

In-Press

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Professionalism and the Group Home Worker: Moving From the Informal to the Formal

Abstract

Professionalism and its relation to the work done in group homes is an idea which is growing in support. Many other professions set out characteristics to define themselves as professional occupations. This paper attempts to place the effort of developmental service workers within the frameworks established by other caring professions, making the case for a movement towards the professionalization of the developmental services field.

Many who work in the field of developmental disabilities are divided on the issue of whether or not they are professionals. Some feel that the nature of their employment precludes them from the title of professional. Others, who have devoted their life and consciously chosen the field of developmental disabilities as their career, feel that they are professionals, but without wide spread recognition or formalization of their profession. Often times those who already believe that they are professionals belong to a large unifying organization devoted to the promotion and furtherance of work in the field of developmental disabilities. For example, this sense of professionalism is apparent in those who attend meetings and conferences sponsored by organizations such as the Ontario Association on Developmental Disabilities (OADD, 2007) and Council on Quality and Leadership Canada (CQL Canada, 2008). Those who work in isolation – such as on the front line, in management, or in the compartmentalized group home, where one often does not know what is

happening in other group homes within their organization – do not feel they are professionals. These workers are often unaware that there are organizations in existence devoted to the furtherance and support of those working in the field. This isolation seems largely due to the overall mandates of the organizations in which these distinct groups operate. Those who hold a sense of professionalism appear to belong to organizations which foster growth and development among their workers. These organizations often belong to groups such as the OADD. Those workers who do not hold this vision of professionalism, appear to work for organizations that merely provide their mandated services, without care for the professional development of their workers skills and knowledge base, outside of those areas required by legislation. The preceding impressions are based on my extensive experience working in the field of developmental disabilities. To note is the recent establishment of the OADD Developmental Services Special Interest Group (DSSIG). The purpose of DSSIG is to foster networking among developmental service workers. This function is distinct from the concept of professionalization of group home workers proposed in this paper. It is my opinion that the work done in group homes is that of a blossoming profession but one that is, at present, informal in nature. It is my argument then that this work needs to move from the informal to the formal.

So first one must look at what is a professional before being able to determine whether those who work in group homes also are. In research that I conducted, which looked at the thoughts and beliefs of group home worker in relation to the concept of professionalism, often times nurses, doctors, and lawyers were cited as examples of professionals (Betts, 2007). As the work

done in groups homes is frequently mistaken for that of nursing, this paper will look at the concept of professionalism as it is played out in the field of nursing.

Hamilton (1992, p. 32) as quoted in Keogh (1997) defines professionalization for nursing as "... the process by which an occupation develops the characteristics of a profession". Cruess and Cruess (1997, p. 1675), also in reference to nursing, provide the following list of characteristics they feel are definitive of a profession:

- A profession possesses a discrete body of knowledge and skills over which its members have exclusive control.
- The work based on this knowledge is controlled and organized by associations that are independent of both the state and capital.
- The mandate of these associations is formalized by a variety of written documents, which include laws covering licensure and regulations granting authority.
- Professional associations serve as the ultimate authorities on the personal, social, economic, cultural, and political affairs relating to their domains. They are expected to influence public policy and inform the public within their areas of expertise.
- Admission to the profession requires a long period of education and training, and the professions are responsible for determining the qualifications and (usually) the numbers of those to be educated for practice, the substance of their training, and the requirement for its completion.
- Within the constraints of the law, the professions control admission to

- practice and the terms, conditions, and goals of the practice itself.
- The professions are responsible for the ethical and technical criteria by which their members are evaluated, and they have the exclusive right and duty to discipline unprofessional conduct.
 - Individual members remain autonomous in their workplace within the limits of rules and standards laid down by their associations and the legal structures within which they work.
 - It is expected that professionals will gain their livelihood by providing service to the public in the area of their expertise.
 - Members are expected to value performance above reward, and are held to higher standards of behaviour than are non-professionals.

Freidson (1988, p. 77) lists the characteristics of a profession as "... holding a level of autonomy, having a specific knowledge, the ability to control and maintain a membership, and having a code of ethics". So where do the developmental service workers fall in these definitions and what do these workers think?

At present, I believe that it is safe to assume, from my experience working within several organizations providing care to individuals with developmental disabilities in Southern Ontario, that the following professional characteristics apply to group home workers. They possess a specific body of knowledge and work-specific skill set. They are managed by organizations with the mandate of providing care to those with developmentally disabilities. These organizations have formalized written documents which include laws they must abide by and government regulations

granting their authority. Group home workers are autonomous within their workplaces, as they work within the limits of rules and standards laid down by their organizations. They gain their livelihood from the provision of service to the public in this area of expertise. They expect of themselves to perform rather than be rewarded, being held to higher standards of behaviour than those not providing care. This is an admirable start but exemplifies the informal nature of the profession. What needs to occur is the move to a formalization of the position.

"Professionalism is best understood in context, and particularly in policy context. Critical analysis of professionalism does not stress the qualities inherent in an occupation but explores the value of the service offered by the members of that occupation to those in power" (Ozga, 1995, p. 22). This statement is particularly salient to the work done in group homes. Often the qualities that are held by those in this work are ignored in place of the value placed on their work by society. Workers interviewed in a study I conducted in 2007, which looked at the notions of caring, professionalism, and educational needs, as understood by front-line workers in community living organizations, stated that they are not paid adequately for the work that they do, nor are they treated with respect within the organization for which they work (Betts, 2007). One of those interviewed stated "People don't know what we do, we are part of a very small town and this small town does not even know we are here" (Betts, 2007, p. 93). Another interviewee reported, "I don't believe the work that I do is viewed as a profession" and "If I could be called a professional... then that would be very satisfying" (Betts, 2007, p. 92).

What is required in order to consider group home workers as a profession are governance, control, and formalization of education and ethics? There needs to be a formal regulatory body much like that of the College of Nurses or College of Social Workers and Social Service Workers that oversees group home workers. Ideally, this association should be independent of both state and capital in that it would decide upon its own rules, regulations, fee structure, and determine its own code of conduct and set of ethics. It would additionally provide a mandate for its constituents; serve as the ultimate authority, and influence public policy and public education. There needs to be control by the profession of developmental service workers over their body of knowledge, work based on this knowledge, over admission to practice and the terms, conditions, and goals of the practice. A period of education and training needs to be formalized, with responsibility for determining the qualifications and numbers to be educated, the substance of that education and training, and the requirements for its completion. This developmental service workers profession will be responsible for the technical and ethical criteria by which its members will be evaluated, and to discipline unprofessional conduct. Finally, there needs to be a formalized code of conduct.

This regulatory body would impact workers, those being supported, and public at large. Workers would have a formalized document which outlines their ethical duty and code of conduct. They would know what is demanded of them and be provided with continuous, on going opportunities for professional development to meet these expectations. This specific knowledge base and ethical standard would provide workers with the ability to control and maintain a membership. Those being

supported would have a consistency of care provided to them across organizations. When care was not provided in accordance with these standards, there would be a governing body to which to appeal. Families of those accepting care would have a greater assurance of the support that their family member was receiving. The public would gain a greater understanding of that which occurs in group homes, and grow in appreciation for the work and service being provided. Having a regulatory body provides the public with a base understanding of what is expected of group home workers, and in so doing, a knowledge of whether it is happening, and what can be done about it if it is not.

Group home workers are true professionals as they “start with the cared for and look at how the carer responds to those needs” (Noddings, 2002, p. 12). Being a professional means holding an attitude, a philosophy of action, and acknowledging the trust given by the community to do what your employment states that you do. Group home workers adhere to all of these. They are charged with providing holistic, intimate care, and they do. From my experience working on the front line and with those in management, I have witnessed the mantra of staff to always put the needs, desires, and wants of clients first, of person centred planning, while keeping in perspective the duty to provide the best protection and totality of care. This philosophy guides the work done in the group homes. Individuals are treated with respect and dignity by those supporting them, as society would expect and demand to have happen. “...a means to status in our society, and to the benefits it represents, is to have one’s occupation labelled a ‘profession’ (Brown, Knight, Patel, & Pilant, 1987, p. 208) .The work done in group homes and throughout the field of developmental disabilities is due this status

and all that comes with that territory. To gain this elevation in status is to have society move forward, by beginning to recognize those providing the most essential of services, caring for society's weak and vulnerable, which to date are not valued as they should be. Group home workers are an essential service just as is nursing and the medical field. We will always have members of our society that require support, protection, and assistance from the rest of us. It is the duty of society to ensure that this support, protection and assistance occur. The informal needs to be taken the next step, into the realm of the formal.

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