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Proficiency within Professionalisation: A Social Constructionist Critique of Standards of Proficiency for Social Care Workers in the Republic of Ireland

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Abstract

Major change is underway in Irish social care. Toward the professionalisation of social care workers in the Republic of Ireland, standards of proficiency were drafted and published in 2017 by the Social Care Workers Registration Board. These standards represent the threshold of what a worker must demonstrate at the point of entry to the register and as such, critical inquiry into their nature and merit is both indispensable and required, be it through stakeholders in the field, or from social care academia. Theoretically informed appraisal of standards of proficiency in this paper occurs through a composite social constructionist frame. Therein, four core conventions of social constructionism theory underpinning the framework, are critically applied in this paper, across five domains overarching the standards of proficiency. The four assumptions are as follows. Firstly, the historical and cultural specificity of standards should be considered. Here, it is imperative that the role of history and culture in developing, appraising and applying standards is scrutinized. Secondly, knowledge should be understood as sustained by social processes. Within this, knowledge surrounding social care and standards of proficiency is deemed to be socially constructed. Thirdly, knowledge and social action should be seen as occurring together, and in this way, mutually influential. Fourth and finally, one must adopt a critical stance towards taken for granted knowledge. The intention of analysis is modest. Namely, to provide fodder to fuel critical understanding of the implications of standards of proficiency, for students and practitioners, now confronted by a complex and evolving occupational milieu.

Keywords: Professionalisation, social care, social constructionism, CORU, standards of proficiency, Ireland

Introduction

Major transformation is underway in the regulation and professionalisation of social care in the Republic of Ireland (Byrne, 2016; McSweeney et al., 2016). A key catalyst has been the Health and Social Care Professionals Act 2005 which enabled future statutory registration of social care workers as a profession with the Irish regulating body, CORU (Byrne, 2016; Flynn, 2019b; McSweeney et al., 2016; Power & Darcy, 2017). Integral to the acquisition of approved professional status are standards of proficiency developed in 2017 by the Social Care Workers Registration Board (SCWRB) (SCWRB, 2017b). These represent the threshold of what a worker must demonstrate at the point of entry to the register, and whilst not standards for practice after entry to the register, they are indicative of what practitioners should accede to (SCWRB, 2017b). Yet, despite the magnitude of changes underway, lack of critical attention from social care academia is evident from the deficiency of published literature on the subject matter (Flynn, 2019c). As an intervention, this paper presents theoretically orientated critical commentary on *Standards of Proficiency for Social Care Workers* (2017b) in the Republic of Ireland.

The specific focus is on the implications of standards of proficiency (SCWRB, 2017b) for the trajectory of social care, and for professional regulation of the discipline's complex and contested nature. To undertake this work, a composite social constructionist lens is taken up. This lens entails a social constructionist framework derived from the work of Burr (2015) and Gergin (1985), as initially applied to the professionalisation of social care practice in Ireland by Flynn (2019c). Four core conventions of social constructionism theory underpinning the framework, are critical applied in this paper, across five domains overarching *Standards of Proficiency for Social Care Workers* (SCWRB, 2017b) in Ireland. The intention is to identify key considerations within each domain, for social care students and practitioners in Ireland who are presently affected by professional regulation. Without such critical consideration, students and practitioners claiming a stake in this major transitional period, may be imperilled by the complexity of changes underway (Flynn, 2019c). Overall, whether an accolade or 'double-edged sword', professionalisation entails new possibilities for the legitimisation of social care as a profession (Power & Darcy, 2017). Yet, despite clear impetus for change, deterrents feature also. This includes fear and resistance, lack of awareness, and morale consequences (Finnerty, 2012; Power & Darcy, 2017). Within this, students and practitioners are impelled to consider the specific consequences of standards of proficiency that will invariably shape and transform the field of social care practice.

The role afforded to standards of proficiency in compelling practitioners should not, however, be overstated. Standards of proficiency as the threshold of entry to the register rather than standards for practice thereafter, will predominately but not exclusively affect students of social care and educational institutions designing and delivering social care programmes into the future. After entry to the register, a code of conduct and ethics (SCWRB, 2019) offers representative standards to be adhered to and compelled by in practice. The SCWRB published the code of professional conduct and ethics for social care workers in 2019, which overlaps to some degree with the standards but is a separate document that guides social care worker's practice once registered.

Whilst the two documents are therefore integral to social care and are linked in their content, only the code of conduct and ethics is geared toward being a regular reference point for registered worker's practice. Standard 1.16, for instance, within the standards of proficiency states that registrants must "be aware of current legislation and guidelines related to informed consent for individuals with lack of capacity" (SCWRB, 2017b, p.4). After meeting this benchmark in order to enter on the register, a social care worker will then need to abide by the code of conduct and ethics in practice thereafter. This code refers to responsibilities that reflect the standards in many ways. Standard 1.16, for instance, is reflected in the code of conduct and ethics where it specifies responsibilities such as the need to "obtain consent from service users" and to "assess service users' capacity to consent where necessary" (SCWRB, 2019, p.7). The utility of standards of proficiency for post-registration practice is therefore limited.

Nonetheless, this analysis recognises that standards are both pertinent to entry to the register and practice thereafter, as the standards still convey a benchmark of proficiency that all practitioners should continually aspire to. Standard 1.16, as noted, impels practitioners to know relevant law related to informed consent of service users (SCWRB, 2017b). Post entry to the register, this proficiency does not simply become dispensable and irrelevant. In this sense, the standards continue to be an important reference document for practitioners alongside the code of conduct and ethics post entry to the register and invariably affect the nature of social care by influencing practitioner's training and competencies and therefore their post-registration practice. Moving forward, this premise will be integral to discussion.

Overall, theoretically informed critique of standards of proficiency in this paper alludes to varied concerns and opportunities now manifest. The paper concludes with a reassertion of its sustaining proposition. Namely, students and practitioners must engage critically and conscientiously with standards of proficiency if meaningful translation into heightened standards of practice is to be achieved.

Theoretical and Methodological Approach

Methodologically, this paper reviews standards of proficiency. This involved applying four conventions of social constructionism to critically consider the standards. To do this, several steps derived from a qualitative thematic analysis approach developed by Braun and Clarke (2006) were applied. First, the standards were read several times to build familiarity. Next, they were hand coded which involved using different colour pens to highlight repetitions in the standards that related to the four conventions of social constructionism. After this, the mass of 'codes' or coloured sections were reviewed to see where broader emergent themes lay. Finally, the author drew upon themes to inform the writing of the paper, by for example, referring to particular standards in the paper which were most exemplary of the themes. Whilst this approach might appear to be quite methodological and objective, it is important to note that throughout the process, the subjectivity of the author was both instrumental and arguably important in seeking to achieve a balanced and well-informed analysis. Notwithstanding this, limitations of this approach include the potential for bias and inconsistency in the way the approach is applied.

Theory was also integral to the final structure of the paper. The emergence of social constructionist theory can be traced to the 1980s when various disciplines began to view humanity in a new way (Burr, 2015). From here, social constructionism achieved the accolade of recognition of being a distinct theoretical area, albeit still without full consensus around what it is as of yet (Berger & Luckmann, 2011; Burr, 2015; Witkin, 2011). Taking a social constructionist stance, the surrounding social world is viewed as 'constructed' by our shared understanding of it and the language we use to describe it. In the world of social care, this includes the lived experience of service users and how they describe and understand social care based upon that experience (Burr, 2015; Flynn, 2019c; Lock & Strong, 2010; Witkin, 2011). In social constructionism, the meaning assigned to various phenomena in the world is constructed by social exchanges, interactions and common understanding between people (Burr, 2015; Lock & Strong, 2010; Witkin, 2011). As a practical example of this, terms like 'social care' and 'social work' are used to describe occupations that are undertaken by people. In using the phrase 'social care', one can think of the social care occupation as though it is something 'out there' in the 'real' world that exists separate to and regardless of our social understanding of it, similar to the way an apple or a tree is considered to exist whether or not people see or talk about it. For social constructionists, however, social care is actually constructed by the shared understanding in society that a particular set of tasks, knowledge, skills and roles make up 'social care', as is the case for other disciplines like social work (Flynn, 2019c; Payne, 2014; Witkin, 2011). Within this, the lived experience of social care for service users is very important in influencing what social care is, in addition to the experience of workers, policy makers and other key people. In this way, social care and social work are not things that exist out there in the real world separate to people's understanding of them, but rather they are socially constructed because they are formed through the language used to describe them and social interpretations about what they are (Payne, 2014; Flynn, 2019c). Therefore, processes of professionalisation of social care that are per se, also socially

constructed, are well placed to be understood from a social constructionist perspective (Flynn, 2019c).

Knowledge about social care is produced by a variety of different people and influenced by various factors. Among people that affect how social care is understood are service users who provide feedback and talk about their experiences of social care, as well as students, practitioners, policy makers, academics that write about social care and statutory bodies such as CORU (Flynn, 2019c). Factors that influence how social care is performed include the creation of a statutory register that will impact the competencies of social care workers by ensuring they have reached specific standards of proficiency through their training (SCWRB, 2017b). Public enquiries into failures and tragedies also affect how social care is performed because they teach practitioners and policy makers about what to avoid doing in social care. Different aspects of how social care is understood can also be emphasised more than others. Social care could be viewed from the perspective of being a task orientated activity, a professionally led activity, or something that is about a collaborative and relational development of social care through caring relations with service users rather than service users being viewed as objects of care.

To better understand social care in this paper, a composite social constructionist framework is taken up. This is derived from the work of Burr (2015) and Gergin (1985) and was initially applied to the professionalisation of social care practice in Ireland by Flynn (2019c). The framework is comprised of four conventions of social constructionism that describe the lens through which social constructionists view the world (Flynn, 2019c). These four defining assumptions originate from Gergin's (1985) theoretical accounts, later restated by Burr (2015), in the absence of more exhaustive definition. The four assumptions are as follows. Firstly, the historical and cultural specificity of phenomena should be considered. In this way, history and culture should be understood to be important in shaping the nature and form of social phenomena. Secondly, knowledge should be understood as sustained by social processes. Thirdly, knowledge and social action should be seen as occurring together. Fourth and finally, it is best to adopt a critical stance towards taken for granted knowledge (Burr, 2015; Flynn, 2019c). In this way, a critical and unassuming interrogation of otherwise accepted information, can be enabled through social constructionism (Flynn, 2019c).

Having set out the theoretical inclinations of the paper, it is toward deeper understanding of standards of proficiency from this social constructionist stance, that we now turn our attention. In this respect, the finer detail and implications of the four conventions already outlined, will be brought to bear on five domains of standards of proficiency. Before doing so, however, it is useful to dwell momentarily on the merit of social constructionism, both as a way to think about domains within standards of proficiency for social care and to better position ourselves in doing so.

Using Social Constructionism to Think About Standards of Proficiency

It would be of little use to consider the standards of proficiency as though they were a separate artefact from the social world within which they make sense. It is in this social world, where students, service users, academics, practitioners and others bring social care to life, that standards of proficiency are enacted and interpreted. Standards are a product of the social world as they have been drawn up by people and informed by human experience, evidence and attitudes. Each standard, no matter how exactly worded, can have different meaning from one

person to the next and both spatially and temporally, from one context to the next. To therefore attune to the socially constructed nature of standards of proficiency related to people's experiences, attitudes and opinions of the world, theory offers a yardstick to amend and measure our understanding. From here, we can begin to challenge assumptions and widen the parameters and possibilities of our thinking (Burr, 2015).

With this established, it is useful to begin to turn now toward the exploration of the standards of proficiency. First to be reviewed is the domain of professional autonomy and accountability (SCWRB, 2017b). Here, upon entry to the register, it will be necessary to demonstrate the capacity to manage heightened autonomy and accountability that comes with being a professional.

Professional autonomy and accountability

The first domain in the standards of proficiency is referred to as "professional autonomy and accountability" (SCWRB, 2017b, p.1). Demonstrating autonomy in one's practice has long been recognised as a hallmark of professionalism (Jackson, 2010). With autonomy, however, comes increased accountability or being held responsible for the consequences of one's professional actions (SCWRB, 2017b). It is more than 20 years since literature first alluded to the mounting autonomy of social care workers who increasingly undertook tasks traditionally associated with other professions, such as access supervision (see Impact, 1998). In this context, for occupations like social care work which have sought to be recognised as professions, professional autonomy and accountability will not only mean placing increased onus on practitioners to direct and stand over their practice, but formal recognition for practitioners that are already exercising such discretion.

There are twenty-three standards within this domain that graduates, and workers applying for registration under the grandparenting rule, must adequately satisfy in order to be placed on the register (SCWRB, 2017b), all of which in some way ensure autonomy and accountability. Standard 18, for example, requires practitioners to be able to manage their own workload (SCWRB, 2017b), whilst standard 2 compels practitioners to be capable of identifying 'the limits of their practice' (SCWRB, 2017b, p.4). Whilst one could be forgiven in thinking that heightened standards of accountability that come with professionalisation overall (Flynn, 2019c) will only increase the stockpile of problems that social care workers face within the 'complexity' of practice, standards surely seek to improve professional capacity, rather than have practitioners buckle under bureaucratic strain. Yet, fear and resistance from practitioners amid reported barriers to professionalisation (Finnerty, 2012; Power & Darcy, 2017), prompts the question of whether standards of autonomy and accountability are a mere bureaucratic ruse to shift responsibility from the state and agencies onto individual employees. In this sense, by expecting students to have demonstrated proficiency in being accountable, space is opened to place this accountability upon them in post-registration practice.

Moreover, as early as 1964, an international trend toward professionalization of seemingly all occupations was rendered problematic by scholars in the academy. Wilensky (1964), for example, at this time argued that newly professionalized disciplines, despite now having codes of conduct and statutory registers, will never really achieve the status or recognition of true long-standing professions, within which he identifies professors, lawyers and doctors. That which differentiates "doctors and carpenters, lawyers and auto-workers" he implies, is about more than regulation, it is about culture (Wilensky, 1964, p.138). One explanation for this derived from more recent literature, is to do with what society commonly perceives the term 'profession' to be associated with, such as having expert knowledge achieved through university education, rather than technical and practical skills (Evetts, 2011). Why some

occupations come to be regarded as professions more easily than others may therefore be to do with societal perceptions about what undertaking various occupations entails, for instance, whether a job is viewed as essentially practical or intellectual in nature.

Moreover, from a social constructionist stance, history and culture are of significant interest. This is because social constructionists perceive the very notion of a profession, as a social phenomenon, to be socially and culturally constructed rather than merely a matter of objective fact (Burr, 2015). Therefore, whilst there is a relationship between being a profession and having increased autonomy and accountability, this is not a completely straightforward relationship. To draw upon Pierre Bourdieu's theory of capital (1977) which has been used to understand occupational prestige (Savage et al., 2013), gaining increased autonomy and accountability will not *per se* translate into acceptance of being a profession. Rather, from a Bourdieusian theoretical stance, it is critical that such increased autonomy and accountability is actually recognised by others (Bourdieu, 1977) in order for the acceptance of social care as a profession to happen. For a practice example of this, social care workers undertaking parental access planning, which has traditionally been a child protection and welfare social work role, have significant responsibility and discretion over how access unfolds in the best interests of the child. However, if governance staff, other professionals, colleagues and families fail to recognise a social care worker's helpful contribution to access planning and their autonomy therein, little will be done to enhance recognition of that practitioner as a professional.

It is also the case, by the conventions of social constructionist theory, that knowledge and social processes go together (Burr, 2015; Gergin, 1985). It would appear, therefore, that similar to the wider impetus of professionalisation, enforcing standards of autonomy and accountability at the point of entry to the register as a means to improve quality and ensure legitimacy in social care as a professional practice, has its merits (Power & Darcy, 2017). Yet, as already identified, it should also not be taken for granted that status, morale, public confidence or professional recognition commonly linked to professionalisation, will follow (Finnerty, 2012; Power & Darcy, 2017). Rather, from a social constructionist lens, knowledge is sustained by social action (Burr, 2015; Gergin, 1985). The implication is, that students and practitioners need not only adhere to regulatory standards set out for them in order to register (SCWRB, 2017b), they should also pursue constructive social action where possible to do so after this point, in order to promote the way social care is viewed in terms of being a profession. In practice, this may entail a great variety of undertakings, such as advocacy work, publication, participation in public events or simply through representing the discipline well in interactions with others, toward supporting an accommodating cultural climate for the recognition of social care as a profession.

Communication, collaborative practice and team working

The second domain of the standards of proficiency refers to "communication, collaborative practice and team working" (SCWRB, 2017b, p.1). This domain overarches 17 distinct standards within the purview of work with others. Included therein are elements of relationship building and negotiating adversity, such as standard 17 that requires practitioners to "understand and be able to discuss the principles of effective conflict management" (SCWRB, 2017b, p.6). Whilst these standards refer to entry to the register rather than practice thereafter, by virtue of enforcing the expectation that workers meet these standards to become a social care worker, the nature of their practice will be affected by the acquired competencies and skills that they bring with them into social care.

From a social constructionist stance, communication, collaborative practice and team working arguably represent the very *modus operandi* through which the meaning of social care comes to be socially constructed (Burr, 2015). Moreover, this process of continually co-creating and re-creating the meaning of social care through social exchanges, communication and social action of practitioners and other key stakeholders, creates knowledge that in turn shapes practice (Burr, 2015; Flynn, 2019c; Gergin, 1985). Whilst this has arguably always been the case, standards of proficiency now lay down set parameters to prevent poor communicative and interpersonal practice entering the social care discipline (SCWRB, 2017b). Notwithstanding this, what is accepted as good etiquette, collaborative practice and rapport within interprofessional working relationships is changeable. More specifically, from a social constructionist stance, good practices in interprofessional relationships are considered to be historically, culturally, geographically and contextually influenced (Burr, 2015).

Consider the following practice example. Social care practitioners have had traditionally low status within multi-disciplinary teams in Ireland where practitioners have not been “accorded the recognition or status they deserve” (Lalor & Share, 2013, p.3). In child protection case conferences within Tusla, the Child and Family Agency (Tusla, 2015), for instance, professional hierarchies could create tensions that undermine information sharing. In this context, a social care worker’s concern for a child or young person may conflict with information provided by another professional that has more influence than the frontline social care worker, such as a manager. Here proficiency in communication and working with others would be of utmost importance as there is an evidenced lack of effective communication and interprofessional work in past child abuse reports (Burns & McCarthy, 2012; Halpenny, 2012; Kilkelly, 2012). In this context, a social constructionist approach is valuable in illuminating the potential for decisions taken at professional fora to be influenced by professional hierarchies, rather than being based, for instance, on listening to who has the most accurate information through, for instance, having the most direct contact with the child. Here, social constructionism emphasises the need to take seriously social impediments to good interprofessional working (Burr, 2015). Therefore, whilst standards of proficiency can offer a skeletal framework for good communication, collaborative practice and team working at the point of entry to practice (SCWRB, 2017b), practitioners will continue to require and need to deploy reflexivity, critical reflection and exercise of their discretion to adapt to the complex and variable practice arenas that they encounter.

Fortunately, institutional changes are underway that may be helpful in strengthening respect for the contribution of the social care worker. The Health Service Executive (HSE) designation of social care as a distinct field of service and practice in disability and elder care is notable here (Health Service Executive, 2014). Also pertinent is the designation of a national services manager for children’s residential care services. Such changes underway offer new structure for social care within organisations such as Tusla, the Child and Family Agency and the Health Service Executive (Health Information and Quality Authority, 2018), and may be helpful in giving visibility to social care, whilst also enhancing and addressing interprofessional communication. In this context, the domain of communication, collaborative practice and team working remains both critical, and arguably of transformative potential, for Irish social care practice (SCWRB, 2017b).

Safety and quality

The third domain in the standards of proficiency refers to benchmarks of “safety and quality” (SCWRB, 2017b, p.1). This entails prospective practitioners reaching practice standards that embed and ensure safety, such as standard 7 which requires practitioners to “be able to prioritise

and maintain the safety of both service users and those involved in their care” (SCWRB, 2017b, p.7). The domain is also quality orientated, as exemplified by standard 11 which provides that practitioners should “understand the principles of quality assurance and quality improvement” (SCWRB, 2017b, p.7). Notwithstanding the usefulness of these standards, there are also shortcomings evident. The argument in this section is that whilst the push toward increased quality and safety through standards of proficiency is admirable, it is also limited. This is because it does not account for contextual barriers encountered in practice.

The capacity of economic interests of the state to undermine the social care role provides one example of this in the following way. The Irish economic recession of 2008 was historically exceptional in its severity and depth, and significantly impacted on major areas of social care practice such as the disability sector (Flynn, 2019a). Economic interests were brought to the fore as austerity measures took hold (Department of Health, 2012; Flynn, 2019a). From the outset, social care workers tried to put their training and competencies into action to maintain quality and safety in this adverse environment. The State, however, as contextual factor, undermined their efforts to promote quality as evident through the following events. Aspirations articulated within disability policy had included social inclusion, empowerment, choice and person-centeredness for service users. The relevant expertise of frontline social care practitioners, partly derived from their professional training, was needed to promote these interests (Department of Health, 2012; Flynn, 2019a). The governmental *Value for Money and Policy Review of Disability Services* report (2012), however, stated at that time that “pay costs could be lowered by substituting care staff for professionally qualified staff” (Department of Health, 2012, p.61). The implication is, that government policy did not recognise the need for a professional role in disability social care services, therefore dismissing important aspects of professional expertise, like having comprehensive training and education to promote quality and safety. The report goes on to say that, “the HSE [Health Service Executive] should begin the process of substituting non-professionally qualified care staff (e.g. care assistants) for professionally qualified care staff to achieve pay savings both in the statutory and voluntary sectors” (Department of Health, 2012, p.62). In the light of these directions, it appears that contextual influences like economic interest and governmental agendas lie beyond standards of proficiency per se, and yet, for standards to have an impact on the quality of social care practice, this context must be considered. Ensuring that students and existing practitioners now entering the register have satisfied standards of proficiency related to quality will certainly not be enough to achieve that quality in practice. Fortunately, practitioner’s on-going commitment to quality in practice is far from being just the consequence of having to achieve formal standards. Yet, the presence of standards such as those provided by the Health Information and Quality Authority (HIQA) (see HIQA, 2018) offer an infrastructure for quality and may help also with public recognition of quality in social care work. In this context, a social constructionist stance encourages students and practitioners to exercise criticality about the context of standards, rather than dwelling on their content alone (Burr, 2015; Flynn, 2019c).

Professional development

Domain 4 in the standards of proficiency is known as “professional development” (SCWRB, 2017b, p.1), with six standards in this domain such as standard 2 which requires prospective registered social care workers to “understand the need to demonstrate evidence of ongoing continuing professional development” (SCWRB, 2017b, p.18). This push for development in the form of on-going training and education, supervision and critical reflection, appears justifiable in increasing that which already occurs, albeit in a scattershot and sporadic way across the many expressions of Irish social care (Byrne, 2016; Power & Darcy, 2017). Social

care workers do presently undertake some mandatory training before and during their employment, such as with respect to General Data Protection Regulation (GDPR), manual handling, therapeutic crisis intervention, children first national guidance, as well as continuing professional development courses organised through Social Care Ireland (2020). Yet, that which counts as knowledge in Irish social care is perhaps more contested than it is conclusive (Flynn, 2019c). There are significant differences in occupational groups, for example, that have traditionally but not exclusively fallen within the umbrella of ‘social care worker’, such as outreach worker, family support worker and community childcare worker (Byrne, 2016, p.14). In fact, a significant impediment to professionalisation of social care in Ireland may be the existing variance in qualifications of practitioners in the field (Flynn, 2019c). Moreover, different practice areas such as youth work and family support will also have different knowledge bases. There can be an emphasis on reflective practice learning orientations in social care (see McCann et al., 2009) such as learning from service user feedback and gaining experience in practice over time (Buckley & Whelan, 2009; Nevo & Slonim-Nevo, 2011). Moreover, whilst these approaches do not exclude other established knowledge formats in social care, like formal academic qualifications, training and application of research evidence (Flynn, 2019c), they do vie for space. The question prompted by a social constructionist critique of domain 4, therefore, given that knowledge is deemed to be a product of social action (Burr, 2015; Gergin, 1985), is whether enforcement of standards as a social action will affect the present nature of knowledge in social care? More specifically, it would seem that, some change to the way social care is understood is likely, and within this, care must be taken not to thoughtlessly refigure or abandon orientations of social care that have evolved organically from Irish indigenous practice in important and responsive ways.

One practical example of this lies in institutionalisation in Ireland. The third standard of proficiency within the domain of professional development states that practitioners should “be able to integrate new knowledge and skills into professional practice” (SCWRB, 2017b, p.8). One type of new knowledge in social care is the importance of promoting social and community inclusion (Taket et al., 2013). The argument in this section, however, is that this kind of new knowledge that comes with professional development, whilst of critical importance, cannot simply be forced into existing practice contexts. In Ireland, for example, there was once many large scale segregated institutional settings where children and adults lived. It is now recognised that there were poor standards of care in these institutions. Key reports that influenced the social care knowledge base with respect to this include the *Tuarim Report* (Survey Team, 1966), the *Kennedy Report* (Kennedy, 1970), the *Task Force Report on Child Care Services* (Department of Health, 1980), the *Ryan Report* (Ryan, 2009) and the *McCoy Report* (McCoy, 2007). A series of clerical abuse scandals such as those documented within the *McCullagh Report* (2005) and the *Ferns Report* (Murphy, Buckley & Joyce, 2005) have also contributed to watershed moments in societal awakening to abuse that occurred in institutions. Incidentally, hallmark individual child abuse cases such as the *Kilkenny Incest Investigation* also left an indelible mark on public consciousness at this time (South Eastern Health Board, 1993).

Yet, despite new understanding that large institutions are unhelpful in social care and that community inclusion is best (Taket et al., 2013), Irish social care workers must also be mindful that for some service users, transition to community living can be deeply distressing when they have lived in congregated settings for much of their lives. In this context, one aspect of traditional congregated care is having less choice. Whilst respect for self-determination is now assertive in social care education and enshrined within standards of proficiency (SCWRB, 2017b), workers must also be mindful that older generations of institutionalised Irish service

users may not be as accustomed to exercising choice. Irish practitioners therefore need to work in sensitive and respectful ways with service users to promote their best interests, whilst accounting for service users' former experience and socio-historical context (Lalor & Share, 2013). In a nutshell, the knowledge that promoting service user choice and community involvement is best practice, cannot simply be forced into work with service users who have been unaccustomed to this. Overarching this, the proposition has been that new knowledge and skills related to professional development in domain 4 needs to be carefully and critically applied taking account of both history and context.

Fortunately, practitioners in Ireland may now exploit a growing body of social care literature and research to help with this. Critiques of former mentioned seminal reports in terms of practice implications have been developed (such as Kearney & Skehill, 2005). Moreover, since the initial edition of the key instructional text *Applied Social Care* (McElwee & Share, 2005) development of a range of academic work and research from educators within and beyond the field of Irish social care is evident (such as Charleton, 2014; Lalor & Share, 2013; McCann, DeRoiste & McHugh, 2009; Share & Lalor, 2013). The Irish Association of Social Care Educators (IASCE) also continues to progress its contribution to social care academia and practice (Share & Lalor, 2013). Overall, the CORU definition of social care as a relationship-based practice including care, advocacy and psychosocial support with a human rights and social justice underlay, provides an anchor for a broader range of common professional knowledge and skills relevant across different sectors. Furthermore, as almost all programmes of social care education teach similar disciplines and are likely to become more streamlined with the CORU accrediting processes underway within third level education, consistency in social care practice and education will be increasingly impelled (SCWRB, 2017a). In this context, practitioners will continue to need to tailor general social care knowledge to the individual needs of service users, toward empowering and person-centred practice in order to provide an individualised service that meets service user's unique needs.

Professional knowledge and skills

The fifth and final domain in the standards of proficiency refers to "professional knowledge and skills" (SCWRB, 2017b, p.1). In drawing to a close, it is of interest to question what final insights social constructionism can lend itself to. As a starting point, the nature of domain 5 should be understood. Here 19 distinct standards are drawn together, with a common reference to aspects of knowledge and skills that must be achieved to allow entry to the register. For example, standard 4 requires graduates to 'demonstrate a critical understanding of relevant biological sciences, human development, social and behavioural sciences and other related sciences' (SCWRB, 2017b, p.9). Yet, in social theory and social care literature a dichotomy is alluded to, whereby abstract theory in the ivory tower of the academy, is separated from the practicalities of 'common sense' in the 'real world' of practice (Garrett, 2013; Lalor & Share, 2013). One consequence of this binary thinking is that for some practitioners atheoretical practice may be encouraged, and the need for a research basis and education to inform practice may be afforded comparatively less value. It is significantly evidenced in existing literature, for instance, that social care practice lacks application of research findings (Flynn, 2019c; Stevens, Liabo & Roberts, 2007). This is not to suggest that the value of theory and research does not hold sway with most practitioners, and certainly evidence-informed practice is now increasingly popular (Flynn, 2019c). The contribution of social care workers in undertaking creditable, complex and skilful work, sometimes under the most challenging conditions, is also palpable, and certainly this work is far from un-theoretically informed. Rather, like most occupations, there will be a small proportion of practitioners that uphold the contention that

research and theory is not very useful for practice, and this may contribute to a notion identified in the social professions by Garrett (2013) that privileges common sense practical knowledge over theory and research.

What domain 5 of standards of proficiency adds to this at a grass roots level in practice, is that there is now an explicit requirement that practitioners can acquire and utilise theory and education in their practice (SCWRB, 2017b). This includes theories of individual and social development, behavioural sciences, principles and applications of scientific enquiry and critical understanding of relationship dynamics (SCWRB, 2017b). In this context, social constructionism is mindful that knowledge is produced through social action (Burr, 2015; Flynn, 2019c; Gergin, 1985). One practice example of this pertains to Continuing Professional Development. Whilst formerly, practitioners may have applied knowledge to practice less explicitly, with professionalisation and regulation, employers will be incentivised to increase their existing support to practitioners with CPD. Within this, social action will be required, for example, through attendance at CPD training and other upskilling initiatives.

Overall, a culture of hospitality for theory in practice is important to encourage more evidence-informed ways of working and to contribute to the success of social care professionalisation. This is not to deny that common sense and intuition have some merits as guideposts for practice, but rather, research and academic subject matter are necessary complements, and now are rendered indispensable by standards of proficiency (Buckley & Whelan, 2009; SCWRB, 2017b). If anything, social care workers will be bound to evidence standards of proficiency through knowledge competency at the point of registration (SCWRB, 2017b) as well as through CPD processes thereafter, and within professionalisation, this change appears to be both inevitable and underway.

Concluding Discussion

The sustaining proposition of this paper is now arguably confirmed. Namely, it was proposed that practicing and prospective social care workers will be affected by standards of proficiency both prior to and following registration (SCWRB, 2017b), and as such, critical inquiry into their nature and merit is both indispensable and required. To this end, social constructionism theory has been applied to 5 domains, within *Standards of Proficiency for Social Care Workers* (SCWRB, 2017b), with a view to making visible implications for students and practitioners in the field. In particular social constructionism posits, that for those attempting to understand what the standards will mean for them and their work, a number of lines of reasoning are helpful to follow.

As outlined in this paper, this includes the importance of history and culture. Within this, taking account of service users' unique lived experience in Ireland illustrates the social constructionist imperative of considering culture and history (Burr, 2015; Gergin, 1985). This can then inform practitioners' work in conjunction with the influence of standards of proficiency. Moreover, the idea that knowledge is sustained by social processes is also pivotal to social constructionist epistemology (Burr, 2015; Gergin, 1985). In social care, social processes such as supervision, applying practice approaches and then reviewing them, multidisciplinary working with colleagues, and service user feedback are all forms of evidence that can enhance practice knowledge. Here the contention that knowledge and social action should be understood as occurring together builds upon social constructionist rationality (Burr, 2015; Gergin, 1985). Exemplary within this is service user feedback on social care practices and policy, which must be used to inform actions, rather than being tokenistic in nature. Advocacy, as well as revision

and improvement of existing policies and practices, are illustrations of the kind of social action that should result. Finally, the merit of a 'critical stance toward taken for granted knowledge' has been proposed (Burr, 2015, pp.2-5; Flynn, 2019c, pp.13-16). Within domain 4, standard 3, it is specified that practitioners should be able to "act in the best interest of service users at all times with due regard to their will and preference" (SCWRB, 2017b, p.4). Here, it would be important not to uncritically assume the will and preference of service users but rather, actively seek out this information, as part of a participatory and empowering approach.

Overall, the content of this paper prompts the vexed question of whether standards of proficiency actually improve professions (Adonioua & Gallagher, 2017). Looking to other disciplines, such as social work and teaching, standards of proficiency have been introduced in the context of similar discourses to those within social care, such as relating to choice, child protection, and independence. Kirwin and Melaugh (2015) examine whether professional regulation, including standards of proficiency have driven forward higher standards within Irish social work, and note that "there is little analysis on the extent to which regulation of this kind leads to a better profession" (p. 1055). In this context, Dickens (2010) raises concern that standards of proficiency may have added to the bureaucratisation of social workers jobs, placing increased accountability on them, and yet constraining practitioner's discretion and flexibility to actually respond in positive ways to client's individual circumstances. Similarly, in the teaching profession, literature evidences concern that professional standards reduce autonomy and discretion and as such, are not always in the profession's best interests (Bourke, Ryan, & Lidstone, 2013, Connell, 2009). There is, however, research that upholds the merits of professional standards in teaching and elsewhere, proposing that standards raise credibility and improve practice (Adonioua & Gallagher, 2017; Ingvarson, 2012; Swabey, Castleton, & Penney, 2010). In this context, it would seem that within an era of upward accountability, standards of proficiency may bring about both an unfortunate reduction, and welcome progression, in varied aspects of the discipline of social care.

In looking to the future, professionalisation and the particular value of standards of proficiency, should perhaps be viewed as neither exhaustively good nor bad. Rather, they are a benchmark that must be acceded to, both in order to use the title 'social care worker', and to be able to contribute to the social care field's complex and highly commendable undertakings (Byrne, 2016). It is of little question that social care workers offer a great service to society and toward the betterment of communities. As such, they are entrusted with great responsibility in their practice with often marginalised individuals (Lalor & Share, 2013). This responsibility strikes at the very heart of social care, whereby practitioners support service users against varied and formidable adversaries to equality like disempowerment, attitudinal barriers, discrimination and trauma (Lalor & Share, 2013; McCann et al., 2013). Here, within the Irish social care field, excellent practice is not hard to find, and yet with professional regulation, better recognition of this will surely follow. For what is arguably now a constellation of stakeholders in social care practice in the Republic of Ireland, standards of proficiency are perhaps one step in the right direction.

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