



Ag Rialáil Gairmithe Sláinte
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Check against delivery

Statutory regulation – impact on social work professionalism

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National University of Ireland, Galway – 100 years of Medical Social Work in Ireland

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Good morning,

I am delighted to be here today to mark 100 years of medical social work in Ireland. This centenary year should be one of celebration, but also one of reflection - learning from the past and looking with confidence to the future.

Indeed if one considers the Ireland of 100 years ago, when medical social work was established, it was a time when the country was at a dramatic point in its history: although still a country ruled by the United Kingdom, the Dáil sat for the very first time in January 1919; Countess Markievicz became the first female Government Minister in western Europe and the year Alcock and Brown landed in Clifden having completed the first transatlantic flight. The Great War had ended and it was a time of renewal and hope.

It was in this climate that the first professional social worker was employed. And, like so much of our health and social care system, it is interesting to note that the development of social work in Ireland had its origins in philanthropy. It is often reported that the first “professional social worker” was employed in a paid professional capacity in 1906 by the Jacobs Factory as a welfare worker (occupational social worker). The first medical social worker (lady almoner) was employed in 1919 in Adelaide Hospital, Dublin and from the 1920s onward, qualified social workers were employed by both statutory and voluntary authorities.

Much has changed in our country in the last 100 years and we’ve also seen significant changes in the practice of social work, the profession it has become and the important contribution it makes to a just and fair society.

Today I would like to speak to you about the impact of regulation on the professionalism of social workers, and in doing so I want to start by briefly looking at the historical context of the regulation of social workers.

I know that Professor McGregor will speak in greater detail about the history of social work, but in the context of the regulation of the profession and how it is contributing to the overall standing and professionalism of Ireland’s social workers, I want to give you some historical background to regulation.

The start of the Statutory Regulation Journey

Occupational regulation dates back to 2000 BC, when restrictions were placed on surgeons’ fees and penalties were imposed for what would now be considered malpractice.



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In the Middle Ages, the Guild System controlled entry to occupations such as printers, blacksmiths, carpenters, weavers and so on and established common standards of practice, while at the same time working as a mechanism of protectionism.

As the Professional Standards Authority of Health and Social Care in the UK puts it:

“Economic regulation is as old as trade itself. We trace the regulation of occupations back to mediaeval guilds, focused as much on the self-interest of the trade as they were on the quality of the service”

In the UK, the first evidence of an attempt to self-regulate a health or social care profession, was the medical profession in 1421. While the legal profession and the clergy had been regulated since the Middle Ages, at that time, sickness was linked to sin so the doctors' efforts were somewhat under appreciated. As Cook stated in 1657:

“Sickness is commonly a punishment for Sin, which when God sends, although he deals favourably with some; it is not to be thought that diseases are laid on only to be taken off again. For God having determined that sickness shall be a punishment, sometimes it is of nature, other times of another, now it goes away of itself, sometimes now without help.”

Hence the difficulties for medical practitioners to achieve self-regulation.

Nearly 100 years later, in 1511, the first statute regulation of doctors was enacted. The regulation applied to doctors practising in London only, and somewhat ironically, they were regulated under the supervision of the Clergy. In 1519, the Colleges of Physicians began self-regulation on a non-statute basis, while Oxford and Cambridge Universities began to standardise medical training, controlling the entry requirements to the courses and the content of the training programmes.

In 1858, the first UK Medical Act came into place, to statutorily regulate doctors and remained, with very little change for approximately 150 years. A similar Act was brought in for pharmacists in 1895, for nurses in 1919 and midwives in 1902. Regulation of these professions continued following Ireland gaining independence from the UK in 1922.

For health and social care professionals, statutory regulation started in 1960 in the UK, with the *Council for Professionals Supplementary to Medicine*, replaced by the Health Professionals Council in 2001. Today the Health Care Professionals Council (HCPC) regulates 16 health and social care professions.

In the UK social workers became regulated in 2001 under 4 different bodies

- Northern Ireland Social Care Council
- Scottish Social Services Council
- Care Council for Wales and
- General Social Care Council for England, which closed in 2012 and the register transferred to the Health Care Professionals Council.



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The regulation of social workers in England is about to change again, with the opening of Social Work England, who will take over the registration of social workers in England by the end of 2019 from the HCPC.

It should be noted that social work became statutorily regulated in Canada in 1998 and is still not statutorily regulated in Australia, while New Zealand is currently introducing statutory regulation. Ireland has been at the forefront in recognising the importance of the profession and its role in patient and service user care.

I am also proud to say that many health and social care professions recognised from the earliest years of the Irish Free State the importance of professional regulation. The Irish Society of Chartered Physiotherapists first wrote to the government looking for statutory registration in 1926 – the register was opened by CORU 90 years later! And there are similar stories from other professions.

In 2000, Micheál Martin, the then Minister for Health, called a meeting of 15 health and social care professions, in Cork, to see if a single statutory regulator would potentially work for all of the professions. I attended as a representative of the occupational therapy profession, along with the representatives of the other professional bodies, including the Irish Association of Social Workers.

This meeting was the start of the work towards establishing the **Health and Social Care Professionals Act 2005**, which was enacted by Mary Harney TD the then Minister for Health. The Act provided for the regulation of 12 health and social care professions. The purpose of the 2005 Act was

“To protect the public by promoting high standards of professional conduct and professional education, training and competence among registrants of the designated professions”

The 2005 Act included the transfer of the National Social Work Qualifications Board (NSWQB) to the Health and Social Care Professionals Council – which we later rebranded as CORU as a way to capture an organisation that now consists of 12 registration boards and a Council. **CORU** is the derivative of the Irish word **cóir**, which means **fair just and proper**.

The first Health and Social Care Professionals Council met on the 26 March 2007, with the late Dr. Finbarr Flood, (a former Chair of the Labour Court and a lay member) as the Chairperson and Monica Egan, formerly of St Michael's House in Dublin, as the first Social Work Council member. I was appointed as CEO/Registrar in May 2008, 4 months before the Bank guarantee and we all know where that led us.

The first of the 12 current registration boards to be appointed was the Social Workers Registration Board in August 2010. The Board was chaired by Professor Suzanne Quin, from UCD and had 13 members appointed, 6 from the profession and 7 lay members, working towards protecting the public by setting the standards required for the profession of social work.



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A lot of preparatory work had been done to move to statutory regulation by the NSWQB, who had been in place since 1987, under the leadership of Éilis Walsh and because of this, with the work of the executive and the SWRB, the register was opened within 9 months on the 31 May 2011 – the quickest for any profession. The grandparenting period closed on the 31 May 2013. For the past 6 years, all social worker have to be registered with CORU, to allow them to practice the profession.

What has regulation done for the professionalism of Social Workers?

I firmly believe it will be shown to have enhanced the standing of the profession. The statutory code of professional conduct and ethics, which I will talk more about later, has removed any ambiguity regarding the professionalism we expect from social workers who are often working with vulnerable people. And for the first time ever the professional title 'Social Worker' is protected. That alone is invaluable. It protects both service users and members of the profession from being damaged by rogue operators.

I recently heard Sean Holland, the Northern Ireland Chief Social Worker talk of the challenges there has been to social workers in relation to the term “professionalism” as social work tends to have a strong sociological component and perhaps social workers view of professionalism is different to that of a doctor – he talked of looking at doctors 30 years ago, self-regulating (no longer the way in Ireland) and the limited access to their knowledge and skills - a very restricted entry to profession, leading to a shortage in supply, driving up the value of the profession.

He talked of the social work profession starting with what people need, rather than protecting the profession. I would agree, to some extent but the fact that social work has now moved to a statutory regulated position, indicates that the basic requirements of a profession are in place.

He also talked of the rights of the people who have to “*let you in*” to their lives to be reassured that there is a form of redress if it is needed. There is also the fact that users will expect that a social worker has trained and is explicitly committed to certain values – to work with a vulnerable person in partnership.

But what do we mean by professionalism?

When I looked at definitions, they all mention being competent, or having the skills expected of a profession:

“The key to quality and efficiency is professionalism”.

And that is true. But for those working in health and social care professions, it is only part of the truth. Because my experience has been that among social workers, those who truly care and are compassionate are the most professional of all. In the words of the Dalai Lama



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“There is a common perception that compassion is, if not actually an impediment, at least irrelevant to professional life. Personally, I would argue that not only is it relevant, but that when compassion is lacking, our activities are in danger of becoming destructive. This is because when we ignore the question of the impact our actions have on others' well-being, inevitably we end up hurting them.”

And preventing hurt in service users, while helping social workers to be compassionate, while also being professional; is at the heart of the statutory Code of professional conduct and ethics.

Since May 2011, social workers in Ireland have had a statutory Code of Professional Conduct and Ethics – this has been a critical document in supporting professionalism. Prior to this, Codes of Conduct were on a voluntary basis and could be ignored. A statutory code gives the profession a very clear outline of what is expected of an individual social worker. It is also a strong document to use with employers when issues of dispute arise.

We have no legal powers with employers. However, CORU regularly meets with the HSE and TUSLA to outline the requirements of regulation for the professions of CORU and where possible use our influence to progress matters that need to be dealt with. Interestingly TUSLA have used the CORU continuing professional development model for their staff, in a synergistic approach to supporting social workers.

The Code of Professional Conduct and Ethics was updated in February this year following public consultation. While it is the document against which complaints about registrants will be made, for the vast majority of people, it is a guide to support them in the work they do. For the vast majority of social workers, what is contained in the Code is what you do every day as an ethical and dedicated professional. But it is now put in place on a statutory basis, which does strengthen its use for social workers. It states that

A registrant must

- Act in the best interests of the services use
- Respect the confidentiality and privacy of service users
- Maintain high standards of personal conduct and behaviour
- Use social media responsibly
- Comply with obligations regarding registration.

Under performance, it talks of ensuring that registrants

- address health issues related to your fitness to practise
- obey laws and regulations
- comply with requirements for the protection of children and vulnerable adults
- act within the limits of your knowledge, skills, competence and experience



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It includes guides on communication, confidentiality and record keeping, which has the new requirement to include your CORU registration number in any official reports or notes you put onto a patient/service user's file.

The updated code gives advice on the use of social media – as we have seen in other countries social workers and other professions getting into trouble for not acting in the best interest of service users or not adhering to the requirements of confidentiality and good communication.

It also deals with open disclosure and gives a guide and support to social workers in the new environment in assisted decision making for service users.

Section 27 of the Code is uniquely for social workers. It talks about engaging in supervision in professional practice on an ongoing and regular basis, in line with your knowledge, skills, competence and experience. It also includes

- promoting social justice in your practice through challenging negative discrimination and unjust policies and practices,
- respecting diversity, different culture and values and advocating for the fair distribution of resources based on identified levels of risk/need and
- working towards social inclusion.

Section 27 recognises the important role of social workers in ensuring that they contribute where possible, to a just and fair society.

The experience of walking with people through difficult times in their lives, gives social workers a precious insight into the impact of poor policies, poor planning and/or lack of funding. Speaking with the knowledge and skills you have gained from working as a medical social worker can never be unheard, even if it can be ignored – it is a matter of resilience and tenacity to get the message and learnings across.

Many of you may know Michelle Clarke, the Social Worker Advisor in the Department of Children and Youth Affairs. Michelle talks about the importance for social workers “to speak the truth to complexity – the challenges of society and media wanting simple answers to complex issues” This is an invaluable role that you play and one that needs to be strengthened.

Continuing Professional Development is another key factor in professionalism and for the vast majority of professionals, is something instinctively you do – being drawn to activities or articles or arts relating to social justice. In the Code of Professional Conduct and Ethics for Social workers, it is stated that social workers

- must ensure that your knowledge, skills and performance are of a high standard, up to date and relevant to your practice
- participate in CPD on an ongoing basis.



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Engaged and resilient practitioners are unlikely to have complaints made against them. CPD is one really good way of keeping engaged in your work.

As some of you know CORU carried out a voluntary social work CPD audit early last year and it is clear that many people are exceeding the mandatory 30 hours a year. Because it is such a broad requirement, the challenge has been the recording the evidence.

We have learnt from this and from a mandatory audit that was undertaken of radiographers, we are now updating our CPD scheme, to make it more user friendly in relation to keeping a record of activities and the reflective statements. We are just finalising the new approach which followed extensive consultation and will go to further consultation, as the individual registration boards consider the proposed schemes, which we hope you will be involved with. Following the completion of this work, we will update our registrants on this new approach.

Research was carried out by Jenny Bulbulia on *Fostering Resilience in Social Workers: an international study*, which involved questionnaires returned from 850 social workers internationally, shows that self-awareness is a key factor in being able to continue to work as a professional – knowing when you need a break, knowing when you need support, knowing that you need to ask for help – it is critical to us all and to me is one of the fundamentals of professionalism.

What is the future for Social Workers?

Pat Rabbitte, the new Chair of TUSLA recently declared that they need an additional 1500 social workers to provide the required services to Ireland's children and families.

Currently in Ireland, we have 4,495 social workers registered with CORU, compared with 3,664 at the end of 2014. These serve a population of about 4.8 million people. In comparison with our near neighbours in Northern Ireland, Scotland, England and Wales our numbers are low. In Northern Ireland for example there are over 6000 social workers serving a population of 1.9 million people while Scotland has approximately 10,000 for a population of 5.5 million people.

There are two new courses in place to increase the numbers of social workers – at the Institute of Sligo, whose first cohort commenced last September and at NUI Maynooth, whose first cohort of students will commence in September this year. These courses will have to be approved by CORU, prior to the graduates being able to meet the requirements for applying for registration. But two courses is not going to give an additional 1500 social workers. I believe where concentration needs to be placed is on the retention of social workers in the profession.

The challenge for CORU as a regulator is to ensure that the standards we set, for the entry to the profession are in keeping with the demands placed on all professionals - this is why we regularly review and update the requirements in the Criteria and Standards of Proficiency – which advises the colleges what the graduates need to know, understand and be able to do, to enable them to meet the needs of service users and to apply to become registered social workers.



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The challenge I put to you, is to place yourself in the shoes of a new social worker entering the profession in 40 years' time, when you will have or will certainly be thinking about retiring. What do you **want** the profession to look like?

Dr. Gloria Kirwan, formerly of TCD and now setting up social work training in NUI Maynooth for the first time, talks of the profession needing to think about

- **What social workers need to hold dear and to preserve and what needs to be changed?**

She also raised the question “Does the profession of the future have:

- a defined body of knowledge – how will that have changed?
- agreement on boundaries?
- clearly specified entry routes?
- a profession culture?
- an obligation to service users?
- the trust of wider society?
- Expert practitioners?
- Social workers working so that a services user is no worse off at the end of the encounter?

What is the contribution we are all making to ensure that the profession of social work is continuing to contribute to providing assistance to people in difficult situations to make decisions required to keep them thriving and safe?

I also want you to cast your mind back to Winifred Alcock in 1919, as the first Lady Almoner in Ireland and think about what she would think of social work today – there are many improvements – less infant mortality, longer lives, generally better physical health, what would she make of, social media?; Technology?; Transport? But there are many familiar and similar problems - 1919 saw the last census of work house populations, 100 years later, we have over 10,000 homeless – has much changed?

And 100 years from now - What will the medical social workers in 2119 look like? What will they see as normal and will professionalism remain at the centre of the profession? Will they be dealing with the social issues that we are facing today or dealing with new issues we cannot even conceptualise?

Whatever happens, we need to ensure that the graduates coming out of colleges joining the ranks of regulated social workers have the skills, knowledge, competence and are the right people to promote independence and support for people in difficult situations.



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Finally, a question for you to ponder on as we finish this session. In 1906, George Bernard Shaw stated

“All professions are conspiracies against the laity”

In 2019, is it valid, or not?

Thank you.

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