. This extremely complicated and confused set of circumstances is discussed here under the theme 'workplace relations', which is similarly reflective of contrasting and conflicting perspectives. In large part these can be attributed to the variety and diversity of job titles, simultaneously held titles, multiple and interchangeable roles and responsibilities, diverse pathways of entry, and blurred boundaries, all of which have created for many a tangled, free floating web with few solid points of reference to provide anchorage. The third theme equally reflected this backdrop and is discussed under the heading 'information and registration'. Within this theme, the length of time registration has been a topic of discussion, the seemingly long lulls between key junctures in the process, the complexity of the backdrop, and the absence of professional body accreditation previously, all play a part. One consequence is that when information seeking happens, it tends to be sporadic and ad hoc, and is often prompted by chance encounters, which frequently occur when engaging in further training or education.

Notes on style and redactions.

Explanations in [ ] have been added to make explicit what or who the participant was referring to.

To ensure the anonymity of the participants, numbers were assigned randomly to interviews and only minimal information about role is noted, for example, Manager, SCW (social care worker). As such, a designation (3 SCW) was an interview conducted with a social care worker.

XXXX indicates an organisation's name and/or a specific job title have been redacted to protect the anonymity of the interviewees.

... indicates that words/phrases have been removed to facilitate the flow of reporting on the discussion.

Information pathways.

As with the online survey, education was the primary source for hearing about statutory registration. While some participants reported they had first learned about statutory registration while undertaking their primary degree, this would have been referenced in relation to registration of social care workers at a future point in time.

> *I would have looked at it you know when I was in college but that's, that's a good few years ago. So I haven't, you know, there was talk about it then when I'd say I was in my final year of college that it would be coming on board. So I would have had a look at it then but nothing since, no* (1 Manager).

Where participants had recently returned to education they reported receiving more detailed information with regards to statutory registration requirements, the legislation and the process itself.

> *I'm probably one of the more knowledgeable ones, about it because of my educational background, if I wasn't completing the masters I don't know if I'd know anything about CORU. Hopefully I would* (6 SCW).

Other participants had similarly heard about statutory registration on either internal or external training/CPD courses, though more often than not from other participants taking part in the training.

> *I think I was at a training course earlier in the year, and it was mentioned then, that we were going to have to be, you know, registered if we want to practice as social care workers. But that, that's all that has really been said* (8 Manager).

> *Em probably through the grapevine, just by pure kinda chit chat like you know, there's this thing we're supposed to be registered. Kinda you hear snippets* (4 SCW).

> *just kind of word of mouth, I would do a few of the Social Care Ireland CPD stuff so. Kind of just chatting to people there and stuff like that* (12 SCW).

In general participants were not very proactive in seeking out information on statutory registration, "*to be fair I haven't really kind of looked into it a whole lot*" (11 SCW) and only about one quarter of participants reported actively seeking and engaging with information. Amongst a small minority of participants the survey had largely been their first exposure to discussion of registration or Social Care Ireland.

> *when I did the survey, I just thought God I had better just brush up on this a little bit and see what's it about* (8 Manager).

> *after been talking to you I know now to go on to CORU website and see if there is anything there about it. But em other than that, I wouldn't know* (9 SCW).

> *Only since I found out about it* [registration awareness survey] *we'll say, I kind of googled ye* [Social Care Ireland] *a small bit* (11 SCW).

Participants' experiences of accessing information on the CORU website varied, with some finding the site "*very clear and precise*" (5 SCW), as well as "*quite easy to use*" (14 Care Assistant). Others had found it "*a little confusing, because obviously there's an awful lot of information there*" (12 SCW). Social media was sometimes a primary source for information, though participants were acutely aware of its failings.

> *From what I gather is everybody, is just, is after hearing it off one person, and it's just going around then... there's arguments back and forth and you're kind of like, you're not even getting the relevant information there* (9 SCW).

> *I'm only going by the kind of social media side of things... just getting information from that and I suppose you can get wrong information as well* (12 SCW).

In spite of the disjointed information pathways, participants on the whole had a decent working understanding of core areas, such as the underpinning legislation, the role of CORU as the professional regulator, and the implications of regulatory mechanisms such as fitness-to-practice. Two specific topics bucked this trend – grandparenting and the Standards of Proficiency. Grandparenting is discussed later under the heading 'working in social care versus being a social care worker'. In the case of the Standards of Proficiency, while what the standards were was reasonably well understood, understanding of what the launch of the standards meant for the progress of the regulatory process was generally conspicuous by its absence.

Standards of proficiency.

There is a defined process for setting up a register, which begins in earnest with the establishment of the 'Registration Board' for that profession. The Registration Board is responsible for the generation of specific professional requirements within established frameworks, which apply across professions. The key steps are outlined below in figure 8).

Figure 8. Steps to opening a register.

Implementation of Regulation
Before a Register can open a Registration Board must:

Standards of Proficiency for entry to register → Code of Professional Conduct and Ethics → Approve qualification routes to the Register → Registration Bye-laws → Open Register
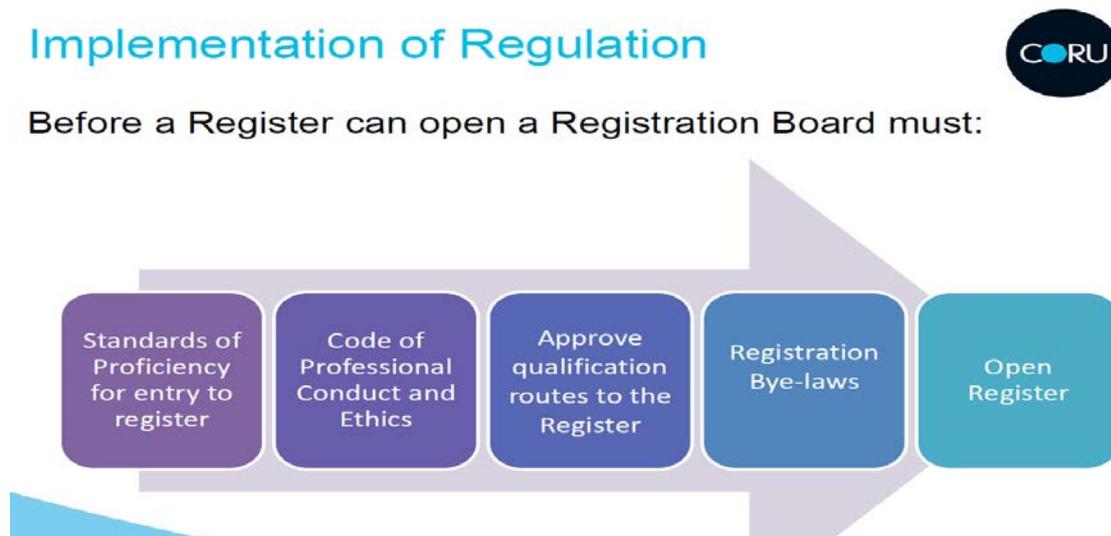
(CORU, 2017).

As such, the launch of the Standards of Proficiency represents a critical step in the process and, more importantly, indicates that registration is now very much a question of 'when' rather than 'if'. While it is easy to appreciate that detailed understanding of regulatory processes would be a topic of interest to only specific audiences, the longevity of discussion around registration had clearly encouraged an air of disinterest around registration. Certainly, participants' suggested that:

> *Just talking to everyone it seems like they've been saying for about eight or nine years, oh registration is coming soon, registration is coming soon* (16 Manager).

> *They* [lecturers] *just said it as, 'look we were told it's five years coming', it's five years later, it's still not here and it probably won't be here for another five years* (5 SCW).

> *I heard recently, about two weeks ago, was it's going to take another, that thing that I told you, five to ten years. And so you kind of then felt well what's the point of me even thinking about it anymore* (9 SCW).

If it is not difficult to understanding how the longevity of debate has contributed to a sense that registration remains a decade away, it would nevertheless now be foolhardy to cling to that view. There can be no doubt that given the complexities of regulating a previously unregulated profession, the opening of a register for social care workers remains years rather than months away. Nonetheless, the launch of the Standards of Proficiency marks a significant milestone.

In addition, engagement with educational providers is ongoing currently and a date of mid-2019 has been set for the opening of the process for educational providers to apply for approval of their programme(s) as routes to the register (see figure 8). In light of this, and notwithstanding the complications involved, an educated estimate would suggest 2022 as very probable for opening of the register for social care workers. Though such an estimate is likely to be lamented by some and contribute further to an air of apathy amongst others, this lead-in period provides an opportunity for proactive engagement into what will probably be the most critical juncture in the development of social care as a profession. The full extent to which proactive engagement with this opportunity is needed becomes more obvious within the remaining themes detailed within this report.

Certainly, it is clear from the interviews that social care is often viewed as the 'poor relation' both within services and by other professions. While recognition by the State is unlikely to alter that immediately, recognition by the State nonetheless provides a central foundation for building upon in the longer-term. For example, social care workers will have for the first time a profession specific and enforceable code of conduct and ethics to draw upon and a legal protection of title. Entry routes to the profession will be clarified and common standards will need to be adhered to. As Dunia Hutchinson, Chair of the Social Care Workers Registration Board, noted at the launch of the Standards of Proficiency, '*These minimum standards present us with an opportunity to shape the future of social care work in Ireland, they give the power back to the profession to shape what excellence looks like in this sector*' (Hutchinson, 2017).

Workplace relations.

If a contributing factor to an apathy toward registration is the length of time registration has been discussed, the ambiguity observed toward professionalisation can be related to the situations in workplaces, particularly in relation to job titles, roles,

responsibilities and recognition. As with the survey, a near bewildering array of job titles were in use and '*you would have a multiplicity of titles* [named four] (2 Manager)', '*because there are so many titles*' (5 SCW), yet, at the same time it was consistently highlighted that '*roles do not differ in any substantial way*' (2 Manager) and '*there's nothing different*' between roles (5 SCW). Moreover, individuals often held multiple titles simultaneously – '*I am a social care worker by my contract, but I'm a team leader to my staff team. And then, in terms of HIQA I have the PPIM title*' (6 SCW) or held different titles on different days of the week – '*I am a social care worker in day service em eh, three days a week, Monday, Tuesday and Wednesday...on Thursdays and Fridays then I would work as a PPIM for a residential service'* (13 SCW).

Throughout the interviews participants' highlighted an extensive array of tasks and responsibilities that distinguished one role from another in the organisation they worked in. Examples of what distinguished a social care worker from a care assistant or support worker for instance, included expectations around skill levels and input, capabilities, responsibilities, administrative tasks, regulatory compliance tasks, co-ordination, supervision, key-working and administering medication, to name but a few. There was however, only limited crossover between examples across interviews and it was also clear that even where it might have been expected that there would be more common characteristics to the job, this often meant little in practice. As one participant observed:

> *Technically the only difference between a social care worker and a care assistant in our organisation is they are not trained to give meds,...But, that is not being adhered to. There are care assistants who have been sent on medication training, and emmm, do administer medication* (4 SCW).

This was not an isolated observation and the situational and temporal nature of what dictated whether an individual was or was not considered a social care worker at any particular point in time was captured eloquently by one participant, who noted that:

> *We're told to be a shift leader, you can only be a shift leader if you are a social care worker with a minimum level seven degree...But then, they're also told...if you're not a social care worker and you're on the sleepover, you're still the shift leader. But then, we're told that even though you may not be a social care worker, the social care worker is always the shift leader* (5 SCW).

It is not difficult to appreciate that individuals may have different roles and even titles depending on who they are interacting with or that individuals may also have different roles/titles depending on which unit they are working in on any particular day. However, it is

difficult to imagine other jobs where individual organisational designations also mean that an individual both can and cannot be a particular role/title based upon the situation alone.

The inherent contradictions of such circumstances were not lost on participants nor where the underlying drivers. Here, a recurring issue was the lack of social care staff in management or leadership positions.

> *It's amazing in an organisation that employs or delivers over XXXX service users and approximately XXXX whole time equivalents they don't have a director of social care* (2 Manager).

Where the interviewer noted that a few organisations did have a director of social care, this was greeted with equal astonishment:

> *God, that's amazing...That's amazing, no. We* [the organisation] *are well, we are well far off that* (15 Manager).

The absence of social care staff in management or leadership positions was often attributed to such roles being filled by other professions, predominately nurses.

> *generally we would look for social care* [qualification] *for the XXXX worker, but actually my XXXX worker at the moment has a nursing qualification* (1 Manager).

> *my last social care leader was a nurse* (5 SCW).

> *Now we have a director of social care and I was really excited about this, saying that's great now at least, and now their background is a nurse, I was really annoyed* (12 SCW).

The embeddedness of such arrangements within organisational structures and cultures was also clearly highlighted by the same participant who observed that:

> *I would have been interviewed by a nurse, two nurses and HR staff and no social care leader, which I thought - 'this is crazy'. Because you'd never get interviewed to be a nurse by two social care workers* (12 SCW).

These situations were being successfully challenged in some instances and some organisations had clearly recognised the need for a greater acknowledgement of the role and input of social care trained staff and were working toward this. However, more often than not because managers were not from social care backgrounds there was a lack of awareness amongst managers around registration, and consequently, managers were rarely champions for raising awareness or challenging the status quo.

> *One of the other PPIMs has a nursing background...And most people don't have knowledge of it* [registration] *within the organisation* (6 SCW).

> *They'd* [team leaders] *be in a lot of the em, senior management meetings. But it doesn't seem to be brought up there either...She* [team leader] *didn't know much about it* [registration] *herself* (9 SCW).

> *But, but other managers hadn't asked either because nobody seems to be talking about it. That's the thing, there's just no, there's nothing out there at all* (8 Manager).

In contrast there were a small number of cases where managers had been proactive in raising awareness and had placed information:

> *on the staff notice board, and on the staff table and I'd have them in my office as well'* (2 Manager).

> *the manager would bring up any new information or that has been passed out and that is relevant to us. So the information is pretty much passed on for you so don't need to ask* (3 CSW).

Similarly, in a limited number of cases there had been organisational efforts to raise awareness of registration. However:

> *I don't really see the point until it comes in so, no, I've never, I've never gone to my employer looking for information. They've provided it from time to time, but I've never gone to ask for it* (16 Manager).

If for ease of explanation it might be appealing to suggest that apathy due to the length of time registration has been discussed is a central contributing factor here, the interviews reveal potentially more concerning underlying causes. For instance, it was common for social care to be seen as something to 'move up' or out from and some who had moved into positions of leadership often no longer felt connected to social care.

> *I know people have moved on to safeguarding officer and things like that, em, that would have had the social care* [qualification] *but would have moved up* (9 SCW).

> *I suppose now that I'm a manager, I don't see myself as a social care practitioner, I suppose I'm wondering if I'm even in that group anymore* (1 Manager).

> *The way that I understand it is that, that instructor title means that, like you know, a lot of people, they will actually not have to register* (16 Manager).

There can be little doubt that such views are related to the context of multiple titles, roles, responsibilities and the complexities and inconsistencies there, and it is easy to appreciate why an individual might want to 'move up' and out of such situations. In addition, moving into management or leadership roles was often unrewarded or unrewarded initially, with participants noting '*You don't get any extra money for being like a shift leader*' (15

Manager), '*they're* [social care workers] *more co-ordinators even though they don't have the pay, em eh, grade to go with that*' (13 SCW) and that '*You have to do this unpaid role* [PPIM] *for a few years like to kind of progress...so that, that is really hard as well*' (12 SCW).

In light of such a backdrop there would be little surprise that there was an even greater absence of awareness raising or discussion of registration beyond local management/leadership levels. The overwhelming majority of participants' noted little, if any, information provision through senior management or employers.

> *No, no, no, I've got nothing at all, no I have never seen anything about it* (1 Manager).

> *The employer in this context has not done anything to highlight the implications and pending implications* (2 Manager).

> *I asked questions on things and so they* [senior management] *were saying stuff about the company, you know this is how far we've gone here, this is where, wondering why whistleblowing might happen, things like that, but they never mentioned anything like that to us, about the, em registration* (9 SCW).

Indeed, the HR participant highlighted that they had worked for a number of companies over the previous years and that '*no that's definitely not happened...there was never any proactive em, information given out or anything like that*' (7 HR). Amongst some, this situation was shaped by the absence of social care trained staff at senior level, which lead to the sense that '*I don't think they're* [the organisation]*, they're great at knowing what to do with all these qualified social care workers*' (12 SCW). However, other reasons were more often cited.

> *I would hope that there wouldn't be any panic due to kind of funding and things like that. And, what it might cost the organisation that they wouldn't be changing titles* (6 SCW).

> *The organisation might not be very, em open, to giving that information because you have a stronger case if you are a registered social care worker...it would have to be a very negative organisation, but you could see that being an issue around the pay rates. Because at the end of the day it all comes down to money doesn't it* (7 HR).

> *there would be management meetings where they would discuss it* [registration]*...like I said it would be more on the how can this work for us from a funding perspective. As opposed to how can this work for us to support our teams or to get best possible people* (15 Manager).

There was a strong sense that the space provided by the previous absence of registration or licensing had meant localised organisational arrangements in relation to qualifications, pay,

conditions and/or progression routes. It was a situation that had been exacerbated in the recent recessionary years.

> *I kind of got my qualification just as the embargo came in, so I've worked for the last good few years with my qualification while being paid as a care assistant* (11 SCW).

> *So this kind of new title, so it's not healthcare assistant or social care worker, but they're requiring, em, social care worker qualifications and as far as I know it's a healthcare payscale* (12 SCW).

> *they are being advertised as social care workers and then when you actually go to apply and stuff you know on the job description and stuff is a care assistant* (14 Care assistant).

Union involvement was mentioned by only a couple of participants, nonetheless it was clear that it had tended to aggravate rather than alleviate such situations.

> *I have regular meetings with XXXX* [union], *and it is one of their issues in relation to, eh, what they would like to see is that, em all...even if they didn't have the qualification, they would be on social care worker rate* (7 HR).

> *There has been a good few union meetings the last number of years that I have been working in social care, and they've all been for support workers. And for their issues. There hasn't been a meeting around social care workers* (6 SCW).

It is unsurprising therefore that for many *'it's like if we are stuck in the middle'* (13 SCW).

An omission that was striking by its near complete absence from the interviews was the input of the social care worker and there was generally only hesitant acknowledgement that seeking out information and preparing for registration could be *'my personal responsibility'* (11 SCW). Rather, the general sense was that *'CORU have kind of almost looked at the social care workers' responsibility themselve*s' (6 SCW). This sense of passivity and waiting for direction was in part informed by previous experiences of regulation, in particular regulation of services by the Health Information Quality Authority, which was mentioned regularly.

> *my knowledge of regulation so far would have been from HIQA, but when HIQA began to regulate us they gave us mountains of information...And it's just, you know, CORU hasn't done anything similar...it's kind of up to yourself to go and find this information if you happen to hear about it* (6 SCW).

The nature of such comments helps to highlight that more often than not there is a mind-set within which registration is seen as a liner process from regulator, through employer/organisation/provider to social care worker. This mind-set was also reflected in the

survey findings, where almost half of respondents (45%) felt it should be an employers' responsibility to provide information.

This mind-set is even more obvious when consideration is given to the responsibilities assigned to the actors involved. To take the quote above as an example - the HIQA '*gave us mountains of information...CORU hasn't done anything similar...it's kind of up to yourself*' (6 SCW) fails to acknowledge sufficiently a number of factors. Organisations would have had to be registered with the HIQA or elsewhere to be sent information in the first instance. Thus, in the absence of a current register there are limited avenues open to CORU and it would be impossible to send information on an individual basis. Moreover, both the survey findings and comments from the interviews indicate that a majority already know about CORU and registration. Nonetheless, the regularity with which such considerations were skimmed over in the interviews indicates the extent to which the linear employer-led mind-set to registration is embedded. Thus, it is crucial to be clear that registration of social care workers will establish parallel processes – see figure 9.

Figure 9. Professional and organisational regulatory processes.
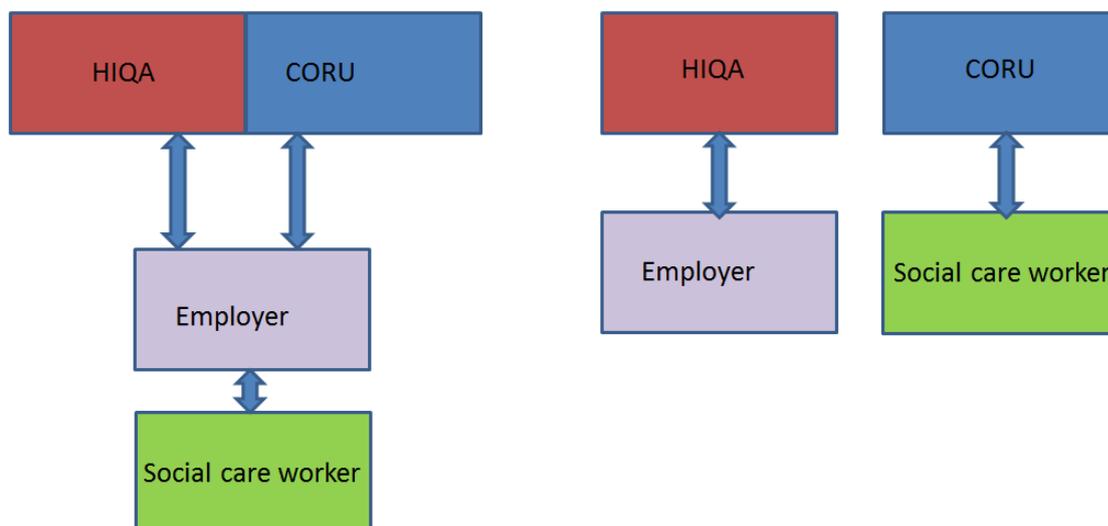
The parallel nature of the processes may also help to explain why employers may not have highlighted registration, since in many ways it is not yet an employers' direct concern, as the relationship will be between CORU and the social care worker in the first instance. This is not to suggest that the processes are entirely separate or that employers or organisations should consider that to be the case. Rather the point is to highlight the framework of

regulation is one within which organisations are required to register with one agency (the HIQA), while professionals are required to register with another (CORU). Within such a framework the onus is on the individual and organisation to ensure that they are registered with the relevant regulator. As such, while organisations may require social care workers to confirm that they are registered, it is the responsibility of social care workers to ensure that they as individuals are registered.

Though the onus is on the individual social care worker to register, employers also need to be consider what this will mean. For example, registration will introduce a new actor and the relationship will no longer be solely between employee and employer. This will establish a different set of structures and, ultimately alter cultures, in many areas. For instance, social care workers will be required to demonstrate engagement in continued professional development (CPD) to maintain registration. While this will be the responsibility of the registrant, it is in the interest of employers to support social care workers to maintain their registration. Indeed, there may even be obligations to do so in the context of ensuring service user or staff safety or demonstrating a supportive and appropriate working environment. In a similar fashion, social care workers will have a code of conduct and ethics to abide by. This will have an influence in areas where professional and organisation requirements collide or where fitness-to-practice or disciplinary issues emerge.

These are considerations that both social care workers and employers need to reflect on, not least because the pervasiveness and depth of embeddedness of the linear/employer led mind-set was a significant feature across the interviews, with previous experience of regulation only one contributing factor. Almost unanimously participants spoke positively about the organisation they worked for, and as with the survey responses, participants were keen for organisations to provide information. Indeed, and again reflecting the linear mind-set, there were regularly comments such as, *'you would expect it to be given to you from your employer, that's what I would expect you know. How, how, how would you even go about it if you don't know, if it's not been told about'* (9 SCW). Yet, at the same time, there was often a reluctance to ask for information and cautiousness amongst many about seeking to raise awareness without prior organisational approval.

> *No I wouldn't be one hundred percent comfortable...They* [Supervisors/Manager] *don't have time for it, it's where we would be a nuisance now if we had to go and ask for something like that* [information about registration] (13 SCW).

> *I definitely think that information needs to be put out there...well I could always do it at a staff meeting, but I'm, I'm not going to do it until I get the go-ahead from our own organisation* (8 Manager).

This ambiguity and expectation that it is the employers' responsibility or that employers' permission is required is very much a reflection of the concentration on the local and a difference in mind-set between working in social care and being a social care worker.

Working in social care versus being a social care worker:
Registration opportunity or burden.

While the majority of participants spoke highly of their organisation and how much they enjoyed their job, it was for many very much a job rather than a profession. This is unsurprising, since if only the workplace factors detailed above were considered, they would seem plausible explanation enough for why individuals might feel that way. Certainly, the local/company designation of titles, the ambiguity around roles and titles, working for a number of years under a title such as care assistant before 'graduating' to social care worker, the often necessary drift out of social care for career progression, and the dearth of social care staff in management and leadership positions would shape such perspectives. Indeed, it harks back to the apprenticeship/vocational model that has been long abandoned by other professions in favour of an educational based approach to entry to a profession (Allsop & Saks, 2002; Cornes, Mantrhrope, Huxley & Sherrill, 2007; Kirwan & Melaugh, 2015). It is a set of circumstances compounded in many cases by high workloads and, one which can only contribute to a lack of recognition by other professions.

> *Because it's still not considered a profession. You know we're still considered, you know, minding children like that's all you do* (15 Manager).

> *we weren't kinda being asked, we weren't being asked what we should do. Our social care leader was looking for medical professionals, that it wasn't good enough for us as a team to come up with our own things* (5 SCW).

While such influences may help to explain the general lack of professional recognition from an external perspective, it appears to have been internalised in many instances.

> *you would think that with that huge amount of social care workers that their voices would be much louder but it's not* (15 Manager).

> *they are not organised professionally as a group, to embrace the changes that are coming ...because they are not doing that management don't actually even see them then as a distinct profile group...They are not doing themselves any favours basically* (2 Manager).

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Amongst some, this was '*probably because we are not asking for it as well, we're not, we don't have that confidence I suppose to demand it yet*' (12 SCW). While for others it was largely due to competing demands, a lack of impetus, or both.

> *it's very difficult like when you are doing shift work and that and you've a family and a house, it's very difficult then to be going home and spending that time, extra time trying to find out this information* (9 SCW).

> *I went and looked at the facebook and went God there is actually a lot of information on this* [registration]. *And then like that read through it and got distracted and then kinda never paid much attention only until the next time I spoke to my colleague* (5 SCW).

> *I'm writing it* [CORU website] *down as your saying it now, I'll check it out at some stage...I haven't really kind of looked into it* [registration] *a whole lot. I tend to go in go to work and come home you know yourself now* (11 SCW).

A couple of participants recalled examples of where there had been efforts to come together locally to discuss the implications or to collectively advocate for permission or support in relation to attending events or courses relevant to their work and for Continued Professional Development (CPD). More often than not however, these fell by the wayside as confidence waivered or the logistics of meeting due to diverse shift patterns or competing demands undermined efforts and the initial enthusiasm faded out. The need to collectively advocate for permission or support to attend CPD events further suggests that not only the balance of power is strongly in favour of organisations, but that this has largely accepted in many cases, leading to feelings of isolation and a lack the confidence to challenge such situations. As a consequence, in many cases identity is linked to an organisation, as in, 'I work for x or y, which is a social care organisation', rather than to a profession, as in, 'I am a social care worker who works in x or y organisation'.

This sense of working in social care versus being a social care worker is no doubt strongly influenced by the evolution of services in Ireland, particularly disability services. The historical, ad hoc and localised nature of the development of services, reinforced by the structures of service funding have led to a dominance of one or two providers in many regions of Ireland (Harvey, 2007; Moran 2013; Power, 2017). As a consequence, social care workers are often not exposed to other organisations nor to social care workers who work in other organisations, in part because they often remain in their local service both physically and mentally.

the ones that have the length of service are ones that came straight out of college into the organisation. It's one of the issues actually that they don't have, they've not had experience in other organisations (7 HR).

after the interview she said to me you know something she said, 'you're only twenty six' she said 'get out of ID', not to get out of it, but you know she was saying broaden your horizons because you have the lingo of someone working in ID (14 Care assistant).

In light of such considerations, why there is a strong focus on the local/organisational and a corresponding lack of professional identity or, in many cases, even a sense of collective identity, becomes more obvious. Within discussions around grandparenting, these shaping factors surface once again and are frequently played out in a tension that can boil over into near direct conflict, with potentially very negative implications.

Grandparenting.

Within the survey component grandparenting stood out as an area where awareness levels were lowest. However, since the vast majority of respondents to the survey had a social care qualification (76%) grandparenting would not necessarily be of particular interest to them. Indeed, amongst some interview participants grandparenting was news – '*I've never heard of it. I'm writing that down now - grandparenting process!*' (11 SCW). Amongst many however, it was clear that grandparenting was a source of concern and frequently conflict within their workplace.

I heard them discuss it in a way that would protect them from not having to go to college...you'd be surprised the amount of people that aren't qualified and speak so negatively about having a degree (5 SCW).

There's a lot of fear about it from people who don't have the qualification. And then, the other side of it, there's a lot of anger with people that do have the qualification (15 Manager).

they're kind of saying that people who are say, who have been working for a long time in the area and don't have social care relevant qualifications, they are kind of saying that probably they won't end up engaging with the process at all (16 Manager).

everybody seems afraid...when we're even talking about things like this I've noticed a few they kind of don't want to talk about it, like being disloyal to the company (9 SCW).

If notions of *'being disloyal to the company'* highlight again the dominance of the local/organisational, there are nonetheless very real anxieties and fears, often due to a lack of

understanding. For instance, the impression amongst some was that for both social care workers and social care leaders, organisations would '*have two years to either support them into education or they have to retire after two year*' (6 SCW). In other interviews references to non-social care qualifications that individuals or colleagues held, as well as references to qualifications gained outside Ireland were often made, with similar concerns and anxieties voiced. More importantly however, is the impact of the conflict that has emerged. As one participant observed:

> *I think people who don't have degrees and their attitudes, I think they can sway people's opinions on registering. Because they are so negative...it's the whole attitude of...'oh sure why would I want a degree, I don't want to be a manager?'. That's, that's all the time. So everybody just hears that over and over - 'I don't want to be a manager, I don't want to be a manager'. So I think because the number of unqualified are higher, and the work is so hard that, I think it can just, it can deflate you* (5 SCW).

While reference to being a manager reflects the structures within local services and reference to unqualified represents a dividing line upon which the battle is often fought, this schism within social care would seem a distraction that draws attention away from the issues that participants' highlighted throughout the interviews. More importantly, it also undermines the potential opportunity registration presents to help tackle those issues. It is worth noting that grandparenting is a well-established and common regulatory mechanism (Granger & Watkins, 2014; Lin & Gillick, 2011; Sabine, 2007). In addition, notions of qualified/unqualified are rather academic, since in a competency based framework the threshold is competent/not competent. Furthermore, regardless of the application route an individual pursues, the only designation that will ultimately matter is that between registered and not registered. In light of such considerations, it would seem that the question of most relevance is not how an individual gains entry to the register, but rather how might social care workers draw upon registration to help address concerns over ambiguity in pay, roles, conditions, progression routes, recognition etc?

This is not to suggest that the issues are not very real to those involved or that arguments from both sides are not without some validity. Rather the point is to highlight that such conflicts are likely to do little other than undermine the collective and united approach that would seem to be required to help exploit the opportunities that registration can present for addressing the wider issues in the longer-term. Put another way, if energy, effort and time is devoted to managing or resolving differences over issues that have already been decided and which are very unlikely to change, then those resources will not be available to advocate

and lobby to ensure that the voice of social care workers is heard at tables where decisions have yet to be made. As such, that registration is not imminent may be valuable, since it provides time for moving beyond such debates.

Certainly, the atmosphere of tension over entry routes to the register is likely to be contributing to the manner in which registration is being perceived, where again a similar bipolar split is apparent. On the one hand, are those that view registration as a positive that was '*now beginning to see it crystallise, which is marvellous really you know*' (2 Manager) and they were clear on '*how much I would value registration*' (12 SCW). Amongst such participants' it was acknowledged that registration was a step on the process toward professionalisation and a more equally footing with other professions rather than a silver bullet for the challenges of working relations:

> It's [registration] *not like the be all and end all, it won't fix everything, but I feel it will make it a bit more respected as a profession* (12 SCW).

On the other hand, and possibly because registration was not a silver bullet, it was seen as a hurdle to be jumped, or a burden to be endured or avoided.

> *people were saying well you'd have to, you'd have to pay to be registered... And then how will it affect us? Does it affect our pay? Does it affect our working conditions? Does it affect recognition in the role because it's very difficult to get recognised in social care* (9 SCW).

> *some people are saying well why should l have to pay...I'm not going to join because I don't want to pay …. there's just a lot of people maybe who, who have been working in the, in this, in this service maybe ten fifteen twenty years who are just not going to engage with the process* (16 Manager).

As such, there was an ambiguity amongst many where it was acknowledged that recognition was lacking and that social care '*isn't considered anything really*' leading to feelings of '*bashing your head off a wall sometimes*' (15 Manager) or feelings of being '*hard done*' (8 Manager). While at the same time, the response was to engage in wishful thinking or to dismiss registration as an opportunity to address issues of recognition and by extension the other challenges that social care workers confront. This was also reflected in comments and queries around whether employers or funders would make registration '*mandatory*' (16 Manager) and/or whether employers or CORU or others would support staff with registration or CPD.

> *we're not going to be penalised to have to take days off work at our own cost, you know what I mean. At our own cost. Em like who, who provides these courses? Like will we get time off? Are they going to be paid for by our organisation* (8 Manager).

The emphasis on employers deciding or concerns over penalisation as a consequence of registration serve to further highlight a clear sense of disempowerment and the pervasiveness of the liner mind-set, within which social care workers are largely passive recipients rather than potentially active agents.

There may be little surprise therefore that there is clearly a divide within social care between those who perceive themselves more as working in social care and those who view themselves as social care workers. Certainly, this ambiguity was clear throughout the themes. Within the theme of information pathways for example, participants highlighted how long registration had been discussed. Yet, within the theme of workplace relations it was regularly questioned how a person would know unless someone else provided information or raised the issue. Similarly, there were expectations that employers should provide information, but a reluctance to ask employers, or indeed, to seek information themselves, since as was highlighted under the pathways theme, action was often only prompted by chance encounters on training courses. The circle of ambiguity, and by extension passivity, was completed in the manner in which registration was viewed as a local organisation matter that should be employer led, was wanted as a silver bullet though recognising it is not, and was often manifested in conflict to the extent that that situation now almost has its own term – the 'legacy issue' (2 Manager; 7 HR; 15 Manager).

Summary and conclusions.

It is clear that for many the length of time registration has been discussed, the presence of conflicting information and rumours, and the lack of a specific date have encouraged a view of registration as a far off event. It is similarly obvious that the historical evolution of services, the organisational designation of titles, roles and responsibilities, which has created a power imbalance, the absence of registration previously either through a professional or state body, and the corresponding lack of recognition have created a situation where social care and registration are all too often viewed from a localised and parochial lens, within which social care workers are rather powerless to input. This both helps to explain and continues to reinforce the dominance of other professions and the lack of social care trained staff at management/leadership levels, and especially at senior management levels. Previous experience of regulation, heavy workloads, isolation and fragmentation only serve to further strengthen the view of registration as an event that will be local employer led. This concentration on the local is further locked-in in many instances by the perception of registration purely through lens of organisational structures, as an imposed burden, or as a

source of conflict between the '*qualified*' and '*unqualified*', which only contributes to feelings of being '*hard done*' and disempowered.

While each of these influences helps to explain the challenges that confront those working in social care and it would be difficult not to sympathise around many of the issues, it is ultimately only social care workers who can decide how they wish to meet those challenges and prepare for registration. Certainly, the individualised nature of the regulatory framework places the onus squarely on the individual social care worker. Highlighting that other debates become rather moot in that context, one interviewee summed up the situation confronting many:

> *Why would I even bother registering? There's no obligation from my employer on me to be registered. I'm, I'm not operating on that title. I'm not getting paid that title. But, in fact, I'm supposed to operate at that standard* (2 Manager).

While the act of registering is an individual action, it is not separate from the context and here it is worth considering the significant voice that social care workers could have. Estimates of the number of social care workers have suggested approximately 8,000 individuals may be eligible to register (Lyons & Howard, 2014). Given that estimates in relation to the professions that are currently registered have tended to have been underestimates, in some cases by up to 25-30%, there are possibly up to 10,000 individuals who would be eligible to apply for registration. Such numbers obviously represent a potentially substantial voice by any measure.

However, numbers alone rarely guarantee success and if social care work is to reach parity with other professionals it would be reasonable to suggest that a change in mind-set and, is some cases a change of culture, are needed. Certainly, the mind-set of regulation as an employer led liner process is a hindrance. It is a situation compounded by representations of social care work in public discourse, within the media or in the research arena, which are generally conspicuous by their absence or are negative (Williams & Lalor, 2001; Lalor & Share, 2013; Lyons & Howard, 2014; Power et al., 2016). Indeed, it can be argued that the impetus for registration came not so much from social care workers, but rather from State concerns and 'moral panic' in the aftermath of crisis and scandals (Byrne, 2016a; Howard & Lyons, 2014).

Regardless of the catalysts however, the stage is not yet fully set and registration remains some years away. As such, there are opportunities for proactive engagement and thus, much for social care workers to consider. Here, the most pressing question would seem to be – how should registration be approached? If registration is approached in a passive and

reactive manner only, then it is plausible to suggest it will be viewed as a burden. This would seem a high-risk strategy, because it is not likely to alter the status quo, decisions will remain the preserve of others and outcomes will be imposed. At best the exercise will become damage limitation. In contrast, it would seem reasonable to suggest that if registration is approached in a proactive manner as an opportunity, then there are many questions to be addressed. For example, what can be done to make registration the best opportunity it can be? How can this be achieved? Where and with who do conversations, advocacy or negotiations need to start? How can information sharing, learning and networking be promoted? How can social care workers enable each other and empower themselves to prepare for registration? Indeed, this is likely the most important question, since both the survey and the interviews highlight that preparedness rather than awareness is currently the greatest challenge.

In considering their options, social care workers might want to take into account that there were successes noted within the interviews. Within some organisations, social care workers and managers had advocated for and succeeded in strengthening the voice of social care workers. As such, there is much that can potentially be learned through information sharing, networking and engagement with others in similar positions. More importantly perhaps, it was also clear from a number of interviews that while there were concerns and anxieties, there was also enthusiasm and commitment, particularly in terms of the potential to benefit social care workers, service users and providers.

In addition there are a number of developments, which though separate to this study are particularly relevant and deserve mention. In recent years, there has been a significant shift in recognition at the more strategic level in national organisations and agencies, signalled by an increasing trend for inviting social care workers, leaders and managers onto committees, steering groups and boards. Invitations are increasingly being extended to Social Care Ireland for representation of social care workers, and members have for instance, contributed to a range of the HIQA's standards advisory groups, the HSE's steering group on medication management, the Professional Bodies Alliance, as well as the Health and Social Care Professionals Association.

It is also worth noting the openness to engagement that CORU have demonstrated consistently. In relation to this study for instance, senior CORU officials including the CEO – Ms Ginny Hanrahan, Head of Education- Ms Aoife Sweeney, and Projects, Policy and Standards Manager – Ms Catherine Byrne, have met with Social Care Ireland to discuss the preliminary findings and have attended and addressed questions at the official presentation of the findings at the Social Care Ireland conference in March 2018. Subsequent to that an

invitation to present the study findings to the Social Care Workers Registration Board directly was made and the results were presented in early May. Thus, while in the frontline few changes may be currently obvious, a seachange is clearly happening.

Employers are also becoming increasingly cognisant of registration and the wider context and forces at play, and as with social care workers, they too have decisions to make, which may be particularly the case for the disability sector. For example, in Ireland, care of children and older people have been heavily subject to marketisation and privatisation in recent decades (Mulkeen, 2016; Power, 2017). While the disability sector has been largely immune to such changes to-date, it would seem naïve to think that in a neo-liberal policy environment that this will continue indefinitely. Thus, it would seem fair to suggest that it is only a matter of time before market mechanisms, such as competition between providers or competitive tendering, become a feature. An already mixed economy of provision provides fertile ground for such developments, and privatisation through agency staffing has been a feature of the sector in recent years (Cantwell & Power, 2016). In such a climate, a registered workforce provides a significant competitive advantage. In a similar fashion, social care trained and registered staff at management and leadership levels would provide supporting evidence for the extent of adoption of such things as appropriate skill mix, tailored individualised care and the adoption of a social model approach to provision. Indeed, within the context of the move from congregated settings, solidification and expansion of the input of social care workers would seem a necessity. As one participant in the interviews observed:

> *I see it* [registration] *as an opportunity, but for the organisation they really need to, ah like most of the voluntary agencies, they need to up their game and sort of really get proactive in defining what sort of future we are going to have in the next three to five years you know* (2 Manager).

The defining of the future must also take into account what the establishment of parallel regulatory processes may mean. For example, it has been observed that in the 15 year period between 1998 - 2013 some day 'service providers were seen to make changes in line with policy goals, but with little changing in reality' (Fleming, McGilloway & Barry, 2017, p. 389). Given that social care workers will have to abide by a professional code of conduct and ethics, it would again be naïve to think that there would not be tensions, if not conflict, should similar situations emerge in the future.

This is not noted as an attempt at scaremongering or to invoke images of regulators as boogiemen and regulation as something to be feared. Rather it is to highlight that registration for social care workers will introduce a significant new actor and new requirements, which

cannot but alter social care work irrevocably. Thus, at the risk of stating the obvious, it would be prudent for all stakeholders to consider in a timely fashion how they wish to engage with this crucial development, not least because there is time. Ultimately, only time will tell the extent to which registration was grasped as an opportunity or became a stumbling block in the professionalisation of social care work. In the meantime, it would seem fitting to conclude with the reflections of a social care worker around her recent experiences.

A social care practitioner's reflections on why joining Social Care Ireland and getting prepared for registration is important.

I qualified as a social care worker in 2003 with a BA Hons in Applied Social Studies in Social Care. I have been employed as a social care leader in the disability services for the past 10 years. It was from attending a training course outside of work as part of CPD that I met with other social care workers who were involved with Social Care Ireland on various different special interest groups (SIGs) and worker advisory groups. I didn't realise these forums were in existence before this. I am very passionate about the work that I do and it was great to meet likeminded people at training run by SCI. I spoke to those involved in the Disability SIG and joined the group in the summer of 2016. Depending on the area you are working in, there is a different SIG for that area.

Since being a part of the Disability SIG, I am only now aware of the many opportunities there are available to us as SIG members, such as being a part of different committees with outside agencies such as the Heath Information and Quality Authority (HIQA) and the Health Service Executive. But also we get information on upcoming developments in the field of disability and are asked for our opinions on them. A member of the Board of SCI sits on the SIG also, so we get direct information from SCI on upcoming events, information on changes coming up or anything that is relevant to us in the disability field. We also get the chance to link in with other SIGs, such as the research SIG, and get the opportunity to take part in group research in our area.

Within the disability sector we as social care workers need to start doing more research in this area from the viewpoint of social care workers, so as to build a culture to promote our profession. The calibre of people that I have met since joining the SIG and becoming a Social Care Ireland member has had a very positive impact on my career in regards to networking and sharing valuable information and ideas. The support has also been great as we are all in the same boat and with a common goal, which is being passionate about the people we support and looking at innovative ideas to make changes in our field. The more

members we have joining SCI the more opportunities that will come about for us especially by expanding the group we can make real changes on the ground from networking more, information sharing and cpd training.

We can then prepare better for the registration process and be supported by our representatives in SCI. It can be disheartening to know that many social care workers are misinformed about upcoming registration and its impact on our profession. We need to start working together to build the new face of social care work as professionals and registration is a huge part of that. Currently I am in the middle of doing my Masters in Advanced Social Care Practice because I believe this profession has so much to offer. A lot of people are looking to practice in other disciplines as they feel disheartened by our profession and the standards currently in place. Instead of changing profession we need to change the way we look at social care and advocate for our profession as passionately as we do for those we support.

Ms Deborah Gill.

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Useful links.

Social Care Ireland - https://socialcareireland.ie/

CORU - http://www.coru.ie/

CORU guide to registration - http://coru.ie/uploads/documents/Guide_to_Registration_Web.pdf

CORU what is grandparenting - http://www.coru.ie/en/faq/what_is_grandparenting

CORU Standards of Proficiency for Social Care Workers - http://coru.ie/uploads/documents/Standards_of_Proficiency_for_Social_Care_Workers_(31.05).pdf

Ms Dunia Hutchinson's, Chair Social Care Workers Registration Board, presentation at the launch of the Standards of Proficiency - http://coru.ie/uploads/documents/Dunia_Hutchinson_Notes_on_Speech_31.5.17.pdf