An Exploration of Residential Care Managers Understanding of the Professional Registration of Social Care Workers and Its Implications for their Role as Managers

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TECHNOLOGICAL UNIVERSITY DUBLIN

“If change is coming; commit to leading it, don’t be led” (Williams, 2019)

An exploration of residential care managers understanding of the professional registration of social care workers and its implications for their role as managers

A dissertation submitted in partial fulfilment of the requirements for the Master of Arts in Social Care Leadership and Management

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Supervisor: Ms. Judy Doyle

Date of submission: 18th of September 2019
DECLARATION

I hereby certify that the material which is submitted in this thesis towards the award of the Masters of Arts in Social Care Leadership and Management is entirely my own work. I agree that the library may lend or copy this dissertation upon request.

Signature of candidate: [Signature]
(Lorraine O’ Brien)

Date: 18th of November 2019

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ABSTRACT

“If change is coming; commit to leading it, don’t be led” (Williams, 2019)

The change that is referred to in this study is the professional registration of social care workers in the social care sector. The projected target date for the commencement of professional registration of social care workers is 2022 (CORU Presentation, 2019). This study explored CORU and residential care managers understanding of the implementation plan and their views of the implications professional registration will have on manager’s roles and responsibilities.

Managers who play a key role in this change process need to be supported therefore residential care manager’s voices were at the heart of this study. The principal focus of the literature relating to this research question was on the history of social care and the evolution of the regulation of the sector. A comparative context and a review of management and leadership approaches was presented in order to add context and meaning to the study.

The methodology used to gather the research data was a qualitative approach using semi-structured interviews. Data collected was from the views of four social care managers working in non-statutory children’s residential care centres in the Republic of Ireland and two representatives from CORU in a bid to answer the research question.

Findings demonstrated that CORU were very clear of their role, data revealed ambiguity on the part of residential care managers in relation to their responsibilities specific to the registration process. The findings further reveal that there is clear gap in the dissemination of information to social care workers and managers. This study provides clear recommendations for the social care sector relating to the impending change of professional registration. Despite the challenges that lie ahead for managers the findings of this study reveal that the general consensus in relation to registration was a positive one.

Key terms: Residential Care Managers; Professional Registration; CORU; change management; leadership.
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ABBREVIATIONS

- TUSLA – TUSLA Child and Family Agency
- HSE – Health Service Executive
- DoHC – Department of Health and Children
- CORU - CORU (Irish social care registration board)
- HIQA - Health Information and Quality Authority
- TUSLA R&I – TUSLA Registration and Inspection Service
- TUSLA QAMS – TUSLA Quality Assurance and Monitoring Service
- DCYA – Department of Children and Youth Affairs

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1.1 Introduction

This study sets out to explore residential care managers understanding of CORU (Irish social care registration board); and the implementation plan for the professional registration of social care workers. The study will rely on the views of social care managers working in non-statutory children’s residential care centres in the Republic of Ireland and on representatives from CORU to answer the research question posed.

In accordance with Punch’s (2006) approach to research the expectation is that this study will aim to answer the following questions: are residential managers familiar with CORU and their regulatory function? What is residential manager’s level of understanding of professional registration? Are managers preparing for the registration process? What are the implications of professional registration for them as social care practitioners and managers?

The hypothesis is based on the premise that managers play a significant role in the implementation of new legislation, policies and standards (Whetten and Cameron, 2010). The importance of managers clarity of their roles and responsibilities in relation to change is a concept endorsed in many literature papers (Morrison, 2006; Smith, 2010; Gallagher, Carmel M. Dr. and Edmondson, Ricca Prof, 2015). Creating opportunities for managers to be heard that are meaningful and inclusive around regulatory requirements is considered an important aspect of this study a concept supported in the literature reviewed (Tilley and Jones, 2013; Morrison, 2006).

Although it will be an individual responsibility to register and comply with the requirements of registration in order to use the title of social care worker (CORU, 2019; Byrne, 2016); the author argues that residential care managers who use the title will have a dual responsibility regarding registration. This study highlights the fact that residential care managers will have an individual responsibility to register with CORU as social care professionals and as a
consequence of their duties as a manager they will also have a responsibility to oversee that their staff comply with the requirements of professional registration.

Residential care manager’s position to potentially influence the implementation of professional registration will be analysed from a management and leadership perspective. This research explores residential care managers requirements specific to their duties including the provision of support for staff teams through continual professional development and reporting to the registration board where fitness to practice is in question.

According to a Social Care Ireland Survey “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” (2017: 31). Hence this research is timely as it aims to review if the responsibilities that a residential care manager will inherit due to the introduction of registration are understood both for their own practice and for that of their staff teams. Learning from past reports and investigations and adopting a collaborative and strategic planning approach for change as opposed to being reactionary forms a core foundation to this study. The concept portrayed in this study is that regulation is positive and is necessary however it will present challenges if it is not properly understood or if it is solely relied on to promote best practice.

1.2 Rational for the study

The review of literature found that residential care manager’s voices about the registration of social care workers was minimal, while scant references were mentioned the subject matter is absent in academic literature (Byrne, 2016, Social Care Ireland, 2017). The literature also emphasises the need for managers to have clear leadership and change management processes in place to respond to organisational developments and to understand the implications of the changes specific to CORU registration. The gap in literature influenced the choice of subject matter and provided a rational for this study.

In order for managers to be supported through the change management process the literature suggests that it is crucial that we listen to their views about their understanding of their role, legislative requirements and the type of information they believe would be most useful to support them in their role (Tilley and Jones, 2013; Morrison, 2006; Smith, 2010). Tilley and Jones advocated that;
“Whatever the source of change, one of the most important aspects of managing it is, of course, to manage your relationships with staff and their relationships with one another; and to support colleagues through what can be an uncertain or a stressful process” (2013; P.90).

The requirements for professional registration as set out by CORU are varied and it is not within the remit of this study to focus on all aspects of professional registration. This study specifically examines residential care managers understanding of one aspect; namely the CORU ‘Code of Professional Conduct and Ethics’ (2019) and its potential impact on their practice.

1.3 Aim and objectives

The aims and objectives of the study are to:

- Examine residential managers understanding of CORU and professional registration.
- Explore what impact managers consider professional registration will have on their practice.
- Clarify CORU’s role and responsibilities in the context of the registration of social care workers and if their position is aligned with the understanding of residential care managers.
- Question if CORU’s communication processes are robust enough to ensure professional registration is understood by residential care managers.
- Make recommendations for action to develop knowledge, skills and abilities of residential care managers to prepare for and engage in the process of professional registration.

1.4 Chapter Layout

In a bid to provide meaning to this study chapter two provides a brief description of residential care, an overview of the role of the social care practitioner and details regarding CORU’s responsibilities as regulators. Literature and research is reviewed in chapter three by commencing with a brief overview of the history of regulation of the social care sector. An overview of current Irish literature will be explored with some comparative literature in relation to regulation and the registration. Particular focus will be placed on social care managers understanding of the ‘Code of Professional Conduct and Ethics’ and the potential impact for their practice.
In chapter four the methodology chosen to collect the appropriate data for this study is discussed. A qualitative method of data collection is adapted using semi-structured interviews as the primary source of data due to the subjective nature of the study.

In order to comply with ethics in best research practice the names of the participants were changed to ensure their anonymity. The total number of research participants involved in this study is six; four social care managers and two CORU employees. In order to develop an understanding of the ‘meaning’ and ‘significance’ of professional registration of social care managers roles an interpretive approach was adapted. This approach will be discussed further in the methodology section.

In chapter five the findings and discussion incorporate the perception of the participants, which are presented and analysed. The findings will be discussed with reference to the literature reviewed in chapter three. It is envisaged that the recommendations of this study will assist in highlighting strengths and best practice in relation to the implementation of new regulations specific to registration by managers.

It is important to note the limitations of this study as it did not aim to elicit the views of social care managers in relation to their general practice. The participant group was restricted to social care managers in mainstream centres and did not include the views of social care managers in other services such as special care, respite centres, disability services. However, the scope for further research on this topic is evident.

Chapter six will make conclusions and recommendations about the overall study content.

1.5 Conclusion

This study focused on how the professional registration of social care workers will impact on the knowledge, role and implementation of regulation on social care manager’s roles. This chapter mapped out the structure and provided a brief outline of subsequent chapters. In order to provide clarity and a description of the three key terms used throughout the study the author will now provide a brief outline of what is meant by the terms residential care, social care workers and CORU.
CHAPTER TWO

AGENCY CONTEXT

2.1 What is residential care?

Provisions for children who are cared for outside of the home in Ireland include foster care, relative care and residential care. Foster and relative care is where families offer care in their own homes, whereas in residential care staff teams of a number of people and professions are employed and paid to look after children in a setting specifically built or designed for that purpose. For the purposes of this study the term residential care refers exclusively to mainstream residential centres. Mainstream residential care caters for children and young people, these are open centres that are predominantly community based (Buckley, 2003). According to TUSLA’s Performance and Activity Data Board Paper there were 6,036 children in care in Ireland at the end of July 2019 and of the 6,036 children and young people 402 were placed in residential care (TUSLA, 2019).

2.2 Description of social care workers and social care managers

In this study a manager who leads a staff team and has management and oversight responsibilities for the functioning of a residential care centre will be referred to as a residential care manager. A residential care manager or person in charge is defined in the HIQA National Standards for Children’s Residential Care Centres as;

“managing the children’s residential centre...The person in charge’s duties include overseeing the day-to-day running of the centre, managing the training and development of staff and ensuring the management of records, incidents and investigations in the centre” (HIQA, 2018; P.11).

In practice the author has experience of liaising with managers who have a number of different titles. When registration is enacted it will bring clarity as social care worker will be a protected title. Social Care Ireland describes social care workers as:

“those who plan and provide professional care to vulnerable individuals and groups of all ages who experience marginalisation, disadvantage or special needs. As well as protecting and advocating for such individuals and groups; professionally guide, challenge and support those entrusted to their care towards achieving their full potential” (2018; P.1).
2.3 Who are CORU?

CORU is an organisation set up to regulate specific health and social care professions in the Republic of Ireland. It was set up under the Health and Social Care Professionals Act 2005 (as amended) (CORU, 2019). It is made up of the Health and Social Care Professionals Council and the Registration Boards, one for each profession named in the Act. The Social Care Workers Registration Board (the Board) was established in March 2015 and is currently undertaking the necessary preparatory work to open its register (Byrne, 2016).

The role of the Board is to protect the public by promoting high standards of professional conduct, education, training and competence through statutory registration of health and social care professionals. The Board has made significant progress in this regard since its appointment including setting the educational standards for entry to its register, the CORU ‘Code of Professional Conduct and Ethics for Social Care Workers’ (2019) and the CORU ‘Guide to Fitness to Practice’ (2014). CORU has engaged extensively with Higher Education Institutes and the process of approving programmes for entry to the register has commenced.

Lalor and Share (2013) propose that:

“It is estimated that approximately 8,000 practitioners will be eligible to register as ‘social care workers’ during the transitional phase, the largest profession subject to regulation by CORU” (cited in Byrne, 2016; P.13).
CHAPTER 3

LITERATURE REVIEW

3.1 Introduction

The literature reviewed supports an understanding of the regulation of professional bodies the planning for the professional registration of social care workers and its implications for the role of residential care managers. It will demonstrate how knowledge and the law have evolved in relation to social care registration and it will indicate what has already been accomplished or the efforts that are being made to prepare for professional registration. The literature will address the historical context of residential care and the current state of thinking in relation to professional registration models. Literature is also reviewed relating to the management and leadership of change specific to the implementation of registration for social care workers. The CORU Code of Professional Conduct and Ethics (2019) with regard to the registration of social care workers in Ireland is also addressed.

The professionalisation of social care practitioners presents a challenge for social care managers and the preparation for this change and how it is managed is fundamental to effective service improvement (Social Care Ireland, 2017). Byrne argues that;

\[ \text{the profession arguably faces its most significant watershed in terms of its professional development, with the introduction of statutory registration under the Health and Social Care Professionals Act, 2005 (as amended, 2012)} \] (2016; P.9).

Investigative reports such as the Madonna House Inquiry (1996) and Trudder House Inquiry (1996) on children’s social care services have advocated the importance of agencies and professionals working together to protect service users (Roe, 2017). Concepts such as the importance of effective communication, management and leadership skills will be considered in addressing this research question. A clear understanding of the history of residential care in Ireland and the role of residential care managers is provided as the backdrop to the evolution of professional registration.
3.2 Residential care historical context

The forms and purposes of residential care have changed markedly in Ireland over recent years (Lalor and Share, 2013) moving from large institutions to smaller community based centres (Gilligan, 1993; Buckley, 2003; Parton, 2012). Due to the limitation of this study a comprehensive review of the historical context of residential care is not possible and therefore a brief history of the changes in the residential sector since the 90’s will be provided. It was from this decade that the sector saw the move away from large group homes to small community residential settings and the introduction of new legislation which forms the foundation of pending professional registration in Ireland today (Howard, 2012).

The Kennedy Report (1970) was highly critical of institutionalised care of children and young people and called for the regulation of the social care sector. In the 1990’s abuse investigations in Ireland such as the Madonna House Inquiry (1996) and the Goldenbridge and Trudder House Inquiries in the Commission to Inquiry into Child Abuse (Ryan Report, 1996) highlighted serious maltreatment of children in residential care that rocked public and professional confidence in residential care as a safe option for vulnerable children. Findings such as poor management practice, poor manager and staff qualification levels, inadequate recruitment processes and poor support and accountability systems were highlighted in these investigations. These reports made specific recommendations about the need to improve and strengthen the regulation of practice throughout the sector. Cawson found that:

“All the enquiries show that improper use and management of residential care was the underlying reason for abusive regimes being able to develop and flourish for many years” (1997, P. 69).

The literature indicates that the perceived nature and implications of these changes have been based too often on reactionary changes to public scandals (Cawson, 1997) instead of planned and strategic actions to respond to the report’s recommendations. The findings of the investigations in the 1990’s in Ireland were also replicated in U.K. investigations such as the Pindown Inquiry (Levy and Kahan, 1991); the Warner Report (1992) and the Utting Report (1997) which all highlighted the serious maltreatment of children that were also linked to themes such as poor management and staffing practices. McPheat and Luke reported that in the UK;
“The residential child care sector has been scrutinised via numerous inquiries following revelations of abusive and poor practice. These inquiries have made numerous recommendations which involve changes in practice and organisational culture” (2014; P. 240).

The Aras Attracta Case in 2015 (Swinford Review Group, 2016) in Ireland exposed institutional abuse of people with intellectual disabilities in a residential care home and the ‘Grace Case’ (2017) evidenced serious lack of oversight and management of the care of a child in foster care. Both reports revealed the same patterns of failure and delays that were evident in the series of scandals in the social services that go back as far as the Kennedy Report (1970).

There is a strong focus in the literature on the evolution of regulation, policies and procedures driven by governments largely in response to the findings of the aforementioned reports, (Banks, 2007; Jones and Smey Carston, 2016; Featherstone, White and Wastell, 2012). This reaction and response by governments to investigations can also be evidenced internationally such as in the UK with a change to laws and policies in response to scandals such as the Laming (2003) Victoria Climbie Inquiry.

A wide range of strategies have been employed by the Irish government in an effort to raise standards in the residential care sector and steps that were taken involved the law, policy and practice and research (Buckley, 2003). Registration of social care practitioners is one such recent strategy underpinned in law (Byrne, 2016).

The regulation of children’s residential services is secured under Irish Law. The objective of regulation within the social care sector is to protect vulnerable children and adults and to improve standards of care (HIQA, 2018). The statutory regulation of social care services commenced with the enactment of the Child Care Act 1991 (Government of Ireland, 1991). The state now had an obligation under the Child Care Act 1991, Section3 (1) to provide appropriate alternative care for children who were not receiving adequate care and protection. To date there are two inspection services in Ireland that inspect children’s residential services (O’ Brien, 2008). The Health Information and Quality Authority (HIQA) inspect the statutory residential services and the Child and Family Services (TUSLA) inspect the non-statutory private and voluntary services.

As far back as the Kennedy Report in 1970 there has been a call for staff qualifications and practices in the social care sector to be regulated in some way; “To encourage the initiation of training courses both general and in-service and to advise on the requirements for different
“posts in the field of child care” (1970; P.15). As evidenced above, since the early 90’s there has been some regulation of the social care services but no regulation of social care as a profession. Almost 40 years following the recommendations of the Kennedy report (1970) in relation to the qualifications of residential care staff the regulation of social care as a profession will finally be introduced with the professional registration of social care workers which clearly sets out criteria for educational and training programmes (CORU, 2019).

The first set of National Standards for Children’s Residential Centres (DoHC, 2001) were introduced in 2001 and referred to management standards and staffing requirements. The standards were reviewed in 2018 (HIQA, 2018). Although there were standards and regulations in relation to management, staffing and care practices there were no definitive requirements in relation to the training and qualifications; nor did a code of conduct and ethics for residential care managers or social care workers exist (Social Care Ireland, 2017). To date the regulation of social care practice is carried out through organisational management of the service rather than individual responsibility of the social care worker. Despite the key objectives of regulation, Smith (2009) questioned the degree to which meaningful change has been encouraged by the increasingly bureaucratic inspection and monitoring services that has developed. Regardless of the widespread use of regulation national and internationally within different areas of residential care such as the disability, older people and children’s residential care sector, there remains limited evidence of the effectiveness and impact of regulation in practice (Banks, 2007; Furness, 2009; NDA, 2015).

3.3 Professional registration models

Countries and governments take different regulatory approaches to the registration of their health and social care professions and there are a range of mechanisms used to regulate them. The mechanisms range from applicants being given a licence or being put on a register that has a legal footing to a more informal approach such as certification and verification of credentials by professional bodies or the applicant’s employer. It is generally understood globally that all social care professionals should be regulated with the purpose of protecting the public as affirmed by Sutherland and Leatherman;

“the ability and willingness of healthcare professionals to regulate themselves is no longer taken on faith. Increasingly, stakeholders outside the professions are seeking more detailed reassurances and explanation about the delivery of health care services” (2006; P. 57).
Sutherland and Leatherman (2006) propose professional regulation of health care professions serves five key objectives. While these objectives refer to the health care profession they are also relevant to social care:

- To improve quality of service users care
- To set standards of competence of practice
- To foster continuing education and development required for professional excellence over a lifetime of practice
- To identify the competence of the individual practitioner
- To reassure service users and the public about the competence of those belonging to the health and social care professions (2006; P. 57).

It is beyond the scope of this study to carry out an indebt comparative review of literature of different models and approaches to professional registration however the Republic of Ireland model of professional registration will be briefly compared to the UK and Canadian approaches.

In the Republic of Ireland the professional registration of health and social care professionals has become a requirement for many professions. CORU is Ireland’s multi-profession health regulator and currently regulates 17 professions such as; social workers, speech and language therapists, dieticians and radiographers (CORU presentation, 2019). It is a state body not a professional body and the responsibility is on the individual registrant to legally register and comply with the standards set out; not the registrants employer (CORU Presentation; 2019). CORU do not distinguish the role of a social care manager or have any guidance or information in relation to managers’ roles; all correspondence and responsibility is on the registrant to comply with the requirements of registration.

Developments are continually being made to commence the registration process. (Social Care Ireland, 2017; Byrne, 2016; CORU Presentation, 2019). CORU under legislation has powers to enforce sanctions for non-compliance of the requirements of registration (CORU presentation, 2019). They rely solely on complaints and the fitness to practice guidance to monitor a registrant’s compliance with professional registration requirements (CORU Presentation, 2019). CORU deal directly with the individual registrant to evidence compliance
and have no management or employer compliance requirements (CORU; 2019). This is in variance with some other international models such as in Wales and Canada as they put the onus on the social care managers to evidence their staff’s compliance.

In the United Kingdom there are four Care Councils that oversee professional registration of social care (England, Northern Ireland, Scotland and Wales) and all four have different requirements and criteria across the different countries (Health Care Professions Council; 2019). The England and Northern Ireland approaches to professional registration are very similar to the Republic of Ireland model. The registration of social care workers in Wales differs from the Irish model in that they register both social care workers and social care managers making a clear distinction between the two roles (Social Care Wales; 2019). The Welsh registration requirements set out clear expectations specifically for social care managers. Their practice guide for social care managers states;

“You are responsible for knowing what is happening in the delivery of care and support by the staff you manage. You must put arrangements in place to monitor practice and to ensure agreed care and support plans are followed” (Social Care Wales; P. 18).

Under the Scottish registration system social care staff are referred to as social workers and social services workers. They do not register managers specifically but do provide information for employers and value their unique role. Under the Scottish Code of Practice employers are expected to help register workers and continue their professional development, their code states;

“It is important that you use supervision and/or staff development schemes to discuss and plan with your employees how they can meet their PRTL requirements” (SSSC, 2019; P.1).

In Canada the college of Ontario for Social Workers and Social Service Workers is the regulatory body for the social care profession. Their primary duty is to serve and protect the public interest; the college is accountable to the government and their mandate is “to protect the public from unqualified, incompetent and unfit practitioners” (OCSWSSW, 2019; P.1). Similar to the Irish system the college of Ontario do not separately register managers of these professions, however they do provide clear guidance for managers in relation to their roles and responsibilities.
A common theme throughout the professional registration models is that they all have a code of practice for social care workers. In Ireland the code is called the ‘Code of Professional Conduct and Ethics for Social Care Workers’ (CORU, 2019) and was launched in final version in February 2019. The code outlines the expected standards of conduct, performance and ethics of registered social care workers (CORU; 2019). Social Care Ireland acknowledged the importance of a code of conduct for the social care sector to enhance transparency, accountability and best practice when they stated;

“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” (2017; P.17).

According to the Care Quality Commission (2019) in England health and social care services have seen rising demands for services, combined with greater complexity of people’s needs and that “staffing shortages can further increase the strain on the workforce” (2019; P. 26). Trevithick (2014) found that the standards and regulations required for registration could inadvertently create a managerialist culture where social care workers are adhering to regulation due to requirement rather than fully embracing the concepts of good practice that needs to be put in place. To avoid this managerialist culture the professionalisation of social care in Ireland will require strong management and leadership of change in residential care settings.

3.4 Management and leadership of change in residential care

According to Byrne (2016) and Social Care Ireland (2017) the introduction of the requirement to register as a profession will be a cultural and organisational change which will have an impact on the role of residential care workers and managers. The management literature concluded that where organisations were a supportive place of learning a positive and productive culture exists (Morrison, 2006; Smith, 2008; Northhouse, 2014; Stoner 1995). Gallagher et al (2015) argue that the role of the leader/manager in organisational culture and change cannot be underestimated and that managers and leaders have a strong influence on shaping an organisations culture. This view correlates with Tillet and Jones when they state that “Visionary leadership and effective management go hand in hand when negotiating a successful change” (2013; P.90).
Northhouse suggests that:

“Leadership has a moral dimension because leaders influence the lives of others. Because of this influential dimension, leadership carries with it an enormous ethical responsibility” (2014, P.261).

Martins and Terblanche (2003); Jones and Smey Carston (2016); Smith (2008) and Northhouse (2014) concurred that there is a significant level of importance of managers empowering and supporting themselves and their staff through strategies such as effective communication systems and continual professional development.

Theorists such as Trevithick (2014) and Morrison (2006) strongly support the importance of a manager having strong emotional intelligence to assist them to manage all staff working in an organisation regardless of their role hence residential care managers need to be strong strategic managers to support the introduction of professional registration. The role of the Person in Charge (PIC) in statutory children’s residential services is clearly set out under regulation and in the HIQA National Standards for Children’s Residential Centres (2018). These standards put an onus on managers to have robust strategic management and oversight processes in place to drive high quality service delivery (HIQA, 2018).

From a review of the strategic management literature Rummery (2011) and Lloyd (2010) confirmed the view that in order to be an effective and efficient leader it is crucial that leadership styles and tools are understood and applied in practice. David (2014) and Stoner (1995) advocate that communication skills are a fundamental attribute to have when leading and motivating a team. The author suggests that good communication skills will be necessary by residential care managers in order for professional registration of social care workers to occur.

Smith (2008) and Northhouse (2014) found that a culture of innovative managers can lead staff to quality service delivery and adherence to standards and regulations. Furthermore when a manager provides support, guidance and learning for staff this will in turn increase staff’s satisfaction and ultimately their quality of work (Morrison, 2006). All of the aforementioned leadership skills will be necessary for managers in residential care to successfully contribute to implementing the impending change to registered professional social care workers.
Miller (2015) advocates for the empowerment of staff as a principal to deliver higher quality service provision. Regular training by managers was a fundamental process advocated by Titterton (2005) when leading and managing teams through change. The introduction of the standards and regulations of professional registration of social care will most likely have to be introduced to teams that are made up of staff with different levels of experience and training (Byrne, 2016). The research suggests that support and guidance for managers in the roll out of new systems and policies is fundamental; Martins and Terblanche (2003); Jones and Smey Carston (2016).

MacRae, Smith and Cree (2016) and Miller (2015) suggest that past experiences and staffs personal and professional views need to be considered by managers and leaders in order to understand how they influence and impact the culture of the organisation. The author agrees with Miller and Rea advocating for such engagement with staff teams to be applied to the impending professional registration with CORU.

Morrison (2006) and Smith (2008) promote the processes such as supervision, different methods of reflective practice and continual professional development in creating a supportive learning culture. A survey by Doyle and McGarty (2012) evidenced that a significant amount of manager’s time is taken up by dealing with staffing issues and providing them with guidance and support. Whetten and Cameron (2010) purport that unless managers are listened to and supported in relation to their understanding and perception of the goals and policies of their organisation, the quality and clarity of the guidance they provide to their staff may be inadequate.

Northhouse (2014), Morrison (2006) and Smith (2008) suggest that it is important to empower staff through effective communication systems, respect and support for all staff working in an organisation regardless of their role. This view correlates with Byrne (2016) when she states that a clear understanding and knowledge of the registration of the social care profession by centre managers is paramount as a starting point to ensure managers and their staff teams are supported and clear of what registration means and how it will impact on their practice. The use of strategic management to ensure systems are in place to provide clarity of roles and responsibilities and to plan for impending change was advocated in the literature by theorist such as Stoner (1995).

The literature supports the approach that managers of residential care centres will need to create
a “strategy supportive environment” to optimise the buy in of the social care team in relation to professional registration (Social Care Ireland, 2017; Byrne, 2016). Tilley and Jones propose that:

“Understanding the context you work in and learning to manage your environment is an essential component of leading a successful change process” (2013; P.93).

Stoner (1995) defined strategic management as “The management process that involves an organization’s engaging in strategic planning and then acting on those plans” (1995, P.268). They argue that human organisations must apply rules and procedures which help them cope with their environment and allows organisations to make decisions using standard operating procedures as guidelines. One such set of guidelines in the case of professional registration of social care professionals are the code of professional conduct and ethics (CORU, 2019).

A focus on reflecting, reviewing and learning from the implementation of policies strengths and weaknesses prior to the implementation of a policy is beneficial and recommended by Martins and Terblanche (2003) and Jones and Smey Carston (2016).

A learning environment is advocated as management teams inclusive of social care managers need to strive to create a ‘strategy supportive environment’ with good communication and information systems in place in order to optimise the ‘buy in’ of the team (David, 2014). Strategy formulation involves creating and identifying the vision of the strategy. The onus is on social care managers to formulate a strategy to optimise their own and their teams ‘buy in’ to professional registration.

3.7 Conclusion

In order to achieve the aims and objectives of this study this chapter has examined and presented a review of the literature relating to; the historical context of the regulation of residential care for children in Ireland which forms the backdrop to this study. Notable reports on alternative care along with the impact of the manager’s and leader roles on organisational culture and the importance of a learning environment have been explored.

In order to successfully manage change and implement new systems the importance of staff support through supervision, regular training, peer support and a number of other strategies were highlighted in this review of literature (Morrison, 2006; Smith, 2008). The code of
professional conduct and ethics offers a framework to the registration process. The next chapter outlines the methodological approach used to answer the research question.
METHODOLOGY

4.1 Introduction

This chapter explains the research methodology applied to the research question which explores how familiar residential care managers are of the implementation plan for the professional registration of social care workers and their views of its implications for their role as managers.

4.2 Research design and methodology

Prior to designing the research methodology the author familiarised themselves with the Data Protection Legislation, GDPR regulations, the Data Protection Guidelines on Research in the Health Sector (2007) the HSE National Consent Policy (2013), Health Research Regulations 2018. This legislation provided clarity and guidelines in relation to the safe and ethical approach when designing the data collection for this study.

The research question and the aims and objectives of the study were discussed with TUSLA line management as well as with the researcher’s college supervisor. The fact that limited research had been carried out in relation to the understanding and impact professional registration will have on social care managers strongly influenced the choice of subject matter. This preparatory practice proved useful in clarifying the research aims and to identify the research methodology.

The methodology chosen to collect the appropriate data for the study was a qualitative research tool. McGee suggests that a qualitative method of data collection can be used to “allow for more exploration of issues so that a fuller picture can be obtained in a contextual way” (2000, p.14). A qualitative research method facilitated a greater debt of information than a quantitative method as this method best lent itself towards answering the research question as well as providing social care managers with a space and time to air and record their views. Quantitative approaches would be limited to measuring results using numeric values whereas qualitative researchers present results in the form of statements and themes (Dunsmir and Williams, 1998).

A grounded theory approach was considered appropriate for this study as it aims to discover new phenomena and to generate new knowledge rather than verify existing information.
(Strauss, 1987). Strauss and Corbin (1997) suggested that in grounded theory emphasis is placed on the meaning of events or experiences to people, which is at the heart of this study. They also argued that attaching ‘meaning’ to situations creates ‘reality’ and this study explored the reality of what professional registration means for centre managers in residential care. Glaser’s perspective is also applicable to this study as it allows for social care managers perspective of professional registration to be discovered. He reported that;

“Grounded theory allows the relevant social organisation and social psychological organisation of the people to be discovered, to emerge in their perspective” (Glaser, 1992; P. 5).

The rationale for interviewing CORU employees for this research study stemmed from the ambiguity that existed among social care workers regarding the professionalisation and registration of social care (Byrne, 2016). The interviews with CORU attempted to clarify this ambiguity specific to the expectations they had for managers and social care practitioners. Setting these expectations of CORU against the views of residential care managers about registration provided a depth to this study which encouraged a comparative viewpoint.

In order to explore residential care managers understanding of professional registration the only credible means of answering this question was to ask the managers themselves. The researcher adapted an interpretive approach to the study with a view to understanding ‘meaning’ and ‘significance’ of professional registration for residential care managers. An interpretive approach recognises that “reality is socially constructed…the task for the researcher is to understand the multiple social constructions of meaning and knowledge” (Robson, 1993; P. 27). The data collected was utilised in order examine and develop a greater understanding of professional registration for residential care managers.

4.3 Sample Selection/Participants

Residential care managers were chosen as the participant group as they were in a primary position to share their views and experiences about how prepared they were for the CORU professional registration process. The study was considered feasible as the author had access to the target group and the research participants are not a vulnerable group which complied
with the ethical obligation of this study. According to Silverman (1999) a sample selection is a representation of the wider population under investigation. The purpose of this choice was to extract data from the perspective of four managers and two CORU employees in order to obtain a greater awareness of the level of impact of registration on social care services.

The concept of ‘insider bias’ (Robson, 1993) is of relevance to this study as the author’s role or positionality as a quality assurance and monitoring manager with a state agency was acknowledged. The author was conscious of how this position could influence the responses of the sample groups. One ethical issue that was considered was the possibility that the centre managers may feel compelled to respond to a request to partake in this study. In order to reduce bias or influence the author may have had on the participants, the sample group chosen were selected from residential care services in the non-statutory sector; which was outside of the author’s area of responsibility.

In accordance with grounded theory the sampling in this study was purposive. The sample group for the study was residential care managers in mainstream residential care specifically targeting centres in the non-statutory sector based solely in the Dublin Mid-Leinster and Dublin north East TUSLA region and the perspective of CORU. The sampling criteria to select the managers to participate in this study had to adhere to the following criteria:

- Be practicing as a full time residential manager.
- Be a centre manager of centres that are registered with TUSLA Child and Family Agency as a non-statutory provider in the Dublin Mid-Leinster and Dublin north East TUSLA region.
- Have qualifications that would deem them suitable to apply for registration when commenced.
- Have the consent of their employer to participate.
- Consent to participate themselves.

The sampling criteria to select CORU employees to participate in the study had to adhere to the following criteria:

- Be full-time employees of CORU
- Be selected by CORU CEO
• Have the consent of their employer to participate.
• Consent to participate themselves.

The recruitment process involved the engagement of a gatekeeper. The gatekeeper of the study was requested to randomly select four residential care managers from two TUSLA regions and inquire if they agreed to participate in the study. When four managers agreed their names and contact details were provided to the author. For the recruitment of the two CORU participants the author attended an employer briefing session held by CORU and obtained consent from the CEO of CORU to request two of their employees to be interviewed. They provided two names and contact details of CORU employees who agreed to participate. The findings of this study reflect these residential care manager’s views. The study is not intended to be an exhaustive account of the views of all residential care managers. The findings of the CORU employees were a representation of the agencies processes.

The interviews for the study were undertaken in a location and at a time that suited the participants. The option of a TUSLA office in Dublin Mid-Leinster was offered to have a location outside of the participant’s workplace.

A profile of each of the research participants is provided below outlining a gender balance, academic training, age profile, number of years working in the social care sector and the number of years as a residential manager. The diagram below outlines a profile of each of the research participants.

**Fig. 1 Profile of participants**

<table>
<thead>
<tr>
<th>Research participants</th>
<th>Age</th>
<th>Gender</th>
<th>Qualification</th>
<th>Years in SC</th>
<th>Years as a SCM</th>
<th>Management training</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCM 1</td>
<td>31-40</td>
<td>F</td>
<td>BA Social care</td>
<td>16 years</td>
<td>8 years</td>
<td>No</td>
</tr>
<tr>
<td>RCM 2</td>
<td>31-40</td>
<td>F</td>
<td>BA Social Care</td>
<td>12 years</td>
<td>4 years</td>
<td>No</td>
</tr>
<tr>
<td>RCM 3</td>
<td>41-50</td>
<td>F</td>
<td>BA Social care</td>
<td>12 years</td>
<td>7 years</td>
<td>Management Development programme</td>
</tr>
<tr>
<td>RCM 4</td>
<td>31-40</td>
<td>M</td>
<td>BA Social Care</td>
<td>14 years</td>
<td>7 years</td>
<td>No</td>
</tr>
</tbody>
</table>

**4.4 Pilot study**
A pilot study was undertaken to test the validity of the data collection instrument and any amendments necessary to the interview schedule were undertaken. Three residential care managers participated in the pilot study who were not participants in the overall study. A set of questions were developed which explored different aspects of professional registration to capture the participants understanding of it and how it would impact on their practice. The pilot participants were requested to analyse the questions for understanding and relevance.

A number of the pilot participants knew very little about registration or any aspect of the registration requirements. All three pilot participants suggested that some information be provided to participants prior to being interviewed as it would generate better discussions and therefore more meaningful data. Providing some relevant information would also support the participant to have time to consider their understanding of registration and its possible implications on their practice.

The pilot study enhanced the quality of the questions and the suggestions made by the three managers were accepted with the questions altered accordingly.

4.5 Interview schedule

The rationale for interviewing two CORU employees was to gain a more indebt understanding of the registration requirements and what impact it might have on residential care managers. At that time the study was focusing on one aspect of the registration requirements; which was the ‘Standard of Proficiencies for Social Care Workers’ which “are threshold standards set by the Registration Board for entry to the register” (CORU, 2017; P.2). The Code of Professional Conduct and Ethics (CORU, 2019) were not finalised when the study commenced but were launched in February 2019 prior to the interviews with CORU and the residential care managers. The CORU employees recommended that the study should focus on the code of professional conduct and ethics as opposed to the standards of proficiencies as they would be more relevant to the practices of social care managers and the focus of the study. On foot of this invaluable recommendation the study altered its focus to the code of professional conduct and ethics.

The four residential care manager and two CORU participants were initially contacted by phone to explain the aims and objectives of the research and seek verbal consent. An interview schedule was devised and provided to each participant by e mail prior to the interview (see
appendix 6). The purpose of this was to provide clarity of the process that would be followed during the interview and to put the participant at ease as they would know what to expect.

To ensure confidentiality participants names were not used and participants were made aware of this at the beginning of the interview. The author introduced themselves to the participant and made them feel at ease. The author clarified that the participants understood the purpose of the research and verified that they still consented.

The participants were informed that the interview would be audio recorded. The participants were assured that they did not have to answer questions they did not want to and that they could stop the interview at any time if they choose.

In accordance with Lincoln and Guba’s recognition “confidentiality and anonymity cannot be guaranteed” (1989; P. 233) in qualitative enquiry, it was clarified to the participant that if they said anything that raises concern during the interview, this information would be passed on to the appropriate person, but this would be discussed with the participants first. Their profile information was gathered in general categories and no personal information was requested (see appendix 7).

A copy of the CORU ‘Code of Professional Conduct and Ethics’ (2019) document was provided to each participant during the interview. The code is presented under three categories; conduct, performance and ethics. The implications of registration on the role and performance of residential care managers forms a core aspect of this research and this was explained to the participants.

The participant would be informed that the information they share would be gathered and analysed for trends, patterns and findings and written in the form of a dissertation and presented to TU Dublin.

The participant was reminded that they could contact the author if any issues arose for them as a result of the interview and the authors contact details were provided.

4.6 Data collection and analysis

The technique of data collection decided on was individual semi-structured interviews. The names of the participants were coded to ensure their anonymity. The data gathered was utilised in order to examine residential care managers and CORU employee’s views in relation to the professional registration of their social care staff. The findings and discussion incorporated the
perceptions of the research participants which were analysed thematically. The findings are presented in chapter five under three broad themes; understanding, impact and planning and these themes were further broken down into sub-themes; which are discussed in more detail in chapter five.

The findings and recommendations assisted in highlighting strengths and best practice in relation to the impact of registration for managers.

4.7 Consent and ethical issues

In order to conduct the study in an ethical manner it was fundamental to be aware of ethical issues as they relate to the study and acknowledge that ethical consideration has been addressed. “They should be assured that they can withdraw from the research study at any time and that their decision will not have any negative repercussions” (HSE; 2013; P. 68).

Prior to commencing this study the author was granted approval from their line manager to undertake the research study. The author also secured approval from the university that was supervising the study and a gatekeeper was secured to oversee any ethical issues.

A gatekeeper is any person or institution that acts as an intermediary between a researcher and potential participant (Durham University, 2019). The gatekeeper for this study was the researchers line manager; the national manager for alternative care (TUSLA). Their role and the study objectives were explained to them. The gatekeeper signed a consent letter to evidence that they were clear of the aims of the study and their role as gatekeeper. The gatekeeper randomly selected the residential care managers to be interviewed.

Participants consent was sought and confirmed at the first stage of the research by phone; it was again sought in writing through the completion of a consent slip. Consent was confirmed for the third time at the beginning and end of the interview. A cooling off period was identified to allow participants time to retract their consent to participate was up to the time the study was being written up.

The participants were provided with information letters, consent slips (see appendix 4) and verbal clarification in relation to the aims and objectives of the study in accordance with TUSLA and the HSE’s consent guidelines that state, “When preparing consent documentation, researchers must provide all of the information necessary for making an informed decision” (HSE; 2013 P. 67).
The research participants were informed about the data management approaches in the study with attention to anonymity and confidentiality of data, data storage, and data retention and destruction. The data was collected using audio records and only the author’s college supervisor could have access to anonymised scripts of the data. Data was stored on a password protected computer file. The data would not be held for longer than necessary to fulfil the purpose for which it was originally collected in accordance with data protection legislation and therefore will be destroyed after the examination of the study by the college examination board.

The participants may have been interviewed by inspectors/monitoring officers as part of a residential care regulatory inspection or monitoring audit and the author wanted to ensure the participant did not equate the research interview to an inspection interview. Therefore an effort to change the style from a formal interview type approach to a more informal approach was attempted.

4.8 Limitations of the study

The limitations and benefits of this study were clearly described for the participants as required in the HSE’s Consent Policy that is also utilised currently by TUSLA; “Prospective research participants should be given an account of the foreseeable risks and benefits associated with participating in the research study (HSE, 2013; P. 67). Due to the time limitations of this study it focused on four residential care managers solely in the non-statutory sector and two CORU employees to gather their understanding of how prepared they were for the professional registration of social care workers. The views of managers in the statutory sector were not included in this study. The views of the participants in relation to all aspects of their role and experiences of management were not discussed.

The requirements for professional registration as set out by CORU as the regulatory body in Ireland are varied and CORU has made significant progress over the past number of years (Byrne, 2016). In order to limit its focus this study specifically considered residential care managers understanding of one aspect of the requirements for registration namely; CORU ‘Code of Professional Conduct and Ethics (2019)’ (see agency context and appendix 8) which states “You must always maintain a high standard of performance in your professional practice” (CORU, 2019; P. 13). The author acknowledges that this limits the study’s findings and that there are other CORU requirements of equal importance that the author did not
consider in any detail; namely the ‘Fitness to practice guidelines’ and the ‘Criteria for Education and Training Programmes’. It is important to note that this study was completed at a point in time and does not provide an opportunity to examine changes in opinion and developments over time.

4.9 Contribution of the study

Potential benefits of this study were that the research supports learning, understanding and knowledge for the author and their line managers in relation to residential care manager’s perspective and planning for professional registration. Through this process alone it meant that the managers were now aware of the code and were given an opportunity to review them. Participating in this research study gave them feedback on the level of their understanding of what professional registration means to them and what implications it will have for them in their practice. It provided participants with opportunities to reflect on what possible preparations they need to make to support the implementation of professional registration for themselves as managers and for their staff teams.

This research study provides CORU with the valuable views of centre managers offering feedback on the level of understanding of the social care sector of what professional registration means and what implications it will have for residential care managers in practice.

The author provided a synopsis of the findings to their line manager and senior TUSLA management team in order to encourage the organisation to review their policies, practices and initiate strategic planning processes for the preparation of professional registration of social care workers.

4.10 Conclusion

This chapter has outlined the chosen research design and provided justification for the methods which were applied by the author in order to carry out this research study. The semi-structured interviews, data collection and analysis techniques were discussed and their usefulness rationalised. The author gave consideration to the ethical issues and the limitations of the study were clearly acknowledged. The following chapter will present the findings of this research.

CHAPTER FIVE
RESEARCH FINDINGS

5.1 Introduction

The findings of this study focused on gathering residential care managers understanding of CORU; their views of the plan for the professional registration of social care workers and its implications for their role as managers. The findings are extracted from six semi-structured interviews of four residential care managers and two CORU employees. The findings are presented under three broad themes; understanding, implications and planning; which are broken into sub themes outlined in figure three.

Fig. 2 Findings under themes

<table>
<thead>
<tr>
<th>Understanding regulation and professional registration</th>
<th>Implications and impact of registration on managers</th>
<th>Strategic management and planning for professional registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expectation and compliance</td>
<td>Positive impact of registration</td>
<td>Supervision as a strategic tool</td>
</tr>
<tr>
<td>Clarity versus manager's ambiguity</td>
<td>Challenges of registration</td>
<td>Learning environments to support change</td>
</tr>
<tr>
<td>Individual responsibility versus management responsibility</td>
<td></td>
<td>Information and communication forums</td>
</tr>
</tbody>
</table>

The findings from the four residential care managers are referred to as respondents and the findings from CORU are referred to as CORU. Respondents are identified as RCM (Residential Care Manager) 1, 2, 3 and 4 for the purpose of clarity in this chapter.

5.2 Findings

5.2.1 Understanding regulation and professional registration

i. Expectation and Compliance
The author found that CORU had a very clear understanding of their role and what they viewed as being expected of them;

“from our perspective our mandate is to protect the public…. it lets the public know that all Social Care Workers meet common standards, they all meet common education and training requirements and that they have a matter of recourse if something goes wrong” (CORU).

They also clarified,

“Well it’ll mean that if you are to use the protected title “Social Care Worker”, you must be registered so that would be the first change that the title will now have a specific requirement around statutory registration. Social Care Workers will now adhere to a code of professional conduct and ethics. They will have to fulfil CPD requirements and then have to maintain their registration” (CORU).

However there was ambiguity in terms of expectations in relation to the registration process from manager’s perspectives. Three of the four managers were clear of the difference between registration of services by HIQA and TUSLA and registration of social care as a profession.

“I understand that the registration of the units is quite separate from the registration of people as a social care worker…I think I probably would have more information about what I need to do to register the centre…Rather than what I have to do in relation to registering myself and everyone else” (RCM 3).

One manager demonstrated some confusion about the differences in the two regulatory processes until it was clarified for them by the author.

The findings showed that respondents were very clear of CORU’s remit and stated;

“it will recognise social care workers as a professional in their own right. I think it will promote professional development. I think it will promote obviously ownership over people’s own training, over their work, over ethics, over their conduct” (RCM 2).

“Well I think there’ll be accountability. I think that’ll be one of the big things. I think there will be more of an emphasis in terms of professional progression maybe on staff as opposed to on the service provider” (RCM 4).

Another respondent when asked about their understanding of CORU and professional registration stated that they did not know “a huge amount” (RCM 3). However they were very knowledgeable about the regulation of residential care services by HIQA.
While most respondents were positive about the introduction of professional registration; one respondent did caution against over regulation when they commented;

“therefore do you only come in contact with CORU when you're in trouble? That I was thinking to myself why are they bringing in registration for staff at all because at some level you can't sneeze now without something being done. The thing has tightened up so much now I'm not saying its bad or anything but you're just wondering is it just another, is CORU now just another layer of bureaucracy down on top of everything else?” (RCM 3)

5.2.2 Implications and impact of registration on managers

i. Positive impact of registration

Two respondents considered that registration would positively impact service provision as it would energise stagnant staff who were working in the social care sector for many years. They stated;

“I think the impact on a positive level would be that you would hope that the ongoing professional development will create less maybe stagnant staff teams, that will keep professionalism going, the PDPs going which supervision maybe you know, might be more practical. Not more practice, that it is practical but you know. I suppose that it gives people ownership” (RCM 2)

Another respondent made a similar comment that;

“And a lot of people have done a lot of years and are probably just punching in and punching out. So, I'm hoping it might energise some people who have become less productive” (RCM 4).

In accordance with researchers such as Gilligan (1993); Lalor and Share (2013); Byrne, (2016) respondents commented that residential care work is very complex area.

“we are still...we do very complex work and I think it should be reflected in like a standardised profession and register to that effect” (RCM 3.)

A number of respondents spoke about the impact professional registration will have on the culture of the service such as “I think there might be a difference in terms of culture of the home, social care workers understanding of their roles and responsibilities” (RCM 3). Some of the cultural change was perceived as challenging.

ii. Challenges of professional registration
A number of managers voiced their concerns that professional registration might increase their already heavy workload.

“everyone particularly managers are so busy and so much is happening on a day to day.” (RCM 3).

“They're also going to have to look at what the workload entails because I just don't, I really don't need anything else put down on top of my working week... because it’s all admin work now, the amount of admin that I have to get through” (RCM 2).

Resistance from staff and the lack of clarity in relation to roles and responsibilities was a clear theme emerging from the findings. Respondents reported that;

“there was a little bit of angst among the staff team about registration and pending and you know how that was going to impact on them” (RCM 1)

“I think there will be an impact as a manager... that we understand and be able to support our staff too because there's going to be an awful lot of questions. Obviously, with stuff like this there can be resistance of some staff or you know confusion or anything like that”. (RCM 2).

CORU were clear of their role regarding the management of complaints as they stated;

“We’re a regulator, we’re not a professional body. It’s not our role to support registrants through the fitness to practice process. Our role is to run the fitness to practice as impartially and in accordance with our legislation” (CORU).

All respondents were clear of their own organisational procedures regarding the management of complaints but were unclear in relation to the reporting of complaints to CORU and what the threshold would be.

“Someone is going to have to decide who is the person that makes these known to CORU. Is it the centre manager? ...So, where is the cut off when it becomes something that goes to CORU, do you know?” (RCM 2).

To be honest I don't know what the steps are (breach of the code) and that’s probably again a representation of my own and maybe the whole thing around...”(RCM 4).
A common finding from both CORU and all of the respondents was a lack of clarity in relation to whose responsibility it would be to notify an organisation of a complaint made to CORU against a social care worker or manager. One respondent questioned:

“Is the onus on social care workers to tell us if they have been brought into a meeting with CORU and that’s the case. Or is it up for us to ask? You know it’s unclear...But I don’t know overall responsibility whether it’s me as a social care worker, or if there is a complaint against me, or if it’s the organisation and the management” (RCM 2).

CORU also stated they required clarification in relation to this issue;

“it’s up to the complainant if a complaint is being made against a Social Care Worker, they may decide themselves, we don’t notify until the end of the process. There is a requirement to notify, if the complaint has been found, there is a requirement to, I think isn’t there to notify the employer? Actually, that’s something I’m not sure about actually” (CORU).

iii. Individual responsibility v management responsibility

CORU stated that adherence to the requirements of registration is the individual social care workers responsibility and from their perspective there is no requirement on a social care workers manager to oversee or monitor that they are compliant. This responsibility may be required from a managers employer but not from CORU.

“What's kind of striking me here is just that there is no specific responsibility for the Residential Care Manager unless an employer puts a specific requirement from a regulatory perspective we don't have a specific role for Residential Care Managers other than they are a registrant...An employer may decide that a manager may have to have a system and process in place to manager, you know, people’s notification of whether they're registered or not but we don't put a specific requirement in place” (CORU).

One respondent’s comment was in keeping with CORU when they commented;

“I presume, I'm responsible for my own registration but I can't be responsible for the registration of 12 or 13 staff in the unit. I don't know you see” (RCM 2).

Some respondents considered that they have a dual role and responsibility for ensuring and evidencing that they comply themselves to the code of conduct and ethics and they oversee that their staff comply. Respondents commented;
“if you are dual rolling on something that you're trying to do for yourself and trying to achieve within your staff team or encourage your staff team to be doing themselves, that’s a lot of, a lot of governance” (RCM 2).

“I think everyone has a responsibility. I would say my proprietor has responsibility down to myself, down to each individual” (RCM 3).

“I think we’re all responsible ourselves to obviously carry this out. Manager will have a responsibility because we oversee our team, we supervise them, we train them in” (RCM 1).

5.2.3 Strategic planning for change

The four managers consistently stated that they had not commenced preparations for registration either from a revision of policy perspective or through strategic management practices. They all agreed that it would be advisable to commence the preparations to support a positive change process. One responded commented;

“So when this comes into place, there will definitely need to be systems those systems I don’t know, how those systems are going to work... this type of work it's lifelong learning, so you can’t just stop... what are the systems that we can put in place to ensure that everyone is keeping up their skill set and their CDP” (RCM 3).

The respondents had some understanding of the strategies already in place that would demonstrate compliance with registration.

“the professional code of conducts we have like a lot of kind of internal systems that we need to evidence the work that we’re doing already. We have quality assurance monitors. We have HIQA that come in to ensure that we’re abiding by them. I would imagine that the lot of the work practices that are already in place would have us on a very kind of level footing” (RCM 4).

“have a culture where it’s a really positive environment. So we already have that in the home, I feel over the number of years. So it compliments as well as a registered CORU applicant” (RCM 3).

i. Supervision as a strategic tool

The most consistent tool, mentioned was supervision. All four staff overwhelmingly stated that supervision was the main strategy that they would use to ensure that the code of professional conduct and ethics would be adhered to.
“a really positive culture, supervision is absolutely key” (RCM 3).

“to teach, supervise and support is key to obviously bringing along your staff members, in particular students and new staff members. You do that through training, ongoing training you know, they're professional supervision” (RCM 1)

“there's a lot of opinions at the table or at least in the discussion for the supervision policy so someone needs to kind of go in there with some sort of reference point for CORU because if that voice isn't at that then we’re going to have a policy that won't be reviewed for another two or three years and it'll be missing that CORU part” (RCM 4)

However, the lack of knowledge or understanding of what the registration process entailed was evident in the findings and would be a barrier to this process commencing.

“there would be a change of different systems that we’d need to put in place, possibly a different...an added element in supervision and training for the staff team. But I do think overall it’s very much...there is a lot of ambiguity around it, so there is a lot that we need to find out, there is a lot more that we need to make ourselves more informed of” (RCM 3).

ii. Learning environments to support change

CORU described the importance of the education of social care workers when they stated;

“education providers are like the front of the ship I think is how we describe them. Because they will undergo the programme approval process initially. So, they needed to have that information but we’ve started the communications with the broader profession” (CORU).

This acknowledgement of the importance of training and qualifications was also promoted by all of the respondents in this study. Respondents stated:

“We would over the number of years have placed huge importance and value of social care workers, training up to date, and trying as much to develop a learning culture, whether it’s from training sessions where staff team will come back and share with the team” (RCM 3)
This research study found that only one of the four social care managers had completed management training. The respondents considered that residential care organisations should introduce compulsory training for centre managers in the area of management and leadership of change within a learning organisation. One respondent stated:

“And if there's constant learning you know, I think it will create obviously you know, a better staff team that you know, more motivated staff team at times as well” (RCM1).

iii. Information and communication forums

The research found that social care managers advocated for face to face communication forums rather than website information sites being relied on to communicate the introduction of new regulations. All respondents advocated that CORU in partnership with residential care organisations should roll out a series of workshops with a specific component for centre manager’s roles as soon as possible to allow time to adequately prepare for professional registration.

CORU spoke about their communication and information sharing forums.

“for the last two years we’ve been very much focussed from CORU’s point of view I suppose we’re trying to disseminate information and communication as broadly as possible in preparation for the register opening for this profession and we’ve been targeting education providers” (CORU).

While all respondents referred to the individual responsibility of the social care professional and their organisation to provide policies and direction in relation to their role when registration commences; comments evidenced a culture that supported the requirement for input and information directly from the regulatory body CORU to be of significant importance to them. This was evidenced by comments such as:

“CORU, I’d say, I think...I mean a lot of the information that I have got about registration is through Social Care Ireland, but not from CORU directly...like a workshop or some kind of informative session that actually lets people know, myself as a manager even the social care workers on the floor, what this entails...if we are clear then the social care workers that work under us will be clearer as well, clear as we are” (RCM 2).
The respondent’s responses were not in unison with what CORU have planned for the dissemination and sharing of information. While CORU were planning information sharing sessions, they were very clear that; while they would consult with employers they would not specifically residential care managers. They were clear that it was an individual’s responsibility to update themselves in relation to the requirements of professional registration and that this was not part of CORU’s role. However, the respondents all commented that they would welcome specific information in relation to their role as a manager when registration comes in. This was in variance with CORU’s remit as they clarified; 

“it’ll be a standardised process that we run with all of our professions where we notify, there’s information on our websites. We go through the professional body, we also go through various different employers and let them know that the register would be open and what the specific requirements are... not specifically just Residential Managers but broader employer groups, agencies, the profession itself in terms of dissemination” (CORU).

5.3 Conclusion

The role of the manager in social care environments is a complex one. With professional registration pending the study proposes that the manager’s role will need to progress into leadership with good communication skills to provide vision for their staff teams to support this change process. The themes and sub themes that emerged from the data revealed ambiguity on the part of the managers in relation to their knowledge of the role they will play in the registration process. The clarity of CORU becomes apparent in the data. The findings further reveal that there is clear gap in the dissemination of information to social care workers and managers. Despite the challenges that lie ahead for managers the findings of this study reveal that the general consensus in relation to registration was a positive one. The study’s findings can be summarised by UK Care Quality Commission’s finding “Where leaders work well together, others will follow” (2019, P.22).
CHAPTER SIX

ANALYSIS AND DISCUSSION

6.1 Introduction

The purpose of collecting and analysing the information provided by the research participants was to answer the research question ‘Do centre managers understand and feel prepared for the registration of their profession, are they clear of what it means for them as leaders and the implications for them in practice’. This chapter analyses the findings by interpreting the voices of the research participants and linking them to other relevant research and literature. Centre managers have a significant impact on service delivery and therefore on the outcomes for service users (Morrison, 2006; Smith, 2009; Gallagher et al, 2015); which demonstrates the significance of gathering residential care managers views. Centre managers need to be sufficiently prepared for the impending change of registration which will impact on them and their team as literature suggests that a lack of knowledge of a new system by managers could have a significant negative impact on the successful roll out of the process (Whetten and Cameron; 2010).

6.2 Analysis and discussion

6.2.1 Understanding regulation and professional registration

Although there are operational standards and regulations in relation to management, staffing and care practices there are currently no definitive requirements in relation to the training, qualifications or a code of conduct and ethics for residential care managers or social care workers (Social Care Ireland, 2017). The continued absence of regulation of the social care profession in the Republic of Ireland is a risk that must be addressed as a matter of priority to ensure social care workers and managers are accountable for their practices and comply with a code of professional conduct and ethics. The issue of the absence of regulation, especially in relation to qualification is also of concern in England as Hayes, Johnson and Tarrant conclude that;
“there is evidence of care workers being keen to acquire formal accreditation and to be recognised as skilled professionals. Yet there is also evidence of a significant proportion of the existing workforce being unwilling to engage with formalised accreditation, concern that the term ‘professionalisation’ is inappropriate, and fears of workers quitting their jobs if they feel pressured to gain qualifications. In a sector with serious recruitment and staff shortage problems, this is a genuine cause for concern” (2019:1).

All research participants agreed that professional regulation was long overdue and this view concurs with the findings of Byrne (2016) and Social Care Ireland (2017). When professional registration commences CORU participants were clear in the research data that they can only regulate those who choose to register and use the title of social care worker. Furthermore CORU participants stated that compliance will be monitored based on complaints and Fitness to Practice Guidelines (2014). The author concurs with Byrne (2016) who identified the voluntary element of the registration process as a risk as she states;

“As only those who are registered with CORU are subject to adherence to a professional code of conduct and ethics, this poses significant risk” (2016; P. 14).

However, for social care workers who will be registered and are found not to be complying with the requirements of regulation, CORU’s process has clear powers to act. Ginny Hanrahan, CEO of CORU, explains in an Irish Times article the role of the health and social care regulator when she states;

“Because each professional register is statutorily regulated rather than voluntarily regulated, CORU has the power to take legal proceedings against a practitioner they deem to be in breach of their professional code of conduct and ethics. Through an application to the High Court, CORU also has the power to strike off a practitioner from their professional register” (The Irish Times, 2017; P.1).

The research findings were explicit in their view that the introduction of registration will shape the identity of the social care profession. An informative and guided approach is needed by CORU, the regulation body, to prevent it from becoming a tick box exercise or just another regulatory requirement that needs to be complied with. All research participants stated that information from CORU specifically for managers would be welcomed through their website. They also stated that CORU should deliver training workshops specifically for social care managers to assist them with the process and implications of professional registration. If professional registration was implanted in this organised manner the managers considered that
they would then understand from the regulators perspective how professional registration will impact on them in their role as managers of social care workers.

Research participants saw registration as an opportunity and welcomed the positive benefits it would bring. However, none of the participant were aware of the target date set out by CORU for the commencement of the social care registration register in 2022 and remained sceptical that registration would commence within their working life. The author therefore considers it imperative that in order to create a culture of confidence within the social care sector CORU should communicate their strategic plan with residential care managers and continue to commit to commencing registration within their target date.

The research findings highlight the challenges that exist regarding the lack of professional registration for residential care managers which has led to a lack of consistency in relation to what qualification constitutes a social care worker hence a lack of a clear identity. Hysops (2016) offers insight into the complexity and challenge of defining social work identity which is akin to the current identity debates and discussion about social care practice in Ireland as the registration of practitioners with CORU advances. The Social Care Ireland (2017) survey found that social care workers identity has been challenging to develop and nurture. The social care profession is currently made up of staff that have a variety of different qualifications. Hutchinson highlights the impact this on regulation when he states that;

“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” (in Social Care Ireland, 2017; P.4).

While all participants welcomed professional registration two participants commented that their duties were vast and their time was limited on a daily basis. These residential care managers voiced concerns about the sector being already highly regulated by both HIQA and TUSLA and questioned if more regulation through CORU was necessary. Trevithick (2014) and McPheat & Butler (2014) advanced this notion when they argued that the standards and regulations required for registration could inadvertently create a managerialist and bureaucratic culture where social care workers are adhering to regulation due to requirement rather than fully embracing the concepts of good practice to be implemented. Henry Mintzberg (1990) states that a bureaucratic organization is;
“dependent upon rules and regulations, defined job responsibilities, a centralized hierarchy of authority, a clear communication chain of command and centralized decision making” (cited in Kottke, J. L., & Pfahler, D. J., 1990: 681-684).

The two participants cautioned against this dependence and the overuse of regulation to ensure adherence to best practice and their thinking converges with that of Banks (2007); Furness (2009); NDA (2015) when they suggest that there is limited evidence of the effectiveness and impact of regulation in practice.

6.2.2 Implications and impact of registration on managers

Analysis of the research findings found that there are gaps in residential care managers understanding of professional registration and on the impact it has on their already busy managerial role. CORU register social care workers and do not distinguish between the roles of a social care worker and a social care manager. The registration of social care workers in Wales differs from the Irish model in that they register both social care workers and residential care managers and clearly make a distinction between the two roles (Social Care Wales; 2019). From an analysis of the findings, the participants clearly identified that they had a dual role in regard to professional registration. They must register themselves as a social care worker while they also have the responsibility to ensure their staff are registered and comply with the requirements. All research participants stated that having specific requirements set out for residential care managers to adhere to would strengthens and clarify their responsibilities and duties to oversee and to ensure that the code of conduct and ethics is being complied with.

Hayes et al (2019) demonstrated that countries and governments take different regulatory approaches to the registration of their health and social care professions. The research finding portrayed CORU as very clear of their role and responsibilities as regulators which, in the main, concurs with this study’s findings in relation to the residential care manager’s view of CORU as regulator. However ambiguity was evidenced amongst residential care managers in relation to the impact registration would have on their role. Comparative registration models from the UK (HCPC; 2019) and Canada (OCSWSSW, 2019) acknowledge the important role of the manager in the registration process providing information specific to their role. However CORU currently do not provide this information. While participants acknowledged that it was social care workers individual responsibility to register the four managers interviewed would welcome information and clarity from the regulator CORU in relation to their responsibilities.
The Code of Professional Conduct and Ethics (CORU, 2019) requires that social care workers advocate for a person centred approach. A common finding from both the two CORU participants and all of the four managers was a lack of clarity in relation to whose responsibility it would be to notify an organisation of a complaint made to CORU against a social care worker or manager and at what stage of the ‘Fitness to Practice’ process. “There is movement towards more rigorous and transparent regulation, in effect reducing reliance on the professions to monitor their own quality of care” (Sutherland and Leatherman, 2006; P. 57).

6.2.3 Strategic planning for change

The imminent registration of social care workers is a change that will occur in the social care sector inclusive of residential care and this change needs to be strategically planned for by residential care managers. The author concurs with Donaldson view of adapting their structures when they suggest that;

‘organisations should adapt their structure to the contingency perspective; therefore, contingency changes cause adjustments in organisational structure, with the aim of avoiding a reduction in performance as a result of failing to adapt’ (Donaldson, cited in Junqueira, Dutra, Zanquetto Filho, and Gonzaga, 2016; P.119).

The awareness and input of managers and leaders was determined as key to a positive outcome in supporting organisational learning environments. The use of team meetings and supervision were offered by all of the four participants as a means to enhance residential care learning environments a concept promoted by MacRae et al (2016). All of the participants in the study referred to supervision as a significant tool to ensure compliance with the Code of Professional Conduct and Ethics (CORU 2019).

In order to comply with regulation and standards and practice in a safe and child centred manner; the literature such as Morrison (2006); Smith (2010); Northhouse (2014); Gallagher et al (2015); Martins and Terblanche (2003); Jones and Smey Carston (2016) and David (2014) supported the view that staff teams should be guided, supported and provided with continual training and learning forums by management in order to carry out their roles and functions. This correlates with the responsibilities set out in the Code of Professional Conduct and Ethics (2019). Section 15, 16 and 17 of the ‘Code of Professional Conduct and Ethics for Social Care Workers’ requires that social care workers assist, advise and support colleagues, recently qualified registrants and students to adhere to this code (CORU, 2019; P. 19).
Literature on the management of social care environments (Morrison, 2006; Smith, 2010; Northhouse, 2014; Stoner 1995) concluded that where organisations were a supportive place of learning a positive and productive culture exists. The notion of a learning culture for residential care was a concept that was promoted throughout by all of the four managers and the two CORU participants a culture that was advocated by Martin, Charlesworth, and Henderson (2010). Respondents commented that in order to promote a learning culture residential care organisations should update their policies and procedures to assist in the professional registration process such as induction and training policies as well as robust complaints and supervision policies. This finding correlates with McPheat and Butler as they advocate for a learning culture when they state; “All opportunities to learn and develop need to be grasped and capitalised on whilst staff require licence to be innovative and to learn from mistakes” (2014; P.250).

For strategic planning of change to occur residential care managers need to be skilled to bring their teams through the change process of professional registration. All four participants had a degree in social care; however only one had completed a management training course. In order to foster a learning culture residential care organisations should support their staff to be familiar and apply in practice the principles of management and leadership to equip them with the skills to proactively manage change. The importance of empowering and supporting staff through change management cannot be underestimated (Martins and Terblanche, 2003).

All of the participants advocated for proprietors and CORU to devise an information pack specifically for residential care managers that communicates what the centre managers role and responsibilities will be in relation to maintaining their registration. Specific information required related to CDP portfolios, reporting on fitness to practice issues and supporting their staff to maintain and comply with the code of conduct and ethics. This concept is endorsed by codes of professional practice from countries such as Wales and Scotland. The Welsh code of professional practice stated;

“Residential care managers have a leadership role in the provision of high quality care and support services. Managers are expected to lead person-centred, ethical and inclusive services” (Social Care Wales; 2019).

6.2 Conclusion
This chapter analyses how the key findings of this research relate to current literature and research in the area of professional registration of social care workers. Residential care managers understanding of regulation and professional registration is addressed as well as the implications and impact of registration on their role. Core issues and learning specific to strategic planning for this change process in residential care services is also addressed. Relevant literature and research findings conclude that the clearer and more prepared residential care managers are of the requirements and standards of the registration of social care workers the better they can support their staff teams to be fully compliant with the registration board’s requirements. The preparation for this change and how it is managed is fundamental to effective service improvement (Byrne, 2016).
CHAPTER SEVEN

CONCLUSION AND RECOMMENDATIONS

This study posits the view that residential care managers should be provided with support and guidance in order to promote compliance with professional registration in their organisations. There is ample evidence in literature to support the concept of the pivotal role and significant influence managers play in the implementation of regulation within organisations (Morrison, 2006; Smith, 2009; Gallagher et al, 2015).

The literature advocates that the clearer and more prepared managers are about policies and practices in their service (Smith, 2008; Morrison, 2006; Northhouse, 2014) the better they can support their staff teams hence the quality of care provided also improves. Therefore the author concludes that the clearer and more prepared residential care managers are about the requirements and standards of professional registration of social care workers the better they can support staff they lead to ensure full compliance with the registration board’s requirements.

The learning from the literature reviewed and from the research findings of this study can be summarised by the need for all stakeholders involved in social care work to learn from past reports and investigations such as the Ryan Report (2009), the Madonna House Inquiry (1996) and Trudder House Inquiry (1996) where management malpractice was noted. Evidence based strategies should be put in place when introducing new policies, procedures, legislation, regulations and guidance for good practice.

This study was initiated with two aims; firstly to gather data on the extent of residential care managers awareness of CORU and in relation to professional registration and its implications for managers roles. Secondly to raise awareness through the dissemination of the findings in order to prompt residential care managers to commence strategic planning for the professional registration process. The author is satisfied that both aims have been achieved. The following are the core recommendations that emerge from the themes of the study;

Understanding regulation and professional registration

- CORU should communicate their strategic plan with residential care managers and continue to commit to commencing registration within their target date of 2022.
• CORU should provide information on their website and carry out training workshops specifically for residential care managers in relation to the purpose, process and implications of professional registration. Consequently, managers can understand from the regulators perspective how professional registration will impact on them as managers.

• Further research should be conducted in relation to professional registration to assess the effectiveness and impact of regulation on practice.

Implications and impact of registration on managers

• To prepare for professional registration and promote a positive impact for managers, organisations should commence the revision of their processes, policies and procedures inclusive of recruitment, induction, supervision and training policies. Policies should reflect professional registration and its requirements under the code of professional conduct and ethics (2019).

Strategic planning for change

• In order to foster a learning culture residential care organisations should require residential care managers to complete a compulsory management and leadership training module at recruitment stage.

• To strategically prepare for professional registration proprietors (in consultation with CORU) should devise an information pack specifically for residential care managers that communicates what the centre managers role and responsibilities will be. This information pack will support them with the registration process inclusive of CDP portfolios, reporting fitness to practice issues and supporting staff to maintain and comply with the code of conduct and ethics.

In summary, the researchers learning from the literature and from an analysis of the findings can be synopsised by Jones and Smey Carston when they propose that it is only through “working together towards a common vision that we can create sustainable, effective and compassionate change within the Irish social care sector” (2016; P. 79).
The study found that a unilateral approach to the introduction of professional registration would be most effective to support positive change through residential care managers; their employers and CORU. The author will provide a synopsis of the findings of this study to their line manager, senior TUSLA management team, CORU and the research participants in order to encourage the organisation to review their policies, practices and initiate strategic planning processes in preparation for professional registration of social care workers. Ultimately the social care sector needs to embrace Williams advise when he states “If change is coming; commit to leading it, don’t be led” (2019).
Bibliography


CORU. (2014). Guide to Fitness to Practice. Social Care Workers Registration Board. Dublin; Ireland. CORU.


Appendix 1

Letter to Gatekeeper requesting consent to carry out the research study

Dear , (Gatekeeper)

I hope this letter finds you well. As a follow on from our recent telephone conversation I am writing to you requesting your consent to carry out the piece of research I am undertaking. As discussed I am embarking on a piece of research to explore residential care managers understanding of CORU, the registration of social care workers and if they are fully aware of its implications for their practice. Judy Doyle tutor in Technological University Dublin will closely supervise this study.

The qualitative method in the form of six semi-structured interviews of residential care managers and two CORU representatives has been chosen to answer the research question. I chose residential care managers as the participant group as they are in a primary position to share their views and experiences of how prepared they are and aware of the implications for their practice as a result of the registration of social care workers. Their names would be changed to ensure your anonymity.

The requirements for registration as set out by CORU are varied and in order to focus this study I will specifically look at ‘Social Care Workers Code of Conduct and Ethics’ (CORU, 2019). To prepare participants for the interview I will e mail them the document a week prior to the interview: this document can also be accessed on:

Please find below a consent slip and I would appreciate if you could return it to me by e mail if you agree for me to carry out the study. If you have any immediate questions or queries please do not hesitate to contact me.

Regards,

Phone no:
Email address:

I _______________SIGNED______________________ National Manager Alternative Care and Alternative Education (Interim) consent for Lorraine O’ Brien to carry out the above study following a full explanation of the study.

Signed: Date:
Appendix 2

Letter to CORU employee participants requesting their participation

Date:

Dear ,

I hope this letter finds you well. As a follow on from your e-mail correspondence and telephone conversation yesterday I am writing to thank you for agreeing to participate in a piece of research I am embarking on. I am currently undertaking a Masters Degree in Social Care Management and Leadership in Technological University Dublin and as part of the course I am embarking on a piece of research to explore residential care managers understanding of CORU, the registration of social care workers and if they are fully aware of its implications for their practice. Judy Doyle course tutor will closely supervise this study.

The qualitative method in the form of six semi-structured interviews of centre managers and two CORU representatives has been chosen to answer the research question. As the two CORU representatives you will be interviewed using semi-structured interviews and your names are not recorded to ensure your anonymity.

The requirements for registration as set out by CORU are varied and in order to focus this study I will specifically look at ‘Code of Professional Conduct and Ethics’

➢ ‘Code of Professional Conduct and Ethics’ (please find a copy attached and as you will be well aware this document can be accessed on: www.CORU.ie)

Please also find attached the interview schedule and questions. The consent slips are attached below and I would appreciate if you could return it to me by e-mail to confirm that you are still in agreement to participate. The interviews for the study will take place at the location and at the time suitable to you both; namely CORU Offices,

If you have any other immediate questions or queries please do not hesitate to contact me.

Regards,

Phone no:

Email address:

=================================================================================================
Consent Slip 1.

I, CORU employees consent to participate in the above study following a full explanation of the study by the researcher. I am also aware that the researcher obtained the consent of my organisation prior to requesting my participation. I understand that I have the right to withdraw from this study should I wish to do so. I understand that my anonymity will be preserved and respected at all times during and after this study.

Signed:

Date:

Consent Slip 2.

I, CORU employees consent to participate in the above study following a full explanation of the study by the researcher. I am also aware that the researcher obtained the consent of my organisation prior to requesting my participation. I understand that I have the right to withdraw from this study should I wish to do so. I understand that my anonymity will be preserved and respected at all times during and after this study.

Signed:

Date:
Appendix 3

CORU employees semi-structured interview questions

Question 1: What do you think will be different when social care workers are registered?

Question 2: In preparation for professional registration have residential care managers been given any specific information or guidance in relation to their role as a manger regarding professional registration?

Prior to this interview I provided you with a copy of the ‘Social Care Workers Code of Conduct and Ethics’ as required for registration to assess what impact registration of social care workers will have on residential care managers.

Question 3: In the event of a complaint or allegation being made against a social care worker, how do you see CORU being of assistance to residential care managers or what role might CORU have?

Question 4: What impact will the requirement for social care workers to evidence good communication, collaborative practice and teamwork have on residential care managers?

Question 5: How will residential care managers measure and evidence social care teams’ compliance with the standards of proficiencies as required for registration?

Question 6: Will residential care managers be required to register? Will they be eligible to supervise social care workers and have oversight of their professional development (CDP) if they are not registered with CORU?

Question 7: What systems would managers need to have in place to ensure they are clear of the requirements of registration in relation to social care workers professional knowledge and skills.

Question 8: How could CORU best assist residential care managers to prepare adequately for the registration of their profession?

Question 9: Do you consider residential care managers (middle management) to be in a position to influence the culture of change the registration of the social care profession will foster.

Question 10: Is there anything further you would like to say regarding the registration of social care workers?
Appendix 4

Letter to residential care managers requesting their participation

Date

Dear

I hope this letter finds you well. As a follow on from our telephone conversation I am writing to thank you for agreeing to participate in a piece of research I am currently undertaking. As discussed I am currently studying a Masters Degree in Social Care Management and Leadership in Technological University Dublin and as part of the course I am embarking on a piece of research to explore residential care managers understanding of CORU, the registration of social care workers and if they are fully aware of its implications for their practice. Judy Doyle course tutor will closely supervise this study.

The qualitative method in the form of six semi-structured interviews of residential care managers and two CORU representatives has been chosen to answer the research question. You will be interviewed using a semi-structured interview and your name will not be recorded to ensure your anonymity.

The requirements for registration as set out by CORU are varied and in order to focus this study I will specifically look at aspects of the ‘Code of Professional Conduct and Ethics for Social Care Workers’ (CORU, 2019).

➢ ‘Code of Professional Conduct and Ethics for Social Care Workers’ (CORU, 2019) (please find a copy attached and as you will be well aware this document can be accessed on: www.CORU.ie)

Please also find attached the interview schedule and participant profile sheet. The consent slip is attached below and I would appreciate if you could return it to me by e-mail to confirm that you are still in agreement to participate. The interview will take place as agreed on -

If you have any other immediate questions or queries please do not hesitate to contact me.

Regards,

Phone no:

Email address:
Consent Slip

I consent to participate in the above study following a full explanation of the study by the researcher. I am also aware that the researcher obtained the consent of my organisation prior to requesting my participation. I understand that I have the right to withdraw from this study should I wish to do so. I understand that my anonymity will be preserved and respected at all times during and after this study.

Signed:

Date:
Appendix 5

Residential care manager semi-structured questions

**Question 1:** Before I contacted you to participate in this research how familiar were you with CORU and the plan for the professional registration of social care workers?

**Question 2:** Where would you expect to get information from?

**Question 3:** What do you think will be different when you are registered?

Prior to this interview I provided you with a copy of the ‘Code of Professional Conduct and Ethics for Social Care Workers’ (CORU, 2019) as required for registration to assess what impact registration of social care workers will have on your specific role as a manager. There are 27 sections.

**Question 4:** How will you evidence that you are in compliance with the ‘Code of Professional Conduct and Ethics for Social Care Workers’ (CORU, 2019) as required for registration?

**Question 5:** Will you be required to supervise social care workers in relation to oversight of their continual professional development (CDP)?

**Question 6:** Does your role as a manager have any specific duties regarding the oversight of your staff team regarding professional registration?

**Question 7:** In the event of a complaint or allegation being made against you or a staff member as registrants, what role might CORU have?

**Question 8:** What strategies do you consider are necessary to put in place to implement this impending change?

**Question 9:** Who could best assist you as a residential care manager to prepare adequately for the registration of your profession?

**Question 10:** Do you consider that registration will foster positive change towards quality services?

**Question 11:** Is there anything further you would like to say regarding the registration of social care workers?
Appendix 6

Interview schedule for all participants

The interviews for the study will take place at the location and at the time suitable to the participants. Participant’s names will not be used. Participants may withdraw from the interview at any time should they wish to do so.

- The researcher will introduce themselves to the participant and make them at ease.
- Clarify that the participant understands the purpose of the research and that they still consent.
- Reiterate that the identity of the participant will remain anonymous.
- Inform the participant that the interview will be tape-recorded, show them how this works and that it will take approximately 40 minutes.
- Restate that the participant does not have to answer questions they do not want to and that they can stop the interview at any time if they choose.
- It is important to note that if the participant says anything that raises concern during the interview, this information will need to be passed on to the appropriate person, but this will be discussed with the participants first.
- A profile of the participant will be gathered.
- A copy of the CORU document is provided to the participant during the interview if the participant want to refer to it. The participant will be informed prior to the interview that they can bring their own copy if they so choose.
- The participant will be informed that the information they share will be gathered and analysed for trends, patterns and findings and written in the form of the researcher’s dissertation and presented to TU Dublin.
- If any information shared during the course of the interview alleges harm or potential harm to a child or vulnerable adult the Children First 2017 guidelines of reporting will be followed by the researcher.
- The interview is concluded by asking the participant if there is any other information they wanted to share in order to give the participant a chance to reflect on the process as a whole. The participant would be reminded that they could contact them if any issues arise for them as a result of the interview. All participants have the researchers number.
Appendix 7

Participant Profile (residential care managers)

Initials

Gender: Female Male
(Please circle)

Age range: 20-30 31-40 41-50; 51-60; over 60
(Please circle)

What is your academic qualification(s) and the year you graduated: ______________________
________________________________________________________________________

How many years have you been working in residential care? _________________

How many years practising before you became a social care manager? ________________

How many years have you been in a social care manager’s role? ________________

How many years have you been in your current social care manager’s role? __________

Have you done any specific management training? If yes please state ________________
________________________________________________________________________
Appendix 8

Social Care Workers Registration Board

Code of Professional Conduct and Ethics (2019)