# Registration and Regulation of the Residential Childcare Workforce

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(NIHR134942.)



## **Overall Aim**

The aim of the study is to explore understandings of the rationale(s) behind the registration and regulation of residential childcare workers – is its focus 'weeding out bad apples' or is it understood by stakeholders to have much wider aims, and how is it understood to achieve those aims



# **Work Packages**

- WP1 Logic model interviews and focus groups (n=52 respondents)
- **WP2** Survey (n=899)
- **WP3** New starter interviews (n=32)
- Additional work content analysis of the codes of practice (S, W, NI and I)
- Additional work sessions with care experienced young people about the skills, knowledge and attributes they felt residential workers should have (Heads, Hands and Hearts)

## Context

- Largely using a registration and regulation model developed piecemeal over decades in health, which has itself changed with the inclusion of broader professional groups and in response 'never again' events (Allitt, Shipman)
- Initially used in social care for social workers (across the UK) in early 2000s
- Now being applied more widely to other groups including residential childcare workers (in the devolved nations)
- One driver for its introduction for social workers was the sector itself e.g. BASW campaign focused on professional standing...not the same for the wider workforce
- Drivers for introduction in residential care Independent Inquiry into Child Sexual Abuse (IICSA) – preventing harm

### **Context**

Does this model transfer to another context without adaptation?

Previous applied to highly qualified and trained professions at registration

In Wales 58% of residential childcare workers (Social Care Wales, 2022) did not yet hold a required qualification at initial registration and registered via employer endorsement

Gaining a vocational qualification during the first registration period, which could be up to 5-years from registering (except in NI)

For social workers most are employed within the public sector, in contrast the residential sector (and other aspects of social care) is large, fragmented, and subject to market forces

Differences between regulators - registration periods; qualifications; CPD requirements

#### **ASSUMPTIONS**



IF

THEN



#### **INPUTS**

- SIGNIFICANT 'NEVER AGAIN' EVENTS
- POLITICAL DRIVERS
- LEGISLATIVE CHANGE
- FUNDING
- ESTABLISHING A REGULATOR

#### **ACTIVITIES**

INITIAL REGISTRATION

RE- REGISTRATION AND CONTINUED PROFESSIONAL DEVELOPMENT

FITNESS TO PRACTISE

#### **OUTPUTS**

- Number of people registered
- Number of people denied registration
- Data on the workforce and changes over time
- Numbers of people achieving the required qualifications to re-register
- Numbers of CPD returns
- Numbers of referrals
- Numbers of investigations
- Number of panels
- Numbers and types of disposal
- Numbers removed

#### **OUTCOMES**

- PUBLIC PROTECTION
- PUBLIC CONFIDENCE
- PROFESSIONALISATION
- PROFESSIONAL IDENTITY
- WORKFORCE TRAINING AND DEVELOPMENT

#### **CONTEXTUAL FACTORS**

"What is competence for that workforce? You know, and how do you get someone there? How do you test it? How do you maintain it? And what is the role of regulation in that?"

- The data highlighted a general belief that workforce regulation is seen as a catalyst for both preventing (and addressing) misconduct (protection of the public, public confidence) and raising standards (professional identity and 'professionalisation' of the workforce)
- Although, ideas of 'professionalisation' often under-defined
- To what extent a one-size fits all approach enables that to be achieved in the broader social care workforce
- The raising of standards has as one of its central pillars the gaining of qualifications, and demonstrating ongoing continued professional development, and ideas that such qualifications and training act as both a protective factor and a means to raise professional standards, but
- Debates continue about which qualification is the most appropriate for the residential childcare workforce, and the extent to which any qualification provides the practical skills and knowledge required for the role, remain unresolved with nations varying in approach

In terms of CPD and ongoing training:

"We work with the most vulnerable children in society, and we're just asking people to do 45 hours of training over a three-year period. I think it's a bit of a joke really"

"If you're putting that down as part of your 45 hours, all that mandatory stuff, where does that leave the scope for the really nitty gritty mandatory training"

NB: 45 hours has now been removed in Wales and registrants are now just required to log however much training they've done which may be audited

- \*\*\*cautious findings\*\*\* Higher average hours of training and development time per month in Wales (n=184), than in England (n=128) with 56.5% reporting doing 5+ hours a month in Wales against 43.7% in England
- Potential bias those responding to survey likely engaged and potentially working for 'better' providers
- In Wales almost half of residential childcare and senior residential childcare workers (47.9%) reported doing training in their own time, with over a third (39.4%) in England. Also reflected in new starter interviews
- A reliance on that work being conducted outside of work time impact of external factors such has caring responsibilities on some parts of the workforce.
- The extent to which employers seeing training and development as central; training burden of regulation