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Obstacles to the Professionalisation of Residential Child Care in Ireland

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Introduction

The roles and responsibilities of the residential child care worker have increased significantly over the past ten years, thus increasing the complexity of the care work task. The profession is presently at a young stage in its development and is attempting to gain further status and recognition. This paper will identify the key issues that need to be addressed if care work is to further evolve into a profession on a par with other child protection professionals. It shall be argued that the failure to recognise residential child care as a professional occupation is to devalue the children in residential care and dilute the value and importance of the work performed by the residential child care worker.

Firstly, the role and status of the residential child care worker is described. Secondly, we shall consider whether or not residential child care work can be viewed as a 'profession.' Finally, the primary obstacles to the professionalisation of residential child care work are examined.

The Role of the Residential Child Care Worker

The traditional pattern of child care services in Ireland placed great influence on institutional care. Reformatory and Industrial Schools were typically large-scale institutional buildings that were geographically isolated and catered for large numbers of children. One particular Industrial School in Dublin catered for 800 children at one time (Craig, Donnelan, Graham and Warren, 1998). These institutions remained essentially unchanged until the 1970 Kennedy Report was published. This report led to Industrial Schools being replaced by smaller family-like group homes catering for four to six children. The Kennedy report (1970) emphasised that children have love and security needs, in addition to physical needs and that there was a lack of awareness of these needs for love and security. The report comments that "this lack

of awareness is, we think, due to the lack of professional training in child care” (Kennedy Report, 1970, p. 13).

More recently, the high profile Madonna House Affair (Department of Health, 1996) emphasised the need for a qualified, professional cadre of residential child care workers. Legislative initiatives such as the 1991 Child Care Act and *The Standards and Criteria for the Inspection of Children’s Residential Centres 1999* have further increased the demands for appropriate training and high standards of professional practice amongst residential child care workers. What, then, is the role of the residential child care worker? The report of the Task Force on Child Care Services defines residential child care as that which provides a

safe, nurturing environment for individual children and young people who cannot live at home or in an alternative family environment at that time. This environment aims to meet, in a planned way, the physical, educational, emotional, spiritual and social needs of each child (Task Force on Child Care Services, 1980, p. 8).

The European Association of Research into Residential Child Care (Euroarrcc, 1998) report on residential childcare in Ireland and Europe identifies the residential care task as

involving an essential balance between meeting a child’s need for physical care, emotional support and intellectual advancement and his/her need for therapeutic care and support in light of the specific difficulties that have led to him/her being in care in the first place (p. 14).

Thus, the provision of quality residential childcare is a multifaceted and complex task. A number of changes have taken place over recent years which have led to a changing role for the residential child care worker. In a study of residential care across Europe, Madge (1998) identifies four main developments:

- Children now rarely live in large institutions and are more likely to be found in smaller group homes in the community. This has intensified the role of care workers
- More children in recent years are fostered or remain at home, therefore the profile and characteristics of children and young people has changed. “On the whole it is the older children with more intolerable problems who are, these days, looked after in children’s residential homes” (Madge, 1998, p. 88).
- There has been a massive increase in the expectations of residential care. Where once the primary aim of residential care was physical care, today’s aims are more far reaching. “Health and welfare remain a priority, but so too do emotional well being, educational development and much much more” (Madge, 1998, p. 88).
- Due to heightened awareness of physical and sexual abuse, there has been an increase in anxiety amongst care staff

Madge (1998) suggests that these changes are common to residential care throughout Europe. In a specifically Irish context, the National Care Workers' Vocational Group (Impact, 1998) noted developments that have increased the complexity and expanded the role of the residential childcare worker:

- "Care Workers are now carrying out duties previously carried out by other professionals. We facilitate access visits, carry out home and family visits and also offer the clients in our care a therapeutic service and a greater level of care on an ongoing basis" (Impact, 1998, p. 1).
- Care workers frequently provide after care services (as per the 1991 Child Care Act) in their own free time, as adequate resources for after care are rarely available.
- Care work now involves a large amount of administrative duties. Daily report books must be kept on each client. Incident report forms must be kept. Care workers are involved in preparing detailed reports for reviews, case conferences and court cases.

To expand on the nature of children and young people entering residential care today, the Vocational Group details a series of emotional difficulties, which may be presented by children:

- The trauma of separation from family
- The sense of bereavement and loss for family
- Feelings of guilt and rejection
- Feelings of having no control over a life which has suddenly been turned upside down
- Blaming the care worker and agency for their plight and reacting accordingly
- Feelings of complete loyalty to family of origin regardless of abuse/neglect suffered
- Being extremely frightened about the future both for themselves and their family (Impact, 1998, p. 1).

The emotional difficulties described above may manifest themselves in a variety of ways and present significant challenges to the residential care staff charged with dealing with them. For example, they may present as:

- Violent outbursts: assaults on people and property
- Self-mutilation: suicide attempts, cutting parts of their body, re-opening old wounds
- Fire setting
- sexualised behaviour: walking around semi-naked, touching adults and other children inappropriately and flirting with staff
- Stealing
- Night terrors
- Enuresis and encopresis
- Hoarding food
- Truancy
- Bullying or being bullied

(Impact, 1998, p. 1).

The National Care Workers' Vocational Committee suggests the role of the care worker is a complex one, involving:

- Providing care for children 24 hours per day, 365 days per year.
- Acting as an advocate for the clients by liaising between the relevant professionals in the child's life including other care workers, social workers and teaching and educational professionals.
- Working with emotionally difficult and challenging children, both as individuals and groups, using care programmes.
- assisting and providing access to the child's family and relevant appropriate adults. Supervision of access visits where necessary.
- The creation of a safe living environment for children in care.
- The creation and provision of an environment where the rights and needs of children are advocated.
- domestic duties such as cleaning and cooking.
- providing an appropriate role model for children.

(Impact, 1998)

To conclude, the residential child care worker performs a complex nurturing and therapeutic role. Far from being a 'minder' or 'baby-sitter,' the residential childcare worker is a specialist in the field of caring, who is capable of providing personalised, warm and responsive care in order to act as an effective agent in helping the child recover his/her wholeness as a person (Mid-Western and Southern Health Board, 1990). Whether this is always the case in practice is something we shall consider in greater detail below.

The Status of the Residential Child Care Worker

Berridge and Brodie's (1998) study of children's homes in Britain reports that the inferior status associated with residential childcare work (known as residential social work in Britain) has been regularly linked with a lack of staff training and professional qualifications. They point out that care workers in children's residential units are perceived as "babysitters" or "social workers in slippers" (Berridge and Brodie, 1998, p. 135). They further note staff "almost overwhelmingly felt that they continued to have lower status in relation to their field work [social work] colleagues" (p. 135). A similar situation would appear to pertain in Ireland. Norton (1999) studied the working relationship between social workers and care workers and found that 79% of the 39 care workers and 85% of the 21 social workers questioned felt that social work had a higher status than that of social care work. This study notes that 56% of care workers and 53% of social workers believed that social workers and care workers did not have a good working relationship. Both parties believed this to be somewhat due to the higher status and pay that social workers enjoy over care workers. The social workers also viewed the poor working relationship as due to their lack of understanding of the care worker's role.

McElwee (1998) observes that the public spotlight only seems to fall on residential childcare work in times of crisis and scandal, thus blurring the image and value of residential child care work. On a positive note, the increased training opportunities, the increased complexity of the residential child care task and the development of important child care policy and legislation have led to somewhat of an increase in the status and recognition of care workers. Gallagher and O'Toole (1999) recently interviewed representatives from the Irish Association of Careworkers (IACW), The Dublin Institute of Technology (DIT), the Department of Health and Children, the Department of Education and the Residential Managers' Association (RMA). While speaking on the subject of status of care workers, the representatives from the IACW, RMA and the DIT all believed that:

the increasing level of education and training, the adoption of professional values and practice techniques and a gradual improvement in status vis-à-vis other health and social education professions, all indicate the gradual emergence of a professional base within social care work (Gallagher and O'Toole, 1999, p. 81).

Is Residential Child Care a Profession?

Manstead (1995) indicates that a profession includes some central regulatory body to ensure the standard of performance of individual members. Giddens (1989) identifies professionals as "occupants of jobs requiring high levels of educational qualifications, whose behaviour is subject to codes of conduct laid down by central bodies or professional associations" (p. 746). Friedson (1983) examines how occupations have organised themselves in order to gain professional status and power. He identifies a profession by the following traits:

- Ownership of a recognised body of knowledge exclusive to that profession with development of new knowledge through research.
- Self government through a body that sets and monitors it's own standards of practice.
- Control of recruitment and training.
- Monopoly for practice in it's own field of work with registration by the state.
- Conformity to moral and disciplinary codes of behaviour.
- Autonomy for practice which assumes greater accountability for individuals within that profession.
- A public ideology of a service to a client group.

For a detailed application of Friedson's ideas to social care in Ireland, see McElwee (1998). Clearly, the issue of self regulation is central to the concept of profession. This brings us to the central questions of this paper; is residential child care worthy of professional status? and if not, why not? Does residential child care work currently meet the criteria of a profession? Or, in other words, what are the issues that need to

be addressed in order to raise the professional status of care work? We would suggest the following:

- Pay and status
- Education and training
- Registration
- Multiplicity of job titles

A general examination of each of these issues follows. This shall be complimented by the results of a series of focus groups held with twenty residential child care workers recently (Williams, 2000).

The Primary Obstacles to the Professionalisation of the Residential Child Care Worker

Pay and Status

The general feeling amongst the 20 residential child care workers who participated in this series of focus groups was that poor salary scales devalue the children in residential care as it reflects the value placed on people employed to care for them. As one of our focus group participants observed, a residential child care worker may work sixty four hours in a week and be paid £2 an hour for sixteen of those hours. Not surprisingly, all 20 focus group participants felt the pay structure of residential child care workers should improve in order to attract high standards of people to residential childcare work and social care work in general. Participants also pointed out that their salary scales were not comparable to the higher scales of other child protection professionals and felt it unfair that unqualified staff receive the same pay as qualified staff that had trained for three years. It was felt that the qualification bar did not sufficiently address this issue.

In terms of career prospects, all participants agreed residential child care does not offer good career prospects. They pointed out the limited promotional prospects for care workers and resented having to retrain and move horizontally to gain promotion via the social work management line. A key finding was that nineteen of the twenty participants felt they would not be working in residential child care within the next five to ten years. Many agreed that it is not an attractive long-term career option and that it has an in-built 'shelf-life' of five to seven years. The reasons for not staying in residential child care work included:

- Lack of support from employers
- Lack of value and recognition from employers
- Stressful nature of the work, leading to burn out
- Low status and pay
- Difficult to measure successes in residential child care
- Lack of training support and opportunities
- Lack of career structure

One participant juxtapositioned the emphasis on consistent, long-term carers in a variety of child care models with the high staff turnover in many residential child care units. Although based on the inspection of only 12 residential centres, the first report of the Irish Social Services Inspectorate (2000) highlights the related issues of recruitment and retention of residential child care staff as a cause of concern. In one centre, for example, 15 different relief staff had been used to provide cover over an eight month period. Whilst these difficulties have been recognised anecdotally for years, the value of this report is that the situation is now being recognised and monitored officially:

It is unsatisfactory that so many staff in children's residential centres are employed on a temporary basis. The creation of a stable residential care workforce in each centre is essential. The high level of turnover in some centres is not conducive to good care practice for children and young people who need consistency of care and stability in their lives" (Irish Social services Inspectorate, 2000, p. 10).

Clearly, more permanent posts need to be made available, at rates attractive to high quality social care graduates and professionals. Such high levels of staff mobility and impermanence are clearly undesirable in child care settings. The difficulty in recruitment of qualified staff is a product of poor pay, terms and conditions for those who have spent three to four years in full-time education.

In terms of status and social perception, residential care workers have not been overly energetic in effectively managing their portrayal in the media and public arena in general.

If care workers continue to fail to highlight and promote the value and positive aspects of residential child care work, then it would seem this area of work will continue to receive only negative media coverage. McElwee (2000b) notes that only approximately 250 social care workers out of an estimated 2,500 nationwide are members of the Irish Association of Care Workers (IACW). He observes

The membership of this particular Association has been largely inactive and has tended to over-rely on a small number of members of the Executive of the Association to politicise issues for them. General membership must, therefore, assume a significant amount of the responsibility for their collective non-representation in the corridors of power in Leinster House as an Association is only as strong as its members allow it to be (p. 33).

This issue was also highlighted by our focus group participants who called for residential social care workers to express the positive work carried out in residential units by means of letters to newspaper editors and phone calls to radio stations. A general need to reinvent the image of residential child care work was identified by participants.

Focus group participants believed that the public generally view care workers as 'do gooders,' 'housewives' or 'babysitters.' Participants recalled comments such as "Aren't you a great wee girl doing that?" and "Aren't you great to work with the little kiddies?" when describing their work to friends and family. Few people, it would appear, recognise residential child care as a complex professional task that ensures good practice and accountability for children and young people in the care of the State.

The focus group participants felt other professionals, such as teachers, gardai and social workers, also had a poor understanding of the role and task of the residential child care worker. It was felt social workers saw residential child care workers as the people "babysitting their clients and who deal with the challenging behaviour." One participant felt that social workers do not offer care workers enough support nor do they respect their professional opinions as they make decisions despite "recommendations made by Residential Child Care Workers who work with the child 24 hours a day, seven days a week." She also commented that social workers do not recognise the nurturing and therapeutic work carried out by care workers. All participants felt, however, that social workers who had residential child care experience (as a student or previously as a care worker) were more supportive and better understood the residential care task. We shall consider the issue of joint training of social workers and social care workers below.

The lack of recognition of social care workers amongst fellow child protection professionals is perhaps illustrated in the Department of Health and Children's recently published *Children First: National Guidelines for the Protection and Welfare of Children* (1999a). An extensive Working Group of child welfare professionals such as doctors, psychologists, gardai and social workers produced this document. However, no care worker was a member of this Working Group that produced a document that will be central to the work of care workers in coming years.

Education and Training

To speak of the *professional* residential child care worker will continue to be an oxymoron as long as unqualified people are routinely employed in the field. As noted in the recent Irish Social Services Inspectorate report (2000), only 41% of full time staff surveyed in 12 residential centres had a recognised qualification in residential child care. It should be noted that a significantly larger survey of 63 residential managers from the voluntary and statutory sector, with 608 children in their care, found that only 13.79% of residential child care staff had no formal social/child care qualifications (McElwee, 2000b, p. 11). As can be noted from our earlier definitions, training and further education play an integral part in delineating a profession. Kreuger (1994), in a UK context, highlights the importance of training as a key factor in not only improving the status of child care as a profession, but also in improving child care practice for the benefit of clients through a team approach in residential group care. And yet, the lack of training of residential child care workers is frequently noted; for example, "it is ironic that those who work most closely with children in care, especially children with the most serious problems, are often the staff members

with the least training” (Powell, 1985, p. 165). The issue of untrained staff is a key factor to resolve if the professionalisation of care work is to be realised.

The National Care Workers’ Vocational Group Report (Impact, 1998) argues that new skills, knowledge and qualifications are required to deal with the changes brought about by the 1991 Child Care Act. These changes include the raising of the age of children coming into care from 16 to 18 years of age. Children are also entering care in an increasingly more traumatised state and can present with challenging and sometimes violent behaviour. They are often victims of physical, emotional or sexual abuse and may also be involved in drug abuse or prostitution and may be HIV positive or have Aids. Working with these issues and problems requires definite skills and training, as mishandling in such circumstances could have serious short and long term consequences for the children in care and their families. The report makes the following recommendations in relation to the training of residential child care workers and social care workers in general:

- There should be one generic course to provide qualifications for care workers.
- The level of basic qualification should be increased to degree.
- Consistent updating of training by provision of in-service training should be available.
- There should be a general three year diploma level course, with the possibility of progression to a one year “add-on” degree. The student should complete a six months placement as part of academic training.
- With regard to care workers already in the field, there should be an obligation on the part of the employer to provide training.
- Professionally qualified care workers should be involved in the training of future care workers

The report also recommends that no further appointments of unqualified care workers take place.

Back in 1980, the Task Force on Child Care Services recommended that “a training scheme should be introduced whereby long term unqualified residential staff are automatically placed on a course of in-service training” (p. 15). The recently published *Standards and Criteria for the Inspection of Children’s Residential Centres* (1999) recommends that all managers of residential centres be professionally qualified (p. 67). Surprisingly and regrettably, there is no recommendation that non-manager staff be professionally qualified. Also, whilst stating that “there is no substitute for the appointment of a well qualified staff group” (2000, p. 24), the Irish Social Services Inspectorate does not call for social care qualifications to be a *requirement* of employment. In an interesting case of agencies on the ground going beyond the standards and criteria of the Inspectorate itself, it is encouraging to note that the South Eastern Health Board’s Residential Child Care Services has launched a *Parents’ Information Booklet* for the parents of children brought into care. This booklet, along with an accompanying one for children/young people, was launched by Minister Hannifin at the RMA annual conference in November 2000. It informs parents “All

of our staff caring for your child will be qualified to do so. They will have on-going training and a lot of experience in professional child care" (p. 3).

The Resident Managers' Association suggests that a Diploma in Applied Social Studies in Social Care/Child Care (or equivalent) should be the minimum qualification for *all* staff (McElwee, 2000b, p. 11). As pointed out by the National Care Workers' Vocational Group, professional qualifications should be seen as essential, not just as desirable, for all residential child care staff.

The study *Focus on Residential Child Care in Ireland: 25 years since the Kennedy Report* (1996), highlights a strong feeling amongst residential child care workers that all staff should be trained (Focus Ireland, 1996, p. 103).

The NCEA, also, recommends that "initial qualifications for Social Care Work, for the areas of child care, youth services, the handicapped and the elderly should be based on a three year programme of study" (NCEA, 1992).

Of course, the training of social care personnel must be appropriate and informed by the needs of the profession. It must be in a position to respond to the changing nature of social care work. Recent research suggests that two thirds of a sample of residential care managers rated current childcare training as inadequate (Focus Ireland, 1996). Some of the reasons given were:

1. Training does not prepare students for the reality of residential child care work.
2. There is insufficient emphasis on challenging behaviour, drugs and sexual abuse.
3. Employers are reluctant to fund staff for training.
4. Training needs to be upgraded to degree level.

These suggestions are important in view of the number of institutions, validated by a range of bodies, offering a plethora of courses in the social care field. There is no doubt that the quality of training varies from institution to institution. Recently initiated degree courses in social care are a welcome and optimistic step towards consolidating the training of social care workers. Such training will enhance the esteem in which care staff are held, both amongst the general public and amongst fellow professionals. The acquisition of honours level degree qualifications will enable a new generation of social care staff to engage in post-graduate research to Masters and Ph.D. level and to apply for lecturing positions. Heretofore, social care training and education has been conducted by a variety of social science professionals, with few having direct social care training or experience. The author is aware of a steady increase in the numbers of social care degree graduates who are progressing to Masters and Ph.D. level research are who are becoming eligible to compete for lecturing posts in social care. This is a welcome development as such graduates, in time, will contribute to the theoretical and empirical knowledge base in social care in Ireland.

Registration

Repeated attempts throughout the 1980s and 1990s to establish a register of care workers have come to naught. More recently, the Minister for Health and Children has indicated (in April 2000) that the government is in favour of the registration of care workers, along with more than a dozen other "Allied Health Professionals." It is envisioned that under an umbrella body, each profession will have its own sub-Registration Board.

Although discussions are at a preliminary stage, it is encouraging that the present government has committed itself to introducing legislation to provide for the statutory registration of social care professionals – that is, whereby "each individual member of a profession is recognised by a specified body as competent to practice within that profession under a formal mechanism that is provided for by law" (Department of Health and Children, 2000, p. 3).

Statutory registration will increase public confidence in social care workers by allowing a system of registration that will facilitate investigations of allegations of incompetence or misconduct and a legislative framework for the appraisal and approval of education and training course, examinations, qualifications and institutions, thus ensuring the proper development of education and training. Indeed, a model for registration was presented at the April 2000 Conference of the IACW by McElwee. This suggested potential routes and categories of registration for social care workers.

It is proposed that a registration board would be appointed for the social care profession (each of the 12 to 14 other "allied health professions" would regulate their own profession with their own registration board). The primary role of such a board will be to maintain a register of all persons deemed eligible to practice; to determine the criteria for registration, including approved qualifications, education, training and practice experience; to adopt a code of conduct and ethics; to sanction or discipline members in breach of their professional role/responsibilities.

Multiplicity of Job Titles

Residential child care, and social care in general, has had great difficulty in establishing a unified and recognised job title. In 1992 the National Council for Educational Awards (NCEA) surveyed graduates from the National Diploma in Child Care for the year 1990. They found that although 90% of graduates were employed as child care workers, 35 different titles were used to describe their work (NCEA, 1992). A common title to describe care workers working with children, adults, people with learning disabilities and the elderly has proved elusive.

The Irish Association of Care Workers (IACW) proposes that all strands of workers in the social care field be termed 'care workers.' An IACW working group was formed at the 2000 Annual Conference with the aim of generating a series of job titles for membership to vote on in the near future (see McElwee, 2000c).

A recognised and established job title is surely a prerequisite of informing the public and other professionals of the work carried out by the various types of workers in the social care field.

Discussion and Recommendations

The discipline of residential child care is a young, emerging profession whose status has risen somewhat in recent years. However, as we have seen, the issues of pay and status, education and training, state registration and multiplicity of job titles need to be addressed if care work is to advance and achieve wider recognition in Irish society. Some suggestions are explored below.

Pay and status

As we have noted, the public profile of residential child care workers and their work is low. The emergence of a cohesive, integrated profession and public profile is perhaps also hampered by the relative professional isolation in which many residential child care workers find themselves. That is, working almost exclusively with a small staff team of eight or ten others within the confines of a single group home. The introduction of a national web-site hosted by the IACW would help care workers keep updated on issues and bring them into easier contact with the wider social care community.

In terms of representation, the IACW should continue with its recruitment drives and ensure that significantly greater numbers of residential child care workers (and students) are members of their representative body. Of course, the challenge here is for the IACW to offer sufficient services and resources for prospective members to feel that it is worth their while joining and, perhaps more importantly, maintaining their membership. Presently, too few care workers are members of, or active in, the IACW.

In terms of academic status and prestige, the innovation of degree courses in social care will serve to increase the standing of care workers amongst fellow child protection workers and in the community generally (although this standing is presently undermined by the widespread employment of untrained staff in residential homes). We would like to see a growing number of honours degree graduates progress to study for Masters and Ph.D. degrees and begin to contribute to the research and academic aspects of social care.

There is a serious shortage of male entrants to social care training. In the Dublin Institute of Technology, the ratio in the first year BA in Social Care has been approximately 90:10 female:male in the last three years. This is reflected across all the Third Level providers of social care, with the exception of in-service and evening programmes. The challenge for colleges is to present courses in social care as challenging, worthwhile and stimulating for both males and females. Anecdotally, we can speculate that the lower numbers of male applicants in recent years is the result of

widespread concern in the community about male child abusers in a variety of trusted/caring positions. Nevertheless, both male and female role models are required by the client groups of care workers and the 'feminisation' of residential care work is a concern.

Related to the issues of pay and status are (a) the very high staff turnover amongst residential child care workers and (b) the difficulty managers are currently experiencing in recruiting full time staff. This was a cause of concern in the first report of the Irish Social Services Inspectorate (2000). McElwee's report for the RMA (2000b) identified one residential centre which had 29 turnovers in the 12 months prior to his study. However, it is an issue that has not been examined in any depth, to the best of our knowledge. This is an issue that is worthy of further investigation.

Education and Training

Training is an integral aspect of ensuring positive child care practice and of meeting the total needs of clients in residential centres. Some key issues must be addressed within the education and training sector if care work is to achieve a meaningful professional status.

An important issue, which we would like to highlight, is the number of unqualified staff in the area. Further recruitment of unqualified staff sends a message to the public and other professionals that anybody can work in residential care and that no training is required. We would suggest that all future appointments be from qualified applicants only. This will, of course, require an increase in salaries. We must view this as the reasonable price to be paid for the provision of quality care of children in need. This position is not designed to devalue the skill, talents and good work by those unqualified workers who are already in the workplace. It merely calls for all care workers to be qualified in order to advance the professional status of residential child care. It is apparent from the unqualified care workers who participated in our focus groups that there is a perceived lack of support and encouragement from managers for unqualified workers to seek relevant training. There is a need for employers to change their perspective on training for residential child care workers. Instead of viewing training for individuals as expensive and time consuming, employers should recognise training for care workers as a pooling of resources so all staff become qualified to provide the highest quality care possible.

The possibility of social care workers and social workers training together for certain modules would be worth exploring, as it would enhance the development of team work between the two professions. See McElwee (1996) for further discussion. The two professions would also naturally gain a better understanding of each other's role. A further suggestion that might be explored is that the first two years of a social care course might become a basic training programme for Social Care Workers and the final year might branch into specialist areas from which students might choose their preference; for example residential care, community care, learning disabilities or youth work.

Some commentators have expressed doubts as to whether social care courses are providing workers with the essential skills required for residential child care (Focus Ireland, 1996; Irish Social Services Inspectorate, 2000; Kieran, 2000). Without exception, such remarks are anecdotal and are not based on an empirical examination of college courses and the training needs expressed by social care managers (residential and otherwise). Indeed, this is an area which future research might address. A new organisation called the Irish Association of Social Care Educators has recently been formed and consists of the Heads of Social Care and their representatives from the Institutes of Technology at Athlone, Cork, Dublin, Sligo, Tralee, Waterford and St. Patrick's College, Carlow. As the sole providers of recognised social care training and education in the country, it is to be hoped that these colleges will continue to develop their undoubted expertise in this field, and that future commentators will be in a better position to inform themselves of the training and education extant in the Institute of Technology (formerly, Regional Technical College) sector.

Registration

The move towards statutory registration of social care workers represents a considerable change in their status and is to be welcomed. It also represents a considerable challenge to unqualified staff and their employers to ensure that they meet whatever registration criteria are determined within a reasonable period of time. The proposed structures envision a system of provisional or temporary registration. This would be "applicable for a specified period to allow those affected sufficient time to bring their qualifications up to the level required for statutory registration" (Department of Health and Children, 2000, p. 16). The legal implications of a currently-serving professional who refuses to register on the proposed compulsory register are currently being investigated. An alternative possibility is that of "acquired" rights to registration – that is, whereby a certain number of year's practice automatically qualifies a practitioner for registration. It should be noted that this possibility is widely considered to be unacceptable and the Department of Health and Children is opposed to such a practice.

Multiplicity of Job Titles

All disciplines from the field of Social Care Work (be it residential child care, community care, learning disabilities) must unite under a common agreed job title if recognition is to be sought from the public, fellow professionals and government officials. This issue of finding the elusive title to bond the entire social care field under one title is presently being confronted by the IACW. At the 2000 IACW annual conference in Ennis, members voted a best title offered from a 'shopping list' of over 40 titles offered by Niall McElwee. The majority preferred the title Social Practitioner followed by area of interest or work. For example, a residential child care worker would be referred to as a Social Practitioner: Residential Care. Members strongly felt the word 'care' should be removed from the title as it associates too much with the element of vocation associated with the work. A working group from

the IACW will continue to work on this issue before the membership will finally be asked to vote for an agreed title.

At college level, the inconsistency of course titles was noted by our research participants. Differing course titles such as social care, social care practice, applied social studies and applied social studies in social care will confuse the public. It must also confuse intending course applicants at Leaving Certificate level and their career guidance teachers.

Conclusion

We have discussed the complexity of the residential child care task and the changing role of the residential child care worker over recent years. This change in role has been influenced greatly by the introduction of new legislation and regulations such as the Child Care Act 1991 and the Standards and Criteria for the Inspection of Children's Residential Centres 1999. We then identified the key characteristics of a profession and the key issues involved in the professionalisation of residential child care work. We argued that residential child care work, and social care work in general, can be recognised as an emerging profession, whose training only dates back to 1971 when the first national child care course was established following recommendations of the 1970 Kennedy Report. The status of Residential Child Care Work has increased particularly over recent years due to the introduction of more child care policy, the adoption of more professional child care practice by workers and the increase in training of residential child care workers. However, it would be a shame if in ten years time residential child care work was still being described as an emerging profession. That is why residential child care workers must not rest on their laurels and expect professional status to be thrust upon them. In conjunction with other relevant parties such as training bodies, employers, unions and professional associations, residential child care workers must address important issues such as pay, education and training, a unified job title, a meaningful career structure and registration. As McElwee has stated, "more change has occurred since the beginning of the 1990s in social care than in the previous one hundred years. Nonetheless, there is a considerable distance to be travelled and many barriers to overcome" (2000a, p. 36).

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