

RESEARCH FINDINGS AND IMPLEMENTATION CHALLENGES OF THE CONTINUING PROFESSIONAL DEVELOPMENT (CPD) POLICY FOR THE SOCIAL WORK PROFESSION IN SOUTH AFRICA

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INTRODUCTION

The principled decision taken by the South African Council for Social Service Professions (SACSSP) in July 2003, effective from 1 April 2010, was to adopt continuing professional development (CPD) as a requirement for practising social work. The decision was based on a widely consultative process, which had commenced early in 2001, continuing through various phases and drafts, and culminating in the final CPD policy in July 2009 (Lombard, Pruis, Grobbelaar & Mhlanga, 2010).

During the third phase the eighth draft of the developing CPD policy was piloted by the SACSSP throughout South Africa on a voluntary basis. The pilot project ran from August 2003 to 31 December 2004. Its purpose was to determine the feasibility of the draft CPD policy to produce skilled, empowered professionals. To ensure a thorough evaluation of the pilot implementation of the CPD policy, the Professional Board for Social Work endorsed the recommendation of the CPD Task Team¹ to conduct a comprehensive research study, which was ratified by the SACSSP.

The goal of the research was to evaluate the appropriateness and feasibility of the draft CPD Policy to enable social workers and social auxiliary workers to participate in continuous professional development that would ensure a skilled, empowered professional corps. Based on the feedback from participants, amendments were accordingly made to the development of a final CPD policy for compulsory implementation. In addition, the research explored the role played by employers in facilitating CPD.

Although social workers in all provinces participated voluntarily in the pilot project and provided ongoing comments and feedback (Lombard *et al.*, 2010), two of the nine provinces, Gauteng and the Northern Cape, which represented an urban and a rural social work practice context respectively, were selected for the research. Gauteng is urban and densely populated, with all types of accessible resources and a well-developed infrastructure. It has four tertiary training institutions and numerous service providers and employers. The Northern Cape, on the other hand, consists of many rural areas, so practitioners have to travel long distances. There are far fewer resources and infrastructure, no tertiary training institutions and a more limited range of service providers and employers.

Research on the implementation of the draft CPD policy was conducted during 2005 and 2006, and data-capturing and analysis were carried out in 2007. In 2008 consultation meetings were held in all nine provinces to present the research findings to the constituency, to further debate, clarify and consult on key research findings and conclusions, and to promote the principle of CPD amongst the audience of social workers and social auxiliary workers. The provincial meetings also served the purpose of further raising awareness of CPD because the majority of

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the audience had either not participated in the pilot project, had not been informed, or were not even aware of the purposes of CPD. The consultation meetings further shaped the draft CPD policy (draft nine) and, after a final consultation with the broader constituency, the tenth and final draft CPD policy of the SACSSP was produced in July 2009.

This article presents and discusses the research findings and conclusions on the implementation of the draft CPD policy. The research findings not only informed the content of the CPD policy, but also highlighted many of the challenges confronting the successful implementation of CPD. In the discussion section of the paper a consolidated view of the key CPD issues and concerns from the perspective of both the research findings and the provincial consultation meetings will be examined. This, in turn, will culminate in final concluding section of the paper, which will focus on the key amendments made to the draft policy and the particular challenges for the successful implementation of CPD.

RESEARCH METHODOLOGY

The research was primarily quantitative, with a qualitative component in the many open-ended questions that were included in the questionnaire as a data-gathering instrument. The provincial consultation meetings emphasised the qualitative nature of the study by providing opportunities for attendees/participants to express their views, while drawing conclusions on key issues relevant to the final CPD policy and its successful implementation.

Of the target provinces for the research, 960 participants from Gauteng and 133 from the Northern Cape participated voluntarily in the pilot project. The total population of 1 093 was included in the research study. Questionnaires were distributed and received back by post. The number of respondents (N) in the qualitative study was 138, which represents 13% of the study population. Currently, only social workers and social auxiliary workers are registered with the SACSSP and, although both these groups were included in the research, responses were received only from social workers.

Data analysis was carried out using SAS[®] Version 8.2 running under z/VM on the University of Pretoria's mainframe computer. Essentially one-way and multi-way frequency procedures were employed to summarise the data.

RESEARCH FINDINGS

Research findings will be presented in three sections: biographical information; participation in CPD activities and service providers; and monitoring of attendance and issuing of CPD certificates.

Section A: Biographical information

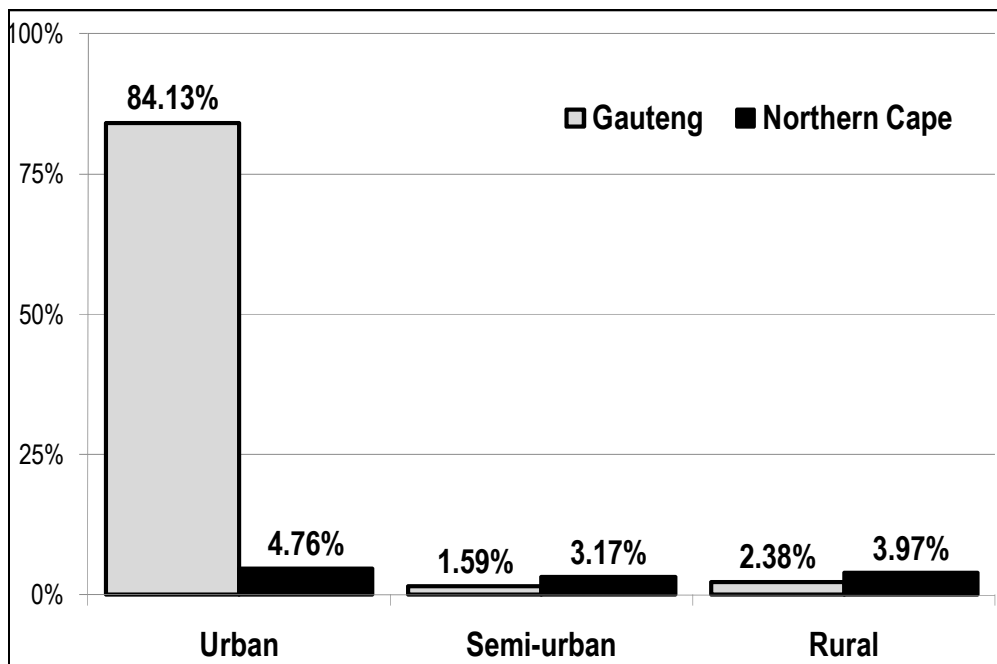
In this section questions were aimed at determining the respondents' province and area, the nature of their employment, the capacity of their employment and their years of experience.

Respondents' province and area

Figure 1 shows that 84.13% (106) of the respondents reside in the urban areas of Gauteng, as opposed to 4.76% (6) who reside in urban areas in the Northern Cape; 1.59% (2) live in semi-urban areas in Gauteng, while 3.17% (4) reside in semi-urban areas in the Northern Cape; 2.38% (3) of the respondents live in Gauteng's rural areas, as opposed to 3.97% (5) in the Northern Cape. These figures indicate that the majority of the respondents come from the Gauteng Province, i.e. 88.1% (111) compared to the 11.9% (15) from the Northern Cape

Province. The frequency missing of 12 respondents might have changed the profile of the respondents slightly if they had been based in the Northern Cape Province.

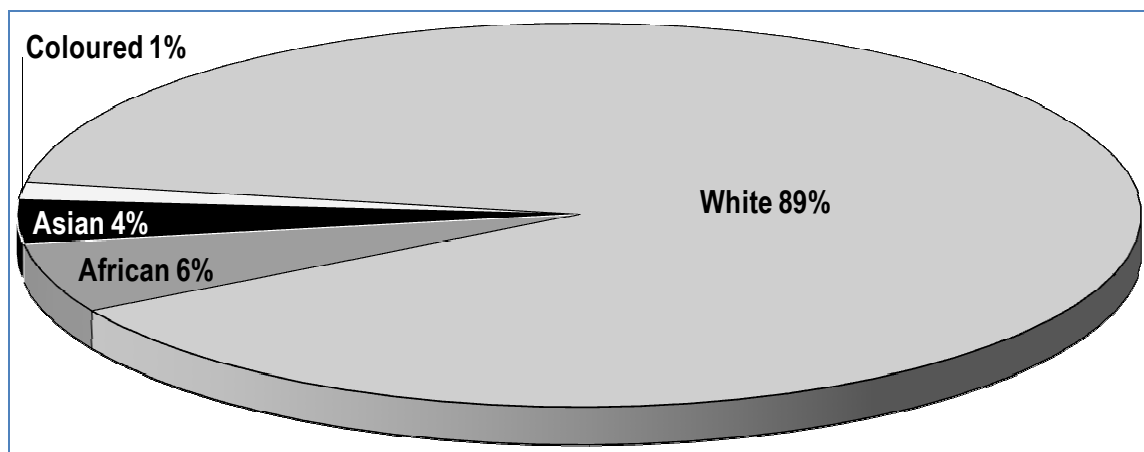
FIGURE 1
PROVINCE AND AREA (N=126).



Race of respondents

Figure 2 indicates that 6% (8) of the respondents were African, 4% (5) Asian, 1% (2) were coloured and the majority, 89% (121), were white. The skewed racial presentation was balanced by the composition of the attendees at the provincial consultation meetings, the majority of whom were black.

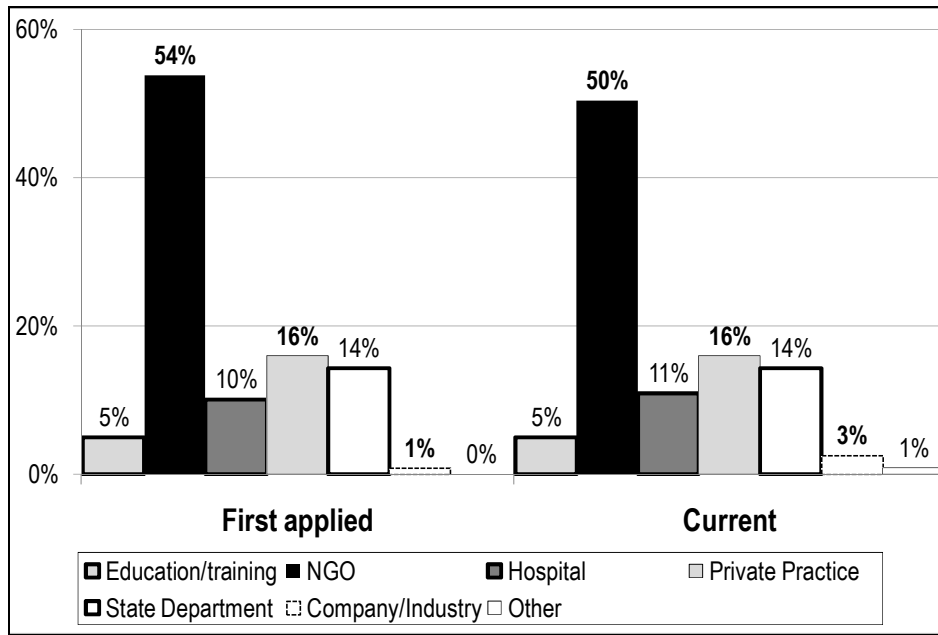
FIGURE 2
RACE OF RESPONDENTS



Nature of employment

The question required feedback on where the respondents were employed when the pilot was launched, as opposed to where they were employed at the time of the research. The respondents' main employment settings ranged through education and training, NGOs, hospitals, private practice, state departments and companies/industry, as indicated in Figure 3.

**FIGURE 3
 NATURE OF EMPLOYMENT**



Capacity of employment

Respondents were requested to indicate the capacity in which they were officially employed at the time of the research, which is reflected in the following figure.

**FIGURE 4
 EMPLOYMENT CAPACITY**

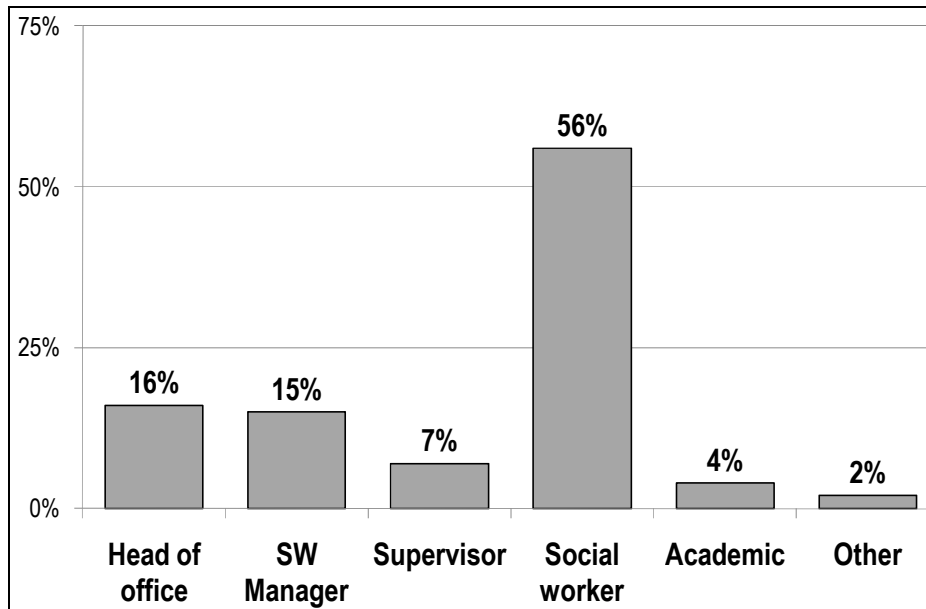
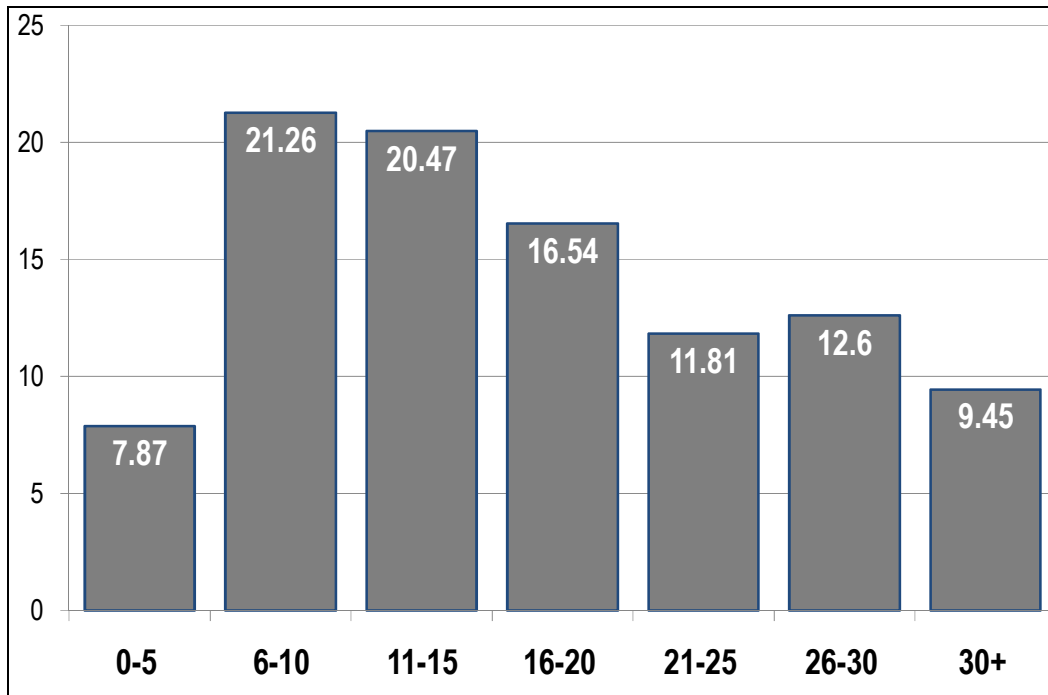


Figure 4 indicates that 16% (20) of the respondents were the head of office/branch/organisation/division; 15% (19) were social work managers; 7% (9) were supervisors; 56% (73) were social workers; 4% (5) were academics, and the remaining 2% (3) were respectively self-employed, an administrator and unemployed. The response rate of social workers, 56% (73), indicates that the views of grassroots workers in the social work profession are significantly represented.

Years of practice experience

The respondents' years of experience are summarised in a range of five-year categories, as indicated in Figure 5.

FIGURE 5
YEARS OF PRACTICE EXPERIENCE



The respondents' years of experience ranged from 0-30 years. These ranked the highest in the category 6-10, i.e. 21.26% (27); followed by 20.47% (26) years in the category 11-15; 16.54% (21) in the category 16-20 years; 12.60 (16) in the category 26-30; 11.81 (15) in the age group 21-25; 9.45% (12) had 30+ years of practical experience, while 7.87 (10) had practical experience ranging from 0-5 years. From the figure it is clear that the majority of the respondents, i.e. 70.87% (90), had at least 11 and more years of practice experience.

Section B: Participation in CPD activities

This section includes questions on the purposes of CPD; payment for CPD; problems experienced with CPD; the activities of CPS; reasons for not attending CPD; employer responsibilities and the working environment; opportunities for CPD; accumulation of points; submission of CPD activities; and the best strategy for being informed about CPD.

Extent to which CPD activities met the CPD purposes

Respondents were asked to indicate the extent to which the CPD activities that they attended had achieved the respective purposes of CPD on a five-point scale, on which a score of one represents *not at all* and a score of five represents *fully*. The means of the responses to the respective purposes are presented in the following figure.

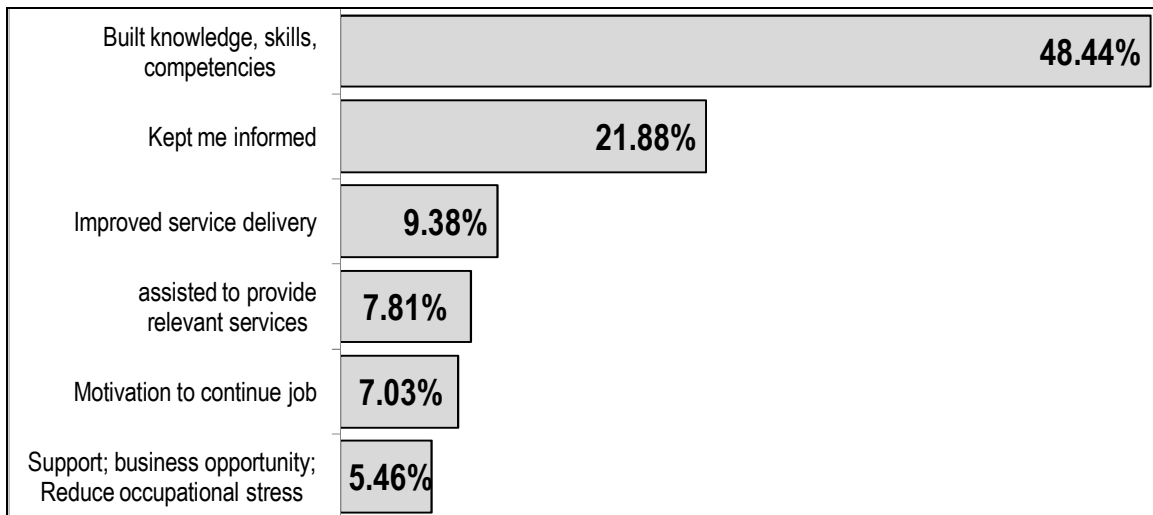
FIGURE 6
EXTENT TO WHICH CPD ACTIVITIES ATTENDED MET CPD PURPOSES



Most outstanding purpose of CPD

As a follow-up question to the previous one, respondents were asked what they regarded as the most outstanding purpose of CPD activities.

FIGURE 7
MOST OUTSTANDING PURPOSE OF CPD ACTIVITIES



In Figure 7 the highest scoring of the CPD purposes that stood out most are shown to be building knowledge, skills and competencies, as indicated by 48.44% (62) of the respondents. The second highest score related to being kept informed of current trends in research and development, indicated by 21.88% (28) of the respondents. This was followed in the third place by improved service delivery, indicated by 9.38% (12) of the respondents; in the fourth place was assistance in providing relevant services, indicated by 7.81% (10) of the respondents. Fifthly, 7.03% (9) of the respondents regarded motivation to continue in their job as the most outstanding purpose. The three purposes with the lowest scores were support, 1.56% (2); opportunity to develop their own business in providing CPD activities, 1.56% (2); and reducing occupational stress, 1.56% (2).

As a follow-up question, respondents were asked to explain the choice they had made in response to the previous question on most outstanding purposes of CPD activities. The respondents' views are reflected in the themes that emerged from the question.

Education and development

People are dynamic – to keep up with new skills you have to expand your world and always learn new skills.

The more you learn, the easier it will become to render an effective service.

I learnt new skills and also got information about old techniques that I had already forgot.

I have only recently started working as social worker. I graduated in 1995, so I needed to upgrade my skills and do a refresher course. The CPD activities helped me with this.

Quality service delivery

Learnt more skills to render more effective supervisory role to my supervisees.

If you are not informed, you cannot do your job to the best.

By building knowledge, skills and competencies you improve all aspects of service delivery.

Kept me up to date with recent research and trends within the discipline. Motivated me as service provider to give an excellent and professional service.

Support, self-development and building confidence

Through the various workshops and activities I again became aware of where my strengths are.

Refreshment. Re-gain confidence.

NB to receive input in a job where one is giving of oneself most of the time; “self-care”.

I thought I came to a stop in my career and that it was time to move on – now I can move to a next level.

When I felt like resigned and frustrated, then my enthusiasm would be regained when I got my CPD points.

Support and networking

The stimulation and contact with other professionals helped me to feel less isolated.

Because I could choose which activities I attended, it was focused on my needs, perceived weaknesses. Prevented isolation as I am the only s/w in practice.

Costs, CPD opportunities, relevance and administration of CPD

Not all activities are relevant to my job, but you have to attend courses for CPD activities which suit your pocket (finance). It therefore built my knowledge, although not always relevant to my work.

We have found this very difficult with limited opportunities for relevant training.

Not anything mentioned above. I attended the activities because I wanted, not because of CPD points.

I gained considerable knowledge, but not able to implement everything I learned.

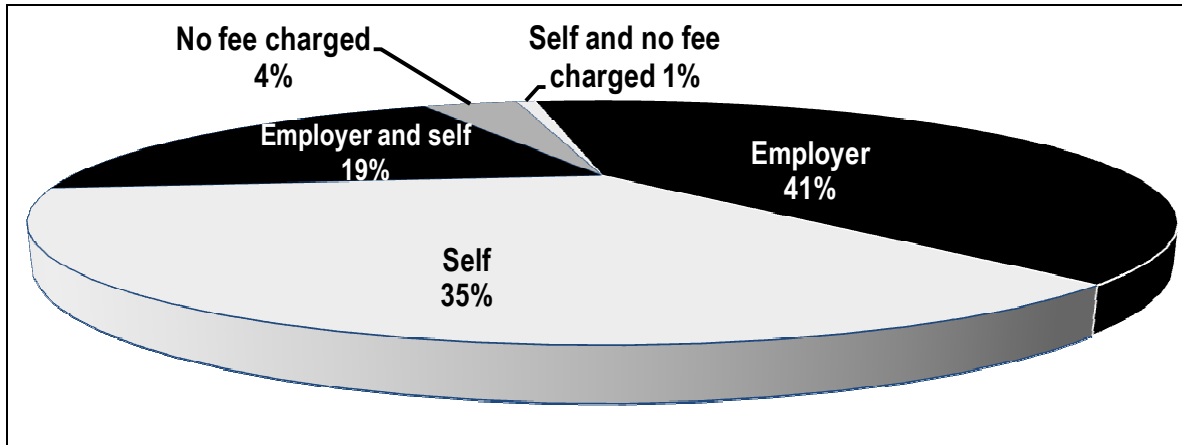
Only to qualify for CPD points.

Have found limited opportunities to attend CPD activities and, although I feel the concept is good, feel it has not met expectations.

Payment for CPD activities

The respondents were asked who was responsible for paying for the CPD activities they had attended. According to Figure 8, 41% (54) of the respondents indicated that this was their employer; 35% (45) indicated that they themselves were responsible; 19% (25) reported a combined payment by the employer and the respondent, while 4% (5) attended CPD activities where no fee was charged. In the *other* category, which had been built into the question, one (0.77%) respondent indicated that the CPD activities attended fell into the categories of *self-payment* and *no fee charged*.

**FIGURE 8
 PAYMENT FOR CPD ACTIVITIES**



Problems experienced with attending CPD points

The question on the extent to which respondents had experienced problems with attending CPD activities required a response on a five-point scale, where a score of one represents *not at all* and a score of five represents *fully*. The mean of the responses to the respective problems experienced are presented in the following figure.

**FIGURE 9
 PROBLEMS WITH ATTENDING CPD ACTIVITIES**

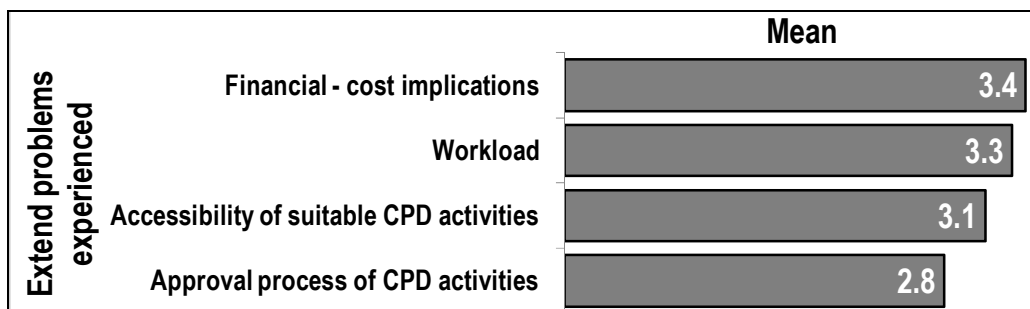
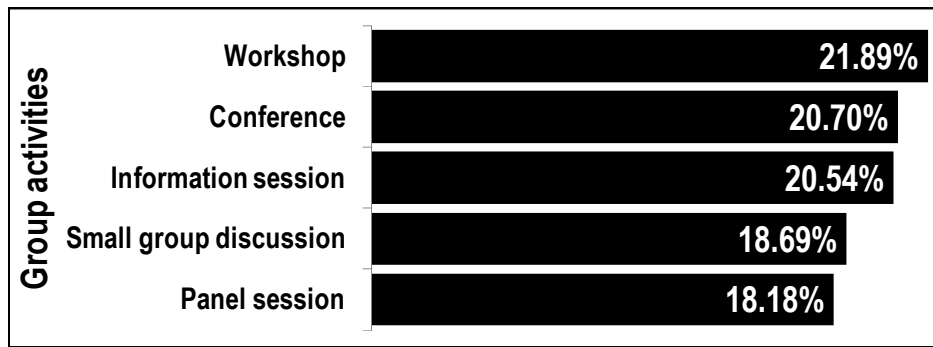


Figure 9 shows that respondents do experience financial problems in attending CPD activities (3.4); workload (3.3) and accessibility of suitable CPD activities (3.1). Problems were experienced to a lesser extent with the approval process of CPD activities (2.8).

CPD group activities

Respondents supported the retention of all the proposed CPD group activities in the final CPD policy. The research findings were analysed according to the *FREQ* procedure to determine the ranking from the lowest to the highest range of CPD group activities, as reflected in Figure 10.

FIGURE 10
GROUP CPD ACTIVITIES TO REMAIN IN CPD POLICY



In Figure 10 the average percentages for the respective CPD group activities that respondents thought should be retained in the CPD policy reflect the importance and relevance of these activities to the respondents. The discrepancy between the highest-ranked group activity, i.e. workshops (21.89%), and the lowest ranked, i.e. panel sessions (18.18%), is only 3.71%.

In a follow-up question respondents indicated additional group CPD activities that they would like included in the CPD policy. These include: supervision; in-service training; skills-development programmes; independent research; professional meetings/gatherings; field trips; fund-raising; formal studies/further studies; short courses; reading and reflecting; journal discussions; group publication of articles; subscription to social work literature journals; reading of up-to-date literature; team meetings and discussions; case meetings/discussions; team meetings for case-discussions by multidisciplinary team members; lectures given to other disciplines/team members (in health) and attendance at lectures, ward rounds (in hospitals) and construction of a database/library of reading material relevant to social work.

From the list it is clear that respondents confuse group and individual CPD activities as well as work-related tasks and CPD activities.

Individual CPD activities

In similar vein to the question on the group activities, respondents were asked which of the individual CPD activities in the draft CPD policy should remain in the CPD policy.

FIGURE 11
INDIVIDUAL CPD ACTIVITIES TO REMAIN IN CPD POLICY

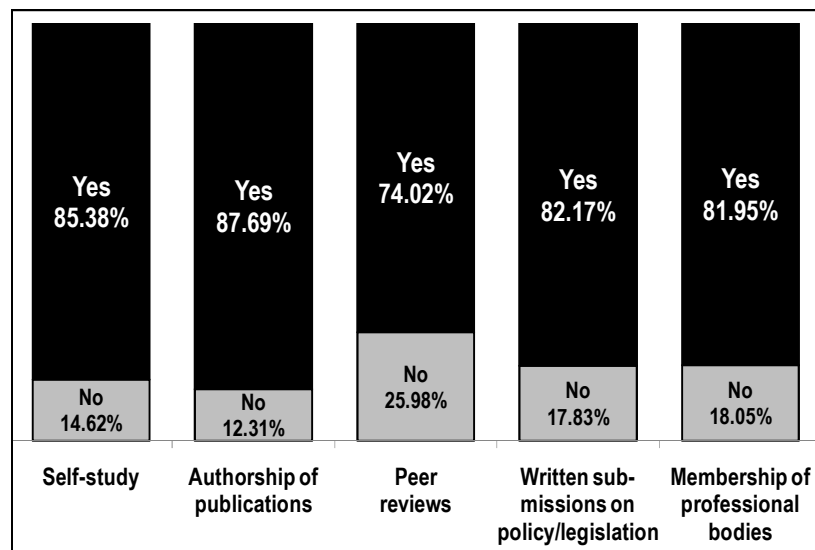


Figure 11 depicts agreement on retaining the proposed CPD individual activities: 85.38% (111) respondents wanted self-study; 87.69% (114) wanted to retain authorship of publications; 74.02% (94) wanted peer reviews; 82.17% (106) wanted written submission on policy legislation; and 81.95% (109) respondents supported membership of professional associations, and other bodies and structures.

In response to a follow-up question, respondents listed the following additional individual CPD activities to be included in the CPD policy: supervision; personal therapy; administrative skills; business administration; research and community work projects; self-study in other fields such as management, human resources, MBA or MBL studies; internet searches for work-related purposes; attending case conferences and other groups involved in work with children at children's homes.

Derived from the above-listed individual activities, it appears that respondents have little clarity as to what is involved in the respective individual activities listed in the draft policy, and, as in the group activity, there is confusion between work-related and CPD-related CPD activities.

In response to an open-ended question on CPD activities respondents pleaded for a variety of activities from which to choose, flexibility in the choice of individual and group activities, and quality control, which can be summarised as follows: "Self-study and peer reviews as above should be included only if their validity can be tested".

Reasons for attending CPD group activities

Respondents were asked to give their reasons for attending the CPD group activities they had selected in the pilot project. These reasons are presented in Figure 12, from the highest to the lowest score.

FIGURE 12
REASONS FOR ATTENDING GROUP CPD ACTIVITIES

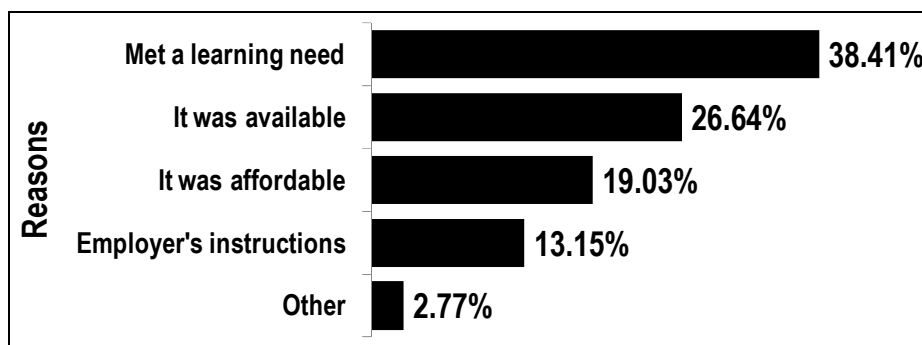


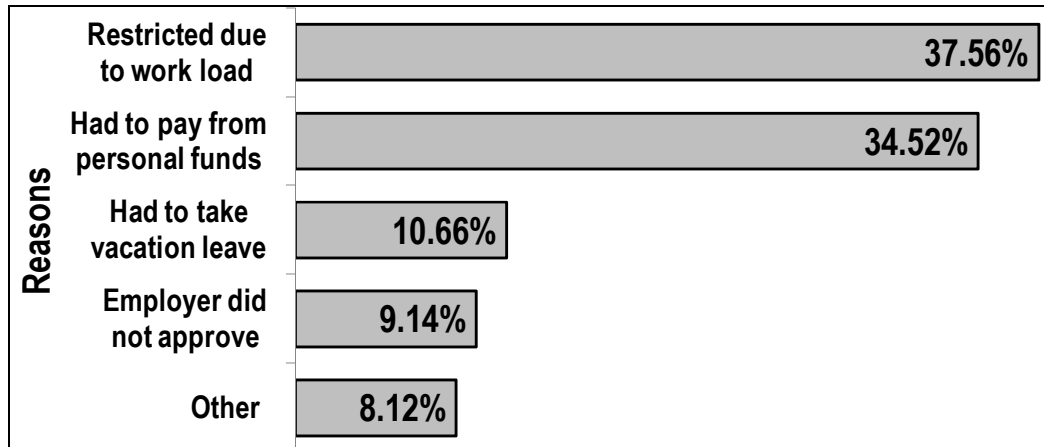
Figure 12 shows that 38.41% (111) of the respondents indicated that their reasons for attending CPD group activities were to meet a learning need; 26.64% (77) indicated that it was available; 19.03% (55) said it was affordable, 13.15% (38) responded to their employer's instructions; and 2.77% (8) listed other reasons. These included an opportunity to network (3); activities were necessary for the nature of their work (2); it was the SACSSP's instruction (2); and finally, the points were needed (1).

Reasons for not attending intended CPD group activities

Respondents were asked whether there were any CPD group activities that they had wanted to attend, but could not for specific reasons. Derived from Figure 13 below, 37.56% (74) of the respondents indicated that they were restricted by work load; 34.52% (68) indicated that they had to pay from personal funds; 10.66% (21) had to take vacation leave; 9.14% (18) indicated that their employers did not approve the CPD activities; and 8.12% (17) respondents specified

reasons other than those listed. These included the following: opportunities for CPD were limited because of distance; there were not enough choices; there were too many choices; not registered for CPD; and costs.

FIGURE 13
REASONS FOR NOT ATTENDING GROUP CPD ACTIVITIES

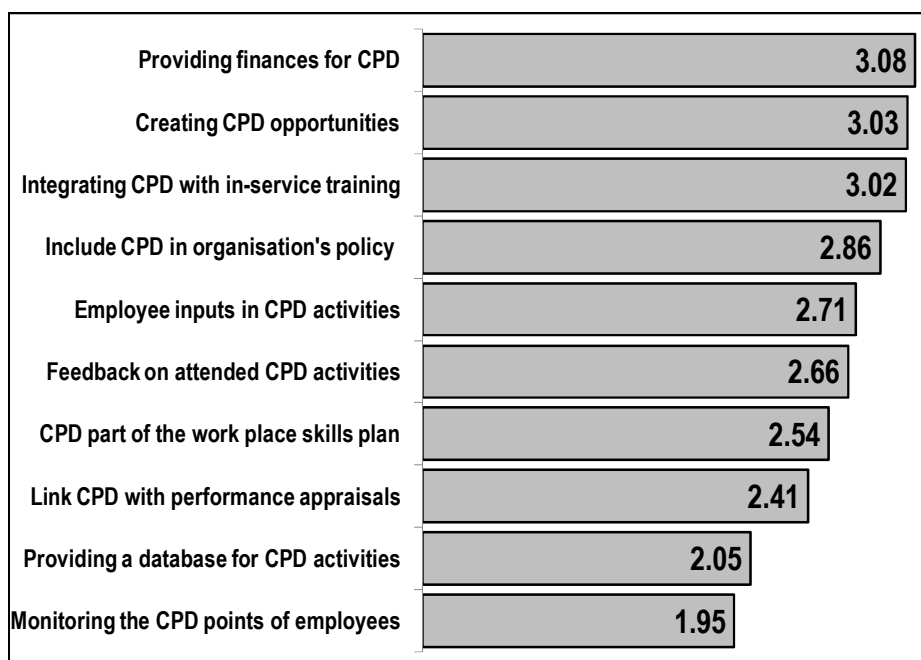


Using the FREQ procedure to compare the capacity of employment and “reasons wanting to attend but could not” as reflected in the *other* category of the question, one reason featured frequently for both the heads of organisations and social workers, which was the cost of CPD activities. Three (60%) of the five managers and three (37.50%) of the eight social workers who responded to the *other* category for the question indicated costs as their particular reason for not attending.

Employers’ responsibility for CPD

Respondents had to indicate the extent to which their employers took responsibility for various tasks on a five-point scale, on which a score of one represents *not at all* and a score of five represents *fully*. The means of the responses to the respective responsibilities are presented in the following figure.

FIGURE 14
EMPLOYER RESPONSIBILITIES



According to Figure 14, respondents view three responsibilities as partially or more important, i.e. providing or contributing to finances for CPD activities (3.08); creating opportunities for employees to make inputs into the nature of CPD activities (3.03) and integrating CPD activities into in-service training/personnel development programmes (3.02). The respondents saw six responsibilities as *little* or *partially* those of the employer, namely: including attendance at CPD activities in the organisation's policy (2.86); creating opportunities for employees to make inputs into the nature of CPD activities (2.71); requesting feedback on CPD activities attended (2.66); facilitating CPD activities as part of the Work Place Skills Plan (2.54); linking CPD activities with the needs determined for performance appraisals (2.41); and providing a database for CPD activities (2.05). The one responsibility that fell into the category of *not at all - a little* was the monitoring of the CPD points obtained by employees (1.95).

The different views and challenges of the respondents are reflected in the following responses:

As a contractor my employer is not really responsible for CPD opportunities. They do provide for full-time employees, e.g. national and international conferences. Palliative care seminars, etc.

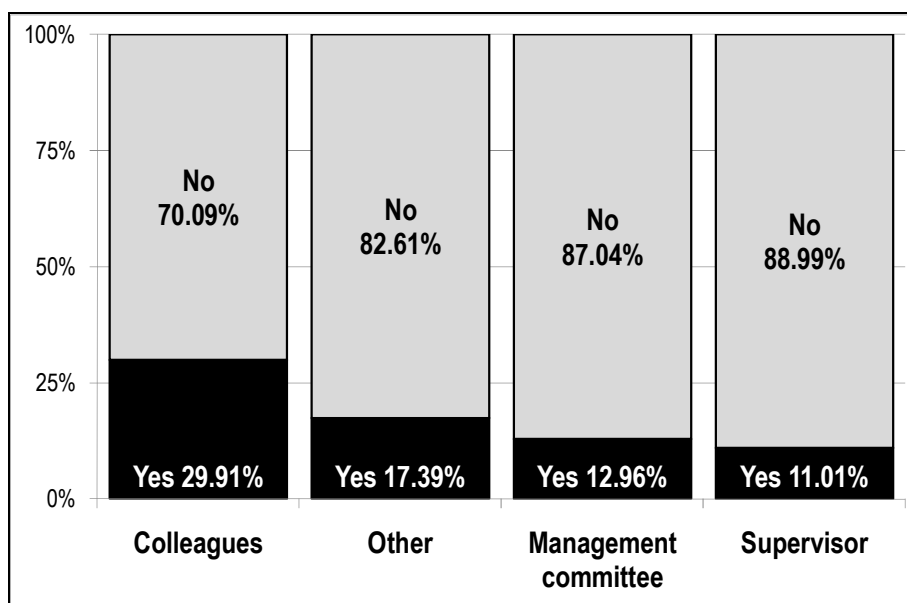
If the training is in excess of R500+ the government body will require the employee to sign a contract to work for 6 months to 1 year or pay the fees back.

To be your own boss sometimes makes it difficult – no work no pay!

Resistance to CPD in the work environment

A question was included in the questionnaire on whether respondents experienced any resistance to CPD in their work environment, i.e. from the management committee, the supervisor, colleagues or anyone else. Data in Figure 15 show that 12.96% (14) of the respondents experienced resistance to CPD in their work environment by a management committee; 11.01% (12) by supervisors; 29.91% (35) by colleagues and *other* 17.39% (4). In the *other* category, 17.39% (4) of the respondents specified family responsibilities, resistance to the practicality and implementation of CPD, and the question being not applicable because they were self-employed.

FIGURE 15
RESISTANCE TO CPD EXPERIENCED IN WORK ENVIRONMENT



The question was followed up by an indication of the main (most important) reason given for the resistance. Fifty-two (52) respondents answered this question. The reasons were listed by 51.91% (27) respondents as costs, time and workload; 28.86% (15) of the respondents indicated the work environment; the CPD system was listed by 11.54 (6) respondents; and availability and opportunities for CPD activities were indicated by 7.69% (4) of the respondents. These themes are substantiated by the following strong views of the respondents: using the FREQ procedure, a cross-variable correlation was made between the capacity of employment and the main reason for resistance to CPD experienced in the work environment. Three (60%) of the five heads of organisations; four (80%) of the seven managers; three (42.86%) of the 14 supervisors and 18 (64.29%) of the 28 social workers indicated costs as the most relevant reason for resistance to CPD. The respondents views' are reflected under the identified themes.

Time and financial constraints and work loads

Better salaries for social workers in NGOs to be able to afford the expensive training.

Enough financial help to pay for these activities.

Poverty in salaries.

Time, work load and costs. Management feel I must obtain CPD training in my own time.

Financial constraints. Unrealistic expectations by SACSSP of gaining CPD points when working conditions for social workers need to be addressed first.

Resistance to the financial implications, limited time to participate. CPD in theory GREAT, but in implementing this and continuing with it will be difficult for social workers.

High costs to travel and overnight stay for workers in private practice in far off places. A 2-day workshop costs more than they earn in a month.

CPD System

Most believe the system will never work if we cannot get feedback already – how will ever when we are all on board!

Points – other disciplines would receive more points/recognition or approval for attending an activity.

No feedback/approval received as recognition as documentation submitted could not be found by council although proof of payment (receipt) is there.

CPD is a controversial endeavour. Experienced by many professionals as an infringement.

Availability and accessibility

Social workers are concerned regarding the availability of courses (activities) as well as costs and taking holiday leave. In specialist fields the activities are extremely limited.

Opportunities are not always accessible

We have not found this constructive or use[r]-friendly. Have not found opportunities to attend relevant programmes. We have many opportunities in the Home which are not recognised.

Workshops topics are not applicable to my present field of practice.

Working environment and facilitation

It is not important to the head of department.

We have to attend worthless workshops presented by our Human Resource dept. not relevant to our work at all. I try to send some of the social workers on courses and ...

manage to obtain permission but nothing is being done by our Regional Official Head Office to equip professional people in the department.

The supervisor and Management Committee decided who must attend CPD activities, like course and training even if it is your own interest in a specific training, workshop or course from colleagues

Some colleagues only attending CPD activities, whilst others have to do the job – no fair distribution of opportunities, due to poor administration.

Have to take leave/use official transport.

Professional jealousy.

They [management, supervisors] do not see involvement in CPD activities as important. Self-development is not encouraged and a willingness to learn new skills is treated as a quaint whim.

Available CPD opportunities for CPD needs

Respondents were asked to what extent the available CPD opportunities met their need(s) for continuous professional development on a five-point scale on which a score of one represents *not at all* and a score of five represents *fully*.

FIGURE 16
CPD OPPORTUNITIES AND CPD NEEDS

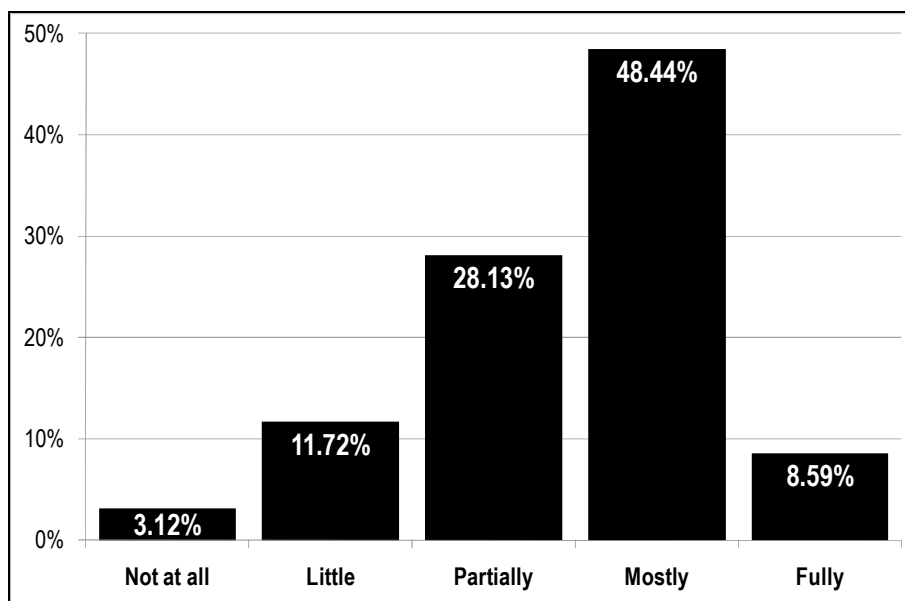


Figure 16 shows that 57.03% (73) of the respondents were of the opinion that available CPD opportunities met their CPD needs in the categories *mostly* and *fully*; 28.13% (36) indicated that their needs were *partially* met, while 11.72% (15) indicated that few of their needs were met and 3.12% (4) said that their needs were *not met at all*. This suggests that 42.98% (55) of the respondents reported that the extent to which CPD opportunities met their needs for CPD fell into the category range of *not at all - partially*.

Themes of available CPD activities

Proposed themes for CPD activities ranged from the micro- to the macro-level and across all fields of social work. The themes can be summarised in the following categories: social work and human rights (including children's rights; socio-economic rights; social justice); social work and the law (including training for children in conflict with the law; latest legislation;

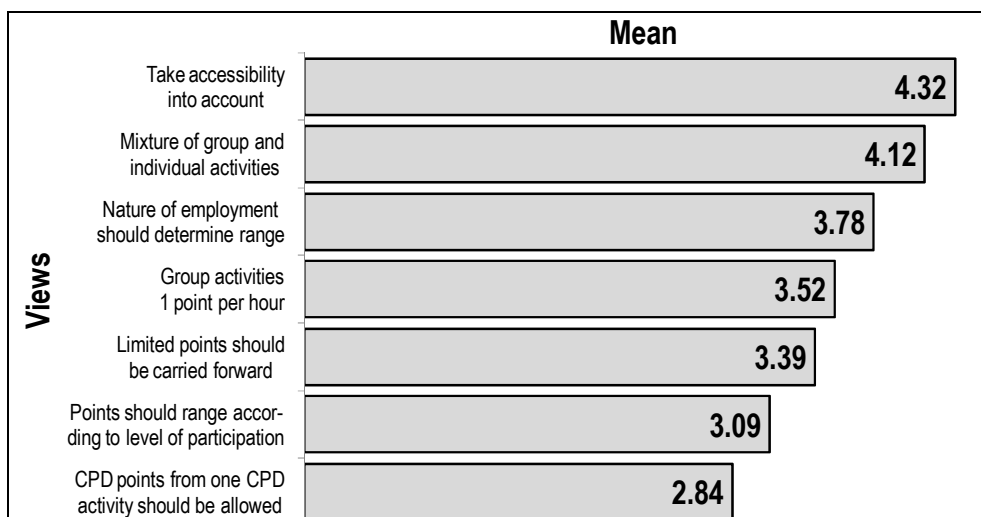
expert witnessing; legal rights of mother and father in custody cases; labour relations issues); social policy; ethics in social work; public relations; management (including human resource, financial, change, time and resource management; strategic planning; managing productivity); business skills and leadership (leadership development; coaching and mentoring skills; motivation); fundraising; supervision (including individual; group and student); research (trends in field; methodology; writing skills); specialised knowledge (including HIV/AIDS; trauma, divorce, bereavement counselling; xenophobia; crime; child development; community development; care of caregivers; handling of sex and aggressive offenders; target groups such as adolescents (behavioural problems); parental guidance; social health care; correctional services; children (best interests of the child; children with special needs); alcohol and drug abuse; disability); social work techniques, skills and tools (for therapy; assessments; evaluation; crisis intervention; parenting programmes); approaches and models (including the developmental social welfare approach; narrative therapy; behaviour modification; wellness therapy; marriage and family counselling); life skills and personal empowerment (including anger management; dealing with anxiety; depression and work-related stress; social skills; self-esteem); workplace (violence in the work place; burnout, support networks); information technology and new trends and updates in social welfare and social work (including intervention models; methods and techniques; theory development).

Accumulation of points for CPD activities

The question of the accumulation of CPD points was intended to determine the views of respondents on how CPD points could be accumulated for continuous professional development activities. Respondents had to respond to the respective views on a 5-point scale on which 1=definitely do not agree; 2=do not agree; 3=unsure; 4=agree; 5=definitely agree.

According to Figure 17 respondents' views on how CPD points should be accumulated for CPD activities from the highest to the lowest means were as follows: the accessibility of CPD activities should be taken into account in the policy (4.32); CPD points should be accumulated by means of a mixture of group and individual activities (4.12); the nature of employment should determine the range of CPD activities (3.78); all group activities should receive 1 point for 1 hour (3.52); a limited number of points should be carried forward to the following year (3.39); points should range according to the level of participation of the attendee (3.09); and CPD points from one CPD activity should be allowed (2.84).

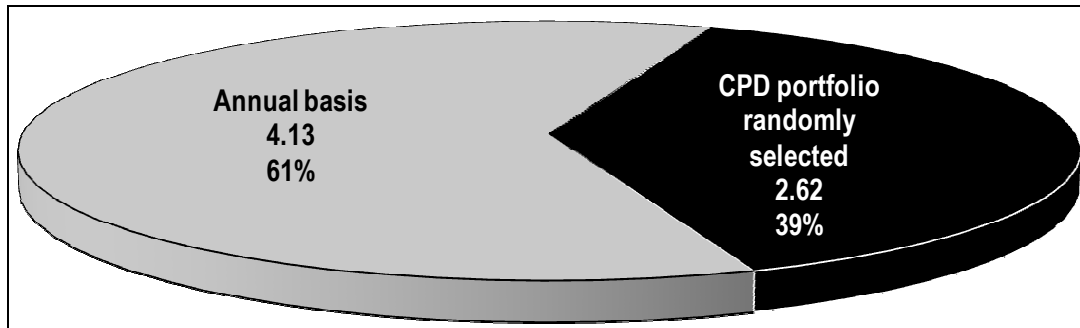
FIGURE 17
ACCUMULATION OF CPD POINTS



Best way to submit CPD activities for annual registration

Figure 18 indicates that respondents thought the best way to submit activities for CPD points was for all registered with the SACSSP to submit annually (61%).

FIGURE 18
BEST WAY TO SUBMIT CPD ACTIVITIES



Respondents expressed varying views, shown in the following responses:

Otherwise no one will do it and some will make up a few points. It might feel that we are “hunted” if randomly selected. It will remind all social workers to keep gathering points.

Permitting there was the availability to activities and the necessary time. If not, it should rather be spread over a 2-3 year period.

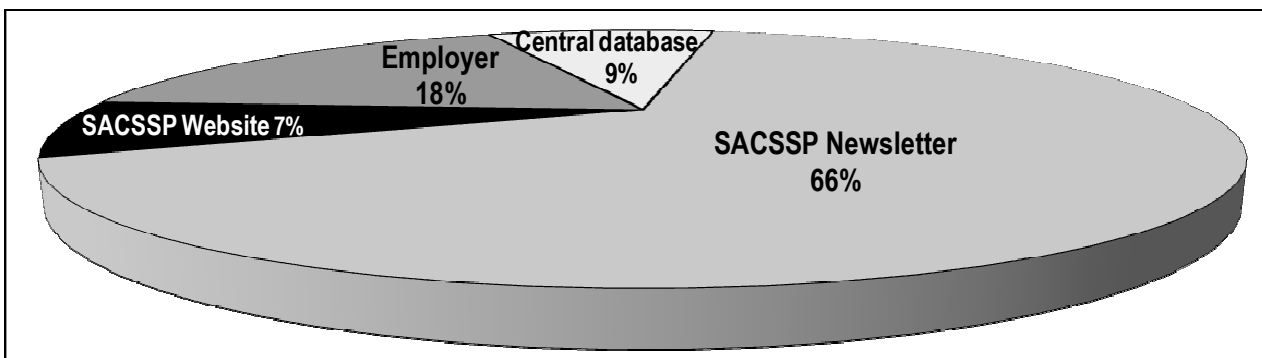
One respondent, who indicated a portfolio as the best way for submission of CPD activities, proposed the following:

Build a portfolio over e.g. three-year period and submit – a cut-off date annually [is] not practical. Points accumulated should carry CPD credit for 12/12-18/12 from date obtained.

Best strategy for receiving information on CPD

According to the respondents, as indicated in Figure 19 below, the best strategy for receiving information on CPD is the SACSSP Newsletter, i.e. 66% (82); followed by the employer, i.e. 18% (22); a central database, i.e. 9% (11); and 7.26% (9) of the respondents indicated referring to the SACSSP Website as the best strategy.

FIGURE 19
BEST STRATEGY TO BE INFORMED ABOUT CPD



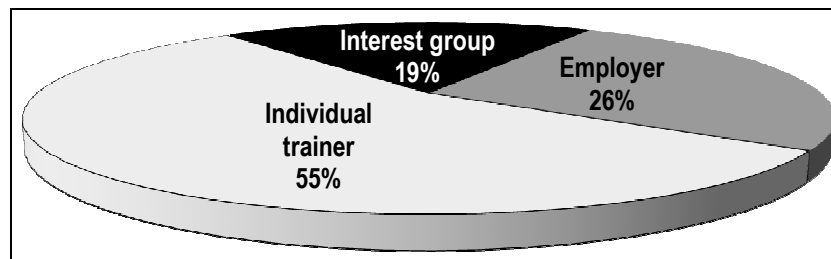
Section C: Service providers; monitoring of attendance and issuing of CPD Certificates

The last section reports on the capacity in which the respondents applied for approval for CPD activities. It also discusses how they experienced the administrative processes of applying for accreditation for activities, the monitoring of attendance and the issuing of CPD certificates.

Capacity of CPD service providers

Figure 20 below indicates that respondents applied for approval of CPD activities for the most part as individual trainers, i.e. 55% (15); 26% (7) applied in their capacity as employers; and 19% (5) as interest groups (e.g. professional associations).

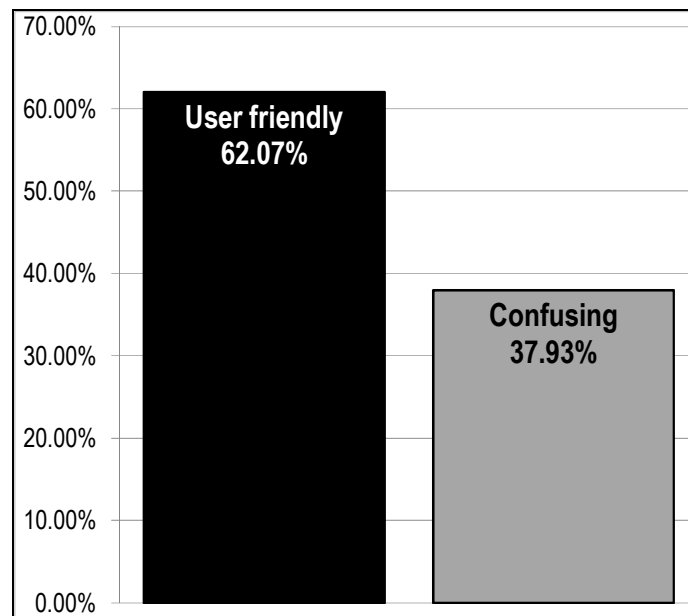
FIGURE 20
CAPACITY OF CPD SERVICE PROVIDERS



Experience of CPD application form

Figure 21 indicates that the majority of the respondents, i.e. 62.07% (18), experienced the CPD application form as user-friendly, while 37.93% (11) of the respondents experienced it as confusing.

FIGURE 21
EXPERIENCE OF CPD APPLICATION FORM

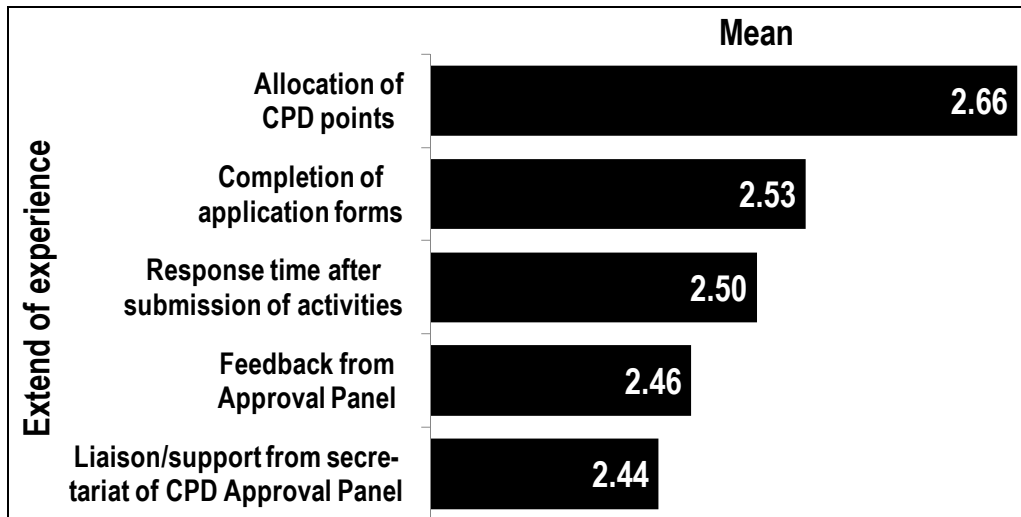


Reasons for identifying the application form as user-friendly were: short and to the point; a simple process; time and cost effective; and clear instructions. On the contrary, reasons for being confused included lack of clear instruction; complex; ethical issues were not understood; and querying why every training activity had to be registered if the training remained the same.

Problems in the process of submission of applications for approval of CPD activities

Respondents were asked to indicate the extent to which they had experienced problems with the steps in the process of submitting the applications for approval of CPD activities on a five-point scale on which 1 = *not at all* and 5 = *fully*. The following figure indicates the responses.

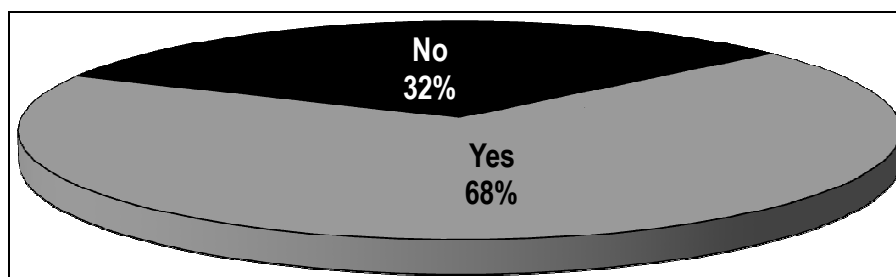
FIGURE 22
PROBLEMS EXPERIENCED IN THE PROCESS OF SUBMISSION APPROVAL OF CPD ACTIVITIES



According to the means reflected in the above Figure 22, it appears that no problems or very few problems were experienced by respondents in the submission process for approval of CPD activities. The most commonly experienced problem for the respondents related to the allocation of CPD points (2.66); followed by the completion of application forms (2.53); the response time after submission of activities (2.5); feedback from the Approval Panel after consideration of CPD submission (2.46); and liaison with/support from the Secretariat of the Approval Panel (2.44).

Fairness of administrative fees for approval of CPD activities

FIGURE 23
FAIRNESS OF THE ADMINISTRATIVE FEES



As indicated in Figure 23, the majority of the respondents, i.e. 68% (21), said that the administration fees were fair, while 32% (10) of the respondents maintained that they were not. The latter argued that “social workers do pay annual registration fees to the Council. Training opportunities are expensive”; and “The money to be paid to me covered the cost, and was not for profit”.

Monitoring attendance of CPD activities and issuing CPD certificates

The majority of the respondents, i.e. 90% (28), experienced no problems with monitoring attendance at CPD activities, while 10% (3) did. A register of attendees has to be kept and submitted to the SACSSP. The key difficulty encountered was noted as being that social workers left the CPD activity early in the day.

The majority of the respondents, i.e. 90.32% (28), did not experience any problems with issuing certificates of attendance, as opposed to 9.68% (3) who did. One respondent indicated: "If the attending process is in order you can know to whom you have to issue a certificate". When it came to problems, respondents indicated difficulties like these expressed in the following: "I use my private computer which is really a bit inconvenient. It would be nice for us to have one printed as one we can photocopy as many times as necessary"; "Distributing them more difficult"; "Do not do that, courses that I attend 3 out of 5 struggled with issuing certificates for attendance".

DISCUSSION

The research findings confirmed that social workers are committed to the purposes of CPD. This commitment, however, is influenced in various ways. In South Africa CPD cannot be divorced from the other challenges facing social work, such as working conditions and salaries. The recurring themes of finances and costs, workload, time, availability, accessibility and the affordability of CPD activities are serious constraints, and are matters of concern in the successful implementation of CPD.

These factors are intermingled with others in the workplace, which emphasises the crucial role of the employer in continuing professional development. Employers should provide an enabling environment for the CPD of their employees. Based on the principles of fairness and equal opportunities, this includes encouraging employees to attend CPD activities, allowing all employees to take time off work for this purpose; providing transport; granting official leave and paying registration fees and other costs. Employers should encourage social workers to submit an annual plan for CPD activities, which should be integrated into their performance appraisals. However, as much as employers have a role to play, the role of individual workers cannot be underestimated as far as the following are concerned: carefully selecting CPD activities that do not necessarily cost money; taking responsibility for earning CPD points by linking career and developmental plans; "prevent 'nice-to-have'-attendance without transfer of learning to the workplace", as expressed by one respondent.

One of the purposes of CPD is to build the capacity and empowerment of registered persons at the SACSSP which, in turn, should reduce stress. However, the abovementioned factors associated with CPD can actually cause further stress. Self-employed social workers in private practice have an additional stress component in terms of loss of income if they engage in full-day CPD activities. It is a matter of concern that CPD activities are attended simply because they are available, for the mere sake of accumulating points, because it is an instruction by the employer or is required by the SACSSP for registration purposes. The research findings indicated that social workers would rather attend activities they can afford than those that are relevant to their work. Although all CPD activities build knowledge, they may not be of direct relevance to the particular field of work and hence to the benefit of the professional career of the social worker, the employing organisation or the service user. The purpose of CPD has to be linked to professional development, which implies that the learning need accords with a development and career plan. Keynes (1986:45) speaks about the "fitness for purposes" in a

CPD learning context, in that it links effective professional development closely to the “ever-changing needs of the workplace” and in relation to the wider professional community.

There is a prodigious need for the availability of CPD activities on a variety of topics at both the entry and the advanced levels, especially in specialist fields. According to the long list of themes presented by respondents for CPD, there is a critical need for both the development of training opportunities and their introduction into the rural areas. This would not simply be left to the current individual trainers, but would apply also to the capacity of employers/organisations and other interest groups, such as professional associations. The entrepreneurial opportunity to develop their own business providing CPD activities and hence to meet one of the purposes of CPD is open for development by both individual trainers and organisations. It would be an opportunity, on the one hand, to share their expertise and, on the other hand, to generate much-needed income to complement mediocre salaries and resources. Employers could encourage individuals and mobilise their organisation to become service providers in a particular field of expertise in which training is required. Furthermore, available opportunities ought to be announced and communicated well in advance so that social workers and social auxiliary workers could plan their CPD programmes with their careers and professional development in mind.

Confusion as to the lack of clarity on CPD activities could also be contributing to inappropriate choices of CPD activities. Social workers and social auxiliary workers should spend significant time on seeking innovative ways of applying the respective CPD activity categories to their workplaces and to the development of their professional careers. This includes discussions on how activities in the work environment could be re-designed for CPD purposes. Supervision and in-service-training for CPD purposes has, for example, already been integrated into the draft CPD policy subject to an educational and developmental goal being linked to the activities. One respondent’s listing of personal therapy as an additional individual CPD activity is significant in view of social workers’ exposure to stressful working environments and the consequent burnout. This research finding guided the CPD policy to include an individual activity on personal wellness (SACSSP, 2009).

In view of the broad spectrum of social work practice contexts, the accumulation of CPD points should be flexible and should take into account considerations such as the accessibility of CPD activities; a mixture of group and individual activities; and permission to carry CPD points forward for one subsequent year. Respondents indicated that they would prefer annual submissions of CPD points to the SACSSP. However, at the time of the survey, it was not yet known that the administrative system of the Health Professions Council of South Africa (HPCSA), which provided for the annual submission of CPD points, had collapsed due to information overload. This was discussed during provincial consultation meetings at which national consensus was reached on the submission of annual accumulated CPD points on a random basis as per the request by the SACSSP. A particular area in which social workers do experience frustration is the mismatch of CPD points when attending other professional councils’ CPD activities, such as those of the HPCSA. Social workers’ points are allocated in accordance with the CPD policy activity framework of the SACSSP.

The one really obvious detail, which was reiterated in the research on determining the success of the implementation of CPD, was that of a well-structured CPD system and administrative process. Keynes (1986) indicates that the effectiveness of the management of delivery along with the provision of appropriate administrative arrangements are the key features of ensuring quality. Achieving this goal depends on proper infrastructure and an effective database system,

as well as the resource capacity within the SACSSP to manage, monitor and oversee CPD implementation. Respondents highlighted the importance of a central database where social workers could find all the available information on CPD. This would include the announcement of dates on which the CPD Approval Panel meets well in advance in order to ensure the timely submission of CPD group activities for accreditation. Central to an effective administrative and monitoring system is the way in which CPD would be carried out by the SACSSP. Respondents voiced a strong conviction that social workers should not be made to feel the SACSSP wanted to “police” them and that they should be regarded as “ethical enough to take responsibility for ongoing education and training themselves, without a ‘watchdog’ totting up points and deciding on this basis whether or not one is fit to continue professional practice”.

Although respondents indicated that a fee of R100 for a CPD activity offered at no cost and R500 for one offered when a fee is charged, was fair, it may present a challenge to service providers who only cover costs and do not intend to make a profit. On the other hand, during provincial consultation meetings, social workers raised their concerns about service providers who provide CPD activities with high profit margins at the expense of social workers in the NGO sector, who cannot afford those activities. Conflict arose in that these activities proved valuable as CPD activities, especially when it came to highly specialised fields. On the other hand, there are CPD activities spanning a variety of cost ranges that prove to be of no significant value at all. The underlying issue is the principle of quality assurance. It is not in the jurisdiction of the SACSSP to dictate costs for CPD activities, but the Council has a quality assurance mandate and hence may intervene at the accreditation level of CPD activities. In order to play this role, though, the constituency has to provide feedback to the SACSSP on both the quality of CPD activities and the value they add to continuing professional development.

Monitoring the attendance at CPD activities is the service provider’s responsibility and should remain so, since the interaction between the service user and the CPD activity takes place in the presence of the service provider. Issuing the CPD certificates is also the responsibility of the service provider, who should therefore be accountable. It is, however, the responsibility of the attendees at CPD activities to make sure that this is done.

CONCLUSION

The research processes targeted a wide spectrum of the social work constituency. As far as CPD is concerned, social workers and social auxiliary workers are currently on different levels. Those who participated voluntarily in the pilot project and beyond are more prepared for embarking on compulsory CPD from 1 April 2010. The provincial consultation processes in 2008, following the research study, reached another group of social workers and social auxiliary workers who had heard little of CPD. The ongoing SACSSP information meetings in 2009 and 2010, however, continued to reach more social workers and social auxiliary workers, informing them about CPD and what is expected of them relating to registration. Thanks to the comprehensive survey and following consultation meetings, the research study has laid the foundation for a well-informed CPD policy based on the inputs and views of the broad constituency. As a result, it has played a major role in providing credibility for CPD in the social work profession.

The research outcomes either confirmed or informed the amendments to the draft CPD policy concerning the following key aspects of the CPD policy (SACSSP, 2009): a minimum of 20 CPD points must be obtained by a registered person for each financial year, based on a random selection, to commence on 1 April 2010; a maximum of 10 accumulated points may be carried

forward to the next year for a maximum period of one year; CPD activities must cover a wide range to provide for different workplace environments and accommodate both urban and rural settings and CPD points must be accumulated from both categories of individual and group CPD activities. However, there is no prescribed mix of the number of points per category; submissions are made in the format of a portfolio of evidence of CPD activities, which is randomly selected at least once in three years.

As far as the way forward is concerned, the following conclusive challenges can be taken as a guided framework towards the successful implementation of CPD.

A positive attitude from both employers and registered persons is essential to successful implementation of CPD.

CPD should be approached and implemented as a joint effort by the SACSSP, practitioners, academia, service providers and employers.

The role of employers in CPD must be explored as a matter of priority. England, Scotland, Wales and Northern Ireland are examples where “[e]ach country has its own social work regulatory bodies which have been given the remit to develop a national CPD route designed to meet the needs of both employers and social work practitioners” (Galpin, 2009:66). It is thus linked to standards to which both employees and employers are expected to perform (Galpin, 2009).

Individual registered persons should look for a balance in the range of possible CPD activities, including activities that cost money as opposed to those that cost less or nothing; take responsibility for continuous recording of accumulated CPD points and, based on learning needs, draw up a development plan for their own career and professional development which is aligned with the work context.

An effective database and infrastructure, which include ongoing communication on available CPD providers; available activities; dates on CPD Approval Panel meetings and any other information on CPD, should be developed and maintained by SACSSP.

Current service providers must expand their available activities to reach all the regions of South Africa, and new innovative CPD activities must be designed and developed by a broad range of service providers, including individuals, organisations and associations.

The challenges relating to work conditions and salaries of social workers should continue to be addressed as an interrelated action process along with the implementation of CPD.

The SACSSP should develop a web space for feedback from attendees at CPD activities as part of its comprehensive quality assurance process.

Activities for continuing professional development should be founded on the underlying principle of clients, service systems and the community having a right to services provided by competent and skilful practitioners (AASW, 2004/5). CPD is thus in keeping with a professional principle, such as the SACSSP’s commitment to equity and justice for vulnerable and disadvantaged people in society (AASW, 2004/5).

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