



# Cúram

Issue No. 52



Winter 2017

SOCIAL CARE IRELAND

**2018**



## ***SOCIAL CARE ASSOCIATION OF IRELAND COMPANY LIMITED BY GUARANTEE - DIRECTORS***

**Paula Byrne**  
(WAG)

**Noel Howard**  
(WAG) *Treasurer*

**David Durney**  
(IASCM) *Chair*

**Carlos Kelly**  
(IASCM)

**Denise Lyons**  
(IASCE)

**Leon Ledwidge**  
(WAG)

**Charlotte Burke**  
*CPD Officer-  
Non Executive Member*

**Caroline Cronly**  
(IASCM)

**Jim Walsh**  
(IASCE)

**Kevin Lalor**  
(IASCE)

### ***EDITORIAL***

This edition brings your attention to three specific areas which are of relevance for social care workers as we head into 2018 and we draw particular attention to them here. See the article on **AFTERCARE** (page 8). Note that there will be meetings around the country in November and December where Tusla will elaborate on implementing new legislation around Aftercare. This hugely welcome news is a definite step in the right direction. Essentially, all centres around a legislative basis which requires a "PLAN" for those accessing Aftercare.

Again, as with all legislative provision and social care workers will be well aware of the history, the proof of the pudding will be in the eating. The challenge for Tusla will not be ensuring a plan is in place – that will be the easy part - but how and in what way that PLAN will ensure delivery. To take but one example - can a PLAN ensure, for example, that accommodation will be made available, given the lack of current housing provision which shows no sign of being expedited in the immediate future?

Page 3 is about **REGISTRATION** and again no one said this was going to be easy. You will note the detail around CORU's aim to be in a position to approve relevant courses and ensure the quality is there on qualification. The launch of the documents referred to in the article are a major step forward. At the launch, Dunia Hutchinson, chair of the Social Care Board in CORU gave an inspiring and challenging address and we have added that on page 3.

SCI met with CORU again on August 31<sup>st</sup> for a progress report. The key question emerging from this meeting was that CORU has one chance to get this right for the most complicated of all the professions and they are determined to do so. A key question is around "What does being involved in social care practice mean and encompass"? A further meeting will take place with CORU on December 5<sup>th</sup> as this ongoing process continues.

Page 7 is on **MANDATORY REPORTING**. Social care workers are and should be aware of what this new requirement demands of them and their organisations from December 11<sup>th</sup> of this year. Tusla has an Elearning programme which can be accessed free on its website to inform and assist in this important area.

*Curam is edited by Noel Howard (nh99@eircom.net). The views expressed are not necessarily those of Social Care Ireland and should not be taken as binding SCI or expressing its policy. Every effort is made to ensure the content is accurate. Social Care Ireland and any third party contributor shall have no legal liability or responsibility for the content or accuracy of information provided.*

[www.socialcareireland.ie](http://www.socialcareireland.ie)  
email: [info@socialcareireland.ie](mailto:info@socialcareireland.ie)

Office: B118, Linc Centre,  
Blanchardstown Road North,  
Dublin 15.

Phone: 087 746 3926

# ***LAUNCH OF STANDARDS OF PROFICIENCY FOR SOCIAL CARE WORKERS AND CRITERIA FOR EDUCATION AND TRAINING PROGRAMMES***

*31<sup>ST</sup> MAY 2017*

CORU launched the Social Care Workers Registration Board's education and training standards for entry to the register. These standards are the Criteria for Education and Training Programmes and the Standards of proficiency.

The standards are used by a registration board to approve qualifications as one of the criteria for entry to the register for new entrants to the profession.

The standards were launched by CORU and attendees included workers, managers and academics. The Standards of Proficiency for Social Care Workers describe what a social care professional is able to do under five domains:

- Professional Autonomy and Accountability
- Communication, Collaborative Practice and Teamworking
- Safety and Quality
- Professional Development
- Professional Knowledge and Skills.

Social care workers need to understand that these are the threshold or minimum standards required for public protection for entry to the register, and SCI will continue advocating that Education Providers aim far beyond what is the minimum.

Criteria for Education and Training Programmes outlines how the education provider facilitates and evaluates the achievement of the standards of proficiency in 6 areas which form the Social Care Workers Registration Board's requirements for the way education and training programmes are designed, organised and managed:

- Level of Qualification for entry to the register
- Practice Placements
- Programme Admissions
- Programme Management
- Curriculum
- Assessment Strategy

In acknowledgment of the change these standards may bring to the education sector the Social Care Workers Registration Board are providing a 2 year lead in period from May 2017 before it will accept applications from Education Providers to have their programmes undergo the programme approval process. In early 2018 CORU will facilitate workshops for the providers in preparation for the programme approval process. 2018 will see a continuous roll out of information workshops for social care education providers and enhanced communication with the social care profession.

**The launch of these two documents represents a further significant step towards the eventual opening of the register for social care workers.** While all in social care would welcome a shorter time frame, CORU, at the launch and since, have made a very convincing case for the process they intend following. The opening of the register requires that courses in the future, whose graduates will be eligible to apply to register, undergo CORU's programme approval process to demonstrate that they meet the Board's standards and criteria for public protection. This is the same process applied to all professions regulated by CORU before a register can open.

Addressing the Board's requirements from the education providers is necessary before opening the register; it is a sensible, logical move and one with which SCI concurs. SCI will continue to liaise with CORU to ensure the best possible outcome is achieved.

## ***MS. DUNIA HUTCHINSON, CHAIR SOCIAL CARE WORKERS REGISTRATION BOARD***

Good morning everyone and welcome. Following on from Ginny's overview of CORU and the wider context of regulation and registration – for my part, I'd like to talk more specifically about the Social Care Workers Board itself, and particularly on the work we've been doing these past 18 months.

Initially, I want just to acknowledge the significance of this moment for social care in Ireland. We arrive here at a time when we are coming to grips with the consequences of our historical approaches to social care in Ireland. Our unique relationship with institutionalisation as a mechanism for managing the 'social space' has had profound impact on the way people with support needs, the marginalised or simply the more vulnerable, have experienced life in our society. Today, with the launch of these standards and criteria, we arrive at a point where we can say with certainty – you should expect no less than these standards from a social care worker. The significance of that new reality should not be understated – and I just want to register that, and acknowledge what a privilege it is to be involved at this level. I think I can speak for the rest of the Board in saying that.

So, let me talk about the Board itself and I firstly want to thank the members for their commitment and determination throughout this whole process. This has been no small task and they have taken their obligations very seriously, given their personal time, brought their wisdom and patience to the process.

### ***COMPOSITION OF THE BOARD AND MEMBERS OF THE BOARD***

So you can see the make-up of the Board on the slide, and that it has a lay majority in line with CORU's practices. You can also see there is vast experience of the social care sector in the room at our meetings – at all levels from front line work, to managers & employers, educators and researchers – all of which is invaluable in contextualising this sector specifically in relation to the regulatory instrument the legislation has given us - that of protecting the title of Social Care Worker. Equally valuable are the lay voices who bring a wide range of independent experience to the Board – professionals from other sectors that have long been subject to regulation, who have insight into the strengths and limitations of any regulatory model; people who are part of how the State commissions social care services; people who interact with social care workers; advocates and activists. These are people who bring that wisdom, independence and diversity of opinion to every discussion we have at Board level. All of this is made possible by a very competent and organised Executive, led by Ginny and her team. CORU, as a regulator, has a mind-bogglingly large remit – and they run a tight ship, with very clear and accountable processes that create the space for Boards to do their work. **The legislation has set down the framework for regulation in these professions, and the framework documents they have developed to provide a standardised, legally sound basis for each are very solid, and very useful.** But the Executive has also shown itself to be very responsive to the challenges of regulating this multi-disciplinary legion under its remit – which, in the case of social care, is proving essential.

### ***CONTEXT***

When the Board was established, those of us from within the social care world knew that social care would be different. And initially, we were reassured to hear from the Executive that all the professions think this when they get started – and they all are, to one degree or another. But in the course of our 18 months, it has become apparent that the project of regulating social care is greater than simply protecting the title of Social Care Worker.

Social care work is a still contested concept in Ireland – there are many elements of what it is, how it happens, where it happens, who should be delivering it, that are still contested. Certainly the feedback from the consultations we've carried out would reinforce that point. There are views along a wide continuum and across a variety of perspectives – even within the Board room - and none of this had been settled by the profession itself by time we arrived at the point of being externally regulated by the State. Not that people hadn't made a stab at it – *(likely many of the faces in this room today in fact)*

– but simply, either through accident of evolution and history, or maybe because social care is more a collective of practices on a continuum than a ‘*Profession*’ in the traditional Functionalist ‘*theory of the professions*’ sense - who knows, as I say ... it’s contested. But the upshot is that, where most of the other professions under the remit of CORU had already established some sort of voluntary regulation, some minimum standards for practice, some clearly defined areas of expertise or even just a widely accepted code of conduct – **Social Care faces into this first foray with statutory regulation without those established parameters in place.** That means the regulator is establishing those parameters. And that of course leads to challenges.

### CHALLENGES

So – in terms of some of those challenges, I’ll veer into the contested space and hope you don’t lynch me for it. I would argue that the very notion of ‘*the Professions*’ as a discourse or construct is a bit sociologically out-dated at this stage. If your line of work has long since established itself according to the hallmarks of traditional ‘*Professions*’ – fair enough, the regulatory model set down in the Health and Social Care Professions Act (2005) is going to do just fine for you. The model which protects the title is a fine fit for activities which have already ring-fenced an area of work and taken it as ‘*theirs*’ under a particular title. But social care is not like that – maybe because of the very nature of social care work, maybe because of the influence of various cultural or social factors - but one of the challenges for us as a Board and for CORU has been recognising the validity of that, and adapting to it. I think we’ve done well on that – I would reiterate that the Executive of CORU has demonstrated a measured responsiveness to these challenges. In trying to arrive at an understanding of why social care is different, we have grappled to land on accurate language to even explain the distinction - for example the idea that social care is an ‘*emerging*’ profession is contested – I contest that one myself in fact. Many of us have been doing this work for an awful long time.

But in any event, with statutory inquiries, HIQA reports or Prime Time Investigations, one after another - as a regulator, your concern cannot be the hotly debated semantics of the sector. The focus of the Board is: what does this instrument allow us to do? And how can we get on and do it?

Of course – we recognise now that there are whole realms of activity that we know to be ‘*social care*’ but which will not be captured by this specific regulatory model – which is to say, there are members of the public who, even after the register opens for Social Care Workers, will be in receipt of social care services which are unregulated. The goal of public protection requires us (*the Regulator*) to acknowledge that and to promote consideration of ways to tackle it – which is a broad piece, with multiple stakeholders – the professions itself and, centrally, the State) but none of that can be allowed to disrupt the process of making progress under this instrument.

What we discovered through deliberation, consultation and research, is that even at that ‘*professional*’ level of social care as a paid, structured, defined activity, there are multiple titles in use and multiple entry routes into the profession. This is not news to all of you – but it presented the Board with a unique set of challenges in our efforts to apply this specific regulatory instrument to this specific profession.

And we spent some time grappling with that, coming to a shared understanding of the implications for public protection, and ultimately accepting that unique challenge as part of the overall regulatory project – and indeed, if the traditional ‘*Profession*’ is an outdated construct - then we are unlikely to be the only profession into the future which will present these particular challenges under this specific legal instrument for CORU.

### PROGRESS TO DATE AND WORK PLAN

So what have we been doing exactly? Well, while grappling with the challenges and complexities, we also worked on delivering products - tailoring the frameworks for these Standards and Criteria, and the Code of Professional Conduct and Ethics, and putting them out for consultation, and contending with the practical understanding of what it means to be ‘*engaged in the profession*’ in social care (*for the purpose of establishing what is or what is not social care work*).

And it's important to understand that in the exercise of trying to find a fit for our contested discipline within these template frameworks – we have had to accept principles or practical requirements that we are likely to be arguing about for some time to come. The way I have made sense of that myself is that I always believed that registration would raise the standards in social care, and it will – but not necessarily in the manner I assumed before I became a regulator.

So – the regulatory model we work with assumes that we, '*the profession*', have already thrashed out a lot of these questions. When it asks for example, "*What is the minimum standard for entry to the profession?*" it is not asking "*what do we think it should be?*" or "*what do we want it to be from now on?*". We know from experience, from research and from the feedback on this consultation, that the answer to that question is that there currently is no universally agreed minimum – **that people are engaged in the profession with any or no qualifications, and that they continue to be recruited on that basis too, under various titles, and even by statutory agencies.**

So the significance in terms of raising the standards for this profession is that these Criteria and Standards will for the first time, set the threshold level below which practice cannot fall. This should be understood as one part of the wider puzzle of public protection and quality services, with multiple stakeholders and multiple processes. But it is an essential piece of the puzzle, because it is foundational. It is not the panacea to all unsafe practices in social care, for all the reasons we have looked at so far – but in this specific sphere in which you all operate, these standards and criteria are setting for the first time a statutory minimum level. Not an advisory, not a recommended, not a preferred or desirable minimum. No longer are you standing on quicksand. If these criteria are the floor, then you now have the foundations to raise the roof. **These minimum standards present us with an opportunity to shape the future of social care work in Ireland**, they give the power back to the profession to shape what excellence looks like in this sector. You are the architects of that excellence, and I very much look forward to the next part of this journey, with you all leading the way, as it should be.

## ***JOURNAL OF SOCIAL CARE***

It is with great pleasure that we announce the publication of the first issue of the Journal of Social Care (*JSOC*). **The idea for this journal was inspired by reading the small scale research conducted by social care practitioners as part of their undergraduate degree programme.** This initial idea developed into creating a platform for social care workers (*not just students*) to share the insights and research they are completing in their everyday practice. The aim of JSOC is therefore to provide a forum where both practitioners and students of social care and related areas can share their work with a wider community. The journal also aims to make the process of researching and publishing more accessible to new researchers as well as highlight examples of good research and practice relevant to the social care field. The first issue of the journal can be accessed via the following link <http://arrow.dit.ie/jsoc/> and we hope you find the articles both interesting and thought provoking. We also invite anyone who is considering submitting an article to feel free to contact us for any advice or visit the journal website for guidelines for contributors.

Dr. Fiona McSweeney ([Fiona.Mcsweeney@dit.ie](mailto:Fiona.Mcsweeney@dit.ie))

Dr. Dave Williams ([David.Williams@dit.ie](mailto:David.Williams@dit.ie))

*Editors Journal of Social Care*

## ***SOCIAL CARE IRELAND ANNUAL CONFERENCE 2018 WORKING WITH STRENGTHS AND ABILITIES***

**Date: March 21<sup>st</sup> & 22<sup>nd</sup>, 2018**

**Venue: Radisson Blu Hotel, Athlone**

## **MANDATORY REPORTING FROM DECEMBER 11<sup>TH</sup>, 2017**

On October 2<sup>nd</sup>, Minister Katherine Zappone launched the new Children First – National Guidance for the Protection and Welfare of Children and announced that all the remaining provisions of the Children First Act will be commenced on December 11<sup>th</sup> 2017.

Chief and most significant among these provisions will be in relation to Mandatory Reporting of child abuse and in relation to placing a legal obligation on organisations providing services to children to prepare and publish a Child Safeguarding Statement.

The Minister noted that December 11<sup>th</sup> was chosen to allow for a lead-in period and for individuals and organisations who will acquire legal obligations under the Act.

In the Schedule of Mandated Persons under the Children First Act 2015 (*Appendix 2 (8)*) noting who is a Mandated Person it states: **Social care worker who practises as such and who is eligible for registration in accordance with Part 4 of the Health and Social Care Professionals Act 2005 in the register (if any) of that profession.**

We all assume, up to now, that training and work placement experiences for students and inservice training for practising social care workers leaves them in no doubt about the serious obligation they are under to report child abuse concerns. The new Guidance (*as above*) refers to registration and is another indicator of its significance. You will read elsewhere about how Social Care Ireland is in ongoing discussions with CORU to help ensure that statutory registration begins in the best possible way with as much in place as possible to allow for the effective opening of the register. None of the other professions, either already with the register open or in line for registration is as complicated as social care – something we have been advertising to for many years.

The Mandatory Reporting aspect of the Children First Guidance as highlighted above is another reminder of the importance of registration.

At the same launch, Tusla published an accompanying suite of Children First resource documents for those individuals and organisations who will be legally bound from December 11<sup>th</sup> 2017. An E learning training programme is available free of charge on the Tusla website as is A Guide for the Reporting of Child Protection and Welfare Concerns and Guidance on Developing a Child Safeguarding Statement.

### **NEW SCI CPD OFFICER**

Charlotte Burke took up the post of Social Care Ireland CPD Officer in August. She replaces Catherine Byrne who moved to a post with CORU.

Charlotte started her career in social care with the DIT Cert in 1997 in Rathmines. Her first placement was in the disability sector. She got a job on the relief panel as a result of the placement and ended working for the organisation for 20 years. She worked in residential units, day centres, workshops, supported employment, coordinated one to one individualised services and training centres. Charlotte became a social care leader in 2004. She is a strong advocate for the rights of people with disabilities to live a life of their choosing with support from staff. She lives in Dublin with her husband and two boys.

We wish her every success in the vital post she has taken up with Social Care Ireland.



*The most common criticism of modern welfare is precisely that in treating everyone the same it ends up treating everyone like a thing.*

*Michael Ignatieff in The Needs of Strangers - Penguin Books 1986.*

## ***NATIONAL AFTERCARE POLICY FOR ALTERNATIVE CARE – IS THIS THE ANSWER?***

This long awaited publication was recently published by Tusla without very much fanfare. In the information section on Aftercare on the Alternative Care section on the Tusla website it's interesting that this publication is not mentioned. It's only when you actually scroll through the full list of Tusla publications that you find it in the "N" section.

The 1991 Act, as so many with experience of the Aftercare aspects of know, gave what effectively was an "out" to the HSE and now Tusla in respect of an obligation to provide appropriate, effective aftercare. One word in the then legislation, "may", was obviously of major significance in that it did not legally bind the HSE / Tusla to actually provide aftercare. Tusla's own analysis, as explained in the new

Section 45 of The Child Care Act 1991 places a statutory duty on Tusla to form a view in relation to each person leaving care as to whether there is a "need for assistance" and if it forms such a view, to provide services in accordance with the legislation and subject to resources. Young people who have had a care history with Tusla are entitled to an aftercare service based on their assessed needs. The core eligible age range for aftercare is from 18 years up to 21 years. This can be extended until the completion of a course of education in which a young person is engaged, up to the age of 23 years.

This legislative provision is strengthened by The Child Care Amendment Act 2015. This legislative provision imposes a statutory duty on Tusla to undertake an assessment of need for an eligible child or eligible young person. The aim is to create an explicit, as opposed to implicit, statement of Tusla's duty to satisfy itself as to the child's or young person's need for assistance by preparing a plan that identifies those needs for aftercare supports.

1. All young people have the right to be supported in their transition to adulthood. Tusla will strive to ensure that young people in care are provided with the best chances to be confident, positive and successful.
2. Tusla will endeavor to expedite this right on behalf of young people who are unable to access support within their own community or family of origin.
3. Preparation for leaving care will begin on entry into care, and support will be given and continue until the young person has made the transition to independence, or is in some other appropriate arrangement.
4. Preparation and planning is essential to achieving positive outcomes for care leavers, with young people engaged in this process. Their views about when they feel ready to move on will be listened to with care and consideration.
5. Tusla will seek to enable young people leaving care to reach their full potential as independent adults.
6. Stability and continuity are important prerequisites to achieving positive outcomes for care leavers. The option of staying on in a care placement beyond conventional leaving care ages will not be dismissed lightly. Many young people will have formed significant emotional and psychological ties. These should not be severed as a consequence of the young people leaving care at 18 years.
7. Tusla will endeavor to work in a collaborative manner to achieve a wide network of support for young people. Strong partnerships will be developed with a range of other statutory and voluntary services.
8. Service development will reflect the diverse characteristics of the various populations of young people in need of support, enshrining the concepts of gender and cultural equity.
9. Service development will ensure that contingency planning is an inherent component of local planning.
10. Tusla will ensure that each young person in need of support is the subject of a detailed holistic needs assessment. This assessment will be subject to regular review or more frequently in consultation with the young person.

11. Tusla will collaborate with young people and their families and/or carers. Process participation is seen as not an event but an ongoing integral element of individual planning.
12. The aftercare service is a voluntary service. Young people have the right as adults to decide if they want to engage with the aftercare service or not. Young people can re-engage with the service at any point up to the age of 21 years.
13. The aftercare process will incorporate contingency plans, as a backup for supporting young people, in the event of initial leaving care arrangements breaking down, including arrangements for respite care.
14. Staff will be supported to ensure successful implementation of the policy.
15. Leaving and aftercare services will be monitored and evaluated on a regular basis to ensure quality and inform service development

*Tusla has released the following details and anyone interested or involved in this area of social care will have an opportunity in November / December of attending Tusla's roadshow as noted below in its statement:*

The 'Child Care Amendment Act 2015' was enacted on 1<sup>st</sup> September 2017. Introduction of the new legislation will strengthen the legislative basis for aftercare services. Tusla has advocated for this important change to assist young people in making the transition from a young person in care to adult life, and to ensure consistency of support to these young people/ young adults in aftercare.

Aftercare services are support services that build on and support work that has already been undertaken by many including, foster carers, social workers and residential workers in preparing young people for adulthood.

The introduction of the new legislation will bring changes to current policy, which aftercare workers, all staff, our partners and carers working with young people as they transition into adult life will need to be aware of, and implement in their day to day work.

There are presently plans to deliver information events across the country which will occur during months of November and December this year. Should you be interested in attending, you can check the Tusla Website from week commencing 16<sup>th</sup> October of details or contact your local aftercare service on information of an event near you.

We look forward to seeing you.

National Aftercare Implementation Group.

*The present state of the world calls for a moral and spiritual revolution, revolution in the name of personality, of man, of every single person. This revolution should restore the hierarchy of values, now quite shattered, and place the value of human personality above the idols of pro-duction, technics, the state, the race or nationality, the collective.*

*Nikolai Berdyaev (d1948) – The State of Man in the Modern World*

## **SOCIAL CARE IRELAND SPECIAL INTEREST GROUPS (SIGS)**

### **DISABILITY SIG**

The disability SIG has established action plans for raising awareness and increasing membership to Sci in disability sector.

We have created a mailing list to share disability specific and social care specific information. We are planning on attending colleges to promote social care. We also defined social care work from a disability sector perspective. We are involved in a HSE steering group and we are now serving on a number of committees throughout social care Ireland.

For further information: Christine Barretto <[chrissyb\\_55@hotmail.com](mailto:chrissyb_55@hotmail.com)> or Antoinette Behan <[antoinette.behan@yahoo.ie](mailto:antoinette.behan@yahoo.ie)>

### **RESEARCH SIG**

#### **Registration Awareness Survey – Preliminary Findings**

*Ms Patricia D’Arcy and Dr Martin Power.*

As you will be aware, Social Care Ireland recently conducted a registration awareness survey to gauge the levels of knowledge and understanding around registration and its implications. This survey received a significant response, with over 700 individuals completing the survey - thank you for your time and effort. Data from the survey is currently being analysed and there are a number of interesting preliminary findings. For example, while 26% of the participants indicated that their working title was ‘social care worker’, participants’ worked under no less than 80 different titles.

The three primary duties noted were, ‘day-to-day care of service users’ (57%), ‘needs assessment and care planning’ (47%) and ‘one-to-one work’ (37%). Some 36% noted ‘managing challenging behaviour’ as one of their primary duties and this is no doubt related to the high percentage (45%) of respondents from within the disability sector. The majority of respondents (42%) had heard of registration while in education and a similar percentage (45%) felt that employers should be most responsible for providing information on registration.

Awareness of protection of title, CPD requirements, minimum level of qualification and fitness-to-practice were all very high (*all above 80%*), while awareness around ‘grandparenting’ bucked this trend at 60%. There will now be some follow up interviews to gain a greater insight and a full report is expected early in the New Year. This report will be made available on the Social Care Ireland website ([www.socialcareireland.ie](http://www.socialcareireland.ie)<<http://www.socialcareireland.ie>>) and a presentation on the findings of the study will be made at next year’s Social Care Ireland conference in Athlone in March 2018.

### **CAMHS SIG**

Rewind back to Autumn 2013 and you would see the gathering of a group of Social Care Workers and Leaders. Some had been working in Child & Adolescent Mental Health Services (CAMHS) for many years, most of whom were completely new to the field – but all with a wealth of experience and knowledge between them. It became clear after our recruitment that we had a long road ahead of us as a profession overall, but particularly in this sector which involved working on multi-disciplinary teams. For most of us we were facing this challenge without discipline specific line management or supervision. Guided by some of the more experienced among us, we realised quickly that there was power in numbers and if we wanted to navigate the road ahead in the spirit of support, growth and positive change we would need to come together. And so the Social Care Work in CAMHS Special Interest Group (SIG) was formed.

Since our first meeting in January 2014 we have formed a nationwide network of peer support groups who meet regularly to ensure all members are kept linked into the SIG. These meeting also provide a forum for peer supervision, case discussion, and ongoing professional development as well as a space

to address any local union related issues our members are experiencing. The SIG has also been working hard to make links with policy makers and to have a seat at the relevant tables to ensure that Social Care have a voice in the development of Mental Health Services and also our own discipline's structure within this. This has certainly been a challenging task at times but we now have some very experienced and strong voices advocating for us in these settings. Although it is still early days we feel hugely positive about the direction this is heading in terms of having our voices heard.

One of the most practical difficulties we encountered when taking up our positions on mental health teams was that there was no specific Role Description for Social Care working in CAMHS. The absence of this guideline document meant we were relying on our management and supervisors to guide our day to day practice. This non discipline specific guidance and support, although very valuable for many in the absence of an alternative, is less than satisfactory for us as a discipline trying to establish ourselves on these teams. So the SIG took on the task of drafting up a Role Description document for Social Care in CAMHS so that going forward there are clear practice guidelines in place for Social Care Workers/ Leaders coming onto CAMHS teams. This draft role description is in the final stages at the moment and we are hopeful it will be in place by early next year.

The journey we are on as a group and as a discipline will continue, particularly with our professional registration coming down the line and there is no doubt that there are many more goals to be reached. But when we took a moment to reflect following the SIG's first Annual Conference in November 2016 which hosted students and professionals and our participation in the Social Care Ireland Conference in March 2017, we realised how far we've come since we first gathered in Athlone in 2013.

On that note it's onwards and upwards as we forge ahead with the recent and very welcome support of a Social Care Ireland representative around our table. Whether you're a student or practitioner or maybe have an interest in a career in Child & Adolescent Mental Health we would love you to join us and get involved.

## ***DON'T GENDER-NEUTRALISE OUR KIDS***

*BY JOANNA WILLIAMS*

The time schools dedicate to worrying over what children are wearing is time away from discussing what children should be taught. In my experience, the best-performing schools with the most authoritative teachers are quite laid back about what children wear. There is, however, a huge difference between taking a relaxed attitude to uniform and instigating a specifically gender-neutral policy.

Formally presenting a gender-neutral uniform suggests to children that gender is inherently problematic – something toxic which needs to be, quite literally, neutralised. In the case of the trousers-for-all policy, it is the feminine that is eliminated. Instead of giving children more choice, girls are told that wearing a skirt, choosing to dress like a woman, is not acceptable.

Many young children enjoy being a boy or a girl. They identify with role models of the same sex and take part in role-playing and dress-up games, acting out the parts of adult men and women. Of course, as they grow up, many children challenge the stereotypes. Future adult careers are no more determined by the games a child plays aged five than they are by the names of the shoes they are given. To assume adults are simply destined to act out the expectations placed upon them as children speaks to a peculiarly passive view of people.

The current war against gender tells us far more about the concerns of a small number of adults than it does about children. Having failed to eradicate all differences between men and women in society, campaigners turn to a captive audience of schoolchildren to shape the world as they would like it to be.

Increasingly, such politicised but anti-democratic attempts to shape society through altering the behaviour of children are played out in schools. Over the course of several decades the role and purpose of schools has changed from a concern with the transmission of disciplinary knowledge and cultural capital, to socialising children in preparation for adulthood. The solution to every problem in the adult world –

from obesity to climate change to poor economic-growth rates – is sought in what children are taught in schools. In this context, education itself has been redefined from mastery of a body of knowledge to the demonstration of particular skills, competencies and values. As schooling comes increasingly to be concerned with socialisation, the values children are inculcated into are no longer those of the parents, extended family networks or local communities.

The attempt to make schools gender-neutral represents a rejection of the adult world as it currently is – with girls growing up to be women and boys growing up to be men. With all traditional models of masculinity and femininity rejected, children are presented with a blank slate of grey neutrality. But this blank slate is far from liberating. Children can't take their gender for granted and move on to more exciting things in life. Rather than encouraging children to take delight in who they are or revel in pushing the boundaries of what is considered acceptable for men and women, they are taught to see gender as complicated and problematic. They need to spend time working out how they feel about their gender.

Children are taught that their feelings about their gender override biology, social convention, and, for children from religious families, God. Putting the individual at the centre of their own world means everything in life is evaluated solely in terms of its implications for individual wellbeing. Being an adult man or woman is reduced to nothing more than the pursuit of recognition in a world of bland, gender-neutral conformity. Let girls wear pink dresses and boys wear football strips if they want to — they'll most likely rebel anyway, but the world will be far less dull.

*Reprinted with permission of Spiked.com a UK online magazine*

Joanna Williams is education editor at spiked. Her new book, *Women vs Feminism: Why We All Need Liberating from the Gender Wars*, is published by Emerald Publishing. (*Buy this book from Amazon(UK).*)

## ***LET'S THINK MORE BEFORE WE TALK ABOUT MENTAL ILLNESS***

LARISSA NOLAN

In my twenties, I suffered from such a severe form of anxiety that I had seizures. I went on a maximum prescription of antidepressants and had about 10 years of therapy. After a few repeat bouts, I got used to it and depression eventually lost its grip on me. It is an unfortunate feature of life but there is no need to elevate the condition any further.

Now that my personal testimony is out of the way, I can say I have added my name to the growing number of Irish people who have revealed their struggles with mental health. So many have come forward you would nearly be wondering what was wrong if you didn't have depression. The musician Niall Breslin, revealing his struggle with anxiety, was the first to strike a chord in Ireland and led to the opening of the floodgates. Now we are in danger of talking too much about mental illness and of wallpapering over its grim reality. The writer Stefanie Preissner recently claimed on RTE's Cutting Edge programme that, when analysing what is often just a low phase in life, we are in danger of "*over-identifying*" with the label of depression. Preissner recalled how she was diagnosed with the illness during a period of grief. "*I wasn't suffering from depression, I was going through a phase where my mental health was poor,*" she said. "*It was comforting to say, 'I'm suffering from depression,' [but] it creates more of a stigma. It undermines the actual clinical diagnosis of depression. If I'm rocking around saying I'm depressed, then I'm taking agency away from the person who wakes up in the morning and can't see how they can get up.*" Preissner is right — most of the stories we are hearing paint an almost

*"The young personalities sharing their experiences means there is a danger of it being trivialised"*

acceptable picture of what it means to suffer from depression and anxiety. Its gravity is in danger of being trivialised because of the series of successful, young personalities who have come forward with their experiences. The comedian Al Porter has spoken of his personal shame at having to take medication for depression. The broadcaster Elaine Crowley described having her own TV show and a fabulous job but still feeling miserable.

The problem is that we're mainly hearing from people well enough to talk about their experiences. If your depression doesn't stop you functioning then, by definition, it is not the most severe. We don't hear from those who are spending days in a hospital bed, unable to move let alone converse. Their families, destroyed, talk to professionals about last-ditch options such as electroconvulsive therapy.

Major depressive disorder, psychotic depression and schizophrenia still carry a stigma. And they are terrifying. Far fewer people have the strength to come forward to describe the horror of living with such conditions; when they do they truly break the taboo.

The author Marian Keyes and the spindoctor Alastair Campbell have both spoken frankly about their nervous breakdowns and lifelong battles with depression. Campbell has recalled his concern at telling Tony Blair about his psychosis, and Keyes admitted she fought a "*visceral urge*" to kill herself. Both Keyes and Campbell have also admitted the role alcohol played in their illnesses. It is well documented that drinking excessively is a contributor to depression and anxiety, but oddly enough few of us are willing to come out and say: "*I should really cut down on boozing, and that might help.*"

Personally, I found that knocking alcohol on the head for a period made an incalculable difference. We are hearing all the time about how much we need to talk about mental health. Yet at this point maybe we should be asking ourselves if it is time we said less — at least for a while.

*This article appeared in The Sunday Times earlier this year and is printed with the author's permission.  
Larissa Nolan is a freelance journalist living in Dublin.*

## ***FITNESS TO PRACTISE INSURANCE***

FTP cover is one of the most important aspects that will apply when social care workers are registered. In anticipation of this, SCI has been making ongoing enquiries on the best (*not necessarily the cheapest*) cover option for members. Recently, we have advanced this process by having exploratory talks with the IASW (*Irish Association of Social Workers*) as to possibilities of both organisations coming together where FTP cover is concerned. This would hopefully reduce premiums. We are conscious of getting this right so that down the road we do not find ourselves coming back to members seeking an increase in membership fees. We are in discussions with a brokering firm also on getting quotes, etc. and will hopefully be in a position to have updated information on this for the SCI AGM at the conference in Athlone in March 2017.

### ***SPOT THE DIFFERENCE?***

Chair: I ask Mr. McBride to explain to the viewers the difference between social workers and social care workers.

Mr. Fred McBride: It is a slightly lesser qualification and that is all. Social care workers do not necessarily undertake the same range of tasks a professionally qualified social worker undertakes, but they provide a huge contribution to our overall front-line service. Most of our residential workers, for example, are social care workers.

*Fred McBride, Tusla CEO, on October 19<sup>th</sup> in reply to a question from the Chair of the Public Accounts Committee.*

*The next point is about my –originally rather surprising– discovery from experience, that social work training (at least as it has been conceived in the United Kingdom over recent decades) was largely useless for the task. It lacks an understanding of groups, group dynamics, therapeutic milieu, how to interact with young people...and perhaps above all, any idea or consistent understanding of children, child development, child mental health and childhood.*

*Dr. Keith J. White in Reflections on Living with Children -WTL Publications 2010.*

## THE END OF EDDY

AUTHOR: ÉDOUARD LOUIS | REVIEW BY: BY CARINA JEISY

PUBLISHER: HARVILL SECKER (£7.99 AMAZON)

If you think that Angela's Ashes gave Ireland some kind of literary monopoly on miserable childhood memoirs then you're mistaken; Édouard Louis has given Frank McCourt a run for his money with this French autobiography 'The end of Eddy.' The original novel 'En finir avec Eddy Bellegueule' written when Louis was 19, has sold more than 250,000 copies in his homeland, and has quickly become a literary phenomenon, sweeping Europe and currently translated into more than 20 languages.

This is not a story fixed in some grim historical time-warp; it is firmly set in modern times. Édouard Louis was born Eddy Bellegueule in 1992 in Northern France. The novel recalls his primary school years spent in Hallencourt, a village west of the Somme, where many live below the poverty line. It was published in 2014 when Eddy was just 21 years old.

Eddy was an effeminate little boy who understood, though did not then welcome, his homosexuality. He gives candid accounts of repeated verbal and physical abuse for being different and of a family that was ashamed of him. He recalls a childhood of poverty; often lacking food, his mother would steal wood to heat and cook for her family. Cardboard was the instrument used to keep rain out of cracked windows and keep broken beds together. In a house without doors, Eddy recalls that almost every room had a TV, the media perhaps the opioid of choice. His intimate and too personal account of family ordeals makes difficult reading. He states "I have no happy memories from childhood." Violence and anger create both literary voice and space; unrelenting harassment in the school hall (*you can taste Eddy's aggressors spit*) spring from a village where hatred and violence is ubiquitous against 'faggots'; against Arabs; against and amongst women (who use the clout of

their venomous tongues to combat their men's fists); amongst men in the cafes. His crippled father's alcoholism too pervades the vulnerable Louis's sad childhood in Hallencourt.

An absorbing story, one doesn't have to examine it too closely to uncover the sociological and political observations that lie underneath. Hallencourt, abandoned by many of the factories that employed previous generations, has become a place where a full-time factory worker with a pension is now considered 'bourgeois'. Eddy's parents, like many, have been relegated to low paid and sporadic part-time employment by these same factories, and are dependent on meagre welfare payments to supplement their income. Louis refers to them as "invisible" people living below the poverty line. They are the dispossessed; the excluded; the poor. (*Interesting to note many Irish workers are currently in opposition to a perceived violation of their acquired rights and fight to maintain viable contracts.*)

Despite their struggles, it is not a flattering portrayal of the contemporary French working class. Eddy didn't want to be different but a combination of homosexuality and intelligence helped him escape its vicious cycle of poverty and violence, and with all its homophobic tensions, as it had rejected Eddy, Eddy too finally rejected it, eventually changing his name.

Louis' family voted for Marine Le Pen "because she's the only one who talks about us, the little people." Similarly, this literature is sourced in simple language; you certainly don't need to be a scholar to access it. And, as Frank McCourt didn't make himself popular in his native Limerick, I doubt that Édouard Louis will have any plaque unveiling in Hallencourt any time soon. But what's most fascinating about this book is that evidently Europeans have turned off TVs in their millions to read about the boy who was not only a victim of homophobia but also of social inequality and injustice in socialist France. It's become food for thought for the masses, a type of which the political elite never approve of.

*I think what you learn at your parents' knee does stay with you no matter  
how much you try to re-educate yourself*

William Boyd, Novelist

## ***ELEANOR OLIPHANT IS COMPLETELY FINE***

***AUTHOR: GAIL HONEYMAN | REVIEW BY: NOEL HOWARD  
(HARPER COLLINS -£12.99)***

Eleanor Oliphant has learned how to survive - but not how to live. Eleanor Oliphant leads a simple life. She wears the same clothes to work every day, eats the same meal deal for lunch every day and buys the same two bottles of vodka to drink every weekend. Eleanor Oliphant is happy. Nothing is missing from her carefully timetabled life. Except, sometimes, everything. One simple act of kindness is about to shatter the walls Eleanor has built around herself. Now she must learn how to navigate the world that everyone else seems to take for granted - while searching for the courage to face the dark corners she's avoided all her life. Change can be good. Change can be bad. But surely any change is better than... fine?

The above is Amazon's introduction to this novel which comes laden with superlative reviews. Eleanor Oliphant has managed, somehow, to arrive at the situation outlined above. The reason for her rather strange name emerges in time and she is both a product and a victim of the care system. Her relationship with her mother was and still is fraught and this reviewer (*maybe missing something*) was not sure if the phone calls are real or imagined so you will have to make your mind up on that one. She has her routines, some of them not good for her and yet those routines give her life a meaning and she is dependent on them to make her way through a world about which she fails at times to have even a basic understanding.

She has no friends but things begin to change for when Raymond, an IT work colleague, comes more and more into her life and an act of kindness which both are involved in brings another character into the frame. In time this character is the key to opening up for Eleanor what "normal" family life is all about...something she has not, up to now, experienced. Raymond isn't exactly a movie star and sometimes you want to give him a good shaking but it's his ordinariness, at times frustrating for Eleanor (*and the reader*), which allows her take things at her own pace in another way. In an interesting way, the reader may feel frustrated at times and feel just wanting to hurry things along in certain situations that most of us cope with routinely. Eleanor's wry observations on the ordinary will sometimes bring a smile if not a laugh out loud reaction from the reader.

"Sad", "Witty", "Inspiring", "Life Affirming" and many more have been used in describing this novel and it's a terrific debut for Gail Honeyman, the author. Can she possibly do better with her next book? Read Eleanor Oliphant is absolutely fine and you will realise how hard an act it will be to follow.

## ***SOCIAL CARE IRELAND - MEMBERSHIP DETAILS- JOIN NOW***

### *SCI Membership - Full Member (Annual Subscription)*

**This category is applicable to members who are eligible to register with the Social Care Work Registration Board, including Social Care Workers, Managers and Educators.** €150.00

### *SCI Membership - Full Member (Annual Subscription fee per month)*

**This category is applicable to members who are eligible to register with the Social Care Work Registration Board, including Social Care Workers, Managers and Educators.** €15.00

### *SCI Membership - Associate Member (Annual Subscription)*

**This category is available to those with an interest in Social Care Work, who are not registered with CORU or currently practicing as Social Care Workers, Managers or Educators, but may wish to contribute to the work of Social Care Ireland.** €60.00

### *SCI Membership - First year Post Qualifying (Annual Subscription)*

**This category is applicable to members who had Student Membership with Social Care Ireland. This Membership category is applicable for 1 year post qualification.** €90.00

### *SCI Membership - Student Member (Annual Subscription)*

**This category is applicable to Under Graduate Students who are working towards an approved qualification in Social Care.** €50.00



Health Services Staffs  
Credit Union

# CAR LOAN



Sample repayments over 5 years

| Loan Amount | 60 Monthly Instalments of | Total Interest | Total Amount Payable |
|-------------|---------------------------|----------------|----------------------|
| €10,000     | €197.73                   | €1,863.70      | €11,863.70           |
| €20,000     | €395.46                   | €3,727.74      | €23,727.74           |
| €30,000     | €593.19                   | €5,591.66      | €35,591.66           |

All figures are for illustrative purposes only

**WARNING: If you do not meet the repayments on your loan, your account will go into arrears. This may affect your credit rating, which may limit your ability to access credit in the future.**

\*Terms & conditions apply. Check out our Online Loan Calculator at:  
[www.hsscu.ie](http://www.hsscu.ie) and see for yourself how low our rates are!

## #putsUfirst

Registered Office: 5 High Street, Christchurch, Dublin 8, D08X7T1

Tel: 01 677 8648 or Lo Call 1890 677 864 email: [info@hsscu.ie](mailto:info@hsscu.ie)

Branches listed on [www.hsscu.ie](http://www.hsscu.ie)

Health Services Staffs Credit Union Limited is regulated by the Central Bank of Ireland