

Irish Journal of Applied Social Studies

Est 1998. Published by Social Care Ireland

Volume 1 | Issue 1

1998-02-01

The Search for the Holy Grail in Ireland: Social Care in Perspective

Niall McElwee

Waterford Institute of Technology

Follow this and additional works at: <https://arrow.tudublin.ie/ijass>

Recommended Citation

McElwee, Niall (1998) "The Search for the Holy Grail in Ireland: Social Care in Perspective," *Irish Journal of Applied Social Studies*: Vol. 1: Iss. 1, Article 4.

doi:10.21427/D7Q437

Available at: <https://arrow.tudublin.ie/ijass/vol1/iss1/4>

The Search for the Holy Grail in Ireland: Social Care in Perspective.

C. Niall McElwee

Waterford Institute of Technology

**Correspondence Address: C. Niall McElwee, Editor, Irish Journal of Applied Social Studies, Centre for Social Care Research, Waterford Institute of Technology, Ireland.
E mail nmcelwee@wit.ie**

Abstract

This article suggests that social care in Ireland is at a crossroads and that the Irish Association of Care Workers is now at a *crucial* stage of its twenty-six year existence. It acknowledges that a number of practitioners and academics have spent an enormous amount of time and energy attempting to convince their peers and the general public that social care deserves independent *professional* recognition, but with little real willingness to *problematisé* the discipline of social care. I argue that social care practitioners and advocates will be forced to fully embrace change and become both more dynamic and proactive than heretofore in a number of areas if social care is to achieve *professional* recognition rather than maintain a *vocational* status.

The national organisation representing care workers started life in 1972 as the Association of Workers in Care (AWCC) with only 73 members. By 1992 it had changed name and orientation and had 200 members, but O' Connor (1992, p. 250) rightly observed that the title, status, qualifications and pay accorded to people working with children remained unclear. As of February 1998, the organisation had approximately 500 members, but increased numbers does not necessarily equate with increased political mobility.

The proverbial path to enlightenment has not been smooth with O' Connor (1992, p. 256) further noting, at the beginning of this decade, that despite a membership of approximately 200, the body had failed to gain recognition as the voice of care workers and that any attempt to professionalise child care would face "considerable difficulties in the Irish context". The current organisation *has the potential* to act as an effective lobby and interest group on behalf of both its membership and clients, but to achieve this, the organisation must (re)structure itself – from within. The paper concludes by commenting on the irony in seeking the Holy Grail in social care – *professional* status .

Introduction: The National Scenario

Child care workers ... will constitute one of the most important resources of the child care system. We consider that changes are urgently needed to improve training facilities for child care workers, to improve their salaries and career prospects and to develop the organisational structures needed to support them in their work (Task Force Report, 1980, p. 401).

It has been widely acknowledged that the occupation of child care is in crisis, (more recently Howard, 1998; McElwee, 1998; Fahey, 1998; and Modlin 1998) with the problematic side of working with children and adolescents consistently targeted in the media. The government admitted in January 1998 that the Irish childcare system requires £100 million spread out over three years to be truly effective in implementing childcare services. It was also admitted in the Dail (the Irish legislative house) that, despite assurances given in December 1997, an Ombudsman for children would not be appointed during 1998 because, "there was not enough money and there were more pressing priorities" (Irish Times, 30.1.1998). Despite the constant rhetoric accorded to children in this country, when it actually comes to putting significant cash in prevention focused services, politicians cannot seem to deliver the goods.

The Title of Care Staff

You may have noticed that I began this article by differentiating between the titles 'childcare' worker and 'socialcare' worker which speaks volumes in itself. We live and work in a radicalised and politicised context which is risk driven and highly public (see articles by Powell, 1995; McElwee, 1995, 1996, 1997; 1998; Howard, 1997; Ferguson, 1995, 1996, 1997; Horgan, 1996; O' Doherty, 1996). The work that all child protection and welfare personnel engage in is now scrutinised in a way that we have never experienced in the past (see Parton et al, 1997 with an emphasis on the UK and Buckley et al, 1997 for an Irish emphasis). We should prepare ourselves for this in our training programmes and practice.

C. Niall McElwee

Our colleagues in child protection and welfare in the UK have been under the public microscope since the 1970's, but this *radicalised* and *politicised* social care climate is relatively new to us here in Ireland. There is a very real danger going into the next millineum that social care will become overly proceduralised and legalised with one result being that therapeutic work held with such high regard will have to take a back seat to a more cautious climate - mandatory reporting of alleged abuse being a good example. This is not merely an issue for Irish social care workers, but is a global phenomenon (a cursory glance at the CYC-NET site on the World Wide Web proves this point).

The Need to Address the Politicised Moral Climate

Although the social care practitioner remains a largely misunderstood entity in the eyes of the public, it is apparent from the Irish Association of Care Workers Annual Conference held in Killarney in 1997 that the public have, at least, some views on the Irish social care worker. Institutional scandals involving Madonna House, Goldenbridge and Trudder House and individual scandals involving Fr Brendan Smyth and David Murray have done the social care 'profession' (if I may use this word) no favours. It is most unfortunate that the general public get to hear of social care workers when social care faces yet another crisis.

It is heartening to hear that we, in Ireland, are not unique in the problems social care faces (for the wrong reasons, of course). It may seem incredible, but in South Africa there are currently an estimated 30,000 children and adolescents in the child and youth care system and whilst there is a part-time two-year basic qualification there is no degree course available and virtually no pre-practice training (Gannon, 1998, p. 1). In the United States Vanderven (1998, p. 2) has recently commented that "things are going in a contextual direction" with redefinition of professional status the norm.

Training: An Issue that will not Disappear

"He can't read, he can't write, but he knows where to hide the jam".

- Angela's Ashes. Frank McCourt.

Training is one such area that I have identified in a number of academic and journalistic articles in the past (McElwee, 1995; 1996; 1997; 1998) and I will refer to this again later in this article. We remain in a situation that is intolerable to my mind. It is my opinion that there are now too many child care/social care courses of varying academic and practice standards in the country vying for national validation, recognition, accreditation and public acceptance. This is despite the recommendations of the Task Force Report (1980, p. 401) which re-iterated the earlier Kennedy Report's (1970) findings that, "the training of care staff was of the utmost importance to the well-being of children in residential care" and their later observation that, "training for child care workers should be of equal standard and of equal status to that of other social workers" (1980, p. 403). This is simply not the case.

It is worth examining the implications of this as such ambiguity is not the case with other employees that call themselves 'professional'. Simply *calling* oneself professional does not make one so and this is a painful fact that social care must face. Being perceived as *a professional*, in a global context, requires a *considerable* undertaking to education, training and a rigorous monitoring of standards. A former president of the Irish Association of Care Workers, Noel Howard acknowledged the importance and diversification of training and rightly commented during his presidential address at the 25th Annual Conference of the Irish Association of Care Workers, that Irish care work needs to achieve a *balance* between theory and empiricism.

Professional Status with Colleagues

One cannot call oneself a medical doctor until one has formally qualified and there is certainly a difference between a General Practitioner and a Consultant Surgeon - both in terms of internal and external recognition, professional status, employment conditions and remuneration. The General Practitioner refers to herself/himself as Doctor whereas the Consultant refers to himself/herself as Mr. or Mrs. There is a notable difference between a Solicitor and a Barrister - again in terms of duration of training, employment demarcation, social status and remuneration. There is a perceived and real difference between a College Teacher and a Professor. The point I am trying to make here is that these differences are widely accepted both internally and externally and each profession has a shared history, entry route and qualification procedures. They also have influential national bodies such as the Incorporated Law Society of Ireland, the Institute of Chartered Accountants and the Irish Medical Organisation representing their interests. These 'professional' bodies are taken seriously as organised and mobilised pressure and interest groups in terms of representative membership (a crucial point), active membership and access to political and economic gatekeepers and decision makers at levels of high office. They are highly structured and organised. This is not to say that we should blindly accept every constituent point in their professional armoury, but we could critically assess them and, like magpies, choose what we consider appropriate for social care.

Child Care/Social Care as a Profession

It should be obvious at this point that there are significant issues around the actual *professionalisation* of the discipline of social care itself both in a macro and micro context (O' Connor, 1992; Smiers, 1998; Vanderven, 1998; Kruger, 1998). Mark Kruger (1998) working in South Africa has recently commented:

The challenge (for childcare into the millennium) is to frame our discussion around relationships in context rather than outcomes and competencies, not that outcomes, competencies, skills, knowledge, etc are not important because they are very important.

I agree with, at least, some of this perspective. We should not gain on one at the expense of the other. Or, to put it another way, practice and theory have much to learn from each other in joining on the archaeological journey for the Holy Grail.

It seems to me that we could usefully draw from the work of Friedson (1970, p. 198) to inform the debate on professional status. Friedson defined a profession as, "a special status in the division of labour supported by official and sometimes public belief that it is worthy of such status". Although the paper is now 28 years old, Friedson suggested a number of traits that could be considered characteristics of a profession and I intend to briefly discuss each one of these and draw from more contemporary research for my analysis. (Please see *ISPCC Journal* Volume 5, Number 1, May 1998).

*** Ownership of a recognised body of knowledge exclusive to that profession with development of new knowledge through research.**

It is an unfortunate fact that there are few people writing and publishing in the Republic of Ireland in the field of child/social care as distinct from psychology, sociology, social work, youth work and psychiatry. Nick Smiars discusses the issue of integrated knowledge bases and has observed that:

Although the components may come from other disciplines, e.g. psychology, sociology etc., the knowledge base itself has been integrated around the central functions(s) of the profession (1998, p. 1).

There is still no *specific* Irish academic journal in social care whereas the Sociological Association of Ireland publish the *Irish Journal of Sociology*, the Political Science Association of Ireland publish *Irish Political Studies*, Northern Ireland has the *Multi-Disciplinary Journal of Child Care in Practice* and our colleagues in the Irish Association of Social Workers publish the *Irish Journal of Social Work Research*. Even in the voluntary sector, the ISPCC have launched a journal, the *Journal of Child*

C. Niall McElwee

Centred Practice. This is certainly an area that social care will have to address immediately if it is to locate *its own knowledge source*. It is not a valid excuse, nor is it accepted by other professional colleagues to claim that one is "too busy working with clients to write about practice experiences". Doctors, social workers, nurses and youth workers manage to find the time to write in appropriate journals and I am sure that they would argue they lead equally hectic lives. The onus must come back to socialcare workers to research and inform all aspects of their own profession. By doing this their work may be peer evaluated.

Obviously, the vast majority of socialcare students want to work in practice when they qualify, but the doors have now been opened for the more scholarly graduates to access a new career path and/or those with many years experience to contribute to academic life.

*** Self-government through a body that sets and monitors its own standards of practice.**

Again, a thorny issue with the involvement of the unions (IMPACT), social care workers (IACW), Resident Managers Association (RMA) and the relevant Government Departments (Health, Education and Justice) all attempting to provide some form of regulation for childcare/socialcare services.

The Irish Association of Care Workers currently has 500 registered and paid-up members, but estimates of the number of socialcare workers in Ireland vary from 1,200 to 2,100 depending on whom one believes (cited at the Irish Association of Care Workers Annual General Meeting, 1997). This is not to undermine the very worthwhile efforts of the past and current Executive of the Irish Association of Care Workers and body of membership, but this failure of many socialcare workers to take up membership of their own organisation over the years creates a divide and rule mentality between, for example, community childcare workers, residential care workers, day care workers and the learning difficulty sectors when they wish to engage in lobbying activities with the government. Indeed, this particular difficulty has

been noted by various key personnel on the Executive of the Irish Association of Care Workers over the years (see Howard, 1997).

Regulation has been the norm in other care organisations such as the Irish Association of Social Workers Code of Ethics which was adopted in 1995. Under Principles of Social Work Practice, point 2 states:

The social worker must strive for objectivity in *professional practice* (my italics). Constant development of self-awareness will continuously build upon knowledge and skills to maintain and enhance standards of professionalism.

Point 5: The social worker should be aware of social policy and service delivery on the lives of clients. It is a function of social work to identify options and support steps to advance social policy and service delivery, within the agency and the community.

The Irish Association of Care Workers has just published its revised Code of Ethics (1997) which will go some way towards this Association being taken more seriously by current and potential members as this document clarifies acceptable, expected professional behaviour. The document marks a new departure for the Irish Association of Care Workers in both how it perceives itself and how it wishes the public and colleagues to perceive it. I will quote from just three clauses that illustrate this move towards what would be considered 'professionalism' by colleagues in other countries (as discussed on the CYC-NET during January and February 1998).

4.4 Contributing to, condoning of, or failure to report physical, emotional or sexual abuse of clients is regarded as *professional misconduct* (my italics).

7.2 Physical and mental competence is necessary to ensure that the *responsibility* indicated above is not diminished and care workers should be fully aware of the effects of alcohol or other drugs on their ability to meet their *obligations* (my italics).

C. Niall McElwee

9. 1 A care worker with definite knowledge of a breach of this code of ethics by another worker should bring this matter to the attention of the appropriate or designated individual within the agency (the organisation's own attempts at mandatory reporting, only this time it focuses on care workers).

These three clauses attempt sustainable, internal regulation with a threat of sanction or, indeed, expulsion should a socialcare worker diverge from the code. Such a viewpoint is supported in international literature in social care. Nick Smiar, of the University of Wisconsin, asserts that:

The code of ethics is part of sanction. It is our agreement to regulate ourselves as professionals as well as other professionals within our discipline, as a protection offered to society in exchange for sanction. The code also expresses the core values of the *profession* and connects them with actions of the *professionals* (my italics).

He goes so far as to suggest that, "in child care and youth work we struggle most with sanction" (1998, p. 1). This is certainly mirrored here in the Republic of Ireland.

*** Control of recruitment and training.**

Following on from the last point, as things stand at the moment, the Irish Association of Care Workers certainly do not have control *either* of recruitment or training. In fact, the Irish Association of Care Workers are not always contacted when national training policies and standards are being discussed. This was the case with the 'Expert Working Group on Childcare' working under the auspices of the Department of Justice, Equality and Law Reform and the 'Expert Group on Mandatory Reporting' working under the Department of Health and Children. This illustrates clearly that the organisation needs to politicise itself if it is to be embraced by politicians.

Complicating things further, there are approximately one hundred courses in fifty-eight centres around the country of between six weeks/months and five years duration with all 'graduates', and I note the particular irony in using this term, calling themselves child/socialcare workers. In all, there were 4,000 people registered for child care courses in 1997/8. This has caused a good deal of resentment within the third-level student body in the Dublin, Waterford, Athlone, Cork, Tralee and Sligo Institutes of Technology and St. Patrick's College, Carlow who have given up the opportunity to earn a wage immediately after school and regularly attend difficult and complex academic subjects, sit examinations and qualify with a recognised Certificate, Diploma, Degree or even M.A.

Again, if we look to the United States for a (re)development of Friedson's model, Smiars (1988, p. 1) discusses the concept of a 'fence' being placed around professional work which acknowledges that, "*only* those persons who meet certain qualifications operate within that fence" (my italics). We need to take this point on board if we aspire to *professional* status and move away from the child care as a *vocation* debate.

*** Monopoly for practice in its own field of work with registration by the State.**

There is currently no State registration of social care workers, but the government claim "it is envisaged for sometime in 1998". How many times have social care workers heard this? Even if State registration does come in, none of the third-level colleges have been formally contacted on this matter as of yet. One also has to ask what does monopoly for practice mean? Social care work has become multi-disciplinary (some would argue that it has come of age) with social workers, psychiatric nurses, remedial teachers, youth workers and recreation leisure graduates all working in care environments. There are legal and procedural standards in place, but it is widely recognised that the actual implementation of the 1991 Child Care Act differs between the Health Boards (Ferguson, 1997; McElwee, 1998). The proposed

Child Care Authority alluded to in the Task Force Report of 1980 never saw the light of day and this is a mistake that the Department of Health may live to regret.

*** Conformity to moral and disciplinary codes of behaviour.**

This is, at least, one area that social care has embraced at a formal level with the introduction of the revised Code of Ethics (1997) I have discussed above. Nonetheless, there is the unresolved issue in Ireland as to what happens when an allegation is made against a social care worker with different centres applying different standards. We have the case in the UK, discussed at the Irish Association of Care Workers Conference in Sligo in 1995, of NFA's (No Further Action) potentially appearing on the records of social care professionals. We had the first case in the Republic of Ireland in December 1997 of a formally qualified child care worker being processed and sentenced for child sexual abuse in a highly publicised and emotionally charged court case (McElwee, 1997). This has drawn renewed public attention to monitoring social care workers and to codes of discipline *within* and *between* social care organisations. It will be interesting to see if the charge of engaging in '*defensive practice*' is levelled at social care workers as has been the case with our social work colleagues. As things stand, many social care workers are not members of the Irish Association of Care Workers and this situation will have to be addressed sooner rather than later.

*** Autonomy for Practice which assumes greater accountability for individuals within that profession.**

Surely one of the major areas of debate into 2000. A politicised risk society in child protection and welfare has clearly developed and yet the day to day tasks that social care workers actually perform remain largely misunderstood by the public. Indeed, the outgoing president of the Irish Association of Care Workers in 1998 was forced to address this issue formally on a number of occasions (one only has to read through back issues of 'Curam' for evidence of this). Social care has failed to consistently

The Search for the Holy Grail in Ireland: Social Care in Perspective

inform the public as a 'unified profession' and instead tends to become highly politicised during times of crises. What we have experienced is high profile individuals and organisations (Irish Society for the Prevention of Cruelty to Children, Barnardos, Irish Association of Care Workers, Resident Managers Association, Health Boards) from practice and authors such as McElwee, Ferguson, Hayes and Gilligan from academia informing the child care debate in the national media. But, we are not all singing from the same song sheets as evidenced by the recent debate on Mandatory Reporting. This is not to say that we should - more that the public could usefully be informed about the positive, success stories in social care if the information disseminated to the public was not (a) invariably negative - such as responding to the latest child sexual abuse allegations, physical abuse allegations from residential care or latest case of a "dangerous and volatile minor" absconding from care, (b) scandal oriented with banner headlines such as "Little General Controls Tallaght" etc...The work that social care practitioners engage in must be valued for itself and by itself and care workers should not continually look to other colleagues in child protection and welfare to promote, *on their behalf*, a positive image of social care work. We need to achieve a greater balance between media reporting and defence mechanisms of introspection as evidenced by the comments from the floor and the questions asked at the Annual Conference of the Irish Association of Care Workers in Killarney (1997).

*** A public ideology of service to a client group.**

Children in care attempt to communicate with us in ways that are familiar to them but often, as adults, we try to create something different for them (Bailey, 1998). Carol Stuart, of the University of Victoria, admits that:

We can tune up some skills and knowledge (as care workers). Helping workers to know who they are and how they interact in the world with others, being aware of themselves is fundamental (1998, p. 1).

C. Niall McElwee

Stuart (1998) has cautioned us against blindly accepting everything that goes with being a so-called *professional* and cites the example of Kelly (1990) and Powell (1990) presenting as one of their criteria, "clientele which recognise the authority and integrity of the profession" . She asserts that we should reject this because it, "counteracts the principle of empowering the children and youth that we work with". Once again, 'experts' disagree... Where is the client 'at risk' in all of this? This particular trait requires a volume in itself (see the appendix section for models of practice).

The Child Crawls Centre Stage in Care Work

It may be stated that the child and adolescent is slowly crawling centre stage and there is a welcome commitment by all professionals to child protection. What, perhaps, most needs to be engaged in is the child and adolescent being perceived not merely as a *passive consumer* of a service (State protection and care), but as an *active participant* in her own destiny. This general reluctance to allow children and adolescents decide and/or partake in charting their destiny was common to all European countries and is not just peculiar to Ireland. But, there is a perception abroad that we could do a great deal more for children here. Ireland was taken to task on this matter at the recent United Nations Conference on the Child where it was widely reported in the Irish media that the politician Liz McManus "got grilled for six hours" by her European colleagues.

The Path Forward

One would be very foolish to attempt to wave a magic wand and hope that the burning issues for the social care worker will simply disappear. It would, however, be nice. The reality is that we in the Irish Association of Care Workers have to be much more proactive in our approach to politicising and radicalising social care issues *ourselves*. For example, referring to the acrimonious strike in 1997 that involved child care staff amongst others, Padraig Yeates of The Irish Times wrote:

The Search for the Holy Grail in Ireland: Social Care in Perspective

In contrast to the child care service, industrial action by *much higher profile paramedic professions*, such as physiotherapists and speech and language therapists.... (Irish Times, 24.4.1997) - my italics.

He then categorised child care workers as paramedics by writing, "House parents, who look after residential homes for children in care are amongst the lowest paid paramedics.." The interesting thing about this is that I am aware of two separate cases, one involving a third-level qualified care worker from the Mid-Western Health Board attempting to access the Southern Health Board and one third-level qualified care worker in the Eastern Health Board attempting to access the North Eastern Health Board. Both were refused entry into higher management grades because they were deemed as, "not being appropriately qualified". In both cases, nurses were deemed as being more appropriately qualified to manage residential units catering for "problematic adolescents". Surely, this is a situation that the Irish Association of Care Workers should redress immediately.

The Icing on the Cake

I am going to be very specific in my recommendations as I believe that each of them can be put into practice in the not too distant future.

- (1) There is no reason why child care/social care could not attempt to be more proactive through a professional body and I would see this as a mandated function of the Executive of the Irish Association of Care Workers.
- (2) We need to be much more effective as a lobby and we need to value our work and research as much as other professionals do. The children and adolescents we work with and write about deserve qualified and dedicated staff that are committed to furthering themselves and the work of child care/social care as a whole. Interestingly, this is actually envisaged in the revised Code of Ethics, 1997.

C. Niall McElwee

- (3) We should set in motion an internal debate within the Irish Association of Care Workers on what to call ourselves as a body. Is it to be child care workers, community child care workers, social care workers, social pedagogues, residential child care workers, care workers, care staff or what? It is no wonder the public is so confused. This very point was identified by O' Connor (1992, p. 255) in her analysis of child care and yet it still has not been institutionally addressed six years later. She rightly located one of the reasons behind such job title ambiguity within the political context of the Departments of Health and Education. It suits these departments to differentiate as it saves them human and economic resources, but it does not particularly suit socialcare staff. At a recent meeting of the Heads of Social Care Courses in Athlone Institute of Technology it was agreed that students would be referred to as social care students rather than child care students in all the third level training colleges (Waterford, Cork, Tralee, Athlone, Sligo, Dublin and St. Patrick's, Carlow) so at least the academic bodies are decided on a course of action which gives one hope for the future.
- (4) The Irish Association of Care Workers should ensure that every paid-up member of the organisation has a letter of Garda clearance which is (re)checked on an annual basis. These letters should be kept on file at central office in a secure location.
- (5) We should lobby the relevant government bodies, voluntary bodies and Unions to introduce pay scales that are more reflective of the work done by child care/social care workers in the 1990's. If we take a brief look at the IMPACT DHS Annual Report 1996/7 made available at the Irish Association of Care Workers Annual Conference in Killarney (1997) it makes for interesting reading. Motions 8, 9 and 10 all address working conditions for child care staff (see the appendix section for pay rates).

The Search for the Holy Grail in Ireland: Social Care in Perspective

- (6) We could open a page on the World Wide Web and maintain it on a regular basis as have the Irish Association of Social Workers and our social care colleagues in South Africa, Belgium, the UK, Australia, Canada and the USA to inform people on both a national and global level of the work done in child care/social care in Ireland. This website could act as a forum for discussion and would have the advantage of a care worker being able to seek opinions and data on a very significant range of issues whilst receiving immediate answers from international colleagues. The Centre for Social Care Research, based at the Waterford Institute of Technology, is currently constructing a web page dedicated to national child and social care issues.
- (7) We could introduce a peer-reviewed journal as is current practice with all other professionals in this area (youth work, social work, psychiatric nursing). This journal could act as a fulcrum for debate and research on all issues that impinge on our work in practice, management of practice, research and training institutions. The journal should be published regularly, perhaps starting bi-annually. It should be edited by an academic with a consultant practitioner as this would best facilitate norms of academic standards – whilst being practice informed. The journal should be listed on applied social studies abstracts around the world and carry an ISSN number.
- (8) We should attempt to bring the relevant third-level training colleges and practitioners from the Irish Association of Care Workers and Resident Managers Association closer together to inform each other of mutual interests and developments. It is crucial that this will be a formal procedure. I perceive this as a key area for the future and will be the death knell of social care as a *profession* if we do not move on this immediately. We are all, no doubt, aware of what has happened in social work training and recognition over the past few years with the

C. Niall McElwee

recently established National Validation Body on Social Work Qualifications and Training appointed in May, 1995.

Central to its recommendations to the Minister was the establishment of a National Body to accredit Irish professional social work qualification - National Qualification in Social Work (NQS); to accredit non-national qualifications and to advise prospective employers as to the recognition of national and non-national qualifications (NVBSWQT, 1997, p. 2).

This group insists on the equivalent of at least one academic year in practice placements (p. 14). The report is quite insistent on this matter.

In the case of Bachelor Degree courses that four years academic study should be completed" ... "Not less than two years duration in the case of a postgraduate award.

In Section 2 (Standards) the report acknowledges APL and new entry into social work - mature students at the point of entry (24 years old+), held a degree, a cognate professional qualification, held substantial prior relevant experience or had completed an appropriate certified access course (1997, p. 13).

Colleges usually claim to respond to practice and industry when developing their courses, but often those working in practice feel alienated from the consultancy process. Both academia and practice have much to learn from each other and expertise can only be harnessed when there is an open and frank exchange of opinions between all the actors involved.

(9) The Irish Association of Care Workers will have to make up its mind on what to do with the plethora of courses currently available in this country in terms of recognition, standards, monitoring practice placements and levels of membership. Of course, this area is *not* static and we should be open to informed and balanced discussion and negotiation with existing and proposed courses and hold the wider interests of social care at heart.

- (10) The Irish Association of Care Workers could actively attempt to (re)define its potential membership base. O' Connor (1992, p. 253) noted that the "popular conception of childcare work in Ireland focuses particularly on one type of service being provided (viz. residential care)". The membership of the new Executive facilitates a more inclusive process than has been the case to date, with a number of other sub-disciplines being represented in their own right e.g. community child care, third-level training colleges, learning impairment etc. The feed-back from social care staff has been most positive in this regard (Murphy, 1988).
- (11) The Irish Association of Care Workers could provide legal advice to members. This should be from a lawyer *specialising* in social care issues with an in-depth understanding of child protection and welfare. The IACW could usefully arrange day seminars on legal topics.
- (12) The Irish Association of Care Workers could provide bursaries for members in a range of areas as there does not seem to be particular value in the current membership fee when one compares this to other professional organisations fees.
- (13) The Irish Association of Care Workers could establish a research unit or research fund for interested members. Research is mentioned in the Revised Ethics (1997) but there has been little real movement over the years in this direction.
- (14) The Irish Association of Care Workers should establish the norms of Conference procedures in that an invitation is placed in the IACW Newsletter titled 'Call For Papers' a few months prior to the Annual Conference. Potential speakers would be required to submit an abstract of between 300 and 500 words to a Conference Committee and these are then either accepted or rejected based on the topicality

of the paper, style, content and perceived interest to the organisation. It could remain a function of the Conference Committee to invite a number of high profile speakers who would also submit an abstract. The abstracts could be bound together and distributed to the delegates on the first evening of the Conference. This is considered a *professional* norm in other organisations.

Conclusion:

I find myself faced with several uncomfortable questions at the end of this article and, needless to say, I am not the first to be in this position. Fundamentally, I feel compelled to ask, do we require a *professional model* of standards and practice that we can all subscribe to, or would we prefer socialcare workers who can *dynamically create* the necessary political and systemic will for recognition of their tasks? Are there enough members of the organisation out there willing to give of their time, energy and expertise across a range of areas? Is social care to remain in a permanent state of crisis? Are we going to attempt change from within? How are we going to attract more males into social care?

After extensive discussion on the internet with my international colleagues on the issue of social care and professionalism, it is apparent, that in a global context, social care personnel seek different things. *Professionalism* in social care has been compartmentalised. For example, Dr. Thom Garfat concludes his analysis by stating, "I don't want child and youth care to be a 'profession' like the other 'professions' I know which tend to more distant, dis-empowering, and yes, even non-caring...". He actually goes so far as to suggest that seeking professional status in child care may be ultimately self-destructive. Problematising professional status in social care is, itself, extremely problematic. The single biggest worry amongst social care staff and academics involved in social care education in a global context appears to be that 'professional' organisations may actually stumble across the Holy Grail, but at the cost of a diminished relationship between staff and their clients.

It seems to me that we can actively seek professional status as long as we ensure that we do not become detached from the people with whom we work in either our training programmes or social care practice. We can achieve professional status by regulating, monitoring, standardising, radicalising and politicising social care as an autonomous discipline. If we, within the Irish Association of Care Workers, end up being the only ones to perceive social care as a profession we will have, like so many others, failed in the search for our Holy Grail.

* This paper is a revised version of a paper delivered at the Annual Conference of the Irish Association of Care Workers held in Waterford in February 1998, and is included at the request of the President of the Association. I welcome response from membership.

Appendix One: Vandervan's Model of Professional Practice (1998)

Traditional	Scope of Practice	Contextual (new)
Specialised/ highly structured		generic, situational/ appropriate to the field
Focus on specific outcomes		focus on process on the way to specific outcomes
Focus on specific syndromes or conditions		holistic focus on overall development in individual context
Provides specialised service to persons of all ages		provides service to targeted age groups, but promotes connections with others as part of services

Nature and Sources of Knowledge

Knowledge sources emphasis	knowledge sources interdisciplinary
Knowledge sequentially organised	knowledge dynamic

Source: Extrapolated from Karen Vandervan CYC-NET " Professional Development". 1.2.1998.
Previously published in the Journal of Child and Youth Care, No. 4, 1992.

Appendix: Vandervan's Model of Professional Practice 11 (1998)

Client-Practitioner Interaction

Traditional distance	professional rel'ships emphasise closeness
Differential power rel'ship between client and professional	more equal rel'ship client participates in defining service
Integration of client experience not professional's responsibility	serves to integrate client experiences
Service influence by context minimal	service highly context driven, practitioner designs appropriate contexts

Professional Practice Context

Controlled entry into the field	multiple options for entry into the field
Clear role locations	interdisciplinary and transdisciplinary role aspects
Hierarchical levels of practice and career progression	integrated practice levels, equality
Prescribed knowledge and skills base	intuition and artistry provide frame for knowledge and skill utilisation.

Appendix: The Irish Association of Care Workers

The Irish Association of Care Workers

* The Irish Association of Care Workers was established in 1972 to promote the rights of children in residential care and to better the professional standing of those care workers (child care workers) who work with them.

The association for many years has engaged in developing social child care policy, professional ethics for care workers, better conditions of care for its recipients, training etc...The association is a totally voluntary organisation, administered by an Executive Committee elected by membership.

Source: Handbook of the IACW
distributed at the Annual General Meeting of the IACW in Wynne's Hotel, Dublin (December 1997).

Appendix: Salary Scales Quoted in IMPACT Document

In the IMPACT document, salary scales for a nursery nurse begin at £13,263 on a ten point scale to £15,719. A clinical psychologist on a nine point scale from £21,793 to £30,430. A social worker from £17,230 on a nine point scale from £ 17,230 to £21,641. A *professionally qualified* social worker from £20,749 on a seven point scale from £20,749 to £23,854. When we get to childcare we note a distinct drop. A trainee House Parent, on a three point scale starts at £10,865 and goes up to a staggering £11,405. An Assistant House Parent, on a nine point scale with a bar at point 7, starts at £13,991 and goes up to £17,058. A House Parent, on a nine point scale, starts on £14,935 and goes up to £18,724.

The Search for the Holy Grail in Ireland: Social Care in Perspective

* The Houseparent grade has since been updated on 1.7.1997 to run from £16,017 to £20,951 with a long-service increment to £21,365, Trainee Houseparent from £11,724 to £12,864 and Assistant Houseparent from £15,022 to £19,110 with a qualification bar at £18,076 with a long service increment to £19,487.

References:

- Bailey, P. (1998), 'From Family to Care: Issues For The Child'. Paper to the Irish Association of Care Workers Annual Conference. Waterford 28.2.1998.
- Benson, P. (1990), *The Troubled Journey: A Portrait of 6th-12th Grade Youth*. Minneapolis, Mn: Lutheran Brotherhood.
- Buckley, H. Skehill, C & E. O' Sullivan. (1997), *Child Protection Practices in Ireland: A Case Study*. Dublin: SEHB/Oak Tree Press.
- Fahey, F. (1998), Opening Address to the Irish Association of Care Workers Annual Conference. Waterford. February 1998.
- Ferguson, H., & Kenny, T. (1995), (Eds). *On Behalf of the Child. Child Welfare, Child Protection and the Child Care Act, 1991*. Dublin: A&A Farnar.
- Ferguson, H. (1996), Foreword. In C. N. McElwee. *Children At Risk*. Waterford: Street Smart Press
- Ferguson, H. (1997), 'Child welfare and child protection in practice: Are we getting the balance right?' Paper Presented at the Midlands Health Board/Western Health Board.
- Ferguson, H. (1998), Child abuse as a social problem in post-traditional Ireland" in C. N. McElwee (Ed.) *Irish Society: A Reader in Applied Social Studies*. Waterford: Street Smart Press.
- Friedson, E. (1970), *The Profession of Medicine*. USA: Dodd, Mead & Company.
- Gannon, B. (1998), CYC-NET. *Professional Status of Child and Youth Care*. 10.2.1998
- Garfat, T. (1998), CYC-NET. *Professionalisation*. 5.2.1998
- Giddens, A. (1990), *The Consequences of Modernity*. Cambridge: Polity Press.
- Giddens, A. (1991), *Modernity and Self-Identity: Self and Society in the Late Modern Age*. Cambridge: Polity Press.
- Gilligan, R. (1991), *Irish Child Care Services: Policy, Practice and Provision*. Dublin: Institute of Public Administration.

C. Niall McElwee

- Howard, N. (1997), Presidential Address. Curam.
- Howard, N. (1998), WLR FM Billy McCarthy Show. 27.2.1998
- Irish National Teachers' Organisation. (1994), *Poverty and Educational Disadvantage: Breaking the Cycle*. Dublin: INTO.
- Kennedy Report. (1970), *Report on Reformatory and Industrial Schools System*. Dublin: Stationary Office.
- Kruger, M. (1998), CYC-NET: 'Professional Development'. 30.1.1998.
- McElwee, C.N. (1995), 'Training in Childcare'. Paper to Waterford Institute of Technology Educational Research Forum.
- McElwee, C. N. (1996), Issues of child care/social care policy and practice in the Republic of Ireland' in *Child Care in Practice: Northern Ireland Journal of Multi-Disciplinary Child Care Practice*. Volume 3. No. 1. September 1996
- McElwee, C. N. (1996), *Children At Risk*. Waterford: Street Smart Press.
- McElwee, C. N. (1997), Seminar on 'At Risk'. Dublin Institute of Technology.
- McElwee, C. N. (1997), Conference Paper on 'At Risk'. Sociological Association of Ireland. 10.5.1997.
- McElwee, C. N. (1997), 'Science of Dread That Never Makes up its Mind'. *The Irish Independent*. 10.7.1997.
- McElwee, C. N. (1997), Paper on Juvenile Prostitution. Undertheorised Research: Case Studies from Waterford City, Ireland. World Congress on Violence and Human Co-Existence. University College Dublin 17-21 August 1997.
- McElwee, C. N. (1997), *The Irish Independent*. 18.12.1997.
- McElwee, C. N. (1998), WLR FM. Billy McCarthy Show. 27.2.1998.
- McElwee, C. N. (1998), 'Children at risk. Better training and checks required'. *Irish Youth Work Scene*. Issue 21. February 1998. Dublin: IYWS.
- Modlin, H. (1998), CYC-NET. 'A Student Replies'. 10.2.1998.
- Murphy, T. (1998), A Profile of the Applied Social Studies/Social Care Student. Unpublished Dissertation. Waterford: Centre for Social Care Research.
- O' Connor, P. (1992), The professionalisation of child care: An unlikely development? in *Children and Society* (1992) 6:3, pp. 250-266.
- Parton, N., Thorpe, D., & Wattam, C. (1997), *Child Protection: Risk and the Moral Order*. UK: McMillan Press.

The Search for the Holy Grail in Ireland: Social Care in Perspective

- Progressive Conservative Caucus. (1996), Day Care Child Care Worker Qualifications Fact Sheet. Winnipeg: Manitoba.
- Powell, F. (1995), 'Deconstructing juvenile justice: a postmodern policy dilemma', *Administration*, Vol. 43, No. 1 (Spring 1995), pp. 36-56.
- Powell, F. (1995), 'Citizenship and social exclusion', *Administration*, vol. 43. no. 3 (Autumn 1995), pp. 22-35.
- Powell, F. (1997), 'Social work, postmodernity and civil society' *Administration*, Vol 45. No. 1. (Spring 1997). pp. 61-71.
- Smiars, N. (1998), CYC-NET: '*Professions*'. 1.2.1998
- Stuart, C. (1998), CYC-NET: '*Relationships*'. 30.1.1998.
- Stuart, C. (1998), CYC-NET: '*Professional Development*'. 30.1.1998.
- Task Force on Child Care Services: *Interim Report*. (1975), Dublin: Stationary Office.
- Task Force on Child Care Services: *Final Report*. (1980), Dublin: Stationary Office.
- Technical Working Group. (1995), *Interim Report of the Steering Committee's Technical Working Group*. Dublin: Higher Education Authority.
- Thomas, J. (1998),), CYC-NET: '*Professions*'. 1.2.1998.
- Thorpe, D. (1997), 'Regulating late modern childrearing in Ireland' *The Economic and Social Review*. Vol. 28. (January 1997) No. 1. pp. 63-84.
- Vandervan, K. (1998), CYC-NET: '*Professional Development*'. 1.2.1998