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Reframing Social Care within the Context of Professional Regulation: Towards an Integrative Framework for Practice Teaching within Social Care Education

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Abstract

As CORU commence regulation of social care education, educators are tasked with ensuring that graduates meet the threshold standards set by the Social Care Workers Registration Board (SCWRB) (2017a) in the *Standards of Proficiency for Social Care Workers*. This paper focuses on Domain 3 of these standards which outlines the proficiencies required to deliver a safe, effective and quality service, including proficiencies pertaining to assessment, intervention and evaluation. There is limited literature in Ireland in relation to how assessment, intervention and evaluation take place in diverse social care settings. As social care educators with qualifications and professional experience in social care practice, the authors will utilise their knowledge and experience to contribute to this knowledge base. Opportunities and challenges presented by this domain are discussed, and an integrative teaching tool is offered to support students to work towards proficiency in this area.

Keywords: Social care, regulation, proficiencies.

Introduction

With the advent of regulation of the sector, the Social Care Workers Registration Board (SCWRB) (2017a) has published the *Standards of Proficiency for Social Care Workers*. This document outlines the minimum thresholds that social care workers must meet to engage in practise of the profession, and educators are tasked with ensuring that graduates have attained proficiency in each of these areas. Domain 3 of this document, *Safety and Quality* outlines the proficiencies required to deliver a safe, effective and quality service, with eight of the fifteen proficiencies in this domain relating to assessment, intervention and evaluation (SCWRB, 2017a). For example, proficiency 3.4 deems that graduates should “Be able to analyse and critically evaluate the information collected in the assessment process”, while proficiency 3.8 relates to the ability “to evaluate intervention plans” (SCWRB, 2017a, p. 7). The remaining proficiencies pertain to the context in which this process occurs, including quality frameworks which underpin the work, and the provision of safe environments through safeguarding and risk management.

Drawing on CORU’s definition of social care work outlined below, this paper will explore the processes of assessment, intervention and evaluation as key components of “purposeful planning and provision of care” (CORU, 2019, n.p). It will situate these within a discussion of the changing professional landscape and diverse nature of social care in Ireland, and outline some of the key opportunities and challenges presented by Domain 3 proficiencies. In addition, the authors will offer a tool for practice education which can be used to support the teaching of

Domain 3 proficiencies as they relate to diverse social care contexts. This tool has been informed by their experiences as educators, practice teachers and social care workers.

Changing Professional Landscape

As practitioners, defining and explaining our profession in social care has always proved difficult. CORU (2019, n.p.) defines social care as:

...a relationship-based approach to the purposeful planning and provision of care, protection, psychosocial support and advocacy in partnership with vulnerable individuals and groups who experience marginalisation, disadvantage or special needs. Principles of social justice and human rights are central to the practice of social care workers.

This definition supports an understanding of the broad remit of social care with a widely diverse client base and emphasises the complexity of the work carried out by social care professionals.

In response to the political, economic and social demands, not just within Irish society but globally, the remit of the social care worker has expanded greatly in recent years. It has been acknowledged that the competencies and skills of social care professionals can be positively transferred into many diverse areas, such as working with older people, people with disabilities, domestic violence support, homeless services, addiction services and asylum seekers (National Disability Authority (NDA), 2018; Lalor & Share, 2013). For example, social care workers employed in some mainstream residential homes are now caring for displaced children and unaccompanied minors with significantly different needs and experiences to the young people previously cared for in these services. Social care, previously served almost solely by The Children's Act 1908, is now guided by the Child Care Act 1991, the Children First Act 2015 and a raft of new policies, codes, framework documents and legislation, such as The Disability Act 2005; The Citizens Information Act 2007; The Education for Persons with Special Educational Needs Act 2004; New Directions 2012; Sharing the Vision, 2020; and various Health Information Quality Authority (HIQA) National Standards. The National Disability Strategy (Department of Justice, Equality & Law Reform, 2004) has heralded a significant shift away from the medical model and has placed social care workers at the heart of service provision. This has reoriented the direction of social care away from large institutional settings and towards care within the community and has reframed the context in which practice occurs. Strategies, such as New Directions (Health Service Executive (HSE), 2012), place the individual at the centre of service provision requiring bespoke care plans and interventions. Providing support to individuals, families and communities requires an organic, co-constructed, partnership approach which needs to be flexible and responsive to their needs.

In the current age of postmodernism and neoliberalism the emphasis is now on people as individuals, therefore de-emphasizing the wider social factors, such as government, social policy and globalization (Thompson, 2012). The centrality of the rights of the child and individual (Buckley, Skehill & O' Sullivan, 1997; Mulkeen, 2016) have been highlighted and the manner in which services are shaped and funded now depend more on the strength of the voice of the organisations and professionals involved, their ability to engage in evidence informed practice and to act as advocates for service users (Byrne-Lancaster, 2014; HSE, 2018). The allocation of resources and funding through a commissioning process (HSE, 2019) has added an extra layer of complexity and practitioners working in the sector need to have the

skills and competencies to contribute on an on-going basis to this new social care paradigm, led by the service user or consumer of the service. Educational programmes need to ensure that students graduate to the highest standard and are equipped with the necessary proficiencies required to perform in this challenging environment (SCWRB, 2017b). Practice educators need to hold a strong professional identity and advocate on behalf of their sector in this shifting paradigm.

Key Processes within Social Care Work

Relationships are core to social care work (Brown, Winter & Carr, 2018; CORU, 2019; McHugh & Meenan, 2013) and the deep and considered use of self is the primary tool at the worker's disposal (Dockar Drysdale, 1990; Kennefick, cited in Lyons, 2013; Ingram & Smith, 2018; McLellan, 2010; Smith, 2009). Through relationship, the social care worker offers a space for open and honest dialogue and creates a foundation for successful intervention to take place (Biestek, 1957; Ingram & Smith, 2018; Rogers, 1951). This work often takes place within the life-space, whereby the relationship can be the intervention itself (McHugh & Meenan, 2013). Meaningful change happens in the space between worker and service user, termed by Byrne (2013, p.137) as the "healing/ holding" space.

Purposeful planning and provision take place within the context of relationship-based practice, through the medium of the worker-service user relationship. The individual is at the centre of this process, and workers engage in assessment, intervention and evaluation in a way that is bespoke, co-produced, fluid and organic. These key processes, essentially the bedrock of purposeful planning and provision, will be explored in more detail below.

Assessment

Assessment can be defined as "examining the range of factors affecting the individual, group or social situation in order to prepare, plan and take action to meet social care or other service objectives" (Payne, 2009, pp. 89-90). Social care workers may individually assess service users or may assess the needs of groups/communities with which they work (Payne, 2009). According to Smith (2009, p. 104), assessment is "a platform for decision making and for intervention". However, this process is dynamic and on-going (Milner, Myers & O'Brien, 2015; Payne, 2009). The social care worker must continually assess and respond to existent and emerging needs, while also dynamically assessing the environment, interactions, risk and safety (Payne, 2009).

At its most basic, assessment is about identifying need (Milner, et al., 2015). Proficiency 3.1 deems that graduates should "be able to gather all appropriate background information relevant to the service user's health and social care needs" (SCWRB, 2017a, p. 7). However, how one conceptualises need is subjective and can be shaped by experience, values, culture and assumptions (Parry-Jones & Soulsby, 2002). Supervision can help social care workers to challenge their assumptive worlds and ensure that they are working in an unbiased and reflective way (Sawyer & Burton, 2016). In education, opportunities to explore previous experiences, values, unconscious biases and triggers are vital.

During this assessment process, social care workers draw on many, often competing, theories and frameworks to make sense of the service user's situation (Milner, et al., 2015). This is reflected in proficiency 3.6, "Be able to demonstrate an evidence-informed approach to professional decision-making...draw(ing) on appropriate knowledge" (SCWRB, 2017a p. 7). However, applying any theory as truth can be oppressive if this truth has not been co-

constructed with the service user (Milner et al., 2015). Recognising the service user as an expert-by-experience (Branfield & Beresford, 2006) takes account of and bears witness to their lived experience and offers an assessment which is person-centred and individualised. However, keeping this experience and voice at the fore can sometimes be challenging within wider professional teams, whereby “hierarch(ies) of credibility” can shape how power is shared or experienced (Becker, 1967 p. 241).

Assessment models differ according to context and there is a breadth of assessment tools currently used in practice in Ireland. It is beyond the scope of this article to examine all models or tools used within social care; however, some examples are outlined below to further the discussion of assessment within diverse social care contexts. Within family services, assessments are largely based on meeting the needs of the child while also supporting parental capacity. Organisations working with families have assessment tools which are specific to their service, and commonly use genograms, timelines and eco-mapping to understand the strengths and needs of the family. In 2013, the Meitheal National Practice model was introduced by Tusla Child and Family Agency to support children and families, where a child has multiple needs or more than one service involved. Assessments are informed by the ‘My World Triangle Tool’ and workers use the tool to ascertain the strengths and needs of the child across three broad domains (Tusla, 2013).

The Welltree Model is a relatively new model of practice within the Irish social care context. Operating in special care settings since 2017, Tusla is currently in the process of rolling this out to mainstream residential and respite centres for young people (Tusla, 2018). Some private providers are also using this model, along with Peter McVerry children’s residential services. It is envisaged that the model will provide greater continuity and consistency in meeting young people’s needs and provide a common language and framework for measuring outcomes. Upon admission to residential care, the young person participates in a comprehensive assessment, which measures the young person’s needs across multiple domains. This assessment provides a baseline from which interventions are identified and progress can be measured against (Mulholland, 2020, December 2). This model is currently in its infancy within residential care services in Ireland and has yet to be evaluated within an Irish context.

Within disability services, person-centred planning is used to ascertain the individual’s wishes, dreams and goals, to formulate a strengths-based intervention (St. John of God Foundation, 2019; St. Michaels House, 2019). While not considered an assessment tool *per se*, social care workers engage in a comprehensive process of discovering the person, while also considering risks and safeguarding (Gadd & Cronin, 2018). The person-centred plan forms part of the overarching personal plan, which includes other aspects of the individual’s care for example, intimate care or medication management (Gadd & Cronin, 2018).

Intervention

An intervention can be defined as “any conscious action that has the purpose of working towards meeting the identified needs of the client” (Byrne, 2013, p. 140). The term intervention incorporates a multitude of activities; it can be a once-off event, for example the provision of food by the Simon Community Soup Run, or a more long-term provision, for example a young person accessing full-time care (Byrne, 2013; Payne, 2009). What an intervention looks like varies significantly depending on the needs of the service user, but also across services and settings. For example, in disability services the construction of the person-centred plan, drawing on the resources provided through the individual’s support network, can be considered an intervention along with the micro-level goals identified to achieve the said plan.

Proficiency 3.4 expects graduates to be able to “analyse and critically evaluate the information collected in the assessment process”, while 3.5 requires that graduates can “determine appropriate problem lists, action plans and goals” (SCWRB, 2017a, p. 7). Of note, is the absence of proficiencies relating to the designing of interventions. Social care workers commonly gather information through assessment and use it to develop a tailored intervention which is based on where the service user is ‘at’. While standardised interventions do of course exist and are availed of by service users (for example, a parenting support programme), the artistry of social care work lies in its ability to deliver bespoke interventions within the context of a meaningful and therapeutic relationship. Take for example a service user with a disability who wishes to obtain a job. The packaging of supports around this individual may range from supporting personal hygiene, to travel training, to CV writing, to practicing social skills, to preparing for interview. The ability to provide a package of supports that is bespoke, co-produced and evidence-informed, within the context of the professional relationship, is at the heart of social care work. However, to reduce this process to tasks and ticking boxes undermines the emphasis on building capacity, on supporting the service user to draw on their own internal and external resources, and on positioning this entire process within their Zone of Proximal Development (Vygotsky, 1978). This scaffolding of skills is unique and individualised, and can only be achieved through knowing and understanding the service user and their needs.

Like assessment, interventions are also fluid as needs change over time or additional information emerges over the course of the work (Milner et al., 2015). Of significance is the importance of ensuring that service users are active participants in their care, that goals are co-constructed with the service user, and that interventions are mutually agreed upon. However, intervention is not always straightforward. Cases are often complex, particularly where intersecting layers of trauma, disadvantage and oppression are present. Long waiting lists and scarcity of resources can present a series of frustrations for both service user and social care worker and undermine momentum or motivation for change (Mental Health Reform, 2014). Furthermore, where services have a statutory obligation to be involved, for example working with a parent where there are child protection or welfare concerns, workers need to be highly skilled to engage, build trust and develop relationships. Tensions can exist between professionals and service users, and social care workers may have to strike a balance between incorporating the will and preference of the service user while also working to the goals of the intervention (Adams, 2012).

Service users often experience disempowerment and disenfranchisement in their day to day lives (Milner et al., 2015). They may have negative experiences of care services and professionals which can impact on the professional relationship and undermine the establishment of trust. Recent policy and legislative developments, such as the Assisted Decision Making (Capacity Act) 2015, United Nations (UN) Convention on the Rights of the Child 1989 and UN Convention on the Rights of People with Disabilities 2006 ensure that individuals have a voice; therefore, service users who are not engaging or do not consent may be exercising choice. Their lack of participation can be considered a form of participation in its own right. However, where risk and safety are a concern (for example in a child protection context) this may create other complexities.

Evaluation

The importance of evaluation cannot be underestimated in delivering quality and effective interventions. Proficiency 3.8 outlines the need to “evaluate intervention plans using appropriate tools and recognised performance outcome measures” (SCWRB, 2017a, p. 7).

Payne (2009, p. 168) defines evaluation as a process which “examines the worth of the services provided to the people involved”. Evaluation offers an opportunity for review and reflection, to examine if the intervention is meeting the needs of the service user and working towards the goals that were identified. Without this, interventions can meander with little progress or change, or the circumstances of the service user can change rendering the intervention no longer relevant. Some interventions may have a formal evaluation depending on the nature of the intervention and the timeframe involved. For example, a parent participating in a parent support programme may evaluate the programme and his/her progress once all sessions have been completed. However, other interventions may not have an agreed end-date and the social care worker must ensure that review and evaluation is an on-going feature of the work.

In disability services, social care workers may use personal outcome measures to monitor progress as part of person-centred planning (NDA, 2019). A similar process is utilised by the Welltree Model and a core part of the model is the ‘*Welltree Wellbeing Outcomes Framework*’ (Mulholland, 2020, December 2). This tool enables staff to measure outcomes across multiple domains, which are aligned to the Better Outcomes, Brighter Futures: National Policy Framework for Children and Young People, 2014-2020 (Department of Children and Youth Affairs, 2014). Therefore, when an intervention takes place, the tool can be employed to measure its effectiveness, to ascertain whether any meaningful change had occurred. The model also measures young people’s level of hope, crucial in developing agency and supporting young people to set goals for the future.

Assessment, intervention and evaluation are not separate processes; they are interconnected, overlapping and continuous (Adams, 2012). Furthermore, the nature of the service will determine what aspects of these processes social care workers are involved in. Some social care workers engage with all three components in their day to day work, whereas others are involved in assessment or intervention only. In addition, it is crucial that these processes take place within a culture of reflection and learning. Too often, we receive feedback from students and placement providers on the challenges of making time for supervision, reflection and review. Lessons from the past, such as the Roscommon Child Care and Áras Attracta inquiries, have clearly indicated the importance of organisational commitment to reflection and learning in ensuring that workers are engaged in critical reflexive practice (Gibbons, Harrison, Lunny & O’Neill, 2010; McCoy, Carroll, Judge & McCormack, 2016).

Opportunities and Challenges Presented by Domain 3

The role of CORU as Ireland’s multi-professional health regulator 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” (CORU, 2016, n.p.). The regulation of the sector has broadly been welcomed by workers, educators and managers, with anticipation of now having an industry that is professionalized, monitored and regulated (Social Care Ireland, 2016; Howard & Lyons, 2014, cited in Byrne, 2016). However, professionalisation is a complex process (Burns, 2007; Lalor & Share, 2013) and the generation of a social care evidence base from practitioners, researchers and educators in the field is vital.

Risk and regulation

Domain 3, *Safety and Quality*, outlines the requirements for graduates in terms of assessment of needs, planning interventions and the evaluation of practice with an emphasis on safe practice. Some of the standards are very specific, such as SoP 3.7, “Be able to prioritise and

maintain the safety of both service users and those involved in their care”, while others promote a broader understanding of quality assurance and improvement (SoP 3.11) (SCWRB, 2017a, p. 7). Other proficiencies in Domain 3 emphasise the role of risk management, quality assurance and safeguarding. When applying this to practice, it seems evident that this focus may impinge on elements of the work. Taking the example of residential care with young people where relationship-based practice is a core element of the work, criticism has been levelled at the bureaucratic culture where “rule bound response over-rides a knowledge-based response” (Munro, 2011, p. 17) with the focus on adherence to procedures and prescriptive practices (Lees, Meyer & Rafferty, 2013; Smith, 2009).

Risk managements systems have become increasingly important in social care and approaches to risk, and consequently models of care, differ not just from sector to sector but organizationally. Risk discourses that permeate policy and practice (McLaughlin, 2007; Garrett, 2009) are reflected in discussions that describe young people in the care system. Terms such as disturbed (Ainsworth & Hansen, 2005), troubled (Bullock, 2009), and juvenile delinquent (Young, Greer & Church, 2017) are all common in the literature. By being defined in this way, these young people can be viewed as risky and difficult to work with (Pinkerton & Dolan 2007). Brown (2016) points out that risk management can make staff overly concerned with self-protection and prevent workers prioritising relationship building with the children. Brown (2016, p. 67) highlights how “in residential care where group care demands close intimate interactions, boundaries around physical affection have become much more regulated, creating challenges for residential workers who endeavour to create feelings of intimacy in relationships”.

The intuitive and opportunity led work that Ward (2002) writes about is also under threat, and while recognising that intuition is not enough, Ward promotes the concept of taking risks and using the opportunity as it presents itself. Furedi, (2006, p. 153) cautions against the “worship of safety” and encourages that thought be given to what is sacrificed by complying with generic safety policies. With the potential for risk management to overtake the business of connection within the broader social care sector, Munro (2011, p. 43) advocates for a “risk sensible” rather than “risk adverse” approach, while Payne (2009) reminds us that some risk is normative within human relationships and human services.

The establishment of HIQA in 2007 and the publication of the (various) National Standards has resulted in a regulatory environment whereby audits, evaluations and inspections have become a core feature of the work. Impending registration with CORU will mean that social care workers can be subject to fitness to practice assessment for the protection of the service users and the general public. Coupled with this, practice at the coalface has evolved due to an increased emphasis on service user involvement, the impact of consumerism (with the client, service user or patient now being viewed as a consumer of care), as well as increasing consciousness of centrality of service user rights (Dean, 2011). Social care workers now find themselves in the juxtaposition of increased regulation versus increased independence, autonomy and control by the care consumers.

Self-care and reflexivity

Across Domain 3 there is a strong emphasis on the social care worker to have the ability to undertake a sensitive approach to assessment (SoP 3.2), demonstrate sound logical reasoning and problem-solving skills (SoP 3.4), critically evaluate one own practice against evidence-based standards (3.9), make reasoned decisions (SoP 3.10) and professional judgements (SoP 3.6), alongside the requirement to minimize risk and establish a safe environment (SoP 3.14)

(SCWRB, 2017a). These proficiencies are achieved through integrated practice, which draws on the academic, professional and personal knowledge, skills and experiences of the social care worker. However, ensuring that the standards are met (and can be consistently achieved) depends on the professional's ability to manage their internal working model (Bowlby, 1969), to reflect and be reflexive about their practice, and to prioritize self-care. Employers also have a responsibility to create an environment where there is space for this reflection, to support good practice and ensure the safety of all stakeholders.

Self-care has different meanings and social care workers draw on many tools to take care of their health and wellbeing. Within the workplace, team meetings, peer support, journaling, mediation and mindfulness are all utilised (Mc Garrigle & Walsh, 2011; Newell & Nelson-Gardell, 2014). Supervision may offer the space for case management, reflection on practice, personal and professional support and development, with the supervisor acting as a bridge between the staff member and the organization (Carpenter, Webb, Bostok & Coomber, 2012). However, a recent study on workplace violence in social care in Ireland found the provision of support to staff to be inconsistent, ad-hoc and sometimes non-existent (Keogh & Byrne, 2016). One author's experience of being offered gifts or flowers after a critical incident is an indication of the lack of understanding that some employers have regarding this area. The wider organisational context needs to be considered and the question about what role organisations play in supporting social care workers to engage in self-care needs to be asked and answered.

Towards an Integrative Framework for Practice Teaching within Social Care

One of the challenges presented by social care is the breadth of practice that can be categorised as social care work. The diversity in social care contexts can pose challenges for educators on how to sufficiently prepare students for practise of the profession. With a wide range of assessment frameworks and multiple ways to intervene, this presents an opportunity to examine how we teach students to engage in effective assessment, intervention and evaluation, while also demonstrating proficiency in the areas of risk assessment and safeguarding. Practice teaching which supports students to think in an integrated way is key to preparing students for working within diverse social care contexts. According to McCann, de Róiste and McHugh (2009, p. x), "space (should) be created...and valued within social care programmes that allows students to explore how discrete modules, theories and skill-sets relate to each other and to their journey of professional development".

Integrating knowledge within practice teaching is not new to social care education. Within the classroom, practice educators often draw on resources written for social work students which can be adapted to social care education. For example, the Three Stage Framework by Collingwood (2005) supports students to integrate knowledge and skills with practice using a case study approach, and students differentiate between theories to inform versus theories to intervene. The Knowledge and Skills Framework developed by Trevithick (2011) distinguishes between theoretical, factual and practice knowledge and all three areas are drawn on in an integrated way when working with service users. The advent of regulation by CORU presents an opportune time to revisit the knowledge and skills base for social care. Within the *Standards of Proficiency for Social Care Workers* (SCWRB, 2017a), there is a clear emphasis on purposeful planning and provision, and many of the Domain 3 proficiencies pertain to this. However, there is limited literature in relation to assessment, intervention or evaluation in Ireland and how these happen within diverse social care settings. With this in mind, we offer a tool for practice teaching (see Figure 1) which positions purposeful planning and provision as

integral to the work of the social care worker, within the wider context of relationship-based practice.

As practice educators and placement tutors we have encountered the following challenges; (i) students cover a range of content across their academic programme yet sometimes struggle to see how it relates to the practice environment, (ii) students easily engage with the person-centred aspect of social care work and sometimes require additional support to see the socio-political context which has shaped the service user's experience. In an effort to integrate these two dimensions of practice, we developed the *Integrative Framework for Practice Teaching* (Figure 1 overleaf). We have found it to be a useful tool within the classroom, to support students to think in an integrated way and to actively draw on the wealth of knowledge they have covered across the programme.

The tool borrows from the models outlined above (Collingwood, 2005; Trevithick, 2011) but is informed by emerging threshold concepts of social care work (Brown, Winter & Carr, 2018; Byrne-Lancaster, 2014; Lyons, 2013; SCWRB, 2017a). It is hoped that the tool will aid educators in the teaching of Domain 3 proficiencies and further the discussion on unifying practice teaching within social care education in Ireland. It is our intention to evaluate this tool with students and practice educators in the coming academic year. Therefore, the framework is subject to change following this evaluation process as we test its suitability for social care education. As such, this represents a step towards a conceptual teaching tool which aims to capture what is already being taught across social care programmes and to offer a coherent package to students as they prepare for professional practice.

Figure 1: Integrative Framework for Practice Teaching



As demonstrated by Figure 1, the service user is at the centre of the framework. Encircling the individual lies assessment, intervention and evaluation, the bedrock of purposeful planning and provision. The two-way arrows represent the bi-directionality of this process; an individual's experiences, personality, skills and complexities shape how they engage, the relationship they form, and the pace and shape of the work (this is equally as true for the worker as it is for the service user). Assessment, intervention and evaluation are conceptualised in a circular way, to emphasise the fluid, evolving and interconnected nature of the work. Circumjacent to the core activities are the way the tasks are approached, situating this work within relationship-based

practice. Relational, co-produced, individualised and organic are concepts that have threaded through the broader content of this paper.

The framework adopts an ecological approach to practice (Bronfenbrenner, 1979) and acknowledges the wider contexts in which this work occurs, including the impact of organisational culture/context and the broader socio-political factors. For example, in relation to organisational culture/context, organisations which support and resource an ethos of learning and reflection achieve better outcomes and make better use of limited resources (Hafford-Letchfield, Leonard, Bergum & Chick, 2008). Furthermore, individuals' experiences must be considered within their wider social and cultural context, and how such contexts shape opportunities and reinforce inequalities (Milner et al., 2015). Social care workers need to be cognisant of power, authority, inequality and oppression in their interactions with service users, and even the most collaborative of practitioners must be willing to unpack these issues within supervision. Therefore, the framework challenges students to adopt an individualised approach to practice which is person-centred and reflexive, yet cognisant of the wider systems and structures in which individuals and communities are embedded (Byrne-Lancaster, 2014; Thompson, 2012).

As outlined by the framework, there are five components which shape and inform the work; (i) theory, (ii) legislation and policy, (iii) safeguarding and risk, (iv) values and ethics, and (v) professional skills. In terms of theoretical knowledge, social care workers continually draw on theories, models and approaches from a range of disciplines to inform their understanding of the service user's situation and to intervene appropriately (Collingwood, 2005). Alongside this, social care workers are informed directly and indirectly by legislation and policy for example, The Children First Act 2015 or Sharing the Vision (2020). Safeguarding and risk assessment are an on-going feature of the work. Tensions can emerge between managing risk and supporting service users to take "reasonable risks to further care plan goals such as greater independence, motivation, (and) quality of life" (Taylor, 2017 p. 137). Therefore, social care workers engage in a complex balancing act of managing risk with creating valuable development opportunities. In terms of values and ethics, ethics are informed by the SCWRB (2019) *Code of Professional Conduct and Ethics*, whereas exploring values requires students to reflect on the impact of their upbringing and experiences, to understand how beliefs shape practice. An emphasis on human rights and social justice features strongly, both within the CORU definition of social care and the *Code of Professional Conduct and Ethics* (SCWRB, 2019).

Professional skills refer to skills and competencies that graduates require to engage in quality and effective practice, and transferable skills such as relationship building, advocacy, critical reflection, safeguarding and collaborative working are cornerstones to working with service users (Buckley, Horwath & Whelan, 2006; Byrne-Lancaster, 2014). Professional skills have been outlined within the *Standards of Proficiency for Social Care Workers* (SCWRB, 2017a) and categorised under five broad domains. However, there is an absence of proficiencies related to emotion and emotional intelligence, despite the emphasis on relationship-based practice within the CORU definition (CORU, 2019). Skills such as controlled emotional involvement (Biestek, 1957), containment within the therapeutic relationship (Bion, 1962), and the provision of love (Byrne, 2016) are notably absent from the Proficiency document (SCWRB, 2017a), yet these skills are fundamental to the work. Acknowledging the emotional and relational aspects of practice could raise questions around how organisations support workers to engage in this type of work.

The role of self cannot be underestimated here. Behind the entire framework lies the worker and their considered use of self in the integration of each of the elements. The worker's experiences, values, and perspectives shape how they interpret information, the theories used, how risk is perceived and many other aspects of practice (Cook, 2020; Fook, 2015). Therefore, the framework and self are interconnected, and the practice educator is tasked with guiding students towards the integration of knowledge in a reflexive and dynamic way.

Tools for practice teaching

The use of a case study is a valuable tool in practice teaching (Collingwood, 2005; Irish Association of Social Care Educators, 2019). Using a case study, students can; (i) assess the needs presented by the case study, (ii) suggest or devise an appropriate intervention, (iii) identify potential outcomes that would allow them to evaluate the efficacy of the intervention. Students are challenged to consider risk and safeguarding concerns; relevant legislation and policy; the worker's skills, values and ethics; theoretical underpinnings to practice; and the wider organisational¹, societal and structural processes at play. Furthermore, students are supported to reflect on the self, and explore how the self is used (positively and negatively) in the work context. This can be broken down into tasks, completed across a number of sessions, or assigned as a group project. The aim is not to identify every possible influence, but to demonstrate integrated knowledge and to build skills that the student will draw on in placement and going forward in practice. The use of a visual tool (Figure 1) can aid students in conceptualising the interconnected nature of social care practice.

Considering the diverse settings in which social care workers work, this tool can be adapted for each setting or service user profile. For example, a case study based around a person who is homeless with an addiction may draw on different theories, legislation, policies and skills than a case study on elderly parents caring for an adult with a disability. Through teaching and learning in an integrated way, the model supports students to develop proficiency not just within Domain 3, but across a host of other proficiencies which inform safe and quality practice.

Conclusion

Social care is currently in an uncertain space with impending registration and regulation of the sector. With reference to a changing professional landscape and the diverse nature of social care work in Ireland, this paper has explored the proficiencies associated with Domain 3 of the *Standards of Proficiency for Social Care Workers* (SCWRB, 2017a), in particular proficiencies relating to assessment, intervention and evaluation. This paper has identified the opportunities and challenges presented by Domain 3 proficiencies (SCWRB, 2017a), including an increased emphasis on risk, the importance of self-care in working reflexively, and the challenges of working in a sustained, proficient, and effective manner across a range of social care settings. A tool is offered to support students to achieve proficiency across Domain 3 and to understand the integrative nature of social care practice. This framework can be used to support students to integrate learning into practice and may have broader application as a pedagogical method for other professions.

¹ For example, resource allocation or support requirements for the worker

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