

Applied Social Care

An Introduction for Students in Ireland

SECOND EDITION

Edited by
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Contents

Contributors

v

Part I: Introduction to Social Care Practice

1. Understanding Social Care *Kevin Lalor and Perry Share* 3
2. Social Care: A European Perspective *Pelle Hallstedt and Mats Högström* 21
3. The Practice of Child and Youth Care in North America
Grant Charles and Thom Garfat 34
4. Social Care: A View from the UK *Claire Cameron* 46
5. Social Care and the Professional Development Project *Perry Share* 58

Part II: Theoretical Approaches to Social Care Practice

6. Psychological Theories of Child Development *Áine de Róiste* 77
7. Social Care and Social Change: Future Direction or
Lost Opportunity? *Tom O'Connor* 99
8. Equality: A Challenge to Social Care *Majella Mulkeen* 110
9. Exploring the Importance of Self-awareness Training in Social
Care Education *Denise Lyons* 122
10. Gender and Social Care: Mapping a Structural Analysis
Jacqueline O'Toole 137
11. Evidence-based Practice in Social Care *Tom Farrelly* 150

Part III: Working in Social Care

12. The Social Care Practice Placement: A College Perspective
Judy Doyle and Kevin Lalor 165
13. Using Professional Supervision in Social Care *Eileen O'Neill* 182
14. Managing Challenging Behaviour *Eleanor Fitzmaurice* 196
15. Collaborative Advantage: Interdisciplinary Teamwork in Social
Care *Clare Rigg and Patrick McGarty* 211
16. Personal and Professional Development for Social Care Workers
John Byrne 227
17. The Inspection of Children's Residential Centres
Michael McNamara 244
18. Psychological Health Difficulties in Children and Adolescents
Mark McGranaghan 259

19. Anti-discriminatory Practice: A New Direction for Social Care <i>Majella Mulkeen</i>	276
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Part IV: Working with Specific Population Groups

20. Residential Child Care <i>John McHugh and Danny Meenan</i>	291
21. Social Care and the Older Person <i>Carmel Gallagher</i>	305
22. Social Care and Family Support Work <i>Colm O'Doherty</i>	318
23. Disability and Social Care <i>Karen Finnerty</i>	330
24. Travellers in Ireland and Issues of Social Care <i>Ashling Jackson</i>	348
25. Working with Young People <i>Maurice Devlin</i>	366
26. Exploring the Complexity of Addiction in Ireland <i>Joe Doyle</i>	382
27. Homelessness <i>Mairéad Seymour</i>	403
28. Social Care in a Multicultural Society <i>Celesta McCann James</i>	418

Endnotes	434
-----------------	-----

References	439
-------------------	-----

Understanding Social Care

Kevin Lalor and Perry Share

OVERVIEW

There's a good chance you are reading this book because you are planning to be, or already are, a social care practitioner. Yet for many people in Irish society, even those entering the field themselves, the meaning of the term 'social care' is not self-evident. A common question directed at social care students and professionals alike is, 'What do you do?' Misconceptions abound, and in many cases practitioners are not accorded the recognition or status they deserve, at least in part as a consequence of a limited understanding of what the term means.

Part of the blame for this situation lies with the educators in the field. Although the first social care training course (in residential child care) was established in Kilkenny as far back as 1970, there has been a dearth of authoritative written material or academic research related to the area. Social care syllabi have tended to draw on elements of knowledge from social work, sociology, social policy, psychology and a broad range of other disciplines. Most of this knowledge was obtained from outside the country, largely from Britain.

When the first edition of this book was published in 2005, it was the first integrated attempt by educators and practitioners in the social care field in Ireland to define and describe the practice of social care. Inasmuch as it has been widely adopted by educators, students and practitioners of social care practice, it has represented one small step in unifying the field of social care. We hope that it will continue to stimulate debate and further research and writing by students, practitioners, academics and service users.

This opening chapter explores the notion of social care itself. It opens with an examination of some definitions, taking these apart phrase by phrase to see what is involved. Then it provides a short history of social care in Ireland, placing the current set of institutions and practices in a historical context. The remainder of the chapter describes aspects of social care practice itself: what qualities practitioners possess, what sort of work is involved, what practitioners do and where they do it, how much they get paid and what the difference between a social care practitioner and a social worker is. It is hoped that this opening chapter will answer some of the basic questions voiced by students, practitioners and others.

OVERVIEW OF THE BOOK

The chapters of the book fall into four sections. In Part I (Chapters 1 to 5), we attempt to sketch out the parameters of the field, drawing on experience in Ireland, the UK, Europe and North America. It will become clear that the practice of social care, while having many common elements across contemporary developed societies, has different nuances and emphases that reflect the different political, ideological and social systems experienced across the world. You are encouraged to view social care practice in this international context. It is always desirable to see what is happening elsewhere, in particular to draw upon international best practice, but also to be aware of national traditions, histories and particularities. The section also includes a discussion of the issue of professionalism in social care, an important and pertinent theme that you will no doubt encounter at every stage of studying in or working in this field.

Part II of the book (Chapters 6 to 11) identifies some of the theoretical bases of social care practice. These include ideas drawn from psychology and sociology and an examination of gender and sexuality in social care. There is also an examination of the fundamental role of the 'self' in social care practice and of the key discourse of equality. The theory base of social care practice is an evolving one and has developed through the interplay of theory-building, evidence-gathering, policy development and polemical debate. The years to come will see the emergence in Ireland of an ever more distinctive body of knowledge and thought in relation to social care practice that will be inextricably linked to the development of professionalism.

Part III (Chapters 12 to 19) focuses on practice issues. These range from broadly based practices such as student placement, workplace supervision, multidisciplinary teamworking and the role of the Social Services Inspectorate to specific aspects of practice such as responding to challenging behaviour and mental health issues. This part of the text does not claim to address every aspect of the dynamic and expanding field of social care, but rather to provide some knowledge about and insight into the realities of social care practice, as well as linking that practice to theory.

Part IV (Chapters 20 to 28) examines social care practice with particular social groups, from young people to older people, the homeless and those with addictions, and from Travellers to new immigrant communities. You will see that there are common themes that span social care practice, such as respect for the people social care practitioners work with or a close relationship to the life-worlds of others, but also particular skills and approaches associated with working with people within specific social structures and circumstances. Social care practice is becoming an ever more complex mosaic, and this section tries to illuminate some of the pieces that comprise it.

DEFINITIONS

It is difficult to define social care for a number of reasons. Undeniably, it has suited governments and some agencies *not* to have a standard definition; as a consequence, salary and career structures remained vague for some time, and at the time of writing (early 2009) there remains much to be done. For example, the full implementation of the Health and Social Care Professionals Act 2005, the key legislative basis for defining social care practice, has yet to occur.

A further, and linked, problem is the contested notion of social care as a profession, which we discuss in far greater detail in Chapter 5. There is something of a chicken-and-egg situation here: it is hard to define social care because of the lack of a clear professional grouping we can point to as ‘practising social care’, which in turn makes it hard to pin down what social care practice might be.

We hope that by the time you have read this book, and certainly – if you are a student – by the time you qualify as a social care practitioner, you will have formed a clearer idea of what social care practice means. Inevitably, though, this understanding will be complex. You will have become aware of social care’s flexible nature; its contested position *vis-à-vis* other practices and occupations (such as nursing, social work, counselling, occupational therapy and so on) and, above all, its dynamism. Social care is a rapidly changing and developing field, in Ireland as elsewhere. We hope that you will pick up something of this dynamism from this book, from your studies, from your interpretation of the world around you and from your own practical experience.

Below we offer a variety of definitions of social care practice that have emerged from attempts by a number of key bodies in the field in Ireland to clarify what social care practice is. These attempts at clarification have largely emerged for pragmatic reasons: the bodies concerned are closely involved in the provision, management or funding of social care or in the education and training of its practitioners, so they have a strong stake in attempting to define it. As a possible future (or current) practitioner, you will also have a strong interest in how to define the field you are entering.

A basic definition agreed by the Irish Association of Social Care Educators (IASCE), the body that represents the educators in the field, runs as follows:

[Social care is] a profession committed to the planning and delivery of quality care and other support services for individuals and groups with identified needs.

The following are key terms that help to mark out the territory of social care practice.

- **A profession**

Social care practice is not just an ordinary job, nor is it something done on a voluntary or amateur basis. This distinguishes it from the vast bulk of (equally

valuable) care that is carried out informally in our society by family and community members. The notion of 'professionalism' also implies that this is an occupation with some status and one that requires access to a specific body of skills and knowledge. The complex issue of professionalism is discussed in detail in Chapter 5 of this book.

- *Planning and delivery*

Social care is not just about providing services, but also about devising and planning them. It thus requires at least two types of skill and understanding: the ability to provide hands-on care and support to people as well as the ability to identify what people require and the ability to be able to plan accordingly, preferably drawing on available evidence and policy guidance. This dual role makes social care practice difficult and challenging, yet also rewarding.

- *Quality care and other support services*

Social care is indeed about care and it requires qualities of compassion, empathy, patience and resilience. Yet it is also about providing other supports, which may include advocating on behalf of another, turning up in court to speak before a judge or knowing where to refer a person who has particular problems.

- *Individuals and groups*

Social care can be, and often is, provided in a one-to-one situation, but it can also mean working with small or large groups of people. As a result, both well-developed interpersonal communication skills and a good knowledge of group dynamics are required.

- *With identified needs*

The traditional 'client group' of social care practitioners in Ireland (and many other countries) has been children in the care of state or voluntary organisations. While caring for this group remains an important task, social care practitioners may now find work with a broad range of groups of all ages that have had special 'needs' or vulnerabilities identified, or indeed with individuals and groups in what we might think of as 'mainstream' society, such as young people in suburban housing estates. The needs and the groups are various, as we will see.

There may also be people whose needs have *not* previously been identified or have been identified only recently, such as survivors of clerical sexual abuse or children with hyperactivity disorders. Our society has only recently recognised and identified the needs that such people have and sought to respond to them. New sets of identified needs may emerge at any time: for example, it is quite likely that there will be a need for ethnically appropriate care of older people in Ireland in

the future. The dynamic nature of society helps to explain why social care is a constantly changing field of practice.

We can see that even a single sentence can constitute quite a complex definition. Two further definitions cast a little extra light on what social care might be and what social care practitioners might do. The following definition comes from the IASCE brochure ‘What Is Social Care?’, which is distributed to guidance teachers, potential students and other members of the public:

Social care is an (emerging) profession characterised by working in partnership with people who experience marginalisation or disadvantage or who have ‘special needs’. Social care practitioners may work, for example, with children and adolescents in residential care; people with learning or physical disabilities; people who are homeless; people with alcohol/drug dependency; families in the community; older people; recent immigrants to Ireland; and others. Typically, though not always, social care practitioners work with children, youth and their families.

While this definition shares much with the more basic definition discussed earlier, there are some additional terms here that are significant.

- ***Working in partnership***

The notion of partnership is important. Social care aims to be not a ‘top down’ practice, but one that respects the position of the ‘client’ or ‘service user’. In other words, all are equal, working together to find solutions to various challenges. In practice, this aim may not be attained, and the extent to which it is provides much debate in social care.

- ***Marginalisation or disadvantage***

These terms draw attention to the ‘social’ aspect of social care. They refer to the structures of society that help to create the problems that people face. A ‘blame the victim’ approach is rejected; rather, social care practice seeks answers to problems, at least partially, in the unequal and discriminatory areas of our society, such as poverty, racism, sexism or violence.

- ***People with learning or physical disabilities, people who are homeless, people with alcohol/drug dependency, families in the community, older people, recent immigrants to Ireland***

This list illustrates some of the people social care practitioners work with. Generally what they have in common is that they are less powerful in Irish society, experience various forms of disadvantage and often suffer through discrimination. It is not an exhaustive list, as will become clear in the course of this book.

- ***Children, youth and their families***

This draws attention to the *holistic* nature of social care practice. It often involves working not just with an individual, but with a network of people, whether a couple, a family or a group. This is another way of emphasising the ‘social’ in social care.

A third definition of social care is offered by the Joint Committee on Social Care Professionals. This committee, representing the Department of Health and Children, social care employers and the IMPACT trade union, was set up in 2001 in the wake of a number of Labour Court recommendations that followed a period of industrial unrest in the social care sector. Part of the Joint Committee’s task was to agree a definition of a social care practitioner so that the government and employers would be better able to decide on what they did, what their status was vis-à-vis other occupations and, ultimately, how much to pay them. The Joint Committee defined social care as:

the professional provision of care, protection, support, welfare and advocacy for vulnerable or dependent clients, individually or in groups. This is achieved through the planning and evaluation of individualised and group programmes of care, which are based on needs, identified where possible in consultation with the client and delivered through day-to-day shared life experiences. All interventions are based on established best practice and in-depth knowledge of lifespan development (JCSCP nd.: 13).¹

We can see that many of the terms used here are similar to those in the other definitions, but there are some additional important features.

- ***Day-to-day shared life experiences***

This refers to an important aspect of social care practice, one that for many practitioners is a key defining element of their work: that they interact with those they are working with in a relatively informal, extended and intimate way. This can be contrasted, for example, with a doctor who may see a patient for just as long as it takes to provide a diagnosis or carry out a procedure. Social care practitioners sometimes (though not always) live for a period of time in the same space as those they work with, interact with them in normal daily activities and get to know them on a much deeper level. A number of chapters in Part IV of this book draw attention to this crucial dimension of social care practice.

- ***Established best practice***

Social care practice is not dreamed up in response to a given problem. Rather, it should draw on established models and evidence about how to work in given situations. Much of the education of social care practitioners concentrates on

helping them to develop their knowledge and expertise regarding what to do in given situations; this is learned at both a theoretical and an experiential level. Both are vital.

- ***In-depth knowledge of lifespan development***

Much of the expertise of social care is in knowing how people change and develop over time and how that development is interlinked with the actions and attitudes of others, particularly families and communities. This knowledge has psychological, sociological, physiological and philosophical dimensions.

At this stage, we have discussed several elements that you could assemble to create a 'perfect' definition of social care practice. To some extent, this will help you to understand what social care practice is, but it is also the case that the reality of social care practice does not always adhere tightly to the definition. Sometimes the elements outlined above are ideals that may never be attained. Often, particular elements are favoured in specific situations. There are also quite political debates and disagreements over what social care practice *should* be. We suggest that you make use of these ideas to carefully examine and think about any examples of social care practice that you encounter, either directly or through reading and research. Ask yourself which aspects are brought to the foreground. How could things be done differently? How could they be done better?

In the broader European context, social care practice is usually referred to as *social pedagogy* and social care practitioners as *social pedagogues*. In the United States, Canada and South Africa, the term 'child and youth care' (abbreviated as CYC) is commonly used with the derivation child and youth care worker. The social care contexts of Europe, North America and the UK are explored in some detail in the next three chapters of this book.

HOW DOES SOCIAL PRACTICE WORK DIFFER FROM SOCIAL WORK?

A frequently asked question, especially from potential students of social care practice, is how does it differ from the profession of social work? This can be difficult to answer, as 'social work' has different meanings in different countries, and also because social work is equally as complex to define and describe as social care practice. Thus, Sarah Banks, a leading British writer in the field of social work and the so-called 'social professions', notes the following (2006: 1):

Social work has always been a difficult occupation to define. It is located within and profoundly affected by diverse cultural, economic and policy contexts in different countries of the world. Social work embraces work in a number of sectors (public, private, independent, voluntary); it takes place in a multiplicity of settings (residential homes, area offices, community

development projects); practitioners perform a range of tasks (caring, controlling, empowering, campaigning, assessing, managing); and the work has a variety of purposes (redistribution of resources to those in need, social control and rehabilitation of the deviant, prevention or reduction of social problems). This diversity, or 'fragmentation' as some have called it, is increasing, which raises the question of whether the occupation can retain the rather tenuous identity it was seeking to develop in the 1970s and 1980s.

Although social work practice varies from country to country, the International Federation of Social Workers (IFSW) uses the following definition to seek to unite all social workers:

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at points where people interact with their environments. Principles of human rights and social justice are fundamental to social work. (www.ifsw.org)

What is interesting from our perspective is how broad this definition is, and how it could similarly apply to social care practice. That is, it shares key points with some of the social care definitions we have considered earlier. For example:

- The assertion that the discipline is a profession.
- The emphasis on 'problem solving', providing services to people with needs.
- The use of theories of human behaviour and social systems to inform practice.
- The goal of empowerment and liberation of service users. This aspect of the professional's work is perhaps less explicitly stated in definitions of social care work (notwithstanding references to advocacy), compared to social work, where the definition also contains a commitment to principles of human rights and social justice.

Thus, there are considerable areas of commonality between social care practice and social work, and in other countries (such as the UK) the two professions overlap to a much greater degree. That being said, there are considerable differences in their roles. In the Irish context, the statutory child protection guidelines (*Children First*) (Department of Health and Children 1999), 'while acknowledging the need for multi-disciplinary and inter-professional responsibility, clearly locate primary responsibility for child protection with community care social work teams' (Skehill 2003: 146). This gives priority to the social work profession – yet such teams also typically contain social care practitioners!

It is probably fair to say that in Ireland, social care practice and social work have developed on parallel yet separate paths. The historical development of Irish

social work has been comprehensively outlined by Caroline Skehill and others (Kearney and Skehill 2005; Skehill 1999, 2003). It is the story of an occupational group seeking to develop a coherent professional identity, largely shaped by contemporaneous processes in the United Kingdom. This process has resulted in a recognition by the Irish state that social workers have key, legally defined roles in relation to areas such as child protection and adoption, and also have a specific location in the health services (e.g. in hospitals) and in the justice services (e.g. in probation). Social work education and training are confined to the university sector, often at postgraduate level, and the number of places is strictly limited and controlled.

In the Irish context, a major difference between social care practice and social work lies in the work orientation (Table 1.1). Social care practitioners typically work in a direct person-to-person capacity with the users of services, sometimes called 'clients' and other times called 'service users'. They seek to provide a caring, stable environment in which various social, educational and relationship interventions can take place in the service user's day-to-day living space. An emphasis is on therapeutic work, but not in the context of more formal structured counselling.

The social worker's role is typically to manage the 'case', for example, by arranging the residential placement setting a child is placed in, co-ordinating case review meetings and negotiating the termination of a placement.

Table 1.1. Social Work and Social Care Practice

<i>Social work</i> focuses more on:	<i>Social care practice</i> focuses more on:
<ul style="list-style-type: none"> • Social and community networks. • Social problems. • Organisations and policies. • Knowing about children and families. • A wide variety of societal groups and issues. • Problem-solving. • Gaining power and societal influence. 	<ul style="list-style-type: none"> • Individual and interpersonal dynamics. • Human development. • People and relationships. • Living and working with children and families. • Specific needs of particular groups. • Helping and growth process. • Gaining self-awareness and personal growth.

Source: Anglin (2001: 2).

Social care practice is in many ways a 'newer' professional area, and as we will see in Chapter 5, it has yet to unambiguously attain 'professional status'. Its origins lie in a range of areas, but most specifically in the residential care of young people and the disability sectors. It does not have a legal definition or regulation, though this

will change with the enactment of the Health and Social Care Professionals Act 2005. The education and training of social care practitioners are carried out in the main in the Institute of Technology sector, with elements in the further education and private sectors. It is largely confined to the undergraduate area, though postgraduate programmes are emerging. The number of entrants is not controlled by any overarching body and the number of students of social care practice has increased rapidly and substantially over the last decade (Lalor 2009).

So while there is much similarity on paper in the nature of social work and social care practice, we can see that the pathways into practice are quite different, as is the status of the profession in relation to the state. The social position of social work is more favourable, with greater public influence and recognition, and consequently the profession is more open to public scrutiny and criticism. Social care practitioners are much greater in number, may potentially have a much greater impact on the day-to-day delivery of social services and are to be found in a much broader spectrum of activities. Increasingly, both groups are to be found in multidisciplinary teams along with others such as nurses and psychologists, so it will be interesting to see how the different yet overlapping occupational and professional identities are played out and developed in the future.

A BRIEF HISTORY OF SOCIAL CARE IN IRELAND

In order to understand what social care is, it is important to understand where it has come from. In Chapter 2, Hallsted and Högström stress the strong link between social care practice in Ireland and the role of particular organisations and institutions. Thus, any attempt to sketch out a history of social care practice in Ireland inevitably results in a strong emphasis on this institutional context.

Modern social care practice in Ireland was born out of ‘serious deficiencies in the running of children’s centres ... and the recognition of the need for professionally trained staff’ (Kennedy and Gallagher 1997). In independent Ireland, social care was historically provided on behalf of the state by the Catholic and other churches (Fanning and Rush 2006: 12–13) and, until very recently, was largely unregulated or, perhaps more accurately, regulated in a very fragmentary way. For example, pre-school regulations were introduced only in 1996, after decades of both public and private provision. In relation to the care of children, a piece of UK legislation, the 1908 Children’s Act, provided the legislative framework in Ireland for the greater part of the twentieth century. But by 1991, the social and political situation with regard to children ‘at risk’ had changed significantly, reflecting a greater consciousness of the centrality of the rights of the child (Buckley et al. 1997; Focus Ireland 1996; O’Higgins 1996).

The Child Care Act 1991 is in total contrast to the 1908 Act, which simply imposed negative duties to rescue children who had criminal offences committed against them or who were being cruelly treated. Specifically, the 1991 Act recognises that the welfare of the child is the first and paramount consideration. The

rights and duties of parents are important (and indeed are endorsed in the Constitution), but due consideration must be given to the child's wishes. The Children Act 2001 governs the administration of juvenile justice and, as such, impacts on the work of social care professionals in the children's detention schools (formerly industrial schools and reformatory schools). More recently, the Criminal Justice Act 2006 contains a number of provisions for juvenile justice (Lalor et al. 2007: Chapter 9).

Several influential reports have been published that have helped to shape the development of social care practice. Reflecting broader international trends, they aimed to fundamentally reorient the direction of social care provision away from care in large institutional settings and towards care in small-scale units and in the community. They also emphasised the rights of the 'cared for' and criticised many aspects of institutional practice. These reports have been extensively reviewed and described by a range of writers (Buckley et al. 1997; Ferguson and Kenny 1995; Focus Ireland 1996; Gilligan 1991; O'Higgins 1996; Skehill 2005), so we will not outline them here. The most significant reports were arguably the Tuairim Report (1966), the Kennedy Report (Department of Education 1970), the *Task Force Report on Child Care Services* (1980) and the *Report of the Kilkenny Incest Investigation* (McGuinness 1993). There has also been a succession of influential reports in the disability sector (see Chapter 23), the most important of which has been *A Strategy for Equality* (Commission on the Status of People with Disabilities 1996), while in the education and training sector, the *Report on Caring and Social Studies* (NCEA 1992) laid the basis for today's range of degree programmes in social care and applied social studies.

All of these documents commented on aspects of social care provision and, amongst other things, were influential in shaping the type of education and training that social care practitioners should receive. In turn, this has led to changes in the skill sets of practitioners, with less emphasis on some 'practical' skills (such as home-making and health care) and a greater emphasis on research, policy issues and academic knowledge. There has been, and still is, much debate about the virtues or otherwise of such a shift.

Social care practice has long been associated with residential child care. This emphasis has changed dramatically, especially with the decline of large institutions (such as children's homes) and the emergence of alternatives such as foster care, community-based projects and community child care. In recent years, the field of social care has expanded greatly, in Ireland as elsewhere. It has been acknowledged that the types of skills and knowledge that social care practitioners exhibit can be constructively applied in other areas, such as in the care of those with disabilities, in working with older people and in responding to the needs of a broad range of people, from drug users to victims of domestic violence to asylum seekers.

Inevitably, this brings social care practitioners into contact with other professions, including medical professionals, social workers and An Garda Síochána. Social care practitioners' participation in multidisciplinary professional

teams is now quite common, which also means that there are challenges to how people work in these fields. For example, the introduction of models of social care practice to the care of older people will involve a challenge to the highly medicalised practices in this field, where nurses and other medical practitioners have been dominant (see Chapter 21). This will lead to debate and perhaps even conflict between professional groups.

WHAT PERSONAL QUALITIES DOES A SOCIAL CARE PRACTITIONER REQUIRE?

We can see from the definitions explored earlier that a social care practitioner must have a broad range of personal and intellectual attributes. ‘Academic’ qualities include a broad knowledge base in their field, the ability to work both independently and as part of a team, research skills and a problem-solving approach. Much social care education and training aim to assist students in developing these skills. The models from other parts of the world outlined in the next three chapters suggest that different attributes are seen as more important in different societies. In Ireland, for example, it is suggested that the ability to work as part of a team and to fit into an organisation is seen as important, while in the Netherlands there is much more focus on the practitioner as an independent but accountable professional. It may be interesting to discuss why these differences in emphasis exist.

In addition, certain personal attributes tend to characterise practitioners, such as reliability and trustworthiness, altruism, empathy and compassion and maturity. Social care practitioners must be open minded and prepared to examine and perhaps even change their own attitudes towards others. It can be debated whether these qualities can be taught or are somehow ‘innate’ in people who are attracted to social care practice as an occupation. Again, education and training may seek to emphasise and develop these qualities, but we can legitimately ask whether good social care practitioners are born, not made. Chapter 9 examines this and related questions.

How a social care practitioner develops as a person and as a professional depends on a number of things:

- The quality of the practice environment.
- The quality of undergraduate education and training available and, after graduation, the quality and accessibility of continuing professional development (CPD) training.
- The quality and consistency of professional supervision.
- The philosophy of one’s work peers towards the work, service users and their families.
- The ability to be self-reflective in one’s work.

- The ability to take constructive criticism and turn it into ‘best practice’.
- A determination to keep up to date in reading, in seeking out evidence-based solutions and in considering and evaluating new approaches to work.
- A willingness to be an advocate for the profession.

This constitutes a comprehensive and demanding set of challenges for the professional social care practitioner.

WHAT QUALIFICATIONS DOES A SOCIAL CARE PRACTITIONER NEED?

In Ireland, the basic professional qualification for social care practice is a BA (Ordinary) Degree in Applied Social Studies/Social Care. The recognised qualifications are detailed in Schedule 3 of the Health and Social Care Professionals Act 2005. The Act uses the old terms of ‘Diploma’ and ‘National Diploma’, even though these qualifications were reconfigured as the BA (Ord.), Level 7 by the National Qualifications Authority of Ireland (NQAI), which was established in 2001. Many qualified practitioners go on to complete an Honours Degree (NQAI Level 8) in the field, and an increasing number progress to postgraduate qualifications. Professional-level courses in social care are now offered at all the Institutes of Technology, with the exception of Dún Laoghaire, as well as at Carlow College and the Open Training College (based in Goatstown, Co. Dublin, and specialising in the field of intellectual disability). Significant numbers of students are also enrolled on FETAC Level 5 social care/applied social studies programmes in Colleges of Further Education (FE), such as Ballyfermot College of Further Education, Coláiste Dhúlaigh College of FE, Inchicore College of FE and Cavan Institute.

A course of study in social care typically includes subjects such as sociology, psychology, social administration and policy, principles of professional practice, law, creative skills (art, drama, music, dance, recreation) and research methods. Many courses offer specialised modules in particular areas, such as community, youth or disability studies. A key element of studying to be a professional social care practitioner is involvement in a number of supervised work practice placements of several months’ duration. Some students already working in the field (‘in-service’ or ‘work-based-learning’ students) may undertake their placements at work, closely supervised (see Chapter 12 for more on the placement experience).

Students of social care practice are challenged to develop academically by deepening their knowledge, to develop professionally by learning and practising social care skills and to develop personally by developing a capacity to look at their own strengths and weaknesses in relation to the work.

In the first edition of this book (2005: 13), it was argued that:

In the new millennium, there has been a surge in the number of students applying for social care courses, paralleled by a dramatic expansion in the number of colleges that offer such an education. There is a danger of saturation at ordinary degree level and it is likely that this will ultimately lead to the development of more specialised courses in the future, with individual educational courses focusing on different aspects of care. Similarly, students will probably elect to study for more specialised programmes at Higher Diploma and masters levels.

This process continues apace, with many colleges now offering part-time, flexible programmes to allow graduates of the Ordinary Level 7 BA to progress to the Level 8 Honours degree. Similarly, there has been a growth in masters and continuous professional development programmes in a number of specialised areas. It is likely that these types of programmes will continue to develop in the next five years.

The pathways towards a social care education are diverse and include school leavers entering courses through the CAO, those with other qualifications seeking credit for prior learning and experienced workers already in the field undertaking work-based learning programmes. Most social care courses actively recruit mature students (23+ years) and those who have completed relevant FETAC and BTEC/Edexcel (a UK further education accrediting body) courses within the further education sector.

The question of 'oversupply' of social care graduates is difficult to assess. As indicated earlier, there is no national system to monitor the education of social care practitioners. Colleges survey their graduates regarding their employment and further education experiences through graduate destination surveys, and though response rates to such surveys are generally poor, they do provide some indications of graduates' success in securing relevant employment. Thus, as an example, the social care practice class of 2006 from the Dublin Institute of Technology appears to have had little difficulty in sourcing employment in the sector. Respondents who graduated from the BA in Social Care Practice in 2006 reported that 82 per cent were in employment (80 per cent of these were in social care positions), 13 per cent were in further study and 5 per cent were not available for employment. Similarly, respondents who graduated from the Honours Degree in Social Care reported that 86 per cent were in employment (all in social care positions) and 14 per cent were in further study. Since then there has been a significant change in the economic situation, so such trends are not necessarily a guide to current or future outcomes. Overall, there is a strong argument for the ongoing monitoring of graduate output by individual colleges, by the Irish Association of Social Care Educators (IASCE) and by the Higher Education Authority (HEA).

WHAT DO SOCIAL CARE PRACTITIONERS DO?

What do social care practitioners actually do? Anglin (1992) has observed that they work in two main areas, with a very broad range of practices, as listed below.

Direct service to clients:

- Individual intervention.
- Group intervention.
- In-home family intervention.
- Office-based family intervention.
- Assessment of child.
- Assessment of family.
- Child management.
- Child abuse interventions.
- Employment counselling or assistance.
- Life skills training.
- Health management.
- Education remediation.
- Recreational leadership.
- Arts and crafts leadership.
- Counselling on death and dying.
- Therapeutic play.
- Parenting skill training.
- Sexuality counselling.
- Marriage counselling.
- Stress management.
- Lifestyle modification.

Organisational activities:

- Case management.
- Client contracting.
- Report writing and formal recording.
- Court appearances/legal documentation.
- Programme planning and development.
- Use and interpretation of policy.
- Individual consultation with other professionals.
- Participation in professional teams.
- Co-ordination of professional teams.
- Contracting for services.
- Supervision of staff, students or volunteers.
- Staff training and development.
- Public relations/community education.
- Organisational analysis and development.
- Policy analysis and development.
- Financial analysis/budgeting.

A scan of the above lists will reveal the diversity of a social care practitioner's role. Many of the individual chapters in this book expand on some of the different types of work that social care practitioners carry out. If we were to prioritise, we might suggest that the main role of the practitioner is to work *alongside* service users to maximise their growth and development. The social care practitioner is also, crucially, an advocate for change.

WHERE DO SOCIAL CARE PRACTITIONERS WORK?

In Ireland, social care practitioners may be employed in the state (statutory) sector (for example, the Departments of Health and Children; Education and Science; or Justice, Equality and Law Reform); in what is termed the non-governmental sector (in organisations such as Barnardos, the Brothers of Charity, Enable Ireland and Focus Ireland, among others, many of which are fully or partially funded by government); or in community-based organisations (such as community development projects or Garda youth diversion projects).

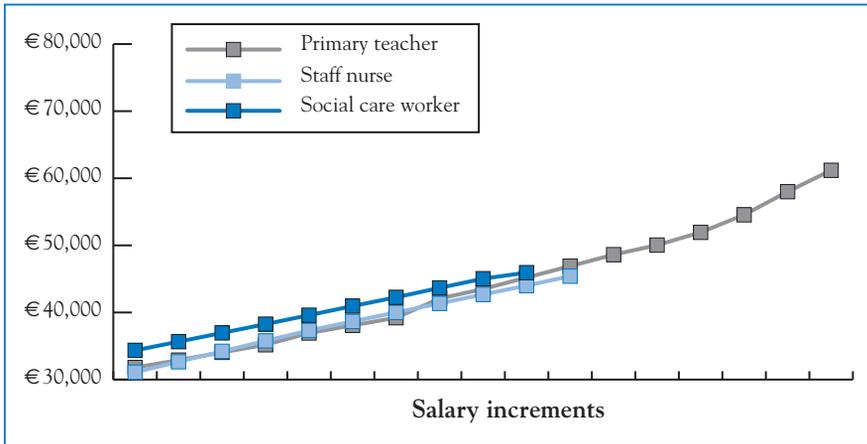
In the early 2000s, the Joint Committee on Social Care Professionals (JCSCP nd.) enumerated some 2,904 social care practitioners working across various sectors, including community child care (71), staff in children's residential centres (1,214) and staff in intellectual disability services (1,619). Of these, just over 55 per cent held what might be termed a professional qualification, with 14 per cent holding no qualifications at all. Today, the Health and Social Care Professionals Council estimates that up to 8,000 people will be eligible to register as 'social care workers' when the relevant Registration Board is established.

Social care practitioners make valuable contributions in emergent and developing areas such as community development, family support, Garda and community youth projects, women's refuges, County Childcare Committees, care of older persons and research and policy work. The breadth of chapters in this book reflects some of this diversity, though again, statistics for the numbers working in such areas are hard to come by.

SALARY SCALES

The late 1990s saw a period of considerable activity by social care practitioners and their trade union representatives for an improvement in salaries and career pathways. This led to a significant increase in 2001, by as much as 33 per cent for some grades. Figure 1.1 shows the salary scale (in euro) for social care workers relative to nurses and primary teachers as of March 2008.

Figure 1.1. Social Care Worker Salary Scales, Relative to Staff Nurses and Primary School Teachers (March 2008)



Source: Based on information from relevant trade union websites (IMPACT, the Irish Nurses' Organisation and the Irish National Teachers' Organisation).

As we can see, the three professions share similar salary scales for the first 10 points. Thereafter, the teachers' scale progresses considerably, reflecting the position that teachers do not have a 'Senior' or 'Leader' scale to progress to, as do nurses and social care practitioners, respectively.

SOCIAL CARE PRACTICE: A CHALLENGING OCCUPATION

Social care work can be very challenging, emotionally and physically, and can mean working in some very difficult environments. It can also be uniquely rewarding. For example, the profile of children in residential care may often include multiple loss, rejection, deprivation, neglect and abuse. As a consequence, there can be a large gulf between desires, expectations and reality. An example of this might be working with young offenders in a custodial setting (such as a secure unit) where those in the service user group (a) do not want to be there in the first instance; (b) have been removed from their place of origin and their families; (c) are locked up for a good part of the day; (d) are distrustful and resentful of perceived authority figures; and (e) are facing lengthy sentences. Here, the work of the social care practitioner calls for a unique mix of skills and personal attributes. *Risk* is now synonymous with child protection and welfare (Bessant 2004). Attention is increasingly directed at what are variously termed 'high risk', 'high challenge' and 'at risk' children, with a child protection service concentrated on an even smaller number of cases at the heavy end of the (perceived) spectrum of risk.

Unfortunately, it is not uncommon for social care practitioners to fail to receive formal supervision on a regular basis; to receive verbal and sometimes physical abuse from service users; to work in under-resourced areas; and to work unsocial hours. With increasing professionalisation and regulation of the field, there is a hope that many of these issues will be addressed in the future.

CONCLUSION

Social care has been a growth area in Ireland. It is demanding but rewarding, as social care practitioners make a real difference in the lives of others. Formal social care had humble beginnings, located within a largely clerical or philanthropic context, but has now expanded to include the statutory, community and voluntary sectors. Social care practitioners are now trained and educated to degree level and increasingly to postgraduate level. Salaries and career structures have seen an immense improvement in recent times. A statutory registration system is being established that will oversee future professional development in the field. The management and reporting structures in social care practice are moving towards an acceptance of the social care practitioner as an independent, autonomous professional. There is no better time to enter the social care profession in Ireland.