

Social care managers' perspectives on statutory registration of social care workers in Ireland

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Abstract

The focus of this paper is social care managers' views on the impact of the statutory registration of social care workers in Ireland. The findings suggest that registration is welcomed by social care managers who believe that it will impact positively on societal recognition of social care workers as professionals and that it will improve accountability within the sector. However, the findings also suggest that there is confusion regarding information about registration and issues remain in the sector regarding multiplicity of titles, roles, and duties of social care workers. We conclude that the opening of the register is only a further step towards the professionalisation of social care in Ireland and that more action is needed to address inconsistencies within the field of work.

Keywords: Professional regulation; professional register; statutory registration; professionalisation; social care

Introduction

The road to registration of social care workers in Ireland stretches back over five decades since the first calls to register residential

childcare workers in the Kennedy Report (Department of Health, 1970). The enactment of the Health and Social Care Professionals Act (Government of Ireland, 2005) led to the establishment of CORU (which originates from the Irish word, ‘cóir’, meaning fair, just, and proper (Hanrahan, 2019)), Ireland’s multi-profession health regulator. CORU’s role is to promote ‘high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals’ (CORU, 2024a). The main function of CORU is to protect the public. It is made up of the Health and Social Care Professionals Council and a registration board for each of the professions regulated under the Health and Social Care Professionals Act 2005 (as amended).

The inclusion of social care workers in this act was an important development for social care as it was previously an unregulated profession, unlike many of the other longer established professions included, such as psychology and social work. The register for social care workers opened its two-year transition period (known as ‘grandparenting’¹) on 30 November 2023.

At the time of data collection in 2020, this study explored the topic of pending registration and its possible impacts from the viewpoint of those who manage social care workers in an array of social care settings. Already, structures had been put in place for the opening of the register such as the appointment of the Social Care Workers Registration Board (SCWRB) in 2015, the publication of the *Standards of Proficiency for Social Care Workers* (CORU, 2017) and the *Code of Professional Conduct and Ethics* for social care workers (CORU, 2019a).

Opening a register for a previously unregulated profession raises challenges, including addressing fragmentation across qualifications and training, developing cohesion within the profession, attending to the multiplicity of job titles, and establishing recognition of social care work as a profession on a par with other health and social care professions (Byrne, 2016; Power & D’Arcy, 2017; Power & Dashdondog, 2022).

¹ ‘Grandparenting’ is a transition period, introduced to allow existing practitioners without an approved qualification time to register. A concession of two years is granted to existing practitioners to enable them to transition to statutory registration. If a social care practitioner has worked in the profession for two years during the five years before they apply to the register during the grandparenting period, they are eligible to apply for registration, even if they do not have an approved qualification.

The study aimed to investigate social care managers' perspectives on the registration of social care workers, including its perceived impact on workers, service users, and managerial roles, as well as identifying the anticipated benefits and challenges associated with statutory registration.

Historical context

Social care work in Ireland has emerged from a changing cultural, social, and political context over the past 50 years. Religious orders were largely responsible for the residential care of children and vulnerable adults until the decline in vocations in the 1970s. Reformatory schools and large institutions dominated the care provision of children until the 1970s with the focus being on minimising threats to social order, with apparent little consideration of welfare or best interests of the child (Ferguson, 2007; Howard & Lyons, 2014).

The current model of social care provision in Ireland began to develop following the publication of a series of reports from the 1960s highlighting poor practice and abuses.² The Health Act (Government of Ireland, 1970) followed, and a transition from an institutional/medical model to a community/social model of care began (McSweeney et al., 2016). The *Kennedy Report* (Department of Health, 1970) called for staff to be professionally trained and for an authority to regulate those involved in residential care (Howard & Lyons, 2014; Williams & Lalor, 2001). The first educational course in residential childcare commenced in Kilkenny in 1971, a twelve-month programme aligned with and recognised by the British Central Council for Education and Training in Social Work. This programme ran for ten years and graduates received a Diploma in The Residential Care of Children and Young People. A Diploma in Childcare commenced in 1974 in Cathal Brugha Street College of Catering (which later became part of the Dublin Institute of Technology), and in the following years similar courses were established in regional technical colleges nationwide. Over time, the focus evolved beyond residential childcare to other areas of social care, including the

² The *Commission of Inquiry on Mental Handicap Report* (Department of Health, 1965), the *Care of the Aged Report* (Department of Health, 1968) and the *Reformatory and Industrial Schools Systems Report* (Department of Health, 1970) otherwise referred to as the *Kennedy Report*.

disability sector, homelessness, and addiction services. Care workers with third-level qualifications replaced unqualified personnel over time (McSweeney et al., 2016). Despite the advances in education and training for workers, regulation of social care workers did not become a priority again for several decades.

A shift occurred in the public perception of institutional and alternative care late in the twentieth century as a result of emerging abuse scandals (Ferguson, 2007; Dukelow & Considine, 2017). A public outcry following high-profile child abuse cases³ increased pressure on government for the regulation of children's residential services as well as the practitioners engaged in care. Revelations of abuse of children and vulnerable people continued to emerge until the national broadcaster, RTÉ, aired a documentary series titled *States of Fear* (Rafferty, 1999), detailing the personal stories of childhood abuse in industrial schools told by survivors (Ferguson, 2007). This series triggered a public apology from the Taoiseach [Prime Minister] at the time and the launch in 2000 of the Commission to Inquire into Child Abuse. The Commission published its report in 2009 (also known as the *Ryan Report*) (Office of the Minister for Children and Youth Affairs (OMCYA), 2009), which investigated all forms of child abuse in Irish institutions for children, in particular reformatories and institutions run by religious orders. The Commission issued a five-volume report containing forty-three conclusions and twenty recommendations to address the effects of the abuse and to prevent and reduce incidences of abuse in institutions.

As a result of these developments, the regulatory framework for children's residential services saw a range of reforms such as the establishment of the Social Services Inspectorate in 1999, established on a statutory basis as the Office of the Chief Inspector of Social Services. The Health Act 2007 (Government of Ireland, 2007) allowed for the regulation of designated centres for older persons, children and persons with disabilities, and the establishment of the Health Information and Quality Authority as the regulator for inspection and

³ Two examples of high-profile child abuse cases: (1) The Madonna House scandal involved the conviction of a staff member for sexually abusing several children over a five-year period in a children's residential home and prompted an inquiry into the operation of the home by the Department of Health and Children (Department of Health, 1996); (2) Trudder House was a residential home for boys from the travelling community established in 1975. Allegations from nineteen former residents of sexual abuse against several people connected with the home in the late 1970s and 1980s led to one conviction of a former staff member (*The Irish Times*, 1996).

monitoring. Reforms also saw the inclusion of social care workers in the Health and Social Care Professionals Act 2005 which aimed to regulate all social care workers on a statutory basis. This rise in regulation of social care services and those working in them is a wider strategy of public service governance driven by increased public expectations of quality service provision and accountability (Kirwan & Melaugh, 2015).

Professional regulation

The regulation of health and social care professionals is not new or unique to Ireland. Prior to the emergence of the Irish Free State, Ireland, as part of the United Kingdom (UK) in the seventeenth and eighteenth centuries, saw the regulation of doctors and pharmacists in addition to midwives and nurses (Hanrahan, 2019). Since the 1960s in the UK, the statutory regulation of health and social care professionals began and today, fifteen health and social care professions are regulated under the Health Care Professionals Council (HCPC, 2024). In other parts of the world such as Sweden, Finland, and the Netherlands, regulation of health and social care professionals is already in place, and several other countries have national codes of practice that all social care professionals must adhere to (Coyle et. al., 2021).

The literature shows that there are commonalities internationally as to what is included in the professional regulation framework (Byrne, 2016; Cornes et al., 2007; Department of Health, 2004). The framework set out by CORU includes the following elements for the protection of the public and to ensure public confidence in social care worker professions:

- Establishment and maintenance of a register of members of the designated profession.
- Setting minimum educational standards for members of the designated profession.
- Setting standards of practice and competence for registrants.
- Restricting the use of professional titles to those who are registered.
- Ensuring registrants keep their skills updated by promoting continuous professional development.
- Conducting fitness to practice hearings of registrants where necessary.

These principles underpin the approach to the regulation of health and social care workers in Ireland.

The Social Care Workers Registration Board was appointed in March 2015. According to the Health and Social Care Professionals Act 2005, the SCWRB is tasked with establishing a register of members of that profession as soon as practicable after the Board's establishment day. However, the previously unregulated field of social care has meant that a lot of foundational work was needed before opening this particular register, thus delaying the process (Byrne, 2016; CORU, 2019b). To emphasize this point, we can compare this eight-year timeframe with that of the Social Workers Registration Board which was appointed in August 2010 and opened its register in May 2011, a mere nine months later. This was due to the preparatory work of the National Social Workers Qualification Board, in place since 1987 (Hanrahan, 2019).

To date, the SCWRB has set the criteria and standards for training and education providers, created a code of professional conduct and ethics, as well as the standards of proficiency for the profession, created bye-laws for entry onto the register and opened the register under a transition period of two years from 30 November 2023 to 30 November 2025 after which point, the title of 'social care worker' will be protected and only those on the register will be legally entitled to use it.

The Social Care Workers Registration Board commenced the programme approval process of social care workers education and training programmes in 2019 and, to date, forty-four social care education programmes have been approved as published in the *Social Care Workers Registration Board Approved Qualifications Bye-Law* (Government of Ireland, 2023).

Impacts of professional regulation

It is expected that regulation of practitioners in a previously unregulated field such as social care work would impact on a range of stakeholders. The literature indicates that regulation of social care workers could impact both positively and negatively on social care workers and managers as well as on the quality of care of those who use services.

Finnerty's (2012) study on professional identity and the social care worker suggested that the opening of the social care workers register would improve the status of social care as a profession and enhance

practitioners' personal perceptions of their value. Social care as a profession has had a long fight for recognition. Historically, residential care workers were seen as providing a basic 'feeding and minding' function (Smith, 2009). This was echoed in the perceptions of social care workers in the study by Power and D'Arcy (2017) where those interviewed stated that they felt they were viewed as inferior both within services and by other professionals. An increased recognition of social care as a profession is evident in recent years by increased representation on boards and policy committees such as on Health Information and Quality Authority's standards advisory groups, the Health Service Executive's steering group on medication management and the Health and Social Care Professionals Office (Power & D'Arcy, 2017).

Some negative impacts of the regulation of social care workers are also evident from the literature. Power and D'Arcy's (2017) study on statutory registration awareness among social care workers showed that some respondents felt registration would be a burden in terms of effort, time, and cost. According to Byrne (2016) these impacts may include the additional cost to practitioners of professional indemnity insurance and legal protection for individual practice required for registration.

Initial calls to register those working in residential care were for the purpose of protecting service users from abuse. The regulator will do this by registering only those deemed competent to practice and by placing sanctions on those whose practice is deemed impaired (CORU, 2024b). As further protection, service users and their representatives will be able to make a complaint directly to the regulator regarding poor practice (Byrne, 2016). The impact on social care workers will be increased accountability for their work, while providing increased protection and quality of care for service users.

As social care is a relationship-based profession, there are some concerns that increased regulation will have a negative impact on the relational nature of the work. Two paradoxes relating to the implications of regulation are identified by Dickens (2010). Firstly, the improved standards of care aimed for with regulation may be potentially jeopardised by the bureaucratisation of regulated environments. Secondly, increased regulation, such as codes of conduct, ethics and practice, may serve to reduce professional autonomy and creativity within the profession. Similarly, Howard (2012) argues that a high level of regulation will bring about a sanitising of care due to increased bureaucracy which will not benefit

those in care. However, Howard was referring to the regulation of services, which could be viewed as more bureaucratic than professional regulation. He also recognised that experienced social care workers become very skilled at finding a balance between the bureaucratic tasks required of them and meeting the needs of service users. Jones and Carston (2016) recommended that increased regulation of the sector should be balanced with good staff supervision practices.

Organisations and the managers within them will also be impacted by the need to take notice of and assist with registrants' regulatory requirements. Duties will include assisting registrants with continuous professional development (CPD) opportunities, and ensuring fitness to practice (Byrne, 2016). There is also a suggestion that tensions may arise between workers and management where CPD opportunities are limited to the needs of the service and resources available rather than the interests of the employees themselves. These tensions may also be evident where a shift towards a professional identity (where practitioners see themselves as accountable to the profession before the organisation) may lead to questioning of organisational practices (Byrne, 2016). These factors may impact on managers by straining relationships with staff and increasing their workload.

Career progression opportunities in social care in Ireland have long been a concern. Williams and Lalor (2001) found that all their focus group respondents expressed frustration at limited promotional prospects. Since then, Power and D'Arcy (2017) identified a recurring concern that there was a distinct lack of social care qualified personnel in management and leadership positions, with nurses supervising and managing social care workers in many organisations. These concerns are echoed in a more recent study on the perceptions around professionalisation in social care work in Ireland (Power & Dashdondog, 2022) where just over one-third (38 per cent) of respondents felt that there were clear progression pathways within the sector. Opening the social care workers register and the regulation of social care may have a positive impact on career progression in social care, not least by bringing social care workers into line with other professionals in terms of recognition of qualifications, minimum qualifications to practice, registration, CPD and fitness to practice oversight.

Benefits to the profession are outlined by CORU and include inspiring greater public confidence in the profession due to independent verification of individuals' qualifications and the

publication of standards of proficiency for social care workers (CORU, 2017) and codes of professional conduct and ethics (CORU, 2019a). The profession's reputation will be enhanced by having formal disciplinary procedures for those who do not meet the standards and because only those registered will be legally allowed to use the protected title of 'social care worker' (Byrne, 2016). The improved status of the social care worker was also seen as a benefit of registration in Finnerty's (2012) study on professional identity and the social care worker.

There are a number of challenges to the introduction of registration and regulation of social care, particularly due to the previously unregulated nature of the profession. These challenges include addressing fragmentation across qualifications and training, developing cohesion within the profession, the multiplicity of job titles and establishing recognition of social care work as a profession on a par with other health and social care professions (Byrne, 2016; Power & D'Arcy, 2017; Power & Dashdondog, 2022).

In the period before the opening of the register for social care workers, the SCWRB has addressed a number of these challenges with the publication of standards of proficiency and codes of professional conduct and ethics, and addressing the issue of variation across qualifications for the profession by approving routes into the profession with the approved qualifications bye-law. The standards of proficiency and code of professional conduct and ethics help to create cohesion within the profession, while the criteria for training and education programmes have addressed the fragmentation across qualifications and training.

Challenges that have not been addressed prior to opening the register, however, include the multiplicity of job titles and career progression within social care. As noted earlier, the purpose of opening the register is to protect the public by restricting the use of the protected title of 'social care worker' to those who are registered, thus ensuring those working in the profession conform to standards of education, conduct, and ethics. However, social care workers are working in Ireland under a multitude of titles such as community support worker, project worker and many others. Power and D'Arcy (2017) reported that social care graduates employed in the field had an astonishing eighty different job titles. This is a long-standing issue – a survey of graduates in 1990 reported thirty-five different job titles among (what were then called) childcare workers (National Council for Educational Awards (NCEA), 1992). This multitude of titles

creates an issue for attempts to register all those engaging in social care. If these workers do not see the need to register, the function of protecting the public is made redundant which could leave many vulnerable groups in the care of unregulated workers (Byrne, 2016). There is a risk that this inconsistency in the job titles of those performing a social care work role may be used by organisations to avoid hiring registered workers and advertising social care roles under different job titles so as to bypass regulatory oversight, thus undermining social care as a profession.

Methodology

The research design framework chosen for this study was cross-sectional. Qualitative data was gathered from a sample of social care managers in 2020, three years prior to the opening of the social care workers register. A qualitative research approach was adopted as the most appropriate to address the research question as this approach involves open-ended questions, without predetermined responses, as per the inductive approach (Creswell, 2014). It allowed the researcher to explore and understand the meaning that the participants gave to the topic of interest with the depth required by the research question.

A focus group discussion was conducted with a sample of five social care managers (one male and four female) to reduce researcher bias in the development of questions for the subsequent interviews. This was followed by semi-structured qualitative interviews with seven social care managers (two male and five female) with an overlap of one individual. All had at least one year's experience as a manager and worked in a range of social care areas, including residential childcare, homeless services, disability services, services for travellers, and unaccompanied minors and disability services, including residential and community supports. The researcher took an interpretivist epistemological stance in seeking to understand and interpret the views of the sample. Ethical approval for this study was granted by the appropriate head of school at Technological University Dublin.

A focus group discussion followed by individual interviews were carried out online using meeting software (Zoom) in May and June of 2020. All recordings were transcribed verbatim. The data was coded and analysed thematically to identify key themes and terminology. Explicit meanings were extracted from the codes, organised, summarised, and interpreted into themes and sub-themes before being further refined with regard to the research questions.

The sample size is small, however, it provides a 'snapshot' of views in the immediate pre-registration period.

Results

Three dominant themes were identified from the data. Firstly, the overall perception of pending registration, sub-themes of which include overall positive regard, frustration due to delays, and confusion regarding information. Secondly, recognition of the social care profession, with sub-themes related to acknowledgement of the profession from various groups, protection of the professional title, and career progression. Finally, professional accountability, the sub-themes of which were personal accountability of social care workers, accountability of management, and the impact of improved accountability on service users. Each of these themes are considered in detail below.

Overall perception of pending registration

Interviewees had mixed feelings regarding the establishment of the Social Care Workers Registration Board. Overall, it was perceived as a positive development. However, continuing delays to the opening of the register resulted in feelings of frustration and apathy among the sample. Confusion regarding some elements of registration was also evident.

The positivity expressed by the majority of the sample suggests that, for the most part, the introduction of registration is welcomed. All but one participant said that they thought registration of social care workers and the opening of the register was a good thing. Participants anticipated that registration would enhance work practices, empower those working in the field, enhance social care workers' self-esteem, provide a standard qualification, increase public respect for the profession, improve standards within the profession, improve transparency in the work, improve safeguarding and outcomes of service users, bring all workers up to the same standard and increase the skills of practitioners through mandatory CPD. On the other hand, one participant felt that it would add to their workload as a manager, referring to the already increased level of paperwork from student placements.

This finding is consistent with the findings of Cornes et al. (2007) in their review of the regulation of teachers, social workers, and other staff in social care in the UK which showed a widespread belief that

wider workforce regulation is a good thing. It also echoes the findings of Finnerty (2012) whose social care worker and student respondents expressed positivity about the pending regulation of the profession and were hopeful of a positive impact. Similarly, O'Brien's (2019) study of residential care managers found a generally positive outlook on registration. More recently, Power and Dashdondog's (2022) research on exploring social care workers' perceptions around professionalisation found that 'Respondents were overwhelmingly positive about the impact registration would have on the perceptions, standing and even conditions of social care work' (p. 15).

However, this is in contrast with Power and D'Arcy's (2017) study where participants felt that registration of social care workers was more of a burden than an opportunity. The positive regard for registration found in the present study indicates that social care managers are aware of the benefits that registration will bring and that they will endeavour to assist with the introduction of registration.

The findings also indicated that social care managers were becoming increasingly frustrated with the continuing delays to opening the register. Many spoke of hearing about registration for decades. This frustration is due to the perceived lack of recognition of social care workers as professionals and the poor accountability in the field when poorly performing social care workers could move from organisation to organisation without sanction. Previous studies found that social care workers saw registration as a distant event, one they would examine when the time came, with some participants doubting if it would ever happen (Finnerty, 2012; Power & D'Arcy, 2017). Our findings suggest that the delay in registration resulted in apathy among social care managers, many of whom had already been preparing for registration, prior to delays. Continual extensions to the date of the opening of the register may have undermined preparation work already completed by some, for example, encouraging staff to create and maintain CPD portfolios.

The most striking finding from this aspect of the data is that this frustration developed into cynicism and apathy for many of the interviewees. They appeared to be losing hope that registration would ever happen in their careers, and some had lost interest in it altogether:

I've stopped even reading about it. I see emails coming in about it and I ... delete them rather than read them because I think, 'Oh, not relevant at the minute', this is the reality. This is where

I am at the moment. I can't ever see it happening in my career time. That's the truth.

A more recent study also indicated doubt among participants that the register would ever open (Power & Dashdondog, 2022). Our results suggest that the regulator may have an immediate task in getting people to take notice and engage with the registration process during the transition period. The impact of these delays may fade with time, now the register is open.

Our sample did not always have an accurate understanding of information regarding the registration of social care workers despite information being freely available online. Confusion was especially evident in relation to the areas of grandparenting, the qualifications required to register, the current status of registration and the regulation process in general. Inaccurate perceptions and poor understanding of registration was also found by Power and D'Arcy (2017). Similarly, studies by Finnerty (2012) and O'Brien (2019) also found gaps in the dissemination of information on statutory registration to social care workers and residential managers, respectively. This finding suggests that despite information being made publicly available, it was not always reaching those who needed it.

Professional recognition

The majority of our sample indicated that an important impact of registration will be an acknowledgement by the public, families of service users, and by other professions that social care work is a profession.

Participants spoke of the protection of the professional title 'social care worker' and how that will impact their roles positively. They recognised that there is much variation across organisations regarding staff employed as social care workers, in their roles and duties and they see the need for a standardised approach nationally regarding the employment of social care workers. They also voiced the hope that this would lead to better opportunities to progress into management positions within organisations, thus impacting positively on career progression.

This finding is consistent with Finnerty's (2012) findings where participants felt that the opening of the register would improve the status of social care workers and personal perceptions of their value. Power and Dashdondog's (2022) study also found that more than

two-thirds of participants agreed that registration would enhance the status of social care workers among other professionals and the public. Interviewees appear to understand the perceived internal inferiority of many social care workers as highlighted in the literature (Howard, 2012; Power & D'Arcy, 2017) and saw statutory registration as a way to improve their perceived value as registered professionals. Byrne (2016) warns that the registration of social care workers does not of itself constitute professional status. However, opening the social care workers register is an important part of the journey to setting up the necessary framework for professional regulation.

Participants also felt that registration would impact the sector by improving the career prospects of social care workers, many of whom are currently supervised by other professionals such as nurses and social workers. Perceived poor career prospects for residential social care workers was a finding in Williams and Lalor's (2001) study on obstacles to professionalisation. Power and D'Arcy (2017) also found that, more often than not, managers of social care workers were from other professions. The recent requirement from universities⁴ that social care students on placement can only be supervised by those who are eligible to register is a step in the right direction here. However, the appointment of social care qualified managers in organisations will take time to gain traction as it may mean breaking with current cultures within those organisations.

Increased accountability

All participants anticipated increased accountability of social care workers and managers regarding safeguarding service users because of registration.

Our sample of managers welcomed the additional mechanisms to manage poor practice in their organisations. They felt that having an external body that can carry out a fitness to practice enquiry gives an added layer of protection when it comes to professional conduct and performance management. Finnerty's (2012) study also highlighted that social care workers perceived that registration would increase professional accountability, which is a cornerstone of professional practice and is one of the five domains in the SCWRB's *Standards of Proficiency for Social Care Workers* (CORU, 2017). Improved accountability as an impact of registration was highlighted by Byrne (2016) who noted that the opening of the register allows for social care

⁴Social care programmes are delivered almost exclusively in the newly created technological universities (formerly institutes of technology).

workers to be held accountable by establishing legal mechanisms to address poor or negligent practice.

The sample felt that accountability also extends to them as managers of social care workers. They anticipated that they would have responsibility for providing information on registration, ensuring staff register, checking registers, providing and logging CPD, ensuring that staff are performing to the standard expected, and engaging with fitness to practice enquiries. These perceptions are consistent with Byrne's (2016) assertions of managers' responsibilities but are in direct contrast with the views of Power and D'Arcy (2017) who argue that the onus is on individual social care workers to inform themselves and ensure that they are registered. However, it must be remembered that the registration framework goes beyond the action of registering. The findings of this study suggest that social care managers understand that they have an important part to play regarding the registration and professional regulation of social care workers. This tells us that the registration framework will require commitment from many different players, including managers and organisations, and that social care managers are already very aware of this.

Respondents understand that the opening of the register will allow the regulator to control who enters and remains in the sector, thus impacting on the safeguarding and outcomes of service users.

Those sampled believe that the opening of the register will benefit service users indirectly by improving safeguarding and outcomes. Respondents thought registration would result in increased safeguarding from abuse and poor practice due to the increased accountability of social care workers who will be under further scrutiny from the public and families who can make complaints to the registration board if their practice is deemed substandard. This finding is consistent with the aim of the regulator, CORU, to protect the public. Although there are other mechanisms in place to protect vulnerable populations from abuse, such as national policy, mandatory training in child protection and safeguarding vulnerable adults, and regulation of designated centres, this is a further layer of protection. It is interesting to note that Kirwan and Melaugh's (2015) exploration of professional misconduct among social workers found little evidence that social work practice had improved as a result of regulation.

Interviewees in this study did not put forward any negative impacts of regulation on service users.

One of the challenges that is not being addressed by the SCWRB is the many titles under which social care workers operate. Respondents

are aware of the protection of the ‘social care worker’ title, however, they have highlighted that there are inconsistencies with job titles, roles, and duties across many organisations and they feel that registration will help to solve these inconsistencies. However, this may not be the case. The development of social care at an organisational level over the past five decades has meant that social care workers’ roles, titles, and duties have been developed in a disjointed way (Byrne, 2016; Gallagher & O’Toole, 1999; NCEA, 1992; Williams & Lalor, 2001). This challenge will not be overcome by registration alone. Regulation of the sector may address these issues over time and the literature suggests that registration may be only the first step towards resolving these issues (Byrne, 2016; McSweeney et al., 2016; Power & Darcy, 2017).

Conclusion

Our research shows that at the time of the study, social care managers perceived the pending statutory registration of social care workers in a positive light, yet frustrations remained. While the frustrations regarding delays to the opening of the register were addressed by its opening in November 2023, it is likely that social care managers will still require the correct information regarding the opening of the register to ensure that all of those who are eligible to register are aware of their responsibilities and the registration process.

This sample of social care managers believe that registration will impact positively on social care workers by increasing recognition of their skills and qualifications as a profession. They also believe that positive impacts on service users will be brought about as an indirect result of increased accountability through the regulatory mechanisms, including control of who enters and remains in the profession. Perceived impacts on managers include increased responsibilities and improved career prospects although this may take time to occur.

According to the sample, benefits of registration include increased accountability in social care, improved recognition of the value of social care workers and increased safeguarding of service users. The challenges that registration will bring, according to the sample, relate to inconsistencies in job titles, roles, and duties. This study indicates that there is hope that the opening of the register will help address some of the challenges within social care, yet more work will be needed to address future challenges.

Based on the findings of this study, it is recommended that CORU proactively disseminate information regarding registration to social care workers by launching a public advertising campaign targeting all those working in social care areas, inviting them to find out more about the registration process and their responsibilities. The dissemination of information also requires communication through social care services. This may involve providing information and training within organisations to ensure that registration and all related processes are fully understood within the grandparenting period. The multiplicity of titles and disparity regarding roles and duties still need to be addressed through policy. Extensive consultation will be needed with stakeholders in social care such as workers, managers, and service user representatives as well as employing organisations and funding bodies such as the Health Service Executive and Tusla to achieve a common title and role for social care workers, despite working in different areas of practice. This might take the form of specialisms in social care such as in the nursing profession. For example, social care worker – disability; social care worker – project worker; social care worker – family support. Further research into the benefits of professional registration of social care workers is needed. A longitudinal study into the impact of professional registration on the profession and on the outcomes and safeguarding of service users and service user groups would be beneficial to understanding the long-term impact of registering social care workers.

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