



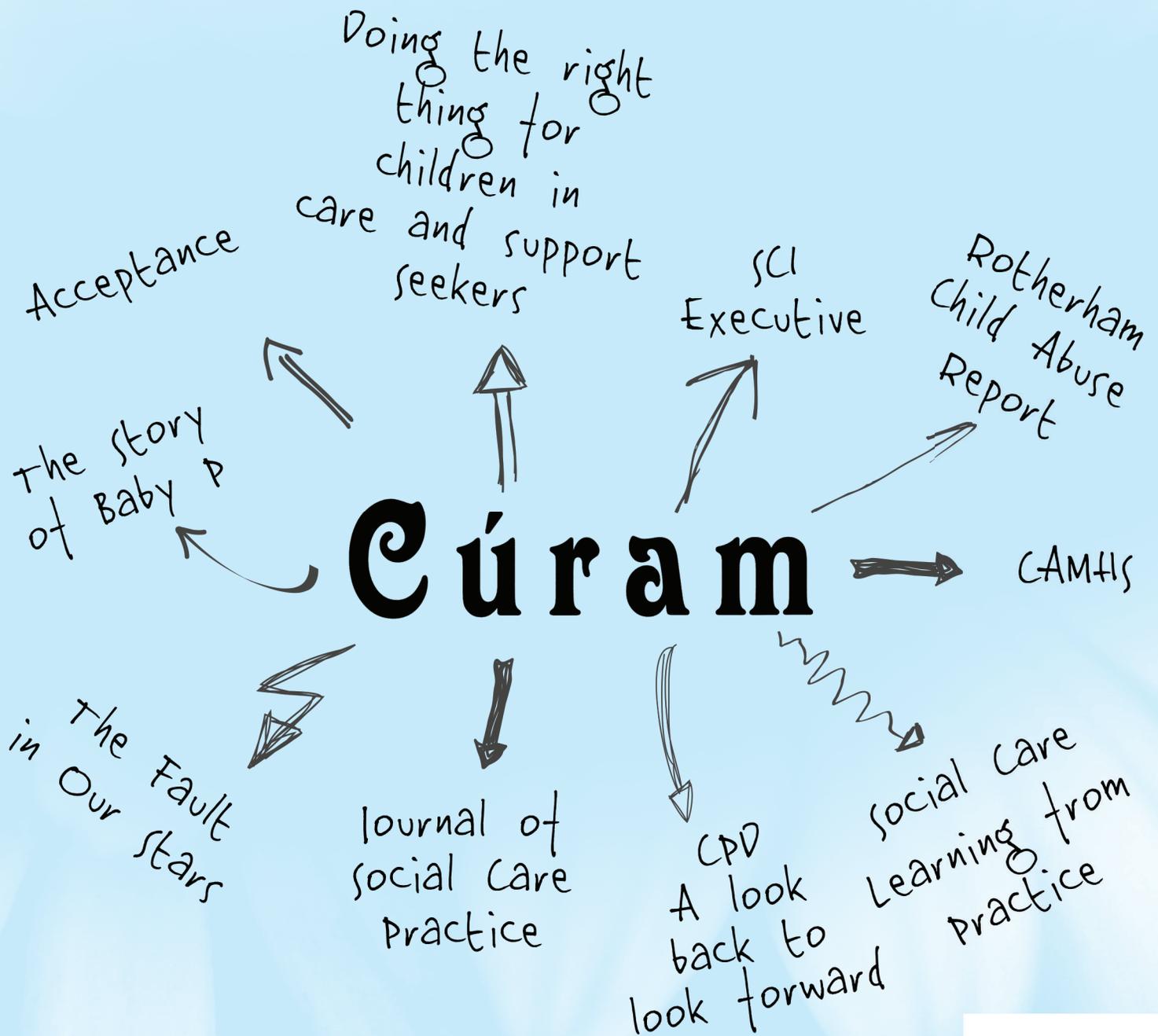
Cúram

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IRISH ASSOCIATION
OF SOCIAL CARE
WORKERS

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Membership of the IASCW is open to those who meet the criteria laid down by the association. For membership details contact membership@iascw.ie, postal address: **IASCW, 12 Manorfield's Walk, Clonee, Dublin 15; iascw@hotmail.com (general info) or 087-9708426; www.iascw.ie also www.socialcareireland.ie.**



Deepest sympathy to the family, friends and colleagues of Gemma Nolan who was tragically killed with three of her friends on January 6th last. Gemma was a 2nd year social care student at Carlow College (St. Patrick's).



Congratulations to David Williams, IASCW Education Rep and first President of Social Care Ireland, who recently achieved his PhD from UCC. David, a long time member of the IASCW, began his career as a social care worker and now lectures in social care at DIT, Grangegorman, Dublin.

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EDITORIAL

Welcome to the first CURAM of a new year and with it comes the good wishes for 2015 to all involved in social care. Many of the perennial issues surface again in this edition and they all have different implications for those working, managing and teaching in social care. You will find the names of the new executive of Social Care Ireland above. These 10 people, drawn from the national executives of the IASCW, IASCM and IASCE are tasked with transforming Social Care Ireland from an aspirational umbrella body to a fully functioning professional social care organisation within which, initially,

significant interest groups (*SIGs*) representing workers, managers and educators will operate. There may well be other groups that will join SCI as additional significant interest groups in the future as areas of social care expertise expand. Your CURAM also has an article on the Jay Report into child abuse in Rotherham, Yorkshire. You may well think that by now in Ireland we have had more than our share of such damning reports. Camilla Cavendish, however, raises many questions about dealing with abuse in multi ethnic societies where political correctness can indeed go mad.

Maurice Fenton, in an article based on his forthcoming book, has a timely piece about doing the right thing for children in care and introduces the concept of support seekers as a contrast to care leavers. His observations on management and leadership as well as really doing the right thing for children in care as well as for those leaving it are cogent and challenging.

In her article on CPD, Catherine Byrne reflects on what has been happening since her appointment as CPD Officer for Social Care in September 2013. And a lot has been happening as you will see with plenty more to come in 2015. In relation to registration and CORU's demands when it is a reality, Catherine lists what you should be doing now and the need to seek police clearance if you worked abroad for more than six months. Cynthia Cross in her piece "*Acceptance*" goes back many, many years to bring us a story with a happy ending which shows that the right person in the right place at the right time can make all the difference.

The Journal of Social Care Practice opens up opportunities for those in the profession to have a voice in relation to research, reading and reflections on social care. As well as the Journal, CURAM is, as you will notice, often lacking in material from the profession here in Ireland. This leads to the editor begging, borrowing or stealing (*with permission!*) from other sources outside of Ireland to ensure that each edition has enough material. In a nutshell, the Journal and CURAM both offer you and your colleagues an opportunity to have your say and why not take that opportunity? If you have an idea for an article, however short (*see the Cynthia Cross one in this edition*), do get in touch.

Our trusted book reviewers, Carina McNally, Majella Mulkeen and Richard Hayes, are back with three books which in different ways created a stir in 2014. Also working away in the background as a grouping within the IASCW is the CAMHS group and we wish them every success as they seek to bring their particular aspirations to fruition. Finally, we had hoped in this edition to be able to bring you the names of the members appointed by the Minister for Health to the Coru Social Care Board. The Department of Health informs us, as we go to print, that the board names are with the Minister for a decision.

ACCEPTANCE

BY CYNTHIA CROSS

Tony complained about a lump in his mouth and the dentist sent him to hospital for it to be investigated. After seeing a consultant an appointment was made for Tony to have a minor operation two months later. A few days before Tony was due to go for his operation, a letter arrived saying he needed to bring his pyjamas, toothbrush etc. We had not realised that he would have to stay as an in-patient. Tony said he would not go if he had to stay overnight. I persuaded him to go to the hospital with me, but I promised him that I would not make him stay. When we got to the hospital I explained the situation to the person at reception, who laughed and sent us up to the ward. We arrived at the ward we were greeted by a staff nurse. I once again stated that we had not understood that Tony would have to be admitted and that he was unwilling to stay the night. We then received a lecture about how lucky he was to be treated and that if nothing was done Tony would soon be in pain. The nurse then said to Tony that he should not be silly; he was a big boy. She asked him how old he was, he replied "*Fourteen in age*". She was completely nonplussed by this and asked him what he had said, and he repeated it again with more emphasis. She then turned to me and said very severely "*are you responsible for this boy?*" I said "*Yes all of him*". She then went away and came back with a male nurse who tried unsuccessfully to jolly Tony along.

We then sat there waiting; sometime later nurse Sarah came, she was from another part of the hospital, she told us that her husband taught children who had been excluded from school. She asked Tony if he

mind her calling him Tony, and then said that everyone she knew was afraid of going into hospital to have an operation, She said that people were asked to come into the hospital the day before their operation so that they would have a better chance of knowing where they were when they came round from the anaesthetic. Also they stayed the following night in case there were any complications, such as a lot of bleeding. Tony felt able to ask nurse Sarah questions and she offered to try to get permission for him to come back the next day, in time for his operation and to be discharged a couple of hours after, providing there were no serious concerns about his condition. Tony agreed to stay that night at the hospital and after the operation was willing to stay until the next day. In addition to me visiting on the two evenings, he had a visit from nurse Sarah, who chatted with him and brought him some comics. Tony is now a proud grandfather who has recently retired after almost 40 years working for the NHS.

Cynthia Cross began working as a “housemother” in a London Co. Council “cottage home” in 1960. Her varied career included being a founder member of a children’s therapeutic community, a social services training officer, a freelance child care consultant and a London Borough Children Homes Advisor. She retired as a Principal Child Care Consultant. Article courtesy of goodenoughcaring.com

DOING THE RIGHT THING FOR CHILDREN IN CARE AND SUPPORT SEEKERS

BY MAURICE FENTON

Social care is partly framed within many relationships and continuums. These continuums include: care/control, process/outcome, risk/resilience, behavioural/psychoanalytical and keeping children safe/assisting children to reach their full potential, to name but a few. It can be enticing to follow approaches such as case management/instrumental approaches, as when these approaches fail, distressing feelings for the practitioners can be attributed to structural failings (*Ruch, 2012*). The reality is that all approaches will, at times, fail as we are dealing with human beings who are shaped by conscious and unconscious forces, socially and culturally constructed and thus each is unique. What worked in the past may fail for the present child. We would do better, in my opinion, to accept that failure is always a possibility and to seek solutions from whatever discipline, theory or approach that may best meet the needs of the individual child. If we then fail, we can only learn from this and accept that this failure and the attendant distressing feelings, is part of our challenge in caring for traumatised and vulnerable children and young people.

I have known failure in my time in residential care within which I played a causal role in and I must accept that had I acted differently, in ways that hindsight now reveals would have been more appropriate, then this failure may have been averted. Hindsight only comes after the event, ostensibly too late to be of use in our current practice yet the potential that hindsight affords is not unrealisable to us in our current practice. We can learn from it via processes of (*critical*) reflection and thus it can reveal how future events may unfold if we apply past actions (*foresight*). This can then reveal insight into both ourselves, the consequences of our actions and those we seek to assist. I have come to believe that knowing ourselves and knowing the children and young people in our care are two of the most important factors in social care. Each worker is themselves the most protective and empowering factor they can utilise in their work supporting children.

Whether induced by advancing age – a consolation of which is a growing body of accrued experience affording plentiful opportunities for hindsight – or a coping mechanism to deal with the failures inherent in caring for traumatised children or possibly vainglorious delusions of academic/intellectual grandeur - I find myself increasingly engaging in the pursuit of attempting to turn hindsight into foresight to reveal insight. Whatever the motivation, the results validate the process. I have shifted position on these aforementioned continuums many times over my career and I have no doubt I will continue to do so in years to come. In fact, I actively seek out this change as I am continuously involved in third-level education of which I find the greatest attribute to be this changing of perspective. Each child is unique

and meaning their needs will be best met at unique and shifting locations along these continuums so we must be prepared to shift along these continuums with them.

My life experience to date, including being a parent, coupled with my professional experience and education, has caused me to come to the belief that the one truth that this experience and education can be distilled into is simply to try to do the right thing in any given situation. There is no need to enter into academic debates on ontology, epistemology or ethics to address this issue as though they are important issues, and indeed relevant to this topic, a deeper understanding of their meaning and implications is not essential to address this issue. This is a question of right and wrong and one all parents strive to teach their children and all parents do not have a deep knowledge of these complex concepts yet most do a 'good enough' job of imparting the distinction to their children.

For practitioners in social care, there are many factors influencing us in our practice. These include what is expected of us by ourselves, our colleagues, our employers and employees, the children and young people, their families and our families, our training and professional code of ethics, society, insurers, our careers and inappropriately imposed imperatives, latterly introduced via neo-liberal hegemonies and compounded by austerity, of financial self-regulation that the one constant within this melee, superseding all others, is to try to do the right thing. We need to strive to do this regardless of the potential personal consequences whilst being mindful of unintended consequences. However, it is important to recognise that unintended consequences can be forces of positivity as well as negativity so we cannot become paralysed in our actions for fear of invoking possible negative consequences – as Ulrich Beck describes with reference to what he calls 'bads' in today's risk society. Unintended consequences may in fact turn out for the good as I have often found in my practice, as have innumerable scientists and inventors.

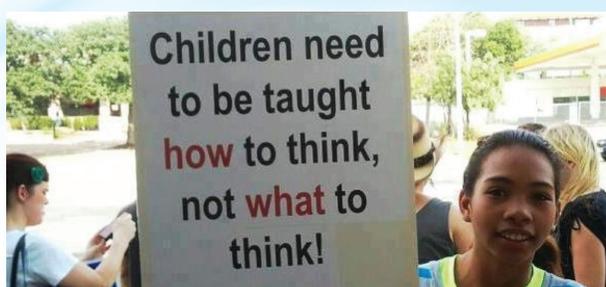
Experience and education can enhance our insight into unintended consequences but the right thing is an overarching fixed, yet dynamic, construct. Fixed, in as much as once it is identified it cannot be redrawn by rationalisation for our benefit but dynamic in that it is influenced by many factors which engender cultural and socio-economic contextual dimensions to this construct. A seemingly simple, values-based rather than a formulaically-derived concept, but, in my experience far from simple to identify and implement, requiring constant self-reflection and vigilance with an acceptance that sometimes we have to learn by our failures. Our failures can afford us insight into our failings. After many years of striving to do things right, both as a worker and later as a manager, but increasingly becoming aware that sometimes what I was doing, albeit I was doing the correct thing 'by the book' and adhering to my training, the policy, procedures and protocol manuals, and achieving targets identified by external authorities, was not necessarily always in the genuine best interests of the children. Care has become increasingly bureaucratic in the past two decades distancing itself from authenticity and all the while complicating the natural in pursuit of risk elimination ostensibly for the child's protection. Increasingly over time I found myself having to tell a child in care that they could not undertake a particular activity as it was deemed too risky by policy whereas I would readily let my own children do the same activity.

I came to see that doing things right is a very different thing to doing the right thing with the former being the less-risky and simpler route, often with short-term aims and external locus-of-control processes for both worker and child, whilst the latter is risk-laden and complex but with longer-term change potential and internal locus-of-control processes. This caused me to query just what we are trying to achieve in residential care and, on a wider scale, the primary task of the social professions (Banks, 2003). If the goal is to keep the children safe within a statutory framework then the protection and behavioural approach will likely be dominant though I sometimes query who or what is being most 'protected' by these approaches? Is it the child or is it the agency/state, company and/or professional? Whereas, if the goal is to aid children to reach their full potential then humanistic, risk-tolerant and relational approaches will be the most appropriate. If the aim is both, as it is for Tusla, then it is imperative to guard against either approach becoming dominant and to this end leaders, rather than the predominance of managers, so evident in the former HSE structures, will be critical for Tusla. True leaders grow more leaders who will be critical to achieving the essential cultural change from that which was in place within the HSE. The values-based concept of doing the right thing must become validated as the overarching target for the social professions.

Managers vs. Leaders

Managers	Leaders
Focus on things	Focus on people
Do things right	Do the right things
Plan	Inspire
Organize	Influence
Direct	Motivate
Control	Build
Follows the rules	Shape entities

Education and experiential learning play a major role in these processes both for children and workers. With the focus of secondary and tertiary education, with social care courses no exception, on quantifiable and measurable standardisation including techno-rationally defined outcomes heavily dependent on rote-learning and learning outcomes that are informed by statutory authorities and employers, the deck is stacked towards the protectionist position. Yet we extol the place of critical reflection within social care practice without developing the required skills in our students. I believe that for both children and adults the following holds true:



The correct thing to do is not always the right thing to do and it is also a truism that that just because we know the right thing to do does not necessarily mean we will actually do it. In the transactional processes of employment we exchange our time, energy and commitment to our employer and our profession but not our integrity. Social care is best served by employing relational approaches with recognition for practice wisdom within values-based and outcomes and evidence-informed services rather than outcomes-based or evidence-based services (*Bransford, 2006; Porter & Olmsted Teisberg, 2006*). To this end we must address the issue of the values underpinning our practice and profession and query whether what we find is compatible with the values of the social care profession we aspire to and then take action on our findings. Professional activism is our professional responsibility.

LEAVING CARE

Granting a right to an assessment of need for aftercare support via the development of an aftercare plan which the proposed legislative change to aftercare provision, The Aftercare Bill 2014, proposes to do, is a significant step in the right direction. However, this can also be seen to represent, whether intentional or not, yet another manoeuvre aimed at avoiding and deferring taking the one essential step of granting statutory entitlement to a service for all care leavers. Currently, 40% of care leavers do not participate in work, education or training and thus are not the focus of the current National Leaving and Aftercare Policy which focus the proposed legislative amendment will not change. What this means is that, in reality, Ireland has a two-tiered aftercare service with winners and losers which I have addressed elsewhere together with the multiple relationships framing social care - <http://www.goodenoughcaring.com/the-journal/unity-through-relationship-2/>.

For these care leavers it is the care that leaves them whether they are ready or not thus making the term care leavers misleading and in reality 'care losers' more accurate. The term care leavers implies it is the young people who possess the agency in the leaving event, they do not. For them, care is lost but their needs and vulnerability remain and are, in fact, multiplied and magnified by this loss of care. They must seek the essential resources, which formerly were available to them as care, to meet their needs which renders them 'care seekers' or 'support seekers'. Aftercare for these young people really means after care has gone posing the question - what and who is left after care is gone?

By promoting the principles and values of social justice we must then recognise that unaccompanied minors are also legitimate *'care seekers'*. They are first and foremost children and consequently are impacted by the same issues negatively affecting all children in today's society as well as those issues negatively impacting children in care. However, for unaccompanied minors, these issues are magnified and multiplied as they live in a country not of their birth and are treated differently than all other children in Ireland. Then, on turning 18 they enter Direct Provision services and are excluded from aftercare support. They too are legitimate *'support seekers'*.

In 2010, Minister Barry Andrews stated that the existing legislation, Section 45(4) of the Child Care Act 1991, was sufficiently robust and that, having being advised by the Attorney General, he was assured that it placed a statutory duty on the HSE to provide aftercare and that henceforth the HSE would do so. Norah Gibbons, then Director of Advocacy with Barnardos and current Chair of Tusla, gave the following response: *"It is simply astounding that the Government is writing off the very notion of a mandatory provision for aftercare. In the past year we have seen numerous reports on cases of children whose young lives were cut short because of failings in the aftercare system; Government is refusing to learn the lessons of the past and continues to put vulnerable children's lives at risk with an aftercare system that is inconsistent and under-resourced."* (Barnardos, 2010)

Minister Andrews was wrong proving, if further proof was needed, that the only way to ensure that aftercare is provided to all care leavers is to compel the state to provide this with rights-based entitlement to a service for all care leavers. *"In some cases no aftercare at all was provided to young persons who left the care of the HSE. This is a very serious cause for concern."* (Shannon & Gibbons, 2012, p. xvii)

Statutory entitlement to aftercare support is a means to, and guarantee of, actual comprehensive, coordinated and equitable change, rather than a conversation about change - a conversation which has been ongoing in Ireland for 45 years now, having started with the Kennedy Report in 1970 and continued, unresolved, in numerous reports and inquiries ever since.

Given the fact that the four states neighbouring Ireland, Northern Ireland, Wales, England, and Scotland, have all placed aftercare on a statutory basis with progressive Scottish legislation, The Children and Young People Bill becoming active in 2015, it is difficult to understand just why The Republic of Ireland has not, as yet, done so. Based on the experiences within these neighbouring states it is true to say that legislation alone is not the solution, however, it is also true to say that the solution is not possible without legislation. They would not all have introduced it otherwise.

Commendably, we have more care leavers now receiving a service than ever before and it is important to acknowledge that many care leavers currently achieve positive outcomes. However, the number of young people leaving care each year but who do not receive a service is essential data to facilitate any informed evaluation of our aftercare service. It is specious to compare outcomes from this service favourably with outcomes from equitable rights-based aftercare services within neighbouring jurisdictions. In making such a claim, the results do not and cannot validate the process as, unlike the aforementioned pursuit of insight, here we are dealing with people's lives and each must be afforded equal worth. To claim they compare favourably is tantamount to claiming that the end justifies the means which contravenes the code of ethics of social care/work.

An alternative interpretation of such a comparison can, in reality, be seen to evidence that it is possible to achieve similar, if not better, outcomes in jurisdictions such as England, where there is a equitable rights-based aftercare service in operation, and yet remain within defined budgets. Legislation provides robust protective factors by virtue of its equalising remit whilst also empowering workers, with attendant role- clarity and ring-fenced funding. Furthermore, legislation enhances corporate parenting which Mike Stein has defined as: legal responsibility held by single case-workers within embedded, formalised, inter and intra-agency arrangements. Stein also acknowledges the worker for their true value as the face of the corporate parent (Stein, 2012).

With regard to ring-fenced funding it is of concern that the CEO of Tusla has identified ring-fenced funding of €16 million for aftercare services in 2015 when we had an expenditure of €17 million in 2012.

WHAT CAN BE

By doing the right thing for children in care and placing aftercare for all care leavers, regardless of their legal status, on a rights-based footing, Ireland, may finally become the ‘*good enough*’ corporate parent she aspires to be rather than the obdurate corporate parent she has been. This version of corporate parenting would be very different from what we have had to date. This would entail responsibility shared across all stakeholding agencies and government departments coupled with single case-holder legal responsibility thereby ensuring both the mandate to access resources with statutory authority and the continuity of relationships for all care leavers. We could be proud of such an aftercare service, an equitable, values-based and developmentally-appropriate service, with an expectation that all care leavers will thrive as opposed to some merely surviving – tragically and unconscionably, too many are currently not surviving the transition. This, for children in care, would truly turn the rhetoric of valuing and respecting each and every child in Ireland closer to becoming a reality.

We must learn the lessons from the past and do the right thing now and not wait for the plight of care losers/seekers to become recognised at some future point in time as a case of further national shame where a grave injustice has been perpetrated against a forgotten, vulnerable and hidden section of Irish society.

Maurice Fenton, an independent advisor and researcher with a particular interest in mentoring, has worked predominantly in residential and aftercare across the statutory, voluntary and private sector. Maurice founded Empower Ireland in 2009 to support care leavers in Ireland.

CONTINUING PROFESSIONAL DEVELOPMENT: A LOOK BACK TO LOOK FORWARD

BY CATHERINE BYRNE - SOCIAL CARE OFFICER

When I was asked to write this article for the CURAM, my first thought was well this is a first! Since starting in this post in September 2013, I have found myself encountering a lot of ‘*firsts*’, all of which have been valuable learning experiences and have added to my own professional development. With the anticipated establishment of the Social Care Work Registration Board in 2015, Continuing Professional Development is more to the forefront of all our minds. Yet, it is a term which I hope doesn’t become viewed as ‘*more jargon*’ or something that we do because we have to. CPD should be embedded in our professional practice and values as Social Care Workers. The motivation to continually learn, to upskill and enhance our practice must be ingrained in our professional psyche. CPD needs to be embraced rather than tolerated.

WHY ENGAGE IN CPD?

Engagement in CPD is not without challenges, of course. As workloads increase, finding time to engage in planned learning is difficult. The added burden of recording and evidencing CPD contributes to the mountain of paperwork which many of us struggle through each week. Concerns about the cost of engaging in CPD, or the lack of organisational support to engage in CPD, as well as our own personal life circumstances all add to fears about meeting statutory requirements for CPD. But the importance of true engagement in CPD, not just as a tokenistic gesture, has been brought starkly into reality for me in recent weeks. We are all aware of the public controversy which followed the Prime Time investigation into Unit 3, Aras Attracta. It is not my place, nor could I, explain how a situation such as this developed, however one question which was put to Pat Healy (*National Director, Social Care*) on Prime Time that night has remained with me.

“*How, after over 400 combined hours of training for staff did this happen?*”

I continually stress that professional development requires true engagement in the process. We’ve probably all had occasions where we sat at the back of the room and day dreamed through a course or continually checked our phones, because we were worried about what work was piling up while we were

out of the office. We need to ask ourselves, where was the learning in this? What was the value of the learning? How did we develop as professionals? I feel very strongly that being there in body only, just being present in a room, is not Continuing Professional Development. If the learning does not contribute to how we practice, then can we truly describe this as professional development? CPD has to be about true engagement in the learning process; asking questions; contributing to discussions; examining our own knowledge and attitudes; considering how the new information or skills can add to our professional practice; questioning our current practice; challenging how we approach issues; and considering how this learning or skill can be used in our practice. Without true engagement in learning, ‘400 hours of training’ will fail to have any impact on practice.

The importance of CPD cannot be over emphasised, but recognising the challenges for Social Care Workers in adopting a new and structured approach to CPD, the Irish Association of Social Care Workers and Social Care Ireland have been working hard over the last year to develop the supports required to enable you to truly engage in CPD and to meet statutory requirements.

A LOOK BACK: REVIEW OF CPD DEVELOPMENTS FOR SOCIAL CARE WORK

With end of year reports being completed and planning for 2015 already well under way, this is an ideal time to reflect on what has been achieved over the last twelve months. Looking back through my diary I realise that it would be impossible to include all that has happened in the last year, but that a few of the highlights will help to remind us what has been accomplished in such a short time.

One key aim of the IASCW/SCI in 2014 was to increase awareness of registration and CPD requirements for Social Care Workers. We planned and delivered 27 information roadshow events on “*Understanding Continuing Professional Development and Registration for Social Care Workers*” across the country reaching approximately 1000 social care students, workers, managers and educators. This could not have been achieved without the support of the Social Care Educators in each college who arranged the venue for the information talks and advertised to their students and local services. I also had the opportunity to deliver presentations to Social Care Workers on CPD at the Social Care Ireland Conference (*April*), FESET – European Social Care Educators Conference, Finland (*May*), HSE Student to Practitioner Seminar, Galway (*May*), Pathways through Social Care, Athlone (*November*) and NUIG Student Conference (*November*).

Our aim has been to make these roadshows available and accessible to Social Care Workers and Managers in each region. We plan to continue to deliver these information roadshows in 2015, with regions where we haven’t delivered a roadshow in 2014 being given priority. We haven’t relied alone on the information presentations, as our capacity to deliver these is limited. Therefore significant work has been invested into the development of the Social Care Ireland website to add relevant information, news or updates as well as to advertise CPD events for Social Care Workers. As well as developing the website, there have been 11 CPD e-bulletin’s circulated to over 1000 social care students, workers and managers each month to provide regular updates on registration and CPD, provide tips and advice to support your engagement in CPD and to advertise IASCW/SCI CPD events or other relevant training or courses which may be of interest to you.

The IASCW/SCI also successfully applied and received a funding grant from the Health & Social Care Professions Unit with the HSE to coordinate CPD events for Social Care Workers. We have successfully facilitated four profession specific CPD events this autumn attended by 103 Social Care Workers. These have included;

- Researching in Social Care (*Oct*)
- Building Capacity to Choose (*Oct/Nov*)
- Enhancing Skills to Engage in CPD (*Nov*)
- Developmental Trauma & Emotional Dysregulation Seminar – Joint event with Irish Association of Social Workers (*Nov*)

This would not have been possible without the grant received by the HSE and many of the speakers/facilitators who contributed their time and expertise free of charge. I would like to personally thank all

who contributed to these very successful events. We aim to continue to build on our capacity to deliver CPD training and courses based on your learning needs in 2015 with a key goal to enhance accessibility of courses/events in various locations around the country. These courses are informed by the Report on CPD Needs of Social Care Workers (*January, 2014*) which was developed from a survey of 552 Social Care Workers carried out in 2013.

The IASCW and Ms. Phil Keogh (*Lecturer, DIT*) have also undertaken to survey the nature and extent of workplace violence experienced by Social Care Workers, as a follow up to Ms. Phil Keogh (*Dublin Institute of Technology*) research on “*The Nature and Extent of Workplace Violence Experienced by Social Care Workers*” (2001). This survey was launched in February 2014 and 402 social care workers responded. The report on findings from this research is currently being developed and we aim to launch the findings from this research before Summer 2015.

The IASCW/SCI has also supported the coordination of an inter-professional CPD Conference for all Health & Social Care Professions in March and planning is underway for a second Inter-professional CPD Conference in March, 2015. Social Care is represented on the Health & Social Care Professions CPD Network which aims to identify and coordinate inter-professional CPD events relevant to all Health & Social Care professions.

A key objective of IASCW/SCI this year has been to develop a framework through our professional representative body to support your engagement in CPD. We established a CPD working group in February this year which representatives students, workers, managers and educators who have contributed to the development of a draft CPD policy and CPD portfolio including recording templates and a guidance document to support you to record and evidence your learning activities. Further to this, the working group have developed and intend to introduce a one year audit of members CPD portfolio's prior to the Social Care Work Registration Boards CPD Audit to identify and support you to address any issues arising when recording and evidencing CPD.

We are currently facilitating consultation workshops with social care workers to ensure that this policy and portfolio is user friendly, relevant and appropriate to supporting you to meet statutory registration requirements for CPD. I would like to thank those social care teams who agreed to participate in this consultation process and who have provided invaluable feedback to further develop the CPD policy and portfolio. Social Care Ireland will be launching this policy and portfolio at the Social Care Conference at the end of March 2015.

LOOKING FORWARD: PLANS FOR CPD IN 2015

CPD courses currently being planned (*or in the early planning stages*) but not yet advertised include;

- Bereavement & Loss Seminar – 25th February (*Joint event with IASW*)
- Health & Social Care Inter-professional CPD Conference – 11th March (*CPD Officer Network*)
- Understanding Continuing Professional Development & Registration for Social Care Workers – 4th February, Sligo, Cork IT and Wexford (*dates to be agreed*)
- Developmental Trauma & Emotional Dysregulation (*ACTS Team*) (*To be confirmed*)
- Policy and Interventions in Mental Health, provisional date the 13th February (*Joint event with Breaking Through*)

SOCIAL CARE IRELAND CONFERENCE 2015

The Social Care Ireland Conference 2015 “*Breaking Barriers and Building Relationships*” is taking place on the 24th, 25th and 26th March in the Radisson Blu Hotel, Sligo. The annual conference provides a unique opportunity to bring together practitioners, managers, students and educators to share information and learning specific to Social Care. There is a great line up of speakers and workshops at this year's Conference and Early bird registration for the Conference is now open. Also planned for this year's Conference will be;

- The official launch of the CPD Policy and Portfolio at the Conference
- Call for expression of interest in establishment of a Special interest group or forum for new social care graduates to provide an opportunity

to support, learn and share advice from colleagues.

SOCIAL CARE WORK REGISTRATION BOARD

While many of you may have heard this many times before (*and are beginning to wonder if it will ever happen*), the IASCW/SCI anticipate that the Social Care Work Registration Board will be established in early 2015. There is significant work which the registration board will be required to undertake before registration will open, but it allows us the time to prepare for this. CORU have provided some advice which I found useful to ensure that we are prepared when statutory registration opens. Some tips include;

1. Find your Academic Qualifications Today

I have managed to root out some of this information, but it was only when I looked that I realised I was missing a Certificate. So don't wait until the last minute, find your certificates and put them in a safe place, where you can find them when needed for registration.

2. Police Clearance Required from Each Country you have lived in for six months or more.

That one was a surprise to me! CORU have details on their website of how to source police clearance from countries such as Australia, America and New Zealand. But this can take up to nine months to receive and could delay your application for registration. You can contact CORU if you have lived in a country not listed on their website and you are unsure how to go about getting your police clearance from there.

3. Change of Name and/or Birth Cert.

It's always the way, you're sure where these are; at the bottom of that drawer, in the filing cabinet or in a box under the bed. And then you need them....and of course someone has moved the box. Or possibly it was never in the box. Sounds simple, but these are the things that cause the most stress when we can't find what we were sure was there and now it's needed today!

4. Understand how to obtain Certified Copies of Documents when Registering

Remember that having these documents certified by a Solicitor may prove expensive and that a Commissioner for Oaths, Peace Commissioner or Notary Public can also certify that the documents you submit are true copies of the originals. This means that you will have to show the original documents to one of the above. One idea maybe too organise with other colleagues to have these documents all certified at the same time when it's time to register to save time and costs.

5. Fitness to Practice

Fitness to Practice has been introduced on the 31st December 2014 for all registered professionals. While Social Care are not registered as yet, from the moment you are, you will be subject to Fitness to Practice and a complaint received by CORU about your practice may be investigated from that time.

It is very important that you understand and are prepared for Statutory Registration when it is open to Social Care Workers. You can find lots of useful information on www.coru.ie including details of the registration process and what information you will be required to provide.

When the Social Care Work Registration Board is in place, they will be developing profession specific documents, including our Standards and Ethics of Practice. As these documents are developed they will be open to a public consultation process where we are invited to make submissions. CORU are required to provide feedback on all submissions they receive on these documents. The IASCW/SCI will make submissions on behalf of Social Care Workers but remember, as an individual, a team or an organisation you can submit feedback. These will guide our professional practice for years to come and it is essential that we contribute to their development. All updates on registration and the Social Care Work Registration Board will be posted on www.socialcareireland.ie. Stay involved and look out for news and updates on registration.

CONCLUSION

2014 has seen a significant amount achieved within a short timeframe, made only possible by the hard work and commitment of many social care workers, managers and educators around the country. We still

have a long way to go to achieve our vision of CPD for Social Care and some might describe this as a ‘*mountain to climb*’, but I believe we have started the journey and like to remind myself that the view is always better from the top of the ‘*mountain*’.

On a final note, we recognise that social care faces many challenges, but I also understand that the progress achieved has been as a result of the dedication, hard work and motivation of many individual social care workers, managers and educators along the way, all of whom contributed their personal time and energy to forwarding the work of the IASCW and SCI. For Social Care Work to progress our profession needs a strong voice, with member’s engagement in their professional representative body and who are committed to the development of our profession. I ask you to consider how can you get involved and contribute to this work? Every little helps, so if you have an interest in a particular piece of work or an idea about a new group or project which you would like to progress through IASCW/SCI please get in touch with info@socialcareireland.ie.

JOURNAL OF SOCIAL CARE PRACTICE

The Journal of Social Care (*JSOC*) is open for submissions. This journal, dedicated to the profession of social care, provides an opportunity for those in the profession to develop the knowledge base for social care by sharing their research, reading and reflections.

- Is there a book you have read containing information relevant to social care work which you could review?
- From reflecting on your practice have you gained new insights which may help others?
- Have you completed a piece of research, however small, the findings of which could be valuable to others?
- Have you read extensively on a particular issue and could write a literature review?

Writing for an academic journal can seem intimidating at first, or you may wonder where you will get the time, but the importance of social care workers publishing and sharing their knowledge and experiences is essential to the development of the profession and maintenance of professional status.

Resources to help you with your research and writing can be found at the Journal’s facebook page www.facebook.com/JournalSocialCarePractice. If there are any resources you have found useful and want to share please send them to the editors.

If you have an idea for an article but are not sure whether or not to submit this, why not contact the journal editors for advice at fiona.sweeney@dit.ie or david.williams@dit.ie. If you have already written your article and want to submit this for consideration go to arrow.dit.ie/jsoc to do so. We look forward to hearing from you. Materials and information to help you with structuring your article can also be found at the authors’ guidelines link on the website.

LESSONS TO BE LEARNED: ROTHERHAM CHILD ABUSE REPORT - AUGUST 2014

One of the most disturbing and most commented on reports on child protection in 2014 was the Professor Alex Jay report on failures in the child protection system system in Rotherham, South Yorkshire in England. It found that at least 1,400 children were subjected to appalling sexual exploitation in Rotherham between 1997 and 2013. Three previous reports about child sexual exploitation in Rotherham were suppressed or ignored and their authors subjected to “personal hostility”.

On August 31st 2014, Camilla Cavendish, Deputy editor of the Sunday Times, wrote in the following piece on the fallout from Rotherham. She raises a number of issues with which social care workers and other relevant professionals in Ireland will be able to identify, even if the local area political and social services authority structure are different than here. The following is her article:

How to make the Children safe: How could anyone think girls of 11 were having consensual sex? Rotheram has lost the right to run its own affairs; new leadership is needed to change the culture of child protection.

By Camilla Cavendish

No one wanted the Rotherham story to be true. We must bear that in mind as we try to understand how professionals paid to protect children have let 1,400 girls be abused under their noses, mainly by Pakistani men.

My job – while the indefatigable Times reporter Andrew Norfolk exposed a pattern of abuse from Rotherham to Derby to Oxford- was to write occasional editorials amplifying his reports. I remember how exasperated I felt at the initial lack of interest shown by a world that seemed determined to look the other way. Even once the story became unstoppable, the deputy children's commissioner claimed there was no ethnic aspect to this kind of grooming, although her own report showed there was an unavoidable "Asian" dimension.

I believe that the Establishment's discomfort with this story helped local authorities to obfuscate. Rotherham council went to disgraceful lengths to prevent Norfolk from publishing rather than asking what could be learnt. The allegation that the council had wiped computer files to obscure the scale of the crisis as long ago as 2002 suggests that Rotherham is a one party state that has gone completely rotten.

Woven through the independent report by Alex Jay are clear differences between frontline staff, some of whom warned about the risks, and their bosses. Staff told Jay that senior people in both the council and the police wanted to play down the ethnic dimension.

The racial dimension is inescapable. But there are some other reasons why why so many police forces treated underage girls as sluts and managers did nothing.

FAILURES IN CARE

Again and again care workers seemed to have shrugged as girls walked out of children's homes, were picked up by a waiting taxi and whisked away to be plied with drugs and raped above a kebab shop. That is hard to fathom until you realise that, in contrast to some European countries, many of these staff are low paid and have very little training. We should not perhaps be expecting them to look after the most troubled and challenging children in the country.

A third of the child victims of street grooming are in care, according to the Child Exploitation and Online Protection Centre. This has been made worse by the expansion of residential homes – mostly run by private companies – in places where property is cheap. Rochdale, with a population of 205,000, had 47 children's homes at the last count – more than the 14 inner London boroughs combined, with their population of 3m.

A few children were afforded the protection of being relocated far from their original home and school. But, most children moved hundreds of miles away, lose the only stability they have. We have dumped children in areas that host bail hostels, asylum seekers and red light districts – which is unconscionable.

In January the government brought in a tougher inspection regime and new rules to prevent children being routinely moved out of their area. It must now ensure that failing homes are closed.

FAILURES IN SOCIAL SERVICES

There is general agreement that the group of children who are sexually exploited are the most challenging that the authorities face. Many do not think they need help- until they are discarded by their abusers aged 15 or 16.

"It's hardest when they look like young adults or behave like adults," said Peter Wanless, chief executive of the NSPCC. *"Some are convinced they are in love, deluding themselves that these men are sugar daddies. It is very complicated. But the most important thing is that we see and hear them."*

This means building strong, trusting relationships. No amount of protocols and action plans can substitute for that and Rotherham was awash with protocols. Yet too often the fundamental importance of relationships in social work is forgotten. This partly because most social workers have to move away from the front line and into management to gain status and higher pay. Unless this is reversed, some of the most vulnerable children will be seen by the most inexperienced professionals.

It is also because of paperwork. Before the end of the Brown government a study showed that social workers were spending 60% of their time entering data on computers rather than visiting families. A social worker from Sheffield told Radio 4 last week that he believed the problems in Rotherham had less to do with ethnicity than with “*overwhelming and often needless paper-chasing exercises*”. This man spent three hours in a care home one evening when a missing girl returned and she would talk only to him. As a result he was able to give valuable information to the police – but his manager rebuked him for working beyond his core hours.

The mania for multi-agency working, in response to concerns about the failure to share information, has also diluted accountability. Look at the claim by Shaun Wright, South Yorkshire’s police and crime commissioner and formerly the councillor in charge of children’s services at Rotherham, that he had never seen a key report because it had never been passed on by the children’s safeguarding board. By 2007 that board was so large that it had almost become impossible to reach any definitive conclusions about anything. No one, in fact, was accountable. One former senior social worker put it to me this way:” There are lots of moving parts. The more parts you have, the greater the degree of error is likely.” We have endless committees and agencies. What we do not have, but desperately need, is the clarity of an individual named social worker being responsible for each individual child.

FAILINGS BY THE POLICE

It is clear that police forces up and down the country had deemed children as young as 11 to be having consensual sex, when they were actually being raped. Given that underage sex is a crime, this is astonishing. In Rotherham the police reacted slowly and took no action when parents called 999 to say their 13 year old daughter had been accosted by a taxi driver. Had officers checked, they would have found he was previously arrested for kidnapping.

Ella Cockbain, a research fellow at University College London, suggests that failure to take girls seriously is partly because many officers’ first contact with them is as criminals. She is one of the authors of a new study of 9,000 children, aged 9 to 17 who have been abused or are at risk of sexual exploitation. It shows that victims of child sexual exploitation have extremely high young offending rates : 48% for boys and 29% for girls.

Crown Prosecution Service guidelines were changed in October to make clear to prosecutors that taking drugs, not fighting an abuser or giving confused testimony may be a sign of grooming. Cockbain hopes this may help overcome assumptions about juries “*which are too conservative.*” She also says South Yorkshire police have made significant progress toward tackling child sexual exploitation. The fact remains, however, that there have far too few prosecutions and no one has yet taken responsibility.

Nick Herbert MP, the former police minister, the media should not only be questioning Wright, the elected police and crime commissioner (*PCC*) but also officers with operational responsibilities. Wright’s behaviour, he says, is a strong argument that “*there should be a recall for PCCs*”

CHANGING THE CULTURE

By the time a case comes to court it is too late for most of these girls. We need much better detection and prevention. For that we need openness about the problem.

Here the contrast between Rotherham and Rochdale is striking. Just across the Pennines, Rochdale faced similar issues to Rotherham. But in 2012 Rochdale council appointed a new chief executive, Jim Taylor. He commissioned and published four in-depth reviews. He suspended 5 social workers and referred 8 former employees to the regulator. By the end of 2012 several senior council staff had left. The authority is working to tackle the problem of child sexual exploitation.

In Rochdale, Taylor made it clear to his staff that failure had consequences. In Rotherham there have been no consequences. Unless this changes, the default for this and other authorities will be the cover-up.

Openness must extend to finding out why the perpetrators act as they do. Incredibly, the Jay report found that councillors had made no effort to engage with the Pakistani heritage community for 16 years. Others

have been less reticent. Lord Ahmed, the Labour peer, suggested there may be a problem with the practice of first cousin marriage. *“This didn’t happen in my or my father’s generation,”* he said. This is happening among young Pakistanis. While I respect individual choice, I think the community needs to look at marriages in the UK rather than cousin marriages or economic marriages from abroad.

I asked Jay what she thinks. She believes the kind of abuse being reported by white girls is also taking place within the Pakistani community. *“I met many capable women running Muslim women’s support groups,”* she said. *“They knew exactly what should be done but wouldn’t say the same thing when men were present. We need to support women who want to come out and not feel they’re betraying their communities- and we’ll not find that through traditional male channels.”*

If Rotherham is to bring these difficult issues out into the light and build trust with victims and Pakistani women, it needs a completely new leadership. While Jay thinks the police and the council have made some progress, I believe the government should do in Rotherham what Michael Gove, the former education secretary did quietly in Doncaster and Slough; get an independent trust to take over children’s services.

That is not a cosmetic exercise; it is the model that revolutionised schools in Hackney. It is the best way to break the spiral of decline which can beset a council under siege. And Rotherham, in my view, has lost the right to run its own affairs.

A new leadership might reflect on the irony that Rotherham used to have a group of youth workers who were proactively going out to find children at risk and to support them. Known as Risky Business, this unit helped South Yorkshire police to obtain convictions for child abuse in 2010. The unit was crushed by council managers which resented it and, as we now know, even raided its offices. But its approach was a good one.

“The vital aspects which made Risky Business different from the statutory agencies were the trust and building relationships at street level. That has been lost,” Jay told me. It needs to be recreated.

Here is the most chilling line in the Jay report: *“This abuse is not confined to the past but continues to this day. In May 2014 the caseload of the specialist child sexual exploitation team (in Rotherham) was 51.”*

Wholesale changes are needed if we are to end this horrendous exploitation. One or two resignations will not be enough. The authorities must start to hear and see these victims. They must help the Pakistani women to speak out, to bring those issues into the light. When things are hidden, evil people believe they can act with impunity. It must not be possible in a year’s time for anyone to hope this story was not really true.

© The Sunday Times 31.08.2014

CURAM Editor’s note: Roger Stone, the Council’s leader stepped down on the report’s publication date, August 26th 2014. Shaun Wright, South Yorkshire Police & Crime Commissioner was the first person to hold this (PCC) post having been elected as a Labour Party candidate in 2012. The Jay report led to calls for Mr Wright’s resignation. He resigned from the Labour Party in late August 2014 and from his post in the following month.

CAMHS

The CAMHS’ Significant Interest Group (SIG) held its AGM in November 2014 and a new committee was elected. Having completed the role description of Social Care Worker another focus for 2015 will be outlining the role of Social Care Leader. There are also plans to work on the “image” of social care within CAMHS.

Catherine Byrne met with the CAMHS SIG last autumn around CPD. The group also met with IMPACT and expressed concern at on-going difficulties in having a voice at the Vocational Care Group which appears to be predominantly involved in residential care issues. CAMHS’ reps on the IASCW executive are Shona Keating and Fiona Murray.

SCI Annual Conference March 24/26 Sligo See www.socialcareireland.ie

BOOK REVIEW

THE FAULT IN OUR STARS - BY JOHN GREEN (PENGUIN BOOKS)

REVIEW BY CARINA MCNALLY

I have to admit that the '*Fault in Our Stars*' was staring at me for months – I'd been avoiding reading it until the review date loomed... You see I had read an extremely depressing Irish childhood novel over the summer - and knowing this book was about cancer – felt emotionally unable to face another tragedy. Forcing myself to open the covers, however, after less than three pages, I was hooked. It's an un-put-downable roller coaster – be prepared!

The beginning of the book draws you in, not only because of the quirky characters, but also by the exhilarating use of the English language. It is a superbly written piece of work. The characters have all the essentials to allure you – they are smart, witty and humorous. You'll fall in love with them, and quickly begin to share their combined happinesses and grief. Hazel and Gus are two teenagers who are deeply in love and both victims of that dreadful disease – cancer. They meet at a support group and their incredible love story unfolds in every page. The importance of the group, though treated with disdain by those that attend, is shown to be a life line to those with cancer, as the ability to relate to peers without debilitating illness is compromised. The group features strongly throughout the book; even the roll call of losses at the end gets repeated. Despite this, the essence of the characters is not that they are dying of cancer – it is really about how they cope with the inimitable chore of living with it.

Obsessed with a book called *An Imperial Affliction*, Hazel desperately seeks to know the ending to what she feels is an incomplete novel by reclusive Dutch author Peter van Houten. Her quest leads her and Gus on an adventure to Amsterdam, a city described in such a wondrous manner it surely serves as a boost to the Dutch tourist industry! The cliché - you should never meet your hero – rings through for Hazel as van Houten turns out to be less than average and definitely not hero material. However, the happiness of being together outweighs any discontent caused by their horrible meeting with van Houten. The journey of their lives continues and we experience the romance and the bravery of both teenagers, a journey which is horrifyingly sad but ultimately beautiful. They experience in their short lives what many people do not experience in an entire life time – the ability to appreciate the beauty they have found together and an insight into the meaning of their very existences. As one turns the pages, the world from a cancer patients' viewpoint unfurls; issues such as travelling with cancer, hospital visits, coping with loss and public perception unfold. One of the most heart rending elements of the book is the strength that the teenagers show as they try to smile in order to protect those they love. As we are shown their ability to see life from others' perspectives, despite their suffering, we gain an insight and understanding of how cancer touches not just the victim but all those who love them.

The book title is taken from Shakespeare's Julius Caesar: "*The fault, dear Brutus, is not in our stars, But in ourselves, that we are underlings.*" The book continues in this strong philosophical vein in which the characters discuss the meaning of life, death and illness in a vast universe in which religion plays no part for Hazel and Gus. One has to be struck by the compassion of all characters; almost everyone in this book exudes the best essence of humanity. Perhaps this is why I have heard the book described as '*cheesy*' and '*not real*'. Cheesy or not cheesy, you will come to love, respect, and admire the parents in particular as they practise '*mindfulness*' every day, laughing as much as possible with their children, knowing that their time together is limited. The only character that is not appealing is the selfish alcoholic van Houten, who we discover carries cancer scars also, although still not endearing him to the reader. Despite his chronic alcoholic egoism, even he too had reached heights of greatness, in his previous life as an author.

And yes - the end of the book is infinitely sad, but the beauty and inspiration of humanity shines through and you will feel in the better for reading it... It may even restore your faith in human kind! A perfect antidote for a depressing Irish childhood novel!

Carina McNally is a social care worker with CoAction Beara, Castletownbere, Co. Cork.

No one can make you feel inferior without your consent (Eleanor Roosevelt)

BOOK REVIEW

THE STORY OF BABY P - SETTING THE RECORD STRAIGHT - BY RAY JONES (THE POLICY PRESS)

REVIEW BY RICHARD HAYES

Most people are now familiar with the tragic death of Peter Connelly, the 17 month old baby from north London who died in 2007 following a short life of sadistic physical abuse and neglect. When the body of Peter was examined he had over 50 injuries including a fractured spine, eight fractured ribs and a dislodged tooth that was found in his colon. Peter's mother Tracey and two male associates were subsequently charged and found guilty of his death and the social work sector was nationally condemned.

Despite the tragic circumstance Peter's death this was one of many such cases over the years and one might have expected the story to fade in the public's consciousness. However, this was not the case. Led by the Sun newspaper, the media declared open-season on social workers and their managers. Social workers were threatened, intruded upon and harassed by journalists, and anyone with a professional involvement in the case was deemed to be, at the very least, incompetent. The Sun demanded sackings and these demands were promptly met. Inexorably, the child protection system became destabilized, Councils struggled to recruit new social workers and the sector was left insecure and demoralized.

For many people the treatment of social workers was rough justice for their perceived incompetence while, for the very few, social workers were convenient scapegoats in a media-driven circus. One such apologist is Ray Jones, Professor of Social Work at two London universities and erstwhile Director of Social Work for 14 years. In his excellent book *The Story of Baby P* Jones examines 'what goes on when things go wrong' and endeavours to rewrite the Sun's version of events by turing the spotlight on the shortcomings of police and health professionals and on the cosy relationship between the Metropolitan Police and the media.

Jones reminds us that in less than a year before he died baby Peter and his mother had received over 60 visits from police, social workers and health professionals yet they collectively failed to join the dots that something was not right with the case of baby Peter. He notes the "liturgy of errors" from Great Ormond Street Hospital which didn't have a single note available from 37 contacts with health professionals. Also, no hospital personnel asked questions about the man who attended hospital with Peter and his mother. The police too failed in numerous investigations to ask who was living in the family home despite and, most worryingly, failed to photograph Peter's bruises for a week and therefore did not have enough evidence to bring charges forward. Even Peter's local A&E department did not consider his presenting neck pain and numerous bruises to the head as possible indicators of abuse.

Yet it was the frontline staff whose practices and shortcomings were for years ruthlessly examined and vilified by the media, undoing decades of improvements in systems and structures. Jones says that there are lessons to be learned in how we investigate serious incidents which at the moment involves poring over the minutiae of procedures that need followed (*or not*) in order to find a suitable 'culprit'. As Jones puts it, when a child dies "It is not overall workload, performance and context that are examined... Judgement is made based on measuring performance judged against the perfect meeting of the myriad procedures and processes to be followed..." . What we need, he says, is a greater appreciation of the difficult work undertaken frontline staff in less-than ideal and often dangerous conditions. Allowing a bullying media to control the story and to set the agenda on how care is provided will not make the world a safer place for our children.

Richard Hayes is a social care worker in St. Joseph's School, Ferryhouse, Clonmel, Co. Tipperary.

Date for your Diary:

Thursday, October 1st 2015: 2nd Annual National Care Leavers Day.

Conference details to be announced.

BOOK REVIEW

SOCIAL CARE: LEARNING FROM PRACTICE. 2014

EDITORS: NOEL HOWARD DENISE LYONS. (DUBLIN: GILL & MACMILLAN)

As the title suggests, this book presents stories from social care practice and invites readers to learn from practice. There are 25 chapters over 275 pages, edited by two stalwarts in the field of social care education and practice in Ireland, Denise Lyons and Noel Howard. They are to be commended for gathering together and editing this collection, the first to represent a selection of practice wisdom from the sector. It represents also a robust response to the findings of the McHugh and Byrne (2011) about the dearth of social care workers engaged in evidence based research. Debate about EBR is for another forum but this publication sets the scene for knowledge creation by practitioners. The publication complements the textbook *Applied Social Care An introduction for students in Ireland*, written primarily by educators in social care now in its third edition and builds on a growing scholarship in social care in Ireland.

The practitioners who have written for this publication have stepped up to the challenge of describing and interpreting social care practice in their particular setting. In doing so they have made visible the potential of tacit knowledge and explicit knowledge combining to build theoretical frameworks and a knowledge base particular to social care. First and foremost it stands on its own as a testament to the commitment, insight, capacity and skill evident in social care practice across diverse settings and the ability of practitioners to articulate their professional expertise with confidence. This book is therefore an invaluable contribution to enhancing the visibility and credibility of social care work.

The book opens with a poem 'My daddy didn't hold me down' and ends with an equally evocative poem 'No Womb at the Inn' by Caroline Coyle from Athlone. I was struck by the layered and complex imagery of each poem and the rich potential for insight and learning that they contained. The book is structured in two sections: Section 1: Overview of Social Care Practice and Section 2: Stories from Practice and Management. In section 1 there are 3 chapters: Chapter 1 is an introduction to the Stories from Practice by Denise and Noel followed by an account of the development of social care practice through the lens of the IASCW and the IASCE. This gives the reader a valuable context to how social care practice and education has been constructed over the past 45 years, leading up to the formation of Social Care Ireland in 2011. The inclusion of the perspectives of the IASCM in this section of the book would have added considerably to the complex and emerging tapestry that is social care in Ireland.

Section 2 of the book comprises 22 chapters, simply headed Stories from Practice and Management.

The first three chapters explore the experience of being in care written by 'Keith', the approach taken by the care worker and the role of relationships, kindness and love in such settings. This next two chapters (chapter 7 and 8) address working with families, specifically examining language use in social care with families and assessment work. The challenges of achieving independent living and meeting the needs of people with dementia provides insights into working with older people and people with learning difficulties in chapters 9 and 10.

The following chapters fan out to articulate a variety of practice approaches, starting with the importance of the self in social care, followed by chapters on 'focusing', 'holding and attunement', 'containment', therapeutic relationships and the therapeutic alliance in residential care for young people (chapters 11 -16). These are chapters describing innovative practice in a single occupancy residential unit, on supporting those who self-injure in residential care, the ABC approach to challenging behaviour and practice placements as learning sites in social care (chapters 17-20). The next 3 chapters focus on a case study of change management in the intellectual disability sector, professional supervision and teaching independent living skills to care leavers (chapters 21-23). There are two concluding chapter on being a good enough worker in residential care and the necessity of moral discernment and courage in social care management (chapters 24-25).

The distinctive contribution of all the chapters is the voice of the practitioner and their journey with the people they work with, the teams they belong to and themselves. This came across particularly

strongly in Iseult Pauls writing about her coming to social care work and her journey with people with intellectual disability and those with memory loss. Laura Behan (p.163) works within a therapeutic community model of care. Her excellently crafted chapter is a case study of her work with 'Sarah'; building the foundations, reaching a turning point, sustaining the relationship (*particularly with the staff team*) through the testing period and the managing when Sarah's time in the residential house came to an end. Pauline Clarke Orohoe's chapter on language use in social care is very timely given the evolution of social care as a profession and the tendency towards 'jargon' in every profession. The theme of relationships in social care work operates at three levels; with oneself, with the people one engages with and with ones colleagues. This theme appears in many of the chapters. Frank Mulville's (p.123) reference to '*adventures start from a safe place*' in his view also applies to workers' own professional development and capacity to reflect on the impact of the work on themselves so that they can be more effective. The centrality of communication and teamwork is well articulated by Claire Leonard (p. 235) in her engaging analysis of supporting a team to direct and lead change in the intellectual disability service. Des Mooney (p.142) articulates the challenge and skill involved in waiting in relationships with young people in care, spending time, listening and watching, not trying too hard, being open to the different voices the child is communicating with.

Fifteen of the twenty five chapters in the publication focus on residential care for children and young people. This perhaps is inevitable given the origins of social care and the professional backgrounds of both editors. The sub division of these chapters into separate sections would benefit the overall structure of the book. The chapters on therapeutic approaches (*Des Mooney, Maria O'Sullivan, Laura Behan, Helen Buggle*) could, for example be explicitly grouped so as to enable the reader to draw out some of the common threads weaving through each account. The chapters on family work (*Pauline Clarke-Orohoe and Anglea Feeney*) and on intellectual disability (*Aoife Killeen, Iseult Paul, Marguerite Walsh and Claire Leonard*) deserve their own dedicated and separate sections also. There are chapters that address specific skills in residential care and these would work well in a cluster, for example, focusing, self-injury and independent living skills. It is a remarkable achievement to succeed in compiling this array of practice wisdom and a structure to highlight the diversity of the sector would enhance the ability of readers to identify the threads that weave together approaches within and across each sector.

Paddy Ormond's chapter on being good enough worker emphasizes that workers must resist the destructive forces of what he terms the standardization machine, extreme professionalism and over-regulation (p.256). John Molloy's chapter on using moral discernment in management describes the practitioner-proof mode of practice, a system minimally dependent on the discretion of the individual practitioners as very dangerous to the integrity of social care (p. 266). He advocates subverting professionalism if it means the embodiment of impersonal and efficient dealings with clients. Aoife Killeen's research regularly highlighted how cutbacks in services had a direct impact on the ability of people with disabilities to live at home independently, in direct contradiction of government policy (p.98-99). She advocates challenging the government-set agenda when policy does not link to practice. These examples demonstrate that external factors can diminish the commitment and capacity of care workers and resistance is critical to the integrity of the profession and a commitment to marginalized people. I was pleased to see structural factors highlighted as care work is not an isolated and autonomous sphere.

The most important reality here however is that practitioners wrote and Denise and Noel edited the work and positioned it in the context of developments in social care and education. It will be welcomed by educators in particular given the need for realistic case studies in student learning. It will be of interest to other practitioners as an important step in making social care practice visible and perhaps give them the courage to write. It is of immense value to future social care workers to have available insights and learning from the frontline of practice.

Majella Mulkeen lectures in equality and sociology in the Department of Social Sciences at Sligo IT.

The opposite of love is not hate, it's indifference (Elie Wiesel, Auschwitz survivor)



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