Consultation on revisions to Code of professional conduct and ethics for social care workers.

The revisions to the Code of professional conduct and ethics for social care workers raise a number of important issues, in particular the diminishing of the importance of continued professional development (CPD) and the continued missed opportunities to embed regular supervision and upholding human rights as requirements.

Continued Professional Development.

In the case of CPD, the revised Code includes no mention of auditing or monitoring and shifts a registrant’s recording requirements to the ‘should’ rather than ‘must’ category. As such, while registrants ‘must’ ensure that knowledge, skills and performance are of high quality and up to date and they ‘must’ participate in CPD on an ongoing basis, it appears there will be no auditing or monitoring, rendering CPD a desirable rather than an essential element of good practice. This goes against the fundamental principle of regulation – oversight and compliance monitoring. This raises two important issues – protection of the public and professional empowerment and advancement.

In the case of protection of the public, it can reasonably be assumed that only a small proportion of social care workers will actively engage in participating and recording CPD where it is not audited, and these practitioners are unlikely to be the practitioners that threshold regulatory competency frameworks are focused on identifying and removing in the interests of public safety and protection. Put bluntly, ‘good’ practitioners will be already engaging and recording CPD, while ‘bad’ practitioners are not, and the watering down of requirements from must to should is extremely unlikely to motivate them to do so. Certainly, if not speeding was a desirable rather than backed up by enforcement it is highly improbable that there would be less speeding. Moreover, as the recent recession highlighted, soft-touch regulation is often little more than a hope of voluntary compliance with good practice. Basing public protection and safety on a hope would appear a high risk strategy.

In the case of the development of social care as a profession, the watering down of requirements can only disempower social care workers, since no longer will social care workers be able to draw upon mandatory CPD requirements in negotiations with organisations and employers. It is no secret that the balance of power between social care workers and their employers has, and continues to be, weighted heavily in favour of employers. As such, while mandatory CPD requirements would provide regulatory support for social care workers when seeking organisational support for attendance at CPD events and activities this will no longer be the case. Thus, rather than the Code offering the potential to support social care workers in developing and advancing the profession of social care and meeting the challenges of multiple titles, absences of career structures and opportunities, and limited recognition by other professions and the public, the proposed revisions now render CPD largely impotent as a potential support. This can only have long-term detrimental impacts on the professionalisation of social care and is likely to undermine public confidence. More worrying perhaps in the context of an emerging professional, it seems reasonable to suggest that many social care workers will interpret the proposed change as a rowing back on State/Regulatory support.

Finally, it is likely to seem insincere, if not contradictory, to those entering social care work, as social care graduates must be able to ‘evaluate and reflect on own professional practice to identify learning and development needs’ and ‘be able to select appropriate learning activities to achieve professional development goals’ (CORU, 2017), while it will be only desirable that social care practitioners do so.

Supervision.

The retaining of supervision in the ‘should’ rather than ‘must’ category represents a missed opportunity. The importance of supervision has been highlighted consistently and regularly within the academic/scientific literature in relation to quality of care, staff development, staff satisfaction, and retention and burnout. Conversely, numerous reports have highlighted that the absence of supervision or the presence of poor quality supervision provide a fertile environment for low standards and poor quality care, if not worse. For example, the Aras Attracta Swinford Review Group (2016) reported serious deficits around ‘support, supervision and performance management for staff’ (p. 14) and that key improvements were to include ‘formal support and supervision for all staff’ (p. 25). In a similar fashion, the Standards of Proficiency for social care workers note that graduates ‘will be able to seek professional development, supervision feedback and peer review opportunities in order to continuously improve practice’ (4. Professional Development). Moreover, regular supervision is a cornerstone of National Standards. For example, both the National Standards for Residential Services for Children and Adults with Disabilities (2013) and the National Standards for Residential Care Settings for Older People in Ireland (2016) require that staff receive regular supervision and support. As such, that supervision is not mandatory brings to the fore many of the same issues as the revisions in relation to CPD raise, and more importantly, my place the Code in conflict with National Standards. At the very least, the difference in emphasis suggests that the messages from regulators appear mixed if not contradictory.

Upholding human rights.

As with supervision, that the responsibilities of social care workers in relation to human rights, participation and self-determination remain in the ‘should’ rather than ‘must’ category can only be viewed as a missed opportunity. Certainly, that the upholding of human rights and treating each individual with dignity and respect is considered desirable rather than essential goes against the values that underpin social care work.