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Niall C. McElwee

David Parslow  
*Athlone Institute of Technology*

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## **The Importance of Male Staff as Role Models in Residential Childcare: Men Can Care!**

**Niall C. McElwee, PhD**

**&**

**David Parslow, B.A., HDIP**

**Centre for Child & Youth Care Learning,  
Athlone Institute of Technology, Ireland  
nmcelwee@ait.ie**

### **Abstract**

A 'crisis of masculinity' reached fever pitch in the British media in the mid 1990's when it was widely reported that female pupils were achieving better school results and outstripping their male counterparts in locating employment in the diminishing youth labour market (Mac an Ghaill, 1994; Connell, 1995). We had a more reserved debate in Ireland at that time but it is now gathering in momentum once again. This paper is written partly as a response to the two papers by Mark Smith (2003) and Mike Burns (2003) published in the last volume of the *Relational Journal of Child and Youth Care*. We would like to maintain and add to the debate around 'maleness' and 'masculinity' in child and youth care. The authors are based at the Centre for Child and Youth Care Learning at the Athlone Institute of Technology in Ireland where the debate on men in child and youth care is only emerging (see McElwee, 2001; McElwee et al, 2003; Parslow, in press). Specifically, we are interested in men as potential positive role models to children and youth in our care. We provide some biographical details in order to context this debate in what Garfat has termed the 'relational male discourse' (Garfat, in press).

**Key Words: Masculinities, Residential Social Care, Role Models, Politicisation**

### **A Road Well Travelled**

Man enters the ecological scene...not merely as another organism which is related to other organisms in terms of his physical characteristics. He introduces the super-organic factor of culture, which also affects and is affected by the total web of life. (Steward: 1979:31)

### **Dave**

I have been working, full time, in Residential Child Care for just two years. I am aged thirty-nine and have three children of my own. It seems a bit late to have changed jobs and I often wonder if prospective employers see my C.V. as a catalogue of jobs or of identity searching. Perhaps they even think I'm going through mid-life crisis. Personally, I see my role primarily as one of Educator. The road to residential child care has been a long and winding one but it is that road which shapes the worker, and hopefully role model, that I am today.

Having graduated from the National University of Ireland Galway, (U.C.G. as it was then) in 1986 I ventured into teaching in a secondary school in Galway. I had a strong belief in the value of education and really believed that I could make a difference. My understanding of 'education' and that of the Irish Department of Education were not exactly aligned and so after one year I left

and travelled to Spain to teach there. There were no State exams and no race to obtain the 'Holy Grail of Points' to secure University entrance and so I felt that I could truly educate. Of course, the weather and sangria made it comfortable but the salary, or lack of one, was another matter. Discovering that my employer had not obtained a work permit and that I was there illegally was daunting but it taught me a great deal about people and their behaviours.

Returning to Ireland, I worked on a community development project and once again found myself in the role of educator. There were no classrooms or chalkboards but there was a fountain of talents, belief, thirst for knowledge and a willingness to change that would enhance any place of learning. In sharing ideas and empowering people towards change I became both educator and educated. When State funding for the project ended it seemed a natural progression to work in what was termed 'Youth Work' and so travelling the roads of the rural West became my life. The job entailed setting up Youth Clubs and After School Projects and once more the interaction with people became a learning process. Seeing first hand the difficulties faced by people in rural Ireland taught me much about their resilience<sup>1</sup>. The belief in their own values and openness to develop and change was truly inspiring. I soon learned that I needed to expand my horizons and open myself to further education.

At this stage many people would have opted to attend a course but my voyage of self-discovery brought me to, what I might term, the University of Life and so I departed for America. Like many leaving I was well organised, I knew somebody living in New Jersey. My first job was truly educational. I worked as a gambler in a casino earning \$10 an hour (tax-free). After stints in hotels and a bank my journey took me back to the Casinos. This time I worked for the Casinos as a Croupier. The range of people and experiences while working there are inexplicable and had to be experienced to be fully appreciated. Like my prospective employers looking at my C.V. many of the Casino's patrons wondered about me. One oriental gentleman summed it up when he asked, "What's a guy from the West of Ireland doing dealing a Chinese game on the East coast of America". I often wondered myself.

Returning to Ireland with my wife, who was expecting our first child, I decided that I had learned enough and opened my own business. Two years later I was bankrupt – obviously I still had a lot to learn and so returned, after a thirteen year sabbatical, to teaching. I had changed from the fresh-faced teacher of before. I had more knowledge and more experience but my inherent belief in the value of education remained the same if not stronger. The school based educational system had also remained the same and I could not justify cramming book knowledge into eager minds when there was so much more to learn.

Just as I was getting disillusioned a friend asked if I would work live nights in a Residential Child Care Home. Believing that I had no training or experience in the field I wondered how desperate they were for staff. On asking what my duties would be, he replied, "just be you". He went on to explain that I was needed to simply 'be' and that in so doing I would act as a role model for the young people in care. It seemed too easy but I got in the car and started my journey into the world of Residential Care.

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<sup>1</sup> "Resilience is the healing potential that may lie naturally with children, in their normal daily experience or their social networks" Gilligan (2001).

## Niall

It is ironic that I ended up for two years as a Head of Department in a third-level College having hated practically every second of secondary school. My best friend and I (who also ended up as a College lecturer in a different country) used to bunk off on school alternate school afternoons and sit in on lectures at the local University in town. By the time we both actually got accepted by the University, we were well used to University life and had even tried to vote on some social issues. The point I want to make is that, like Dave, I did not have a definite sense of career direction, other than the fact I knew I wanted to work in human services.<sup>2</sup> I was always interested in books so I figured the best thing to do was a general Arts Degree and picked Sociological and Political Science and English Literature. I (miraculously) graduated with Honours and took a Masters Degree and then a Diploma in Social Studies. Working part-time in the University as a Tutor provided enough income to live and I taught martial arts to children of Professors at the College. Life was ok.

Then, one day, I saw an advertisement in a newspaper for a position as Lecturer in Child Care. I have recounted the strange story of the "janitor in the anorak" at a couple of conferences because it was he who gave me my break into this field (McElwee, 2003).<sup>3</sup> At interview, knowing less than one might have liked about the theories of children and youth, I was asked the question by the Head of School of Humanities, "Now, what do you really think about children?" Because I didn't know any better and had just thrown my resume together in a hurry, I answered honestly, "I really believe that children should be listened to for who they are now not as what they might some day be - adults". Naturally, a well-versed formal interview panel were taken aback by such an answer as they had expected some long rambling discourse on childcentricity, or the like. In any case, after I was called back to the College a couple of weeks later for a second interview, and I had read every book on childhood I could get my hands on in the intervening period, I got the job!

And so, on balmy day in July 1992, I started out in my purple VW Beetle visiting residential child and youth care centres throughout Ireland so that I could be "informed from the floor" when I commenced my lecturing in eight weeks time. And what an education that proved to be. It has taken me over a decade to get back into direct practice again.

Some twelve years later, I find myself undertaking a practicum in a residential child care agency on behalf of my professional Association as I delivered a paper at our recent annual conference titled "Lead, Follow or get out of the Way".<sup>4</sup> There are several reasons for this. Perhaps the first is that I now have time in my work schedule as the college has released me one day a week to work in the field. I chose residential child care after a conversation with my friend Thom Garfat, where he suggested that this would be, perhaps, the most challenging for me. I have, thus, approached this practicum from the other end of the sphere than is the norm - I have much of the theory but little practice. Essentially, I decided to work in direct practice because I have seen too few men as role models and wanted to lead by example. I'm not, of course, saying that I am any good as a practitioner - just that I am willing to throw my hat in the ring. Dave will, no doubt, have something to say on this in a future article. In any case, we now find ourselves working together in College on Tuesdays and in practice on Thursdays.

<sup>2</sup> I have noted this was the case for many males in my conversations with Child and Youth Care Workers over the past decade.

<sup>3</sup> The individual in question, Dr John Ennis, has since become a very dear friend and has been of great service to the development of the field of child and youth care in Ireland.

<sup>4</sup> The Irish Association of Social Care Educators.

### **Dave and Niall**

We soon learned that our lives had been paved with a fundamental belief in the value of education and that education did not necessarily always involve books from established authors, but that we are each presented with countless opportunities to learn from life – as are the children and youth in our care.<sup>5</sup>

The notion of simply ‘being’ can teach others how to ‘be’ and to be accepting of ourselves first and others later. For many of the young people that we have met in our work, accepting and believing in themselves is an enormous bridge on their life journey. It is essential, therefore, that we male social care workers and potential role models are self aware and educated as to who we are – and are not. We can then impart our knowledge and experiences, not only by what we say, but also by what we do. We can model for children and youth. It is also essential to remember that education is ongoing and that, in the words of the poet Robert Frost “The woods are lovely, dark and deep, But I have promises to keep, And Miles to go before I sleep, And Miles to go before I sleep” (Robert Frost: Stopping by Woods on a Snowy Evening).

### **On Role Models**

So far as I know, we are the only people who think themselves risen from savages; everyone else believes they descend from Gods (Sahlins, 1976: 52-53).

What is a ‘role model’? The definitions are as varied as the people asked for such a definition. Many young people; when asked who their role models are; name sport stars, musicians or movie stars. In such instances one needs to ask if such personalities point to positive ways of being for the young people or indeed if they are chosen because of a desire to emulate their lifestyle. The majority of young people that we have worked with list among their reasons “the desire to be popular”, “have money”, “a big house”, “fast cars” and “attraction to the opposite sex”. The lifestyle and monetary gains predominate as reasons for being role models. Currently, the Irish male with the highest visibility in North America is the actor Colin Farrell. In many interviews he appears chain-smoking with a Gin and Tonic in hand and uses more expletives in one sentence than one might hear on a rugby pitch on a Saturday afternoon in Limerick. Is this the best role model we have?

From a practitioner’s perspective we may be more inclined to align ourselves with Kipnis (1995: 75) in writing that “our young men need to know that there are men in the community, other than their fathers, to whom they can relate, from whom they can learn and by whom they can be accepted and admired”. Kipnis referred specifically to boys, but we would argue that the sentiments expressed are equally valid for the young girls in our care (Parslow, in press). It is no longer acceptable, or plausible, to equate gender with a definition of what it is to be a role model. Garfat (1998) agrees with such a position and notes that there is now an appreciation of gender duality in how staff approach their daily work. It is both accepted and expected that men take on some of the traditional female roles of cooking, cleaning and even being emotional beings. It is equally normal for female colleagues to arrange activities (including sporting ones) and to be involved in behavioural control (Garfat, 2003).

As males working in residential care homes we must accept that we are not on a similar par with the Roy Keane’s, Eminems or Brad Pitts of the world (although we can both fantasize as

<sup>5</sup> Ironically, Dave ended up teaching one of Niall’s younger brothers and Niall ended up teaching Dave. Now there’s a story in that for one of you ‘relational’ males out there!

our wives are wont to tell us!). Neither of us will ever command the same salaries or lifestyles as such aforementioned celebrities. Can we ever hope, then, to be *real* role models to those in our care? We think yes, but it may take a re-definition of the concept of being a role model. We have already referred to the fact that education is an ongoing process and that we educate, not only by what we say, but also by what we do. It is our behaviour that determines our role and so it is also our behaviour that dictates whether or not we become role models.

As far back as 1979 Biddle (1979) argued that roles are behavioural and consist of behaviours that are characteristic. He also points to the fact that human roles are learned through socialization. Every day that we are in the company of young people we are socializing and so have unlimited opportunity to teach alternative and new roles. More recently, Abramovitch (1997) also advocates that children learn from what we do quicker than from what we say. Our current manager, 'Cormac' probably had his finger on the pulse of working with young people when he told Dave that his role was to "just be you". By simply being ourselves we can show that extravagant salaries, while they would be nice, are not necessary components of character. It is the focus on relationship, being with people where they live their lives, and the utilization of everyday events for therapeutic purposes that make our profession and ourselves unique (McElwee 2003, Garfat 2003, Phelan, 2003).

### **On Being Male**

Dare we say it, but we like being male! We are both in the early stages of middle age (signing off questionnaires in the 35 -55 category is pretty scary) and understand that it is not only necessary, but also essential to be self-aware and to consider our own characters before we can hope to impart positive qualities to the children and youth in our care. As male staff, we might argue, there is the added responsibility of our 'gender'—and all that is expected and not expected of us simply because we are men. There should be no need to apologise for our sex because as our colleague in Scotland, Mark Smith (2003) points out, maleness is a biological fact. What are we to do? Are we to remain trapped forever in limited and limiting roles? What about our children? How will the 'cycle of maleness' be broken? How are we to become the 'relational males'?

Certainly, the ways in which we enact our maleness determines our masculinity and that is something for which we are responsible. Smith (2003) identifies heroic pursuits, hard work and stoicism as historic measures of masculinity. Societal expectations that real men don't cry and must be strong at all times place a huge burden on sometimes fragile shoulders. According to Mc Millan (2003) the traditional views of what it is to be male inhibits boys from expressing vulnerability and seeking help. If this is the case for boys from loving, stable backgrounds how much more difficult is it for boys in residential care many of whom have been subjected to physical, emotional, sexual abuse and neglect.

### **The Boy Code**

Smith (2003) and Pollack (1999) refer to the 'boy code' by which our young men are expected to live. The code comprises of rules and expectations to which one must subscribe. Pressure to conform to the code, according to Smith, inhibits boys from presenting a more gentle and nurturing side. Mc Millan (2003) also challenges the negativity of the 'boy code' as it makes it even more difficult for boys in residential care to expose their vulnerability. Very often boys in care are vulnerable and their vulnerability has been used against them so that any expression



of gentleness is seen as a form of weakness. We would further argue that this is, in part, due to self-preservation. By not showing any vulnerability there is less chance of being abused, in any sense of the word.

The need to abide by the boy code and not show vulnerability is further explored by Smith (2003) to explain why boys are disproportionately represented in involvement in criminal activity. He writes that crime gives boys a way of expressing their masculinity. We don't doubt that some boys have a concept of being the 'hard man' and crime may indeed offer a way of expressing masculinity but the disproportion of boys in crime may be due in part to the way in which figures are collected. Smith does not specify whether the figures relate to involvement or conviction and there may be an element of 'chivalry justice' at work whereby girls are not as readily convicted.

### **Perceptions of being Male**

It seems imperative that we recognize that the traditional role of men as breadwinner has changed. Changes, primarily in Western society, mean that more women are choosing to have careers outside of the home and the 'man of the house', may no longer be the breadwinner. This poses problems for the traditional view of masculinity and for our own definition of who we are. The challenge, therefore, for male staff is to be self-aware as it is only by knowing ones 'self' that we can truly appreciate another and assist them in fully accepting themselves.

In our role as staff we need to acknowledge that our gender may provoke fear or distrust and according to Phillips (1993) we men risk reproducing the dynamics of power that led to abuse in the first instance. There can be no arguing the point that men were seen, traditionally, as being the more physically powerful of the species. Some youth, according to Smith (2003), expect men to assume more controlling roles and respond better to it. Men were also employed more in the role of security guards in the past and the only qualification required was physical strength. Aligning ourselves with the youth's expectations, in this case, misses the point. We are not working in residential care to be 'enforcers' but rather to provide models that facilitate the transition of young people into healthy adults and to promote images of a non-violent masculinity. We want to be seen as 'facilitators'.

One of our primary roles is to provide opportunities for those in our care to grow into mature and healthy adults who can, in turn, pass healthy messages on to their children should they have any. We can do this with boys, according to Burns (2003), through an initiation process. He laments the lack of initiation passages such as apprenticeships and refers to crime, violence and drugs as the modern process. Indeed, he argues that the direct lack of initiated males has resulted in the abuse of women and children. Unfortunately, Burns does not seem to take cognizance of the fact that women have also been known to abuse children (3% - 5%).

In his research, McElwee (2001) refers to another dilemma regarding the perception of men by young people in care. According to his experiences, many young male offenders in Ireland have seen multiple caregivers or an absence of a consistent father figure and so they are likely to have a distorted view of adult males in terms of modeling behaviour. Rather than being a negative we would suggest that this distorted view is yet another positive challenge for men working in child and youth care. If we, by our actions, confront such negativity and replace it with a positive alternative we can not only change the distorted view but also offer a viable alternative way of being.

McElwee's assertion that the average young male offender has experienced the absence of a consistent father figure also raises a serious question for male staff. Are we, by definition, surrogate fathers? It would be foolish to assume that we, in any way, take over the role of biological father. Phillips (1993) recognizes that while a father may leave his children the child can never totally leave the father. The child may carry hidden anger or just basic curiosity, but the father's influence will always be felt. Phillips also writes that for a child the father matters *whether he is there or not*. We can hardly expect such a deeply rooted bond to be assumed by another male. In his writings on fatherhood Biller (1981) suggests that a child with a non-nurturing father may be better off if the father is not very available. Such a view is in complete contrast to that of Phillips (1993) and indeed to that of most populous writers.

The Irish Department of Health and Children in its document titled 'Fathers and Families' (2001) states that few can rely on their own fathers as role models even when those fathers were recognized as being 'good fathers'. Phillips (1993) concurs with this, from a British perspective, when she writes that while many fathers want to be involved in the lives of their children, it is very difficult to build emotional attachment if one spends three out of four weekends at work, which is what many men feel societally bound to do. There is, of course, the added difficulty of arriving home from work every evening after the child's bedtime. In many cases there is a breakdown in relationship and according to Austin and Halpin (1987) the most important task for male staff is to re-establish in the child's being the possibility of relationship. The re-establishing of such relationship with the father is core to the therapeutic process but it is not always possible and so we, as primary caregivers, must provide relationship with the child.

### **Jobs for the Boys**

Much of the emerging discourse (Smith 2003, McMillan 2003, McElwee *et al* 2003, Burns 2003) on men working in child and youth care has focused on the role of male staff in relation to boys in care. The focus has, naturally, been on their shared gender and the potential positives for boys of having adult male role models. There appears to be little or no acknowledgement of the basic fact that we deal with 'children' in care and that means girls as well as boys. Such is the emphasis on men working with boys that one must wonder why? Are we, as male child and youth care workers, so preoccupied with political correctness and fear of having our motives questioned that we are almost afraid to admit that we work with girls? (Parslow, in press)

Mark Smith (2003) wrote that he is "fed up with apologizing for being a man in child care...fed up reading assignments where male students feel the need to recite *mea culpas* just for being male". We know that Smith is not alone and so it is time to not only acknowledge but also celebrate our masculinity. Austin and Halpin (1987) are rather succinct in writing that children come into care because they come from being 'out of care'. Parslow acknowledges that "The majority of girls, that I have worked with, in residential care homes, have had first hand experience of male perpetrated abuse. In some cases their paths to care are paved with experience of physical, emotional and sexual abuse from a very early age so that by the time they come into a teenage care home their only experience of men has been negative. They see men as the ones who hurt you, who can't be trusted and as the ones who will use you" (Parslow, in press).

Rather than hang our heads in shame and expect punishment for the wrongs of some of our gender, we men in child and youth care environments (college and practice) should welcome



with open arms the opportunity to be different. We are gifted with the opportunity to show an alternative way of being male. We can show through respect for our female 'service users' and colleagues through our establishment of healthy 'relationship' that we are different. By presenting an alternative way of 'being' we present choices. What more can our female colleagues ask from us?

We are not suggesting that men have all the answers, or that the girls in our care will turn to us for care every time. Neither are we suggesting that we can assume the role of female staff but we are suggesting that we men can have a pivotal role to play in the lives of our female residents.

### **Men Wanted**

In recognizing that men can be self-aware and can display vulnerability and nurturing we must accept that those characteristics alone are not sufficient argument (if arguments need to be made) for employing men in childcare. Instead, the intrinsic value of males as role models for young people is sufficient argument. A mixed gender environment and positive role models for children are the key benefits of men working in childcare according to Thompson (2003). Irrespective of the terminology used to describe our working environment we strive to provide some semblance of 'normality' for those in our care. Whether they are called 'care homes', 'group care homes' or 'therapeutic residences', a mixed gender staff is essential to illustrate positive adult role models. Men are vital to the mix in order to provide alternatives and choice for the young people. We don't question the validity of having mixed gender 'service users', in most instances, so why question the validity of a mixed gender staff?

McElwee (1996; 2001; 2003) acknowledges that not only are male staff necessary but he emphasizes that they are in fact *essential* to the lived experiences of young people 'at risk'. According to Ruxton (1992) having male staff is a positive step towards having gender equality. It is, in fact, much more than this as it is truly acting in the best interests of the young people. A token male staff is of no use and we should not be tempted to hire males solely in the interests of gender balance. A man's role in residential childcare is too important for the trivial world of political correctness. Our work has, at its core, the requirement to provide opportunity for young people who have all too often been devoid of chances. Providing male staff provides the young people with more immediate, daily opportunities to form positive relationships with adults of both sexes according to Valios (2001).

It is only in providing positive male role models that the 'boy code' referred to by Smith (2003) and Pollack (1999) can be broken. If boys see adult males being comfortable with their own masculinity they can emulate them and in so doing can re-engage at a respectful and authentic way with women in the view of Smith (2003). As already stated, girls can also benefit by establishing healthy and mutually respectful relationships with adult males. For some this may be an entirely new experience. In his writings, Mac Donald (2003) points to the need for girls to see a nurturing male so that they can not only see an alternative to that to which they may be conditioned but also to see the type of man they would like in their lives. For both sexes seeing a man who doesn't abuse others or self, through self-mutilation, may point the way forward and offer new hope. The shortage of men in the field has been well documented by McElwee (2001, 2003), Smith (2003) and McMillan (2003), but this shortage should not diminish the work being done by male staff. Of much greater importance than the worker's gender, is the

strong and fearless, that so little discourse has taken place on the concept of men not working in childcare for fear of assault. The fear of being assaulted by a volatile and vulnerable teenager is a very real one and can be substantiated. Assault can be a part of life in residential homes, depending on the staff and young people. One such home in a Health Board area has documented forty-three 'assaults on staff' and thirteen 'assaults on other residents' in 2003. In addition, there were forty-nine instances of 'verbal abuse' and thirteen of 'threatening behaviour'. It should be noted that the house in question has a capacity for eight young people.

We should be careful however in how we document such figures. What exactly constitutes an assault? An assault may be documented as the result of a series of slaps, kicks or spits or each physical gesture may be documented as individual assaults. In addition does verbal abuse or threats constitute assault? On the other side of the scale staff can become anaesthetized to verbal abuse and so not always record it. If one is being verbally abused and, at the same time, is being physically attacked the verbal abuse may seem to be somewhat irrelevant. The figures may not be an accurate representation of fact.

### Conclusion

Modern society is no lonely crowd, no horde of refugees fleeing from freedom. It is no *Gesellschaft*, soulless, egotistical, loveless, fruitless, utterly impersonal and lacking any integrative forces other than interest or coercion. It is held together by an infinity of personal attachments, moral obligations in concrete contexts, professional and creative pride, individual ambition, primordial affinities and a civil sense which is low in many, high in some, and moderate in most persons (Shils, 1957: 112).

Men, masculinity and male social care practice is a highly complex area of debate and, indeed, practice. We feel that there can be no denying that men have a very important potential role to play in the lives of young people in care, both male and female. Their masculinity alone makes them unique and provides for a distinct way of 'being'. The opportunity to show the young people an alternative way of being masculine that is compassionate, nurturing and yet strong should not be ignored. In addition, it is important to provide an alternative model of masculinity that can help to break down stereotypes of gender. Men who choose to work in residential childcare should have no fear of the perceptions of others because as Christie (2001) points out the therapeutic relationship is of far greater importance than the gender of the worker.

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