Social care work and social work in Ireland: a comparative analysis of standards of proficiency

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Abstract

This article provides a timely intervention to debates and scholarship about the professional regulation of social work and social care. In Ireland, the recent commencement of the statutory regulation of social care by CORU – Ireland's multi-professional health regulator – offers a watershed opportunity for learning. Social work has been separately regulated by CORU for over a decade, while the social care work register opened in November 2023. We conduct a comparative content analysis of the standards of proficiency for social work and for social care work. Albeit with different historical origins, regulation has now provided these professions with distinctive, as well as shared professional 'benchmarks', that may shape the trajectories of their future roles and training. We consider the approach CORU takes to regulation, in terms of the standards and how these differentiate or align the two professions. The novel contribution of the paper lies in its key findings. Namely, that: the format of the standards of proficiency framework itself warrants further consideration; insufficient attention is paid to empathy and emotions across standards; there is an absence of a considered approach to the influence of socio-economic factors on practice; there are variations in the emphasis placed on relational versus socio-political dimensions in practice; and finally, there are differences in the importance paid to 'critical understanding' across the standards. These areas particularly illuminate how CORU frames and interprets the nature of both professions. It is concluded that the standards of proficiency for both social care work and social work have much shared terrain, interspersed with infrequent but striking differences, indicative of the many commonalities and overlap in occupational spheres for both professions.

Keywords: social care work, social work, comparative analysis, professional regulation, standards of proficiency.

Introduction

CORU is Ireland's multi-professional health regulator with a role 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, n.d.). It is a statutory umbrella body consisting of health and social care registration boards. CORU has commenced a process of regulation of social care as well as social work, and educational institutions offering programmes must ensure that graduates meet the threshold standards – the proficiencies – to enter practice. Registration is now a prerequisite to practice, and the titles 'social care worker' and 'social worker' are protected titles; that is only those who are registered with the requisite registration boards can legally use these titles (this is applicable from 2025 for social care work). These are presented in the Social Care Workers Registration Board (SCWRB) *Standards of Proficiency for Social Care Workers* (SCWRB, 2017a) and the Social Workers Registration Board (SWRB) *Standards of Proficiency for*

Social Workers (SWRB, 2019a). These standards are achieved through integrated practice, incorporating academic, professional, and personal knowledge, skills and experience.

This paper sets out to compare these standards for both professions, teasing out the nuances and key findings. The paper starts with an overview of the broad regulatory context in Ireland. Thereafter, social work is introduced and explained as a regulated profession, including its journey toward professionalisation. Social care work is similarly introduced, followed by an introduction to the standards of proficiency in place for both professions. The body of the paper is constituted by a comparative analysis of these standards across both professions. Finally, the discussion teases out key implications and themes from this analysis. Throughout, both professions are conceptualised as occupying a changing professional landscape with limited consensus about their nature. The paper concludes by reflecting on the interpretation of the professions offered by the CORU standards of proficiency and the implications for practitioners, academics, and policymakers.

Regulatory context

The intention of this analysis is *not* to demonstrate fundamental differences between the professions as constituted prior to or following the standards. Rather, the focus is on demonstrating differences and similarities in the approach to regulating the professions by CORU, via the standards of proficiency. In doing so, a specific distinction is made between fundamental differences in the actual professions, versus fundamental differences in how the professions are regulated by CORU. This is an important distinction as recent scholarly debates about social work regulation (see Flynn & Whelan, 2023), have emphasised that the importance attributed by the regulator to aspects of the profession are not necessarily shared by the profession itself. To grapple with the distinction, it is first necessary to comprehend the regulatory context.

Each profession has its own registration board in CORU – SCWRB and SCRB – which is responsible for the registration of professionals, the code of professional conduct and ethics, guidance on continuing professional development as well as the approval and monitoring of education and training programmes for entry onto the register. Along with *Criteria for Education and Training Programmes* (SCWRB, 2017b, SWRB, 2019b*)*, the registration board uses the standards of proficiency relevant to that profession to monitor and approve education and training programmes. Such standards demarcate the threshold standards for safe and effective practice. Each board has the flexibility and scope to draft its own profession-specific standards (in domain 5, see below) which focus on the knowledge, skills, and professional behaviour required for threshold practice of that profession. In drafting these profession-specific standards, a board undertakes a detailed analysis of international comparator regulatory standards, along with professional body requirements (where appropriate), and utilises the expertise of academic and practitioner board members. These draft standards are presented to all stake - holders and the public via a public consultation process. Feedback from stakeholders on the appropriateness of each threshold standard and any omissions is considered by CORU, and further dialogue engaged in when deemed necessary. Next, the board reviews all feedback, making any necessary changes, amendments, or additions. The board then approves its standards and issues them to education providers. Periodically, the board seeks feedback on reviewing the

educational criteria and standards of proficiency across professions, thereby enabling regulatory conversations with those who are regulated, associated educators as well as the public. This has already taken place for social work and will occur for social care work in the future. It is also worth noting that CORU has recently sought public consultation on a draft *Council Framework: Standards of Proficiency* (CORU, 2024). Following the review and adoption of this framework, each registration board will then tailor it to reflect the needs of each profession and ensure it is fit-for-purpose.

Understandably, health and social care professional regulation has public protection as its core mission. Cognisance is also paid to the impact of its requirements on professionals, service users, students in training, as well as practice educators and educational institutions in an ongoing process in the light of cultural changes as well as professional and practice developments. How much these contribute to the standards is not particularly transparent. Indeed, writing in New Zealand, Hunt, Staniforth and Beddoe (2019) suggest there are inevitable tensions between prescriptive regulation and professional autonomy that arise within all regulatory frameworks, reflecting as they do, responses to risk averse environments.

Regulation by CORU has stimulated much discussion among professionals, professional bodies and third-level educational institutions in Ireland (de Róiste, Mulkeen & Johnson, 2020, pp. 5–7; Flynn & Whelan, 2023; Lynch et al., 2022; Moore & Lalor, 2024). Excessive administration to the detriment of the professional relationship with service users, overregulation, and diminished professional discretion were identified by Lynch et al. (2022) as perceived negative sequelae of professional regulation by Irish pharmacists. A special issue of the *Irish Journal of Applied Social Studies* (de Róiste, Mulkeen & Johnson, 2020) was devoted to a critical scholarly analysis of the *Standards of Proficiency for Social Care Workers* while a theoretical and a practice guide on the standards was developed by a collaboration of practitioners and academic social care workers (Lyons & Brown, 2021).

In social work, on the other hand, one focus on the standards has been on the re-incorporation of human rights into the revised social work standards (Donnelly & Cuskelly, 2023; #SWisHumanRights Campaign). This links to wider debates in social work about how the state machinery, neo-liberalism, bureaucracy, regulation, and professionalisation all constrain and refigure social work. This then marginalises radical, societal level work such as changing laws or driving social movements that have widespread progressive effects on society. This more radical work is different to direct work with individuals or casework which is focused on making change happen with just one person or one family. Ironically, radical, macro-level work is needed to change laws, policies, and state institutions like CORU, that constrain social work in the first instance (Flynn & Whelan, 2023; Maylea, 2021; Whelan & Flynn, 2023).

Before considering the standards of proficiency for the social work and social care work professions, this paper sets out a definition of each profession and a brief outline of the evolution to professional - isation for each (a fuller historical perspective can be found on these in Christie, 2005; Lalor & Share, 2013). Social Care Ireland (the joint representative body of social care managers, social care workers and social care academics) defines social care work as a profession that provides:

care to vulnerable individuals and groups of all ages who

experience marginalisation, disadvantage or special needs. … Social care workers professionally guide, challenge, and support those entrusted to their care toward achieving their fullest potential. … [The practice] uses shared life-space opportunities to meet the physical, social and emotional needs of clients. Social care work uses strengths-based, needs-led approaches to mediate clients' presenting problems. (Social Care Ireland, n.d.)

As such, the work is 'based on interpersonal relationships which require empathy, strong communication skills, self-awareness and an ability to use critical reflection. Teamwork, and interdisciplinary work are also important' (Social Care Ireland, n.d.).

Reflecting these key dimensions and situating them within a human rights and social justice frame, the Social Care Workers Registration Board defines social care work 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. (SCWRB, n.d., section 1)

Social work on the other hand, is not defined by CORU as confirmed through personal correspondence in 2024, but has been defined by the International Federation of Social Workers (IFSW) as:

a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility, and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing. (IFSW, 2014, para. 1)

Social work as a regulated profession

The enactment of the Health and Social Care Professionals Act 2005 provided for the professional registration of social workers, prior to social care work registration (Browne, 2012; Byrne, 2016; Farrelly & O'Doherty, 2011; Flynn, 2021; Power & Darcy, 2017). Professional - isation of social work can be traced across a long history in Ireland, occurring in a stepwise fashion. This involved spurts of rapid expansion mixed with periods of almost sheer dormancy (Skehill, 1999). Some key developments in education and training for social work are outlined in Table 1.

The Social Workers Registration Board (SWRB) operates within CORU and holds statutory responsibility for the approval and monitoring of social work courses, and for maintaining a register of social workers (SWRB, 2019a). To date, social work continues to

Table 1: Steps to professionalisation for social work

Year	*Steps to professionalisation*
1912	First social work education programme in Alexandra College Dublin (Browne, 2012; Christie, 2005; Skehill, 1999).
1912–34	Trainee social workers often travel to the United Kingdom and United States of America due to an absence of training opportunities in Ireland (Redmond & Jennings, 2005; Skehill, 1999).
1934	Trinity College Dublin introduces the Diploma in Social Studies (Darling, 1971; Skehill, 1999).
1930s	The Civic Institute (*c.* 1932) and University College Dublin (*c.* 1936) both made advances toward offering training courses for social workers in the 1930s (Darling, 1971; Skehill, 1999).

1971 Founding of the Irish Association of Social Workers (Browne, 2012; Christie, 2005).
1997 Establishment of the National Social Work Qualifications Board (Browne, 2012; Christie, 2005).
2010 Establishment of the Social Workers Registration Board (SWRB).
2013 Register of Social Workers opens. SWRB *Criteria* and *Standards of Proficiency Education and Training Programmes* drafted.
2017 Drafting of the revised *Standards of Proficiency for Social Workers* (SWRB, 2019a), and *Criteria for Education and Training* (SWRB, 2019b).
2019 *Code of Professional Conduct and Ethics* (SWRB, 2019c) published.

operate as a regulated profession, notwithstanding ongoing scholarly debates about the value of this. A common contention within this, is that professionalisation has been a poisoned chalice, through constraining and changing social work, and therein marginalising macro-level radical, structural, and social justice work (Flynn & Whelan, 2023; Maylea, 2021). Specifically, the latter work refers to practice which is aimed at changing society and large institutions on a grand scale, rather than conducting individual, direct work with people, to effect behavioural change or change in their immediate circumstances.

Social care work as a regulated profession

Registration for social care work opened on 30 November 2023, and marks the culmination of many decades of progress towards professionalisation within the sector. Some key developments in education and training for social care are outlined in Table 2. From their historical context, it can be seen that the professions differ in practice. They have different identities and undertake different roles. Social workers today almost exclusively discharge unique statutory duties in child protection and welfare, such as obtaining care orders (Hamilton, 2012). Assessment, reporting, and monitoring tasks in areas like adoption and fostering have also been their exclusive preserve. Meanwhile, social care workers tend to work more in the life space with people they support and advocate for, such as adults with disability, young people in residential care, and in other settings like multidisciplinary teams, homeless shelters, and refuges. Next, we will compare the standards of proficiency between social work and social care work, identifying points of similarity and difference.

Standards of proficiency

The CORU standards of proficiency (SCWRB, 2017a; SWRB, 2019a) are categorised into clusters according to their commonalities, and these clusters are called ‘domains’. Standards are set out in five domains of knowledge and skill which together create a baseline for competences required of social care work and social work graduates. There are four framework domains which set out common standards of proficiency for all health and social care professionals registered with CORU: Professional autonomy and accountability (domain 1); Communication, collaborative practice and teamworking (domain 2); Safety and quality (domain 3); and Professional development (domain 4). The fifth domain Professional knowledge and skills identifies profession-specific standards. Table 3 compares social work and social care work and as can be seen, with a few exceptions, the number of standards across the five domains are broadly similar. It is the fifth domain of Professional knowledge and skills which shows the greatest difference, social work

having eight more proficiencies.

In their analysis of approaches to the regulation of health and social care professions across a range of Organisation for Economic Co-operation and Development (OECD) countries, Coyle et al. (2021) found that professional regulation is considered essential to ensuring safe, effective, and patient-centred care, but that such

Table 2: Steps to professionalisation for social care work

Year	*Steps to professionalisation*
1930	Founding of the Resident Managers Association (now the Irish Association of Social Care Managers).
1971	Child care course began at the Kilkenny School of Education. Founding of the Irish Association of Child Care Workers (now the Irish Association of Social Care Workers).
1974	Diploma in Child Care began at the Dublin College of Catering, Cathal Brugha St (now Technological University Dublin) followed by similar diplomas across regional technical colleges (formerly institutes of technology and now technological universities) (McSweeney et al., 2016).
1992	The *Report of the Committee on Caring and Social Studies* was published laying the basis for a range of educational qualifications in social care (National Council for Education Awards, 1992).
1998	Founding of the Irish Association of Social Care Educators.
2002	*Final Report of the Joint Committee on Social Care Professionals* (Government of Ireland, 2002).
2007	Health and Social Care Professionals Council (CORU) established.
2010	Higher Education and Training Awards Council (HETAC, now the Quality and Qualifications Ireland (QQI)) published national award standards for social care providing a national benchmark for education providers (HETAC/QQI, 2010; HETAC award standards subsumed within QQI (QQI, 2014a & b; 2017, p. 12).
2011	Social Care Ireland established through the amalgamation of the Irish Association of Social Care Educators, Irish Association of Social Care Workers and Irish Association of Social Care Managers.
2013	Degree-level qualifications in social care work available in institutes of technology throughout Ireland (now technological universities and institutes of technology).
2015	Social Care Workers Registration Board (SCWRB) established.
2017	*Standards of Proficiency for Social Care Workers* (SCWRB, 2017a) and the *Criteria for Education and Training Programmes* drafted (SCWRB, 2017b).
2019	*Code of Professional Conduct and Ethics* (SCWRB, 2019).
2023	Register opens for social care work, with a two-year grandparenting period.

Table 3: Comparison of social care and social work standards of proficiency by domain

	No. of proficiencies	
Domain	*Social care work*	*Social work*
1. Professional autonomy and accountability	23	21
2. Communication, collaborative practice and teamworking	17	15
3. Safety and quality	15	14
4. Professional development	6	6
5. Professional knowledge and skills	19	27

regulation ought to be proportionate to the level of risk of harm to the public. Responsibility for both regulated and unregulated health professionals meeting the standards of their profession is devolved to the relevant regulatory body or accredited registers in many OECD countries. For example, the Health and Social Professions Council in the United Kingdom is the regulatory body for fifteen health and care professionals. Social work was also regulated by the Health and Social Professions Council until the formation of a new regulatory body, Social Work England, in 2017, which published revised professional standards for social work in 2019. Since 2021, all qualified and practising social workers in New Zealand must be registered with the Social Work Registration Board New Zealand and the *Ng Paerewa Kaiakatanga Matua Core Competence Standards* (Social Work Registration Board New Zealand, n.d.) reflect minimum standards of practice for social workers there. It is more difficult to identify standards for social care work given the variety of titles used across jurisdictions to describe the work. The title 'social care worker' is not used in Australia or New Zealand, where job titles such as welfare support worker, family support worker, and disability officer are used, and the field is not regulated (Labour Market Insights Australia, n.d.). Statutory regulation, based on standards of proficiency and accredited qualifications, is less common across the mainland European traditions of social pedagogy and social work, where regulation by professional bodies or accredited registers operate. These structures adhere to specific standards, publish codes of practice, and provide a voluntary public register of professionals in the field.

Comparative analysis of the standards across the domains

Domain one

This section examines the standards for social care work and social work in the first domain, Professional autonomy and accountability. The domain sets out the requirement for social care work and social work to practice professional autonomy within a clear framework of accountability. The focus here is on the personal accountability of practitioners for their decisions, professional judgment and for any actions or omissions. Public awareness of cases where individual or organisational decisions went very wrong have increased the pressure on organisations to prevent them happening again and inevitably led to increasingly constrained practices with tighter management oversight (Flynn, 2020; Jones & Smey-Carston, 2016; Munro, 2011). There are twenty-three standards for social care work and twenty-one for social work in this domain. They can be grouped into three broad categories:

(1) Standards relating to accountability within the frameworks provided by legislation, policies, guidelines, the code of professional conduct and ethics, rules of confidentiality, and data protection.
(2) Standards relating to professional relationships with service users based on their best interests, will, and preference where their rights, dignity, and autonomy are respected, where they experience culturally sensitive and non-discriminatory practices, and are supported to provide informed consent to any assessments and interventions.
(3) Standards relating to professional autonomy such as the ability to manage one's workload and one's health and well-being, justify professional decisions, manage professional boundaries, engage in critical reflection and non-judgmental practice, understanding another's feelings and being able to communicate that understanding.

Together these standards identify central elements of autonomous and accountable practice with minor differences between social care work and social work. One difference between the professions in this domain is the lack of any explicit, or implicit, reference to empathy in the standards for social work. Social care work standard 1.23 requires graduates 'to see the world as others see it, practice in a non- judgemental manner, understand another's feelings and be able to communicate that understanding' (SCWRB, 2017b, p. 5).

This standard (1.23) contains the *only* reference to feelings in either set of standards, yet the ability to empathise with others is considered a necessary 'rule of engagement' (Phan et al., 2009, p.329), a critical skill across the caring professions (Gerdes & Segal, 2011; Gair, 2012; Moudatsou et al., 2020; Yu et al., 2016). This is not to suggest that there is a lack of empathy in the profession itself, but rather to note its absence from the standards. There is a significant disjuncture between the evidence provided in the literature (McFadden et al., 2023; Morrison, 2007; O'Connor, 2023; Taylor, 2011; Winter et al., 2018 among others) about the influence of emotions on relationship-based practice at all stages (engagement, assessment, planning, intervention, and evaluation), and the absence of reference to the role of feelings in the social work standards. Munro (2011, p. 37) in particular, highlights the importance of practitioners being able to read and understand their own emotional responses, and to use this self-awareness as a basis for understanding others. While the lack of greater attention to emotions in the standards for social care workers has been noted elsewhere (McGarr & Fingleton, 2020; Mulkeen, 2020), its omission in the *Standards of Proficiency for Social Workers* needs to be better addressed in social work scholarly literature.

Domain two

This domain consists of standards relating to communication, interpersonal, interprofessional, and teamwork competencies. Hamilton (2012) emphasises how the statutory underpinning of social work in fields like child protection and probation differentiates it from social care, thereby embedding social work more firmly within a sociolegal sphere. It is perhaps unsurprising, therefore, that domain two refers to 'non-voluntary service users' in social work (SWRB, 2019a, p. 8). No such reference, however, is visible in domain two for social care (SCWRB, 2017a, p. 6). What is present is a mention of 'challenging behaviour' in standard 2.17 (SCWRB, 2017a, p. 6), otherwise absent from domain two in the social work *Standards of Proficiency* (SWRB, 2019a).

It is also of interest to question why a more distinct socio-political advocacy focus is not present in the social work standards under domain two, given that this oftentimes differentiates social work from social care. It has been noted elsewhere that social workers generally have more public influence on socio-political matters (Lalor & Share, 2013). As Lalor and Share (2013, p. 11) articulate in contrasting social work with social care:

Social work has greater public influence and recognition and consequently is more open to public scrutiny and criticism. Social care practitioners are much greater in number, may potentially have a much greater impact on the day-to-day delivery of social services and are to be found in a much broader spectrum of activities but, despite this, have a much lower public or professional profile.

Overall, there is much similarity across domain two for social work and social care (SWRB, 2019a; SCWRB, 2017a). Those differences that do exist, throw into question how CORU views the essential nature of each profession, such as where social care workers must 'understand the principles and dynamics of group work' (SCWRB, 2017a, p. 6) and yet while groupwork is also a practice of social work, it receives no such attention (SWRB, 2019a).

Domain three

Domain three identifies standards relating to safety and quality with an emphasis on assessment, intervention, and evaluation skills (SCWRB, 2017a). The first twelve standards of proficiency are the same for both professions encompassing primarily broad but also specific skills. However, the thirteenth standard, which refers to safety legislation and guidelines, is expressed differently between social care work and social work. Critical engagement with resources is highlighted in the social work standards, whereas compliance and access to resources is highlighted in the social care work standards. The use of the term 'critical engagement' suggests an emphasis on a discerning analysis that is absent in the social care work standards and is highlighted again under domain five and in the discussion section further on in this paper. The specification of infection prevention and control strategies
(standard 3.14) is also distinctive to the social care standards as it is not included in the social work standards. Interestingly, this attention to infection risk was published prior to the COVID-19 pandemic so does not ensue from that. The *Revised National Standards for the Prevention and Control of Healthcare-associated Infections in Acute Healthcare Services* was published by the Health Information and Quality Authority (HIQA) in 2017, fostering a more coordinated approach, which may have influenced the social care work standards (HIQA, 2017). Caring for people with health needs and/or working in environments at risk for the contagious spreading of infection might be perceived as more likely in social care work than social work given the life-space environments social care workers typically inhabit. 'Safety and well-being' is a keystone principle running through HIQA standards. HIQA is the statutory body to drive and monitor highquality and safe care for people using health and social-care services. Infection prevention and control is a critical component of safety and well-being and so its presence within the CORU standards is understandable.

Social care work, as compared to social work, has one additional standard (3.15) within the third domain delineating the ability to identify and document unmet service-user needs and the selection of

an approach to resolve these. This standard reflects an emphasis on individualisation of care which further reiterates the importance of person-centred care and relationship-based practice with service users in social care work.

Across domain three, as noted by Mulkeen (2020), the risk averse focus of the standards misses the opportunity to encompass the complexity of care and the dynamic interplay between protection and empowerment, where the skill is knowing where to 'draw the line' in empowering others and 'managing' risk in a safe way. Related to this is the social pedagogic concept of 'risk competence', the process of enabling service users to become knowledgeable and skilled in assessing risks and developing risk literacy to take risks more safely (Eichsteller & Holthoff, 2011; Nikiforidou, 2017).

In addition, across both the social work and social care work standards of proficiency, the *design* of interventions, as an explicit standard in itself, is absent. In relation to social care, this has been highlighted by McGarr and Fingleton (2020, p. 13) who saw this omission as failing to recognise that 'the artistry of social care work lies in its ability to deliver bespoke interventions within the context of a meaningful and therapeutic relationship'. However, it could be argued that intervention design is implicit in various standards in domain five (SCW 5.11, 5.12, 5.16; SW 5.22, 5.23) though its lack of explicit inclusion may be seen as a limitation.

Domain four

The fourth domain, Professional development, highlights selfawareness, reflective practice, accountability, and engaging with performance management and continuing professional development for both professions. Much has been written on the importance of selfawareness and reflective practice for both professions where direct work with vulnerable groups and people in marginalised contexts necessitates mindfulness of one's own predispositions, values, and impact of self on others (and vice-versa) (de Róiste, McHugh & Prendergast, 2024; Ferguson, 2018; Greene, 2017; Jameson & Radcliffe, 2023; Lalor et al., 2023; Mulville, 2014). An aspect of developing awareness of self can be achieved through continuing professional development. Five out of the six standards in this domain are identical for both professions, suggesting an equal emphasis on the importance of engaging in continuing professional development. Moreover, the guidance on continuing professional development provided by the SCWRB (2020) and the SWRB (2019d) are also similar and in accordance with each profession's *Code of Professional Conduct and Ethics*. Registrants are required to participate in continuing professional development (CPD) on an ongoing basis (at a minimum, thirty CPD credits across every twelve-month period) (SCWRB, 2019; SWRB, 2019d & e). In summary, the comparative analysis of domain four indicates an overlap between the professions in terms of standards expected for professional development. This is not surprising given that both are allied health and social care professions.

Domain five

This section examines standards in the fifth and final domain, Professional knowledge and skills, which focuses on the domains' application in practice. Social work and social care work professions are both concerned with supporting and advocating with/for people in a variety of situations and settings. Indeed, some suggest that social care workers 'have "picked up" work that used to be performed by social workers, before they were engulfed in such high volumes of

child protection case management' (Lalor & Share, 2013, p. 10). The majority of the standards are similar even though not all similar (and in some cases identical) standards are situated in domain five. Standard 5.13, for example, in the social work standards is identical to standard 1.22 for social care work (discussed further on).

Overall, in domain five there are twenty-seven standards for social work and nineteen standards for social care work, suggesting that social work is perhaps perceived by CORU as more demanding in this domain. Upon examination, however, there are occasions where two, or even in some cases three, standards in social work appear to have been amalgamated into *one* standard for social care work. For example, standard 5.3 in the social care work standards encompasses briefer social work standards 5.7, 5.8 and 5. 9. Standard 5.3 (social care work) states:

Understand and apply a human rights-based approach (HRBA) to one's work including the promotion of the service user's participation in their own care; ensure clear accountability; apply principles of non-discrimination; support other staff members to empower service users to realize their rights; be aware of the legality of actions within a service including the need to comply with any relevant legislative requirements including adhering to human rights obligations. (SCWRB, 2017a).

This standard focused on the implementation of an HRBA in practice, in an immediate direct way with service users. Promoting a HRBA is also a central theme in HIQA national standards developed to embed a culture of a HRBA in day-to-day practice (HIQA, 2019). In the *Standards of Proficiency for Social Workers* on the other hand, emphasis is placed on their need to 'critically understand' the role of a HRBA and it's also notable that across domain five, sixteen of the twenty-seven social work standards reference the term 'critical' or 'critically' while only two of the nineteen social care work standards employ the term 'critical' (standards 5.4 and 5.9). Standard 5.2 for social work focuses importance on a 'critical understanding of social work theory, methods and skills, social policy and social research, including consideration in a global context' (SWRB, 2019a, p.11). Social care work standards in domain five focus more on the demonstration and application of skills with reference to an 'ability to apply the appropriate method in professional practice' (standard 5.6) rather than incorporating critical appraisal and a global perspective (SCWRB, 2017a, p. 9).

Standard 5.13 in the social work standards, and standard 1.22 in social care work standards, despite being placed in different domains, are identical, emphasising the importance of critical reflection in practice for *both* professions. The ability to engage in reflection builds competence, prevents burnout, and creates life-long learning (Finlay, 2008; Urdang, 2010; Greene, 2017). Finlay (2008) argues that this involves examining the assumptions of everyday practice and claims that practitioners become more self-aware when they critically standard brings its own challenges. Several authors (Finlay, 2008; Thompson & Pascal, 2012; Taiwoo, 2022) identified a paucity of reflection among social workers amidst the daily demands of their jobs and the managerialist culture of many social service organisations. Greene (2017) found that while social care workers considered critical reflection an essential professional skill, it was not consistently employed in their daily practice. Like social workers in the studies above, social care workers reported that critical reflection often happened in times of crisis, or when they encountered difficult client

situations.

Intriguingly, one standard for social care work (5.9), not evident in the social work standards, identifies the need for 'a critical understanding of the dynamics between social care workers and service users and the concepts of transference and countertransference' (SCWRB, 2017a, p. 9).

This may stem from the focus on relationship-based practice which is perceived to be at the core of social care work. Social care workers 'typically work in a more immediate way with service users, sharing their daily living environment and interacting across a range of care, domestic, education and semi-therapeutic settings' (Brown & Lalor, 2023; Lalor & Share, 2013, p. 8). Recognising that relationships are a dynamic process suggests that each relationship with a service user changes over time and both parties influence the kind of relationship that develops, negotiating how to proceed. The social care worker must pay attention to both their own and the service user's emotional states in this dynamic, as indicated in this standard. However, the structural divisions of social class, gender, ability, race, age, etc., also influence professional relationships, but these are not addressed here (Mulkeen, 2020). For example, the complex gender differentiated investment in mothering and fathering, and the gendered nature of professional responses to child neglect and abuse (as exemplified in the *Roscommon Child Care Case* report (HSE, 2010)) have been the subject of discussion elsewhere (Mulkeen, 2012).

The absence of an explicit standard regarding professional engagement with policy-making, as opposed to just policy implementation, is surprising. The social work standards 5.2 and 5.9 for example, incorporate attention to social policy, while in the social care work standards, recognising and engaging with the impact of policy and the importance of advocacy for system level change (standards 5.14 and 5.15) are acknowledged. Policy-making in itself is not specified and this has been construed as a shortcoming (McHugh, 2020).

Standard 5.8 *explicitly* identifies the importance of forging and maintaining relationships in social care work. In the social work standards of proficiency, standard 5.10 also calls for a critical understanding of the role and purpose of relationship-based practice, which highlights the crossover between social work and social care work. Similarly, attention to 'boundaries' in professional relationships, is also addressed by standards in both social work (standard 5.11) and social care work (standard 1.21).

Discussion

Several themes arise from the comparative analysis undertaken. These include the use of framework domains, the lack of attention to empathy and emotions in either set of standards, the absence of a considered approach to the influence of socio-economic factors on practice, variations in the emphasis on relational versus socio-political dimensions on practice, and differences in the importance placed on critical understanding in the standards. Nevertheless, both professions understandably have much in common across the standards listed.

The use of framework domains (domains 1–4) for all the health and social care professions (HSCP) regulated by CORU, highlights what are currently considered to be the core skills, values and knowledge shared across the professions by the regulator and not necessarily by the professions, academia, or other stakeholders. Given that it may be constructive to strive for consensus across all stakeholders, engaging with frontline staff (as well as service users) in developing, promoting,

and reviewing such quality standards is imperative, as has been noted by O'Dwyer et al. (2020). The framework structure, whereby specific professional knowledge and skills are set out in *one* domain (domain 5), limits the capacity of the standards to reflect the *unique* focus of each profession in a more detailed and nuanced manner. While avoiding overly prescriptive lists of standards, greater scope for individual professions to articulate their core dimensions, in cooperation with practitioners, service users and academics, would enhance the value of such threshold standards in professional education programmes.

The absence of any reference to emotions or to empathy in the standards for social work and the limited attention paid to this proficiency in social care work (standard 1.23) requires further analysis given their centrality in empirical research on social work and social care practice. Howe (1998) identifies social work as 'suffused with emotion', individually and collectively experienced, while Winter et al. (2018) argues that the focus on the emotional dimensions of practice has lost out to the preoccupation with bureaucratic requirements, resulting in practitioners who do not own or express the emotional dimension of their practice (Munro, 2011; Ingram, 2013a & b; Hingley-Jones & Ruch, 2016). The standards for social work appear to reflect this tendency which may result in a failure to develop strategies and systems that support and acknowledge the emotional labour involved.

While a comparison of standards for social care work and social work has highlighted important differences, one of the strongest similarities is the absence of any reference to poverty, or to the specific influence of socio-economic factors on social work or social care decision-making. However, there is growing international evidence that children and families in poverty are significantly more likely to be the subject of state intervention (Bennett et al., 2021; Berger & Waldfogel, 2011; Bywaters et al., 2016, 2018; Pelton, 2015; Skinner et al., 2023) and working with poor families is a core dimension of practice in both professions. Research by Morris et al. (2018) in the United Kingdom into the discourses used by social workers working in deprived areas highlighted narratives that expressed concerns about stigmatising poor families that do not harm their children, by discussing a link between poverty, child abuse and neglect. The result was that poverty was largely *unmentioned* by social workers but when prompted connections were made between harms and poverty. Practice, shaped by organisational culture and the consequence of austerity, focused on notions of managing individual risk detached from socio-economic conditions (Morris et al., 2018, p. 18).

Considering the emerging evidence of the need to develop practitioner skills in poverty aware social work (Krumer-Nevo, 2015) and by extension in social care work, the inclusion of standards that reflect this is paramount.

In addition to concerns about attention to poverty, a greater 'relationship focus' in social care work standards, in contrast to social work, is evident and threaded through our analysis across the domains. Comparatively, social work standards of proficiency moved from an individualised behavioural and relational focus with service users, towards a broader socio-political focus. To take just two examples, standard 1.23 for social care workers alludes to a relational skills focus (SCWRB, 2017a, p. 5), while responding to challenging behaviour is discussed in standard 2.17 (SCWRB, 2017a, p. 6). These are indicative of instances where social care work standards embrace

an individualised relational focus. Nevertheless, social care work standards also point to the necessity of recognising the impact of community and societal structures, systems, and culture on social care provision (standard 5.14) as well as understanding the role of advocacy and systems-led change (standard 5.15) in improving conditions for marginalised groups, in particular. Social work standards require graduates to have a critical engagement with the broader societal landscape, for example in standard 5.9, which requires social workers to demonstrate critical understanding and awareness of the wider socio-political, policy and legislative context of their practice. It is arguably true that social care workers have refined expertise in direct behavioural management that social workers cannot claim. Meanwhile, social workers' critical engagement with the wider sociopolitical context is an enviable hallmark of their occupational expertise (IFSW, 2014). Nevertheless, social justice and human rights are important in social care and are included in the standards (see 5.2 and 5.3) and feature in Code 27.2 and 27.3 of the *Code of Professional Conduct and Ethics* (SCWRB, 2019, p. 27). Many would also contend that within a bureaucratised, risk-adverse, neo-liberal context, both professions now struggle to carve out a social justice focus to their work. What remains to be addressed then, is the complexity and nuance of this distinction. Specifically, while such differences may persist, they are neither exhaustive nor absolute. Rather, they reflect the ways that the disciplines tend to differ on a general scale, not how the disciplines conclusively, and in every case, will materialise.

Another finding is the greater emphasis on critical understanding in social work, as compared to the social care work standards. Critical thinking, a core component of social work practice, requires conscious, reasoned, and deliberative thinking rather than intuitive or heuristic thinking (Sheppard et al., 2018). It involves, the dissection of ideas and theories, differentiating alternative viewpoints, discerning, and comparing evidence, identifying contradictions and implications, challenging interpretations, and formulating an evidence-based argument (Maclellan & Soden, 2001, as cited in Heron & Lightowler, 2023). Evidence informed practice, which draws on and contributes to critical thinking, is central to both professions and is a pillar of quality assurance, rationalising practice and challenging routine or 'orthodox' beliefs and practices.

Reilly and Lyons (2021) highlighted the importance of critical thinking in social care practice in the *Guide to the Standards of Proficiency for Social Care Workers* (Lyons & Brown, 2021). They noted Finn's (2011, as cited in Reilly & Lyons, 2021) four thinking styles – open-mindedness, fair-mindedness, reflectiveness, and counterfactual thinking – all ingredients of critical thinking and contribut ing to evidence informed practice. While critical thinking is valued in both professions, it may be articulated more in the social work proficiencies arising from the award standards set out by Quality and Qualifications Ireland (QQI) (QQ1, 2014a & b). These award standards identify the competencies attained for each level of educa - tional award. Currently, master's degrees and postgraduate diplomas (Level 9 QQI awards) are the most common qualifications approved by the SWRB, except for two bachelor's degree programmes (Trinity College Dublin, University College Cork). Most social care work programmes on the other hand, are awarded at levels 7 (bachelor's ordinary degree award) or 8 (bachelor's honours degree award). For level 9 (master's degree award), the standards under 'knowledge kind' identify 'A critical awareness of current problems

and/or new insights, generally informed by the forefront of a field of learning' (QQI, 2014a, p.7).
For level 8 (bachelor's honours degree award) on the other hand, this is expressed as 'Detailed knowledge and understanding in one or more specialised areas, some of it at the current boundaries of the field(s)' (ibid, p.5).
For level 7 (bachelor's ordinary degree award) it is identified as 'Recognition of limitations of current knowledge and familiarity with sources of new knowledge; integration of concepts across a variety of areas' (ibid, p.3). The CORU *Standards of Proficiency* may thus be seen as congruent with the QQI standards where level 7 or 8 award levels (typical of social care) do not have as 'explicit' an emphasis on critical thinking, while level 9 awards (typical of social work) do. However, notwithstanding this, the 'critical' evaluation of information, evidence, relationship dynamics and practice (standards 1.22, 3.4, 3.6, 3.9, 4.3, 5.9), recognition of competing theories, the importance of CPD and keeping up to date with developments in knowledge, training, and practice (standards 4.2, 5.4, 5.6) all feature in the social care work. standards (SCWRB, 2017a). These all incorporate a critical
perspective which is also central to reflective practice, a cornerstone of professional training and continuing professional development across the spectrum of the health and social professions, including social care work and social work (Greene, 2017; HSCP CPD Sub-group, 2019; SCWRB, 2020; SWRB, 2019e; TUSLA, 2016).
Consequently, it may be apposite to conclude that the social work standards have a stronger emphasis on critical understanding, while the social care work standards embrace reflective practice and accord less prominence to critical understanding in an academic sense, which aligns with the more usual degree awards associated with these qualifications.

Regulation and the social work and social care work professions

The approach taken to the regulation of these professions, in terms of the standards of proficiency set, suggests that these professions are seen as related though with different foci of specialism. Furthermore, this approach may also expedite a shared pathway for the two professions to higher leadership and advanced practitioner roles in the future (HSE National HSCP Office, 2023). The state, via regulatory bodies such as CORU, is playing a greater role in 'shaping' these professions. This has implications for how the professional associations themselves (and academia) see their own profession and its development. While conflation of regulation with the underpinning origins of the professions would be erroneous, some distancing from the profession's origins does seem to be provoked by CORU, such as taking up significant percentages of curricula with the evidencing of *Standards of Proficiency*, which are ultimately CORU defined. It could be construed that the regulator is 'in the driving seat' with the professional bodies, academia, and other stakeholders all passengers navigating, to a variable and collaborative extent, the bumpy road towards this more allied, interprofessional horizon. Arising from our analysis, conceptualising the standards as a 'floor' rather than a 'ceiling' of threshold competence by professions is warranted. This diminishes the danger of the *Standards of Proficiency* becoming the sole focus of education and training, giving more scope for the professions themselves (and academia) to customise and refashion their own professional edifice, underpinned by safe and sound 'pillars',

aka the *Standards of Proficiency*.

Conclusion

To conclude, this comparative analysis has illuminated how the *Standards of Proficiency* for both social care work and social work reflect a shared terrain, not surprising given the many commonalities in training and values as well as overlap in some occupational spheres. However, striking differences in the standards between these allied professions demarcate distinctive emphases in training and practice which distinguish them, and contribute to, the unique voice each profession has and is forging, in the multidisciplinary and often overlapping fields of practice. We also acknowledge that there is a difference between what social work and social care work as professions may want to be, or indeed arguably ought to be, and what these professions now actually are. How the two professions and academia transact and traverse the changing professional landscape formed by regulation remains to be seen.

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