



Cúram

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Winter 2016

SOCIAL CARE IRELAND

The nature
and extent
of workplace
violence

Experienced by Social Care
Workers: an Irish Report

by Phil Keogh

2001

CRISIS, CONCERN AND COMPLACENCY

A study on the extent, impact and management of
workplace violence and assault on social care workers



Authors: Phil Keogh and Catherine Byrne

2031
SOCIAL
CARE
WORKPLACE
VIOLENCE

SOCIAL CARE ASSOCIATION OF IRELAND COMPANY LIMITED BY GUARANTEE - DIRECTORS

Paula Byrne
(IASCW)

Noel Howard (IASCW)
Treasurer

David Durney (Chair)
(IASCM)

Carlos Kelly
(IASCM)

Denise Lyons
(IASCE)

Leon Ledwidge
(IASCW)

Catherine Byrne
CPD Officer- Non Executive Member

Caroline Cronly
(IASCM)

Jim Walsh
(IASCE)

Kevin Lalor
(IASCE)

EDITORIAL

SOCIAL CARE ASSOCIATION OF IRELAND COMPANY LIMITED BY GUARANTEE

Two important events have taken place in the past number of months which have and will continue to have a significant influence on social care in Ireland. On October 7th Social Care Ireland or, to give it its formal designation as above, was incorporated by the Registrar of Companies as a Company Limited by Guarantee – no 591012.

The main object of the new company in its Memorandum of Association “*is to benefit the disadvantaged, marginalised and vulnerable through promoting the development and understanding of social care practice, education and management throughout Ireland, and to act as a representative and support organisation for members*”.

On November 15th last the new Company held its inaugural meeting which was chaired by a member of Legal Services Company L+P which has been advising SCI in the lead up to formal company status being established. There are nine directors of the new company and they will serve for a staggered number of years to allow for and enable a smooth transition as time goes by. The nine directors are Paula Byrne, Leon Ledwidge, Noel Howard (*representing social care workers*), Denise Lyons, Kevin Lalor, Jim Walsh (*educators*) and Caroline Cronly, Carlos Kelly, David Durney (*managers*). David is the Chair of the new company.

The next step which is to seek and gain charitable status for the new company is underway and we expect details around that to be available shortly. All relevant details will be posted on the SCI website as they become available and any further information will be given at the SCI AGM in Galway at the annual conference (March 22nd/23rd 2017).

This is a significant step forward and is an indication of the progress from a loosely based umbrella group to a company subject to a stringent governance code. Appreciation is due to all connected with events over the past number of years.

CRISIS, CONCERN AND COMPLACENCY

A study on the extent, impact and management of workplace violence and assault on social care workers

On September 7th the launch of the above report, authored by Phil Keogh and Catherine Byrne, took place in Dublin. The launch garnered quite a lot of publicity on the day. The task now however is to get some action on the findings, some of which are truly staggering and which even a cursory reading of the report demonstrates.

Elsewhere in this edition we bring you responses to the report. These vary from the Tusla response to the (*belated*) HSE response to the response of workers, educators, managers and students across the social care sector. This report is too important to be let gather dust on a shelf and it is the intention of SCI to keep bringing it forward into whatever domain is necessary so that in 10 or 15 years’ time these findings are not replicated.

At the time of writing the report has been sent to Minister for Children & Youth Affairs, Katherine Zappone, Minister for Disability, Finian McGrath, and the Joint Oireachtas Committee on Children and Youth Affairs. A meeting has been requested of all those to discuss the findings.

Great credit is due to the two authors who stuck with this project through thick and thin. All social care workers owe them a debt of gratitude.

SOCIAL CARE IRELAND CONFERENCE 2017 - CALL FOR ABSTRACTS

CONFERENCE THEME: THE CHANGING FACE OF SOCIAL CARE

Date: 22nd & 23rd March, 2017

Venue: Galway Radisson Hotel

Social Care Ireland Conference Organising Committee welcome abstracts for consideration for presentation & workshops at Social Care Ireland Annual Conference 2017. The theme of next year's Conference aims to capture the changing nature of social care practice, management and education, as well as the development of the social care profession.

The deadline for abstract submission is 5pm, 15th December. Abstracts should be submitted to socialcareirelandconference@gmail.com. Please be advised that all abstracts must follow the guidelines for submission. These guidelines can be downloaded here. Abstracts not submitted in line with guidelines or late submissions will not be considered.

- Abstracts should be no more than 300 words and can be submitted under one of three categories;
- Research Related Presentation;
- Practice/Policy Related Presentation;
- Or Interactive workshop.

The Committee are also seeking poster presentations relating to the Conference theme. These may relate to practitioner research, critical review of literature and/or research informed reporting on practice issues.

CALL FOR STUDENT ACADEMIC POSTERS

CONFERENCE THEME: THE CHANGING FACE OF SOCIAL CARE

Social Care Ireland Conference Organising Committee is calling for student academic posters for presentation at Social Care Ireland Annual Conference 2017. The poster submissions for consideration must relate to the Conference theme and may include reporting on research projects, for example from dissertations, thesis or group/individual projects (*preliminary findings are sufficient*), critical reviews of literature and research informed reporting on practice issues.

- Posters can be in one of the following sizes (*approximately*) – A3 (42cm x 30cm), A2 (60cm x 42cm) or A1 (84cm x 60cm).
- Text should be no less than 300 words and no more than 750 words. Please consider colours carefully, as what looks appealing on screen may reproduce poorly in print.
- Posters should be emailed as a single powerpoint slide to socialcareirelandconference@gmail.com on or before 5pm, 26th January. Confirmation of receipt will be emailed. Please include your name in the file title. Entry is competitive, and the decisions of the organisers is final.

Please note, the conference organisers are not in a position to print posters or take responsibility for delivery or return. If you cannot attend to present your poster, ensure the individual delivering the poster to the conference is happy to assume responsibility for it throughout the conference, and for its safe return.

"Your time is limited, so don't waste it living someone else's life. Don't be trapped by dogma- which is living with the results of other people's thinking. Don't let the noise of others' opinions drown out your own inner voice. And most important, have the courage to follow your heart and intuition. The somehow already know what you truly want to become. Everything else is secondary."

Steve Jobs (2005)

BEING MENTALLY ILL: THE NEW NORMAL

FRANK FUREDI - SPIKED OCTOBER 7TH

EVERYDAY CHALLENGES ARE BEING REBRANDED PSYCHOLOGICAL CRISES.

'Quarter of a million children receiving mental-health care in England.' This newsheadline ought to shock. But, for many of us, it will barely raise an eyebrow. And little wonder, given that for well over two decades now we have been treated to one lurid report after another warning that mental illness is on the rise, that its prevalence is far greater than we previously thought, and that it afflicts all groups in society.

There never seems to be any good news to report on mental illness. Last week, a widely cited report claiming that 28.2 per cent of young women have a mental-health condition was hogging the headlines. A week before that, the focus was on a mental-health crisis afflicting *university students*. And before that, we were being told of the rise of mental illness among *children*.

The rhetoric of mental-health scaremongering has become so integral to public life that individuals and groups promoting a cause often adopt it to validate their case. Last month, for instance, *opponents of payday loans* in Scotland sought to strengthen their argument by asserting that '*payday lending is putting people's health at risk by increasing debt and anxiety among those who are already vulnerable*'. Or, to take another example, *opponents of the government's austerity policies* claim that benefit cuts are causing depression rates to rise. It seems that virtually every social problem, every political challenge, seems to have dire mental-health consequences.

One of the consequences of the widespread promotion of mental-health catastrophism is that being mentally ill is fast becoming the new normal. This is especially true among mental-health proponents' main target: the young. Indeed, over the past couple of decades there has been a constant stream of reports and publications claiming that children and young people have never been as anxious, depressed and insecure as they are today. Hence among the media and policymakers, the narrative of a '*generation in crisis*' has firmly taken hold.

Of course, a sense of alienation and existential insecurity has long characterised being young, from the Romantics to the Beats. What has changed, however, is that youthful angst and insecurity has both been medicalised and, increasingly, inflated.

Take the advocacy report *No Place For Young Women*, published by the Young Women's Trust in September, which claims that 51 per cent of young people feel worried about the future. What does this actually mean? One can imagine a similarly high percentage of young people being worried about the future in 1914, 1929, 1974 and so on. It seems unlikely that past generations of young people felt any more secure about the future than young people do today. In fact, I've rarely met any teenager or twentysomething who isn't worried about the future. But there is a crucial difference: today, an individual's concern about the future seamlessly mutates into a mental-health issue. It's not a surprise, then, to find the Young Women's Trust meshing anxiety about the future with mental-health issues, even stating that 33 per cent of young people are '*worried about their mental health*'.

To state that one in three young people is concerned about his or her mental health is usually based on little more than participants' quickfire responses to the question '*are you concerned about your mental health?*'. Such a response tells us very little about the factors that affect a participant's state of mind, from their physical health to their personal relationships and economic security. Certainly, there's no reason to think that concern about the future is linked to a form of mental illness.

Not that that stops mental-health advocates from transforming '*concerns*' about the future into evidence of a generational crisis. '*Make no mistake*', stated Dr Carole Easton, head of Young Women's Trust, '*we're talking about a generation of young people in crisis*'. This conceptual leap from individuals' concerns to evidence of a generational crisis is a good example of how everyday problems and worries are being interpreted through the language of crisis.

The construction of this idea of a '*generation in crisis*' rests on the transformation of everyday challenges into risks to mental health. Take, for example, the claims that higher education is in the grip of a mental-health crisis. These claims are often based on the banal non-insight that students may find the transition from school to university stressful and challenging. Until recently, of course, such transitions were perceived as normal, if difficult, moments in the life-cycle. But with the growing tendency to medicalise the problems of existence, the experience of transition has been pathologised.

Initially, it was young people's transition from primary education to secondary education – in other words, '*going to big school*' – that policymakers considered problematic. It is only more recently that we have seen the medicalisation of the transition from secondary education to higher education. As the Higher Education Policy Institute asserted in a recent *report*: '*Points of transition are associated with increased risk of developing mental-health problems, due to the stress of adapting to new circumstances.*'

Many of those medicalising the process of entering higher education are aware of the question their work raises – namely, why did past generations of undergraduates make this journey without suffering adverse consequences? But their answers are conspicuously feeble. For instance, some argue that many of the new cohort of undergraduates come from non-traditional backgrounds and therefore find it uniquely difficult to adapt to their new environment. *Catherine McAteer*, head of University College London's student psychological services, said that '*what's happening is that students are now coming to university when previously they would not have come*'. Yet there is little evidence to support this claim. Moreover, students from relatively affluent backgrounds are no less likely to request mental-health support than those from less well-off backgrounds.

THE MEDICALISATION OF YOUNG PEOPLE'S EXISTENCE

The principal driver of the constant increase in the diagnosis of mental illness is the set of cultural forces that normalise human vulnerability. As I argue in my forthcoming book *What's Happened to the University?: A Sociological Exploration of its Infantilisation*, current cultural and socialisation practices encourage young people to perceive themselves as vulnerable and emotionally fragile. The cultivation of vulnerability is a cultural accomplishment that transcends social and class differences. Once young people are encouraged to consider themselves vulnerable, they often interpret their experience of disappointment and distress through the prism of psychology. Indeed, being vulnerable often becomes an important part of an individual's identity.

Most accounts of the proliferation of the identity of vulnerability refuse to acknowledge the cultural influences that shape this outlook. For example, reports that universities are finding that '*more students arrive with existing psychological or mental-health conditions*' blame factors that are extraneous to the influence of therapy culture. So one account *claims* that '*students are seeking help against a backdrop of mounting pressure to get the best possible degree, in order to secure a good job to pay off their debts from students loans*'. Others point the finger at peer pressure, homesickness, feeling out of place in a strange environment, etc. The main reason why the cultural drivers of mental-health catastrophism are not acknowledged is because so many practitioners have internalised their underlying values and assumptions.

It is important not to confuse the growing numbers of mental-illness diagnoses with an increase in actual medical conditions. There are many contingent and cultural reasons why diagnoses are increasing. For many parents, for instance, a diagnosis of ADHD for their children provides reassurance that their child's behavioural problem is not their fault. Sometimes a diagnosis provides a claim for resources. And sometimes it gives meaning to people's sense of distress. That is why, quite often when people talk to each other about their mental-illness diagnosis, they are not so much making statements about their medical conditions as they are about who they are as a person.

Mental-health catastrophism does no favours to those who are genuinely suffering from an illness. There is a real mental-health crisis, but it has little to do with the supposedly unprecedented problems facing the younger generation. The real scandal is that scaremongering about mental health is distracting attention from the predicament facing mentally ill people who actually need treatment.

Frank Furedi is a sociologist and commentator. This article is published with the permission of Spiked.com.



Some of the attendees at the CAMHS AGM and Seminar on November 18th, 2016

“WHY HAVEN’T YOU BURNT OUT?”

BY DR. KEITH WHITE - MILL GROVE CENTRE, LONDON.

We are blessed at Mill Grove in having those who come to stay with us as part of a formal or informal stage in their education or professional development. Reflecting on those who have done this I now realise that they have come from many different parts of the world (*including USA, Europe, Africa, Malaysia, The Philippines*) and from a wide range of cultural backgrounds and learning environments (*social work, children’s ministry, residential care, community development, psychology, and ministerial sabbaticals and training, to name but a few off the top of my head*).

When chatting (or “*doing supervision*” if you would prefer it) with one who has been with us for three weeks this September, she asked the question at the head of this piece. I enquired where it had come from in terms of her observations and experience at Mill Grove. The way she saw it was that there were children and families who had serious and chronic problems living here all the time, some for many years. We were involved with them pretty much continuously, without “*shifts*” and the like. So how come that it didn’t all become overwhelming at times? What were the ways in which, the resources because of which, we were able to cope?

It was a fair question and set me thinking. This article is a response to it. First it is important to say (*as I did to her*) that there were times when I was a trainee social worker in Edinburgh in the 1970s when I felt that I might go under. The cases that I was allocated were all to do with rent arrears and eviction with just about every other personal problem thrown in. That experience stayed with me as I moved into Mill Grove with Ruth and our family. And it came back strongly when early on I found things beginning to get on top of me. So I was able to explain that burn-out was not just a theoretical concept that affected other people in different situations. I knew from personal experience what she meant.

It is nevertheless the case that Ruth and I have survived over a period of forty years engagement with the community of Mill Grove, and thirty years living as part of that residential community. So why might that be? One factor has been the presence of a consultant therapist for almost all of that time. (*There have been three since the 1970s: one moved to the USA; the second retired; and we are now supported by the third.*) When researching children’s homes in Edinburgh and Hull (between 1969 and 1973) I

quickly realised that the house-parents (*as they were called then*) were usually under relentless pressure that adversely affected each of them and their marriage relationships. The importance of regular support was impressed upon me. And the case for it cannot be overstated. To have a predictable and reliable place where every issue and feeling can be shared is vital for sanity let alone well-being. It is perhaps close to “*being held in a healthy mind*”.

Another factor is the support that we have had from others, notably parents, family, trustees, and friends. This has happened in any number of ways direct and indirect. But when the screws are on it can be a make or break to have those to whom you can turn, and on whom you can rely. It is simply not possible in my experience to function independently of resourceful friends. One such friend was Bob Holman (*who coined the very phrase, “resourceful friend”!*). It was a comfort and joy to know that he was always interested and willing to listen to my questions and descriptions of my difficulties without ever becoming remotely anxious or seeming to be phased by anything I shared with him.

Then there is the matter of boundaries, patterns, rhythms of life. Early on I came to discover that Benedict had seen into the heart of community living, and so I took his basic rule of life as a guide. And this was part of a process of learning during which I came to learn from a whole range of residential settings, psychiatric, religious, artistic, social and political. How did Jean Vanier avoid burn-out, I often wondered (*after that is, the time of his well-documented failure in the early days*)? And what about Dietrich Bonhoeffer, Victor Frankl, Alexander Solzhenitsyn in their harsh confinements? All were acutely aware of boundaries of every sort, ideological and practical, personal and group, and they were strong in maintaining what they saw as necessary and healthy ways of living.

Another aspect is my engagement with other aspects of life, the wider world. When starting out at Mill Grove one of the senior trustees, a GP, advised me to make sure that I always had interests and commitments outside the residential community. This proved inestimably wise. And I have kept his advice to this very day. Without regular, lively, fresh interaction with the world outside a residential community things, including people and feelings, readily tend to get out of proportion and become unduly negative. The result, on reflection has been a cornucopia of different interests, partnerships, projects and initiatives from singing in choirs, joining professional associations, sailing, climbing, playing chess, writing books, writing and producing plays, and so much more. Such engagement helps a sense of perspective when others in the community may be losing theirs.

As this list lengthens it dawns on me that I am probably not the best person to answer such a question. No doubt others can see much more clearly than me the resources that have sustained me over the years. No doubt they would start with Ruth, my wife, whose inner tranquillity and resources are second to none in my whole experience. But I guess they would also refer to my personal faith. As a committed and trusting follower of Jesus, I have often wondered how those without such a faith find sustenance, hope, grace and peace in the often harsh, real world. That many do, I have come to realise, but I still fail to see how they do it. Perhaps there are other names for what sustains them, and gives them the hope to continue when all seems bleak, even hopeless in micro and macro worlds. When, as a former colleague of mine, a psycho-therapist, said “*Your child care theories are all in smithereens!*”

There is no doubt a lot more to it than what I have just written, and I begin to feel that I have only begun to scratch the surface. But let me round this reflection off by connecting it with what I am doing at this very moment. For most of my life I have enjoyed writing, and it has been my joy to complete hundreds of articles and papers, to write fifty years’ worth of sermons, and to author and edit a number of books. They are about quite different subjects (*from theology and sociology to art and history*), but there is a thread running through many of them. And this thread has to do with reflecting on residential care, therapeutic communities, intra-personal development and group dynamics.

This is how I process things. It so happens that I am currently reading *À la Recherche du Temps Perdu* by Marcel Proust. If you don’t know it, then it is so vast that I would never dare to recommend it to anyone, but if you are familiar with it, then you will know that this massive work is an extraordinary and extended reflection on his life, feelings, thoughts, relationships, and context set in the world of nature and culture. Writing pieces for The Care Journal, formerly Children Webmag, is for me a therapeutic

experience which allows me to chew over issues, many of them very challenging, and some barely understood. So it is that this piece is not only an attempted answer to the question posed about burn-out, but part of the very process by which burn-out may have been prevented. Whether it is worth reading is a completely different matter!

SOCIAL CARE WORKERS - PUBLIC CONSULTATION ON CODE OF PROFESSIONAL CONDUCT AND ETHICS

On November 30th CORU issued the above public consultation document which has significant implications for social care workers as the registration process moves another step forward. To access the document and submit a view(s) go to CORU website and go to Quick Links /Public Consultations.

Submissions must be made by February 28th 2017.

VIOLENCE IN THE WORKPLACE RESPONSES:

TUSLA RESPONSE: MR. JIM GIBSON CHIEF OPERATIONS MANAGER TUSLA

Mr. Gibson said he was eager to attend the launch to show that Tusla was not complacent. He recognised that workplace violence is an issue for social care workers and one that Tusla take seriously. He referred to the steps taken by Tusla to prevent and/or support staff who experience workplace violence.

Tusla welcomed the report, and Mr Gibson stated that it is committed to providing a safe, supportive and positive working environment for all of its staff members.

Through a range of measures including training in the management of workplace aggression and violence, staff supervision, the occupational health service and the employee assistance programme. Tusla takes every step to protect staff from violence and to support employees who have experienced violent and/or threatening behaviour. Under its serious physical assault scheme, Tusla also offers fully paid leave to staff who have suffered a serious physical assault in the workplace to support them through the recovery process.

Mr. Gibson further noted that there has been an increase in the level of demand for residential care placements for children and young people, and they sometimes exhibit challenging and violent behaviour.

He also mentioned a restorative justice pilot scheme in the South of the country to support staff dealing with violent and/or challenging behaviour. He also highlighted that a risk assessment is carried out for pregnant staff and that staff would be removed from floor if there was any risk of violence.

The HSE did not put forward a representative on the launch day noting in an email: *Unfortunately, because of the summer holiday period with a number of HR staff away who {sic} would have a particular interest in this topic and already scheduled diary commitments, it is not possible on this occasion to provide a HSE HR representative to attend at your seminar.*

On November 7th, two months after the report was launched, Ms. Rosarii Mannion, HSE HR National Director did respond with the following letter: (see page 9)

* * * * *

"The experience and behaviour that gets labelled schizophrenic is a special strategy that a person invents in order to live in an unlivable situation." R. D. Laing (1967)



Feidhmeannacht na Seirbhise Sláinte
Health Service Executive

Oifig an Stiúrthóra Náisiúnta, Acmhainní Daonna
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Office of the National Director of Human Resources
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Mr Noel Howard

Social Care Ireland

By Email Only: nh99@eircom.net

7th November 2016

Dear Mr Howard

Thank you again for your email of 30th September. I have consulted with my colleague Dr Lynda Sisson regarding same. National HR welcomes the important work carried out by the Irish Association of Social Care Workers in quantifying and qualifying the experience of workplace violence in this study.

We particularly welcome/recognise the unique nature of the relationship between social care workers and service users, noting that social care workers must interact closely with service users and their families and in this way work in more unstructured and difficult circumstances unlike many others. In line with cultural norms, National HR recognise that the incidence and prevalence of societal violence is increasing and this reflects adversely on the workplace especially those that are operating on the front line. We also recognise that violence and aggression to frontline staff can be with or without intent.

There is a National HSE policy on the Management of Aggression and Violence in the workplace developed by the Employee Relations Advisory and Assurance Services: Linking Safety Service and Safety Project Governance Group. This policy was presented to the National Joint Council in July 2014 and approved by the National Director of HR at the time. The HSE does not condone violence of any kind and has and will prosecute offenders as appropriate. All of our employees are offered training in risk management assessment, de-escalation skills and physical restraint in specific circumstances.

Staff who are affected by violence either physical or psychological are immediately referred to our support services which include Critical Incident Stress Management, Employee Assistance Programme and Occupational Health and Safety. We have a broad network of services and supports for workers who are the victims of assault and support them both psychologically and financially during this time and in their return to work. Whilst the HSE is doing much to address these issues, there is more to do. We are aware that there are gaps in the provision of CISM services nationally and have a plan to enhance in house training programmes and roll them out consistently across the country, with input from the State Claim Agency. Specific actions include:

1. Actively looking at local reporting of incidents on our NIMS system so that reporting is more consistent and accurate.
2. Updating our lone policy worker to support key workers who work in the very circumstances described in the report.
3. Reviewing the Rehabilitation and Return to Work policy to more actively support workers on the journey from injury to return to work.

We very much welcome studies such as this which continue to highlight the challenges of working in our health and social services and emphasise the need for on-going clarity and consistency of training, reporting and supports for our staff. I have shared your document with the HSE National Leadership Team so that they are fully appraised of same.

Yours Sincerely,

Rosarii Mannion
National Director of Human Resources



<http://hse.ie/eng/staff/Resources/hrstrategiesreports/peoplestrategy201518.html>



RESPONSE BY KALINDA HEALY

FAMILY LIAISON COORDINATOR AT ST. CATHERINE'S ASSOCIATION

Have I been injured? Yes. Can I tell you how often? No.

I can recall the really bad ones; the time I was picked up from behind and thrown forward. I didn't even know there was someone coming towards me. That time I had to take valium for my injuries. That time I couldn't look after myself or my children. That time I cried at home and contemplated leaving. The time I was six weeks pregnant and I was lying on the ground being kicked in the stomach over and over again. That time I thought it must be fundamentally wrong that this should happen to someone in their place of work. The time I had to go to hospital to have my leg x-rayed. I was in the hospital until 4am and left on crutches – I remember that time too. Do I remember the rest? A few more yes, but the majority - not specifically.

Working in environments where violence was at times a daily reality. Not a daily reality in the sense that some days there is violence - a reality in that some days might not have been violent but those were less frequent. I can identify with the respondent (*Respondent 375*) who reported that they felt relieved that the outburst is out. Feelings of anxiety and stress were common in my team. One could say that the inevitability of acts of violence perpetrated against us was a daily struggle; however teams become complacent when things become the '*norm*'. We begin to rationalise workplace violence as part of the job. No one tells you otherwise. You could say that we developed resilience to it – adversarial grit. Or the ability to grin and bear it?

However as time goes by, the adversity of the workplace continues, residents in children's disability services grow and eventually become bigger and heavier than most social care workers. The anxiety and stress continues and grows too. I worried about my personal safety, the impact of physical assaults not just on me but on my family. I needed to be ok to look after my children when I got home – they depended on me too. I worried about my team. I worried about the resident. I worried about the other residents. I worried about my future, the residents' future. I would lie awake at night and think about it.

Crisis, Concern and Complacency, A study on the extent, impact and management of workplace violence and assault on social care workers offers an insightful view using empirical evidence gathered from a large data set on the prevalence and impact of violence in social care practice in Ireland today. The research conducted by Phil Keogh and Catherine Byrne demonstrates the endemic nature of violence in social care practice today across a number of sectors including Children's Residential Services, Adult Services, Child & Family Services and Disability Services. Probably the most startling revelations to those who have read the report is the prevalence and impact of violence within the disability sector – that is to anyone except those who have or are currently working within the disability sector. The revelation to me – I am not alone. (*I did not take part in the research – I must be another statistic.*)

RESPONSE BY KEVIN STEFFANAZZI

FINAL YEAR SOCIAL CARE STUDENT DIT

This study contains substantial evidence used to address violence towards staff in residential care settings and complacency as a cause. It is welcomed at a time where clarity is needed around this topic. Violence is a real issue facing Social Care graduates. Keogh & Byrne (2016) uncover that there has clearly been a gradual acceptance of violence as part and parcel of the work in Residential Social Care. What begins with an expectation of violence as an occupational hazard, an acceptance of its rare occurrence, develops into crisis management and debriefing after an outburst. Such practices already point to a level of acceptance.

The report helps us examine and confront the problem of violence falling under the category of challenging behaviour. Challenging behaviour implies behaviour that can be worked with. It can even offer crucial points of relationship building between staff and child to fostering resilience in the young person. Violence on the contrary, has little or nothing to offer. It destroys staff morale and strengthens

negative associations of the child. It further puts the child at risk. But a problem remains. A zero tolerance approach would see an immediate discharge of the child. The issue of non-statutory houses outnumbering statutory houses 2 to 1 in Ireland could well be a point of further discussion.

The level of socioemotional development of children can vary greatly. The extent to which centre practices can accommodate such differences comes into question. The core aim of each centre must therefore not be vague in nature. If for example the core aim of a centre is to provide “*A safe, loving and violence free sanctuary for children to develop*”, there remains no fuzzy line between acceptable and unacceptable violence. The study points to violence as a factor in the high turnover of staff in residential care. The care worker must also identify realistic expectations in regards to his / her work in the field. Whatever these expectations are will surely affect the Social Care vs Social Control dilemma which often lies under the surface of a violent attack.

RESPONSE BY ELEANOR O'DONOVAN

FINAL YEAR SOCIAL CARE STUDENT DIT

It is quite disheartening to read a report like this as a final year social care student, with every intention of going to work in the field of social care in the future. From the perspective of a student in final year, the report outlines what we are to expect going into work in the area; that we should essentially be prepared for the possibility of a lack of adequate support following a violent incident.

Going into my first year of social care, I was definitely aware of the prospect of workplace violence, given the possibility of working with service users with very traumatic backgrounds, or those with severe intellectual disabilities. I was not aware of just how accepted it is as a given within almost every service. I was not prepared for the fact that, in many services, an employee may lose several weeks pay because they could not work as a result of an injury from an incident of workplace violence, because they are not entitled to sick pay. I think it is another way of stating that the work they do is not important enough, and that this should be expected as part of their service. I find it hard to see how this would not affect an employees' morale, and in turn result in them being less prepared to deal with another incident occurring.

With regard to one participant of the report, a manager in an adult service commenting that graduates are not adequately prepared to deal with some of the behaviours, I'm not sure what more can be done in terms of lectures and modules regarding the violence we will be facing in our careers in social care, without it becoming a degree based around how to avoid being injured, and, to put it frankly, sending the students running a mile away from the direction of social care, and into another career until there are the correct procedures and supports in place in services for staff following these incidents.

In terms of management response and a lack of support following an incident being identified as a contributing factor to a culture of violence existing in social care, one respondent's comment that there is an expectation among management to '*put up and shut up*' with this type of behaviour because we are at ground level is one I could definitely resonate with. I am employed as a relief staff in a setting with adults, mostly male and this has been my experience. I also have many friends employed in both full time and relief contracts and they have had similar experiences regarding a lack of support from management.

I think straightforward and thorough reports being published such as this is a step in the right direction to address this concerning issue, however it is difficult to be optimistic about changes occurring at this moment in time. I think Paula Byrne put it best in her foreword: "*if the status quo continues, the best, highly motivated workers in social care will, as is happening, abandon their profession, leaving it to become fractured and ineffective*".

Although I am still surely motivated and look forward to beginning a career in social care, and the prospect of being in a position to support and advocate for those most vulnerable in society, I can't help but feel as though, even with the best will in the world, any final year student may feel the effects of this lack of support in the service they go on to work with in the future, and face the possibility of burn out.

RESPONSE FROM CARLOS KELLY

DIRECTOR DAFFODIL CARE SERVICES

Having worked in residential social care, for statutory, voluntary and currently with a private service provider for over 20 years, I have observed how the profile of the young person has changed significantly. While young people continue to be subject to the same issues, their presentation and how they communicate their trauma to others, shifted. Often this hurt is turned in on themselves with incidents of self-injury and suicide ideation, while increasingly, it is exhibited through verbal and physical aggression.

As social care workers, we are trained to look beyond the behaviours and to identify and meet their needs. We understand that their actions are only the tip of the iceberg, attempting to distract us from the real trauma and pain that they are experiencing. We accept young people in our care at face value and support and teach them new coping skills. As a result, we accept that young people will act out and at times, physically hurt us. This does not mean that their actions are acceptable, but are rather a feature of our role.

Social care workers have been given the opportunity to voice their experiences as people and not as workers, and a vehicle to express the reality of the challenges that we face. However, these challenges are not always a daily feature of our work and we have a responsibility to respond to young people in a way that is real and indicative of the responses from the larger society.

Pre-admission risk assessments are completed, to determine appropriate mixes within centres and are dependent on the information made available to us by social work departments. Unfortunately, this is often limited due to the lack of engagement, while the young people's behaviours can be indicative of their current circumstances, rather than deep rooted. We monitor closely and record, all changes in behaviour and utilise tried and tested programmes to support them in making positive life changes. In addition, we risk assess and risk escalate all behaviours that negatively impact on the lives of those around them – including staff.

When a staff member is assaulted or subject to serious verbal assault, we record them. Our centre managers are trained in Post Crisis Response, and Supervision, while the company health insurance policy, provides 24-hour counselling to staff. In addition, we provide professional team facilitation to support a team in healing. If a staff member makes a complaint to the Gardai, we support them and as the need arises provide them with financial support to alleviate additional distress.

While the company that I work for has taken significant steps in supporting their staff teams, which I can personally testify for, they continue to strive for a more robust response. These supports have ultimately reduced staff turnover, and provided staff with the security that they will be looked after. Ultimately, this provides the young people, with a more consistent approach yet real understanding of our humanity, which is a social care workers greatest asset.

RESPONSE FROM DENISE LYONS

SOCIAL CARE LECTURER BLANCHARDSTOWN IT

The study begins by establishing the research context for workplace violence in Ireland since Phil Keogh's first report '*The Nature and Extent of Workplace Violence*' in 2001. The report aims to discover how much has changed over the past fifteen years.

This report is valuable, and challenging, as the findings are based on the real-life experiences of violence against social care workers in Ireland. We need to hear their stories and reflect on what this reality means to service provision, management, education and practice. The report reviewed violence in the workplace over three trajectories; the factors influencing violence, the impact of violence, and how it is managed. Some of the findings resonated deeply, and I am left with feelings of concern for young, inexperienced workers, and permanent staff trapped in a violent situation. Discovering that younger and less experienced staff are more likely to be employed in high-risk settings, is also a concern for social

care educators releasing young graduates into the workforce.

With 72% of the study in permanent contracts and with the current embargo, the only avenue left open for them to escape the violence, is to leave the profession, a great loss to the profession and them. I am also concerned by the strong evidence of an emerging culture of acceptance, with 60% of respondents stating that their employer viewed violence as an acceptable part of the job.

If violence is accepted by management or staff on the ground, then workers will not report the abuse or seek the support they need. I was also saddened to read that a worker was not compensated for the injury he or she sustained, leaving them financially disadvantaged, as well as being physically hurt. It is not acceptable that a worker should feel personally responsible for the violence acted upon them, that the violence was their fault.

Attitudes and responses to violence against staff should not cause the worker more stress, and Keogh and Byrne provide practical suggestions in the final recommendations. The report is calling for action against the policy of zero hour contracts, and towards a recognition of the existence of violence in all sectors, and a change in the culture, where workers will not feel blamed for the violence they receive in their workplace.

This concise, well-written and hard-hitting report is a must read for Government departments and all professionals involved in social care provision.

RESPONSE FROM SARAH GOLDRICK

MA STUDENT IN THERAPEUTIC CHILD CARE AT CARLOW COLLEGE

The authors provide a definition of workplace violence early in the research report, as follows:

For consistency of approach and to allow comparison of findings, this research study adopts the same definition as two previous Irish studies (*Keogh, 2001; McKenna, 2004*). Workplace violence and aggression occurs when persons are verbally abused, threatened or assaulted in circumstances related to their work (*HSA, 2014: 9*).

Personally, I found this study very interesting, although I was alarmed with some of the results. There will be huge benefits across the social care sector once it becomes more regulated, as from the research presented in this report, the inconsistency across different service sectors can be clearly seen.

The total number of respondents who participated in the research was 400. The questionnaires, which were clearly laid out covered many areas of social care practice. I found some of the findings disturbing; for instance, 90% of social care staff interviewed has experienced verbal abuse or assault by those they care for. This figure, combined with the finding that respondents in management positions view violence to be an acceptable part of the job, suggests a culture within Social Care where violence is tolerated and a high level acceptance of it exists. Supervision and de-briefing sessions to support and assist social care workers appear to be infrequent, and at times their purposes were not fully utilized.

The research reported what appears to be a culture of acceptance of violence in the social care sector in general. However, when violent incidents did happen, these were dealt with quite differently depending on the area of social care in which they occurred, whether it was in privately managed children's residential care or HSE managed children's residential care, or in residential care for people with disabilities. There were also reported differences between staff on the basis of their employment status, whether permanent or relief, or part-time. As the authors explain, Supports available to social care workers who have been assaulted in their workplace are inconsistent across sectors.

Without sufficient internal structures of support in the workplace, many staff had to rely on family and friends for support. While this resort may give a degree of necessary personal support, it does not provide the professional space within the work environment for processing upsetting or frightening incidents, which is essential for formal recognition of what has happened, assisting the worker to deal with the emotional consequences, and to provide the managers of the work setting with the opportunity

to reflect on events in order to minimize the chances of similar things happening in the future. This reflection is important for the welfare of both the carer and the cared for.

I am aware from personal work experience that the work settings in which many social care workers practice are difficult; we work demanding hours in strenuous conditions; and in recognition of this, we should be able to remain safe and supported when completing professional tasks and caring for residents. Repeated verbal and physical attacks lead to loss of confidence, a reduction in capacity for caring and eventually to people leaving their chosen profession altogether. This is a huge cost to all involved.

There are twenty recommendations provided at the end of the research report, too many to be discussed here; but I have selected three, none of which involves any great expense:

Recommendation 11 states that *Social care workers must be consulted and involved in pre-placement planning, with serious consideration given to the client needs, and appropriate mix of service users in residential services. This is consistent with good Care Planning and appropriate placement to meet identified needs.*

Recommendation 13 suggests that *Regular risk assessments of the work environs must be undertaken. This should include risk assessment for visitors, family access visits, car journeys and social outings etc. A modern approach to the Health and Safety of all stakeholders requires such on-going caretaking.*

Recommendation 19 proposes that Stress management programmes and improved staff communication mechanisms should be regularly reviewed to ensure their effectiveness. Again, what is required is simply that someone is given the responsibility and authority to conduct routine reviews, although the employer would need to ensure that any deficits discovered would be addressed quickly and effectively.

Overall, I thought the subject was well researched and beneficial to read. I look forward to the implementation of regulation in the social care sector which should benefit all social care practitioners and service users.

INTIMAGE: HEALTH AND SOCIAL CARE PROMOTION MATERIALS THAT FOCUS ON INTIMACY AND SEXUALITY IN THE THIRD AGE

BY POWER, M., ZELEZNIK, D., ANTIC, A., BALAOURAS, P., BERCKO, S., BOLIS, S., EISENREICH, W., FABBRO, E., HINCHLIFF, S., LANG, F., PLECHATY, M., SIXSMITH, S., SLATTERY, T., RYAN, T., TULISSO, V., & VAUGHAN, E.

Few could disagree that the tragic case of Anita and Wolf Gottschalk highlights how ill-prepared societies are for the ‘greying’ of societies. Married for 62 years and having shared their daily lives for over six decades, Anita and Wolf have now been separated for months, as they are living in separate nursing homes that are 30 minutes drive apart. There are no medical or other compelling reasons for this separation, and it is certainly not by choice, rather it is that nursing homes are geared for individuals and not couples. (<http://www.telegraph.co.uk/news/2016/08/26/elderly-couple-forced-to-live-apart-after-62-years-of-marriage-b/>). While Anita and Wolf live in Canada, the challenges facing health and social care systems, and practitioners are international.

To put the situation in a European context, the proportion of older people in populations across Europe is growing, with predictions suggesting that by 2060 there will be one person over 65 for every two people of working age (EU Commission, 2015). In Ireland, estimates suggest that the number of people over 65 (*the third age*) will almost triple in the next 30 years, with the number of those over 80 (*the fourth age*) quadrupling (CSO, 2013). Moreover, in both Ireland and the U.K., Sexually Transmitted Infections (STIs) in the over 50s increased significantly in recent periods (National Medicines Information Centre, 2012; Age U.K., 2012). Yet, older people and health and social care professionals rarely discuss such issues. For instance, the Global Study of Sexual Attitudes and Behaviours (2005) surveyed almost

30,000 men and women aged between 40-80 and found that only 9% had been asked about their sexual health by their doctor in the previous 3 years (*Moreira et al., 2005*).

At the coalface of health and social care delivery, both older people and practitioners can encounter a number of challenges. These can range from human to situational and can include discomfort or embarrassment between the older person and health and social care professional. This can be due to differences in gender, culture or age or may result from a simple lack of privacy. However, it is often attitudinal barriers that can create the greatest challenge. Older people can incorrectly attribute sexual health problems to '*normal ageing*', while health and social care practitioners frequently hold unhelpful attitudes to later-life sexuality. In large part, such attitudes are a reflection of wider myths that older people are asexual. In many ways, this is unsurprising, since in Ireland for instance, neither the Irish study of sexual health and relationships (*Layte et al., 2006*) nor the Sex in Ireland in the last decade (*Royal College of Surgeons, 2012*) study included individuals over 65. Though such examples highlight the absence of older people in studies of sexual behaviours, it is likely the tip of the ageist iceberg and, as the case of Anita and Wolf demonstrates clearly, often implicit negative societal views on ageing become manifest in organisational policies and an absence of training for health and social care professionals, as well as within the overall structures of health and social care systems.

Indeed, the recently completed IntimAge project found that in spite of the diversity of European societies and cultures, there is a surprising amount of symmetry in the barriers that older people encounter around intimacy and sexual health, particularly ageism and stereotypes of older people as asexual. A two year Erasmus+ funded project, IntimAge drew together educational and training partners from Slovenia (*University College of Health Sciences, Slovenji Gradec (project co-ordinator)*) and the Integra Institut, Austria (*Association for Interdisciplinary Education and Consulting*), Germany (*Friedrich-Alexander University*), Italy (*University delle LibereEta*), Greece (*GUnet*), the U.K. (*University of Sheffield*) and Ireland (*National University of Ireland, Galway*). IntimAge had two aims, to raise awareness of the challenges that older people confront in engaging around such issues with health and social care professionals and to develop resources for health and social care professionals to assist them in practice.

The products from the project include four modules, each divided into four to five units, and a trainers guide for those that wish to incorporate the modules into courses. The modules are centred around four themes: Sexuality in the third age, Relationships and intimacy, long-term care; and, professional practice. The modules are available free online at - <http://etraining.intimage.gunet.gr/> and there are versions in English, Italian, Slovak, German and Greek.

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"The most extreme agony is to feel that one has been utterly forsaken." Bruno Bettelheim (1979)

INCLUSION THROUGH EMPLOYMENT

BY JANINE ZUBE

Over the years people with disabilities experienced a lot of cutbacks affecting their lives. This began by cutting funding and services as far as to experiencing exclusion in every day life as a result of governance measures. Due to the recession opportunities have been hard to come by to engage in adult education and employment. In conjunction with the right based approach in many countries and the advances of disability policy development many steps have been taken to ensure people with disabilities partake as active citizens in Irish society. However the OECD highlighted these outcomes following from implemented policies have not been as fast and visible as the changes in policy development. The CSO census from 2012 outlined only 21% of people with disability are in paid employment. To counteract and support people with disability entering the Irish labour market the Irish government launched its ten year comprehensive employment strategy for people with disability in 2015. Further, it outlined how to facilitate this approach and ensure inclusion of people with disabilities through cross-department measures aiming to increase the present employment rate to 33% by 2024. The latest NDA research (2016) agreed principles of the strategy are embedded in previous identified barriers such as education and skills, expectations, loss of benefits.

Being employed by a large organisation supporting people with intellectual disability to access education and enter the labour market has highlighted a number of difficulties people with disabilities experience. People who are using service providers have been reassured through HIQA an holistic and inclusive personal centred approach exists. More, the launch of the HSE New Direction has been widely welcomed within the area of disability among professionals and can be seen as a step closer to implement person centred support achieving these goals. However, within itself New Directions, despite outlining inter-agency transparency, services which have facilitated access to mainstream education and employment were closed due to lack of funding during the financial crisis. More, experiences with mainstream services available such as Intreo have been very mixed. While services have been reduced and mainstream services facilitators have undergone awareness training, it remains difficult to achieve goals set in the area of education and employment. Given that education and training is crucial, supporting access during the term of courses in mainstream community colleges and other educational service providers has been an important element to allow individuals to enter the workforce. While many people with disability I have supported underwent courses to enhance and gain new skills required in the fast changing labour market, the majority did not succeed to secure a job afterwards. Some people engaged in volunteer programmes, internships and community employment (CE) schemes to higher their chances of gaining employment. Having said that, taking part in training courses and CE schemes has created its own difficulties. Due to the nature of funding for these programmes the participants have been transferred to the applicable financial support such as trainings allowance or CE payment. Most people with a disability receive Disability Allowance which falls under the Department of Health. This fact on its own does present barriers; however, with little to no communication of cross-department jurisdiction it disables a person with disability even more from accessing or engaging in education. Partaking in initiatives funded by the department for social protection enhances the complexity.

On one hand CE schemes offer an invaluable opportunity of work experience. In turn, the majority of people with disability were not able to access community employment due to its condition of set contracts including the condition of 39 hours per week. The inflexibility of CE contracts made this initiative unsuitable for some people with disability reducing the possibility of sustainable employment afterwards.

On the other hand the young generation of people with disabilities are very clear on formulating the wish to work as full members of society. The lack of opportunities to allow this generation to engage in work experiences and training has not yet being addressed by the Irish government. Furthermore, with the announcement of the Irish Association of Supported Employment no longer being able to provide and organise events like Job Shadow Day in October 2016 decreased existing programmes to narrow the gap from secondary level education to employment.

It is important to have a pathway which leads in to reaching the readiness for employment by recognised educational achievement. It is refreshing that expectations and meaning of equality for people with disabilities and more so for people with an intellectual disability have been increased; however, external circumstances to meet these expectations have not changed. To achieve this, a variety of course and training models need to be either adaptable or developed. Such models can be in the form of apprenticeships where participants have the opportunity to learn by doing. This model supports the individual to gain educational and employment experiences at the same time. Another possible model which could be developed is to create a learning hub through a social enterprises. Within this model a collection of knowledge and experiences can be taught by people with a disability to another, teaching by mentoring and learning by sharing.

To ease and create opportunities for people with disabilities the minister for Social Protection announced at the Creating an Inclusive Labour Market conference in November 2016 a cross-department and inter-agency collaboration is key. During the conference some options have been addressed by the particular government agency, but again the possibilities of including people with disability in particular programmes such as apprenticeship has been very slim. To fulfil the criteria of enrolling in apprenticeship is set at Leaving Certificate level. A research study published by NDA in mid 2016 outlines if the disability has been required during the lifetime of the person the possibility engaging in further education and achieving educational goals are much higher. However, if the disability is required from birth the chances of engaging in education equivalent to Leaving Certificate level and higher is far lower than their peers. Therefore diminishing the barriers especially in education and alternatively in hands-on training is not yet a given.

In recent years many organisations and companies participated in disability awareness training. With the economic climate restoring more companies are willing to provide work experience or internship to people with disabilities. To stem the flow from joblessness to meaningful and paid employment it has become evident the generic recruitment process presents one of the major obstacles for people with intellectual disability to access the work force. The change from the paper to the digital CV format and the use of digital application forms is a problem for the person applying due to not feeling competent and confident using the digital media format or by running out of time during the application process. Feedback from the people I support is very clear that this process is in fact disabling and demotivating. People highlighted feeling rejected by the company without having a chance of demonstrating their skills and abilities in an interview.

Supporting people with the application process has been challenging at best of times even for myself. Especially Multinational Companies (MNC) do not leave any room for individualised input in the application process. This issue however is not exclusive to MNCs, it also can be found in Medium to Small Business. Now if a generic application form equally applies to kitchen porters and manager positions some of the allocated fields within the form will not apply, despite being highlighted for completion.

Another possibility to enhance employment opportunities is to communicate with the company directly. The availability of incentives for companies such as Wage substitute scheme, workplace grant have given support in some cases but is not widely taken up on by organisations.

During all my years as a social care worker I always seen it as my duty to enhance the chances and opportunities for people with disabilities to live an inclusive life. This also means having the same right to enter and participate in education and the labour market and being active members of their communities. However, if I can't enhance the realisation of an aspired goal such as paid employment for the person I support, should I ask where has the support mechanism has failed? Have I have failed or is it predominately market dependent and should this mean a change of attitude among companies and organisations has to take place?

It is not enough to develop and sign off governance policies but also to support the transition of implementation of these policies. An important part in increasing inclusion on all levels for people with disabilities is the ratification of the UN convention. Further the inclusion of people with disability in the

discussion in which way support and infrastructure should be developed with agencies is a must. It is not enough anymore to have separate working groups from various sectors discussing individual levels of inclusion. It is important to have all stakeholders involved and work on practise orientated solutions enhancing and insuring inclusion for all members of society. Looking at the full context it is far more complex. It is a fundamental human right and desire of people with disability to achieve the same life transitioning milestones as their non disabled peers.

It is part of the professional conduct of social care worker to improve and enhance the quality of life of the people we support. During the past numbers of years there have been great difficulties in sustaining a high level support with substantial reduction in funding and resources. A recent study present at the DIT Social Care Ireland conference in 2015 highlighted despite the limited resources Social Care Workers were measuring job satisfaction rather on the success in achieving goals set with the person they support with emphasis on stretched resources than the negative impact the economic downturn had. In contrast, the study included the profession of nursing and carers which evaluated job satisfaction differently and focused on financial and role changes.

With all this in mind it is no wonder Social Care Workers face a big challenge to fulfil the duties within their daily work to support people with disabilities across the area of disability. More, the inequality of the work conditions in which Social care Workers can operate seems uneven and unbalanced. In no other profession it so crucial to have the protection and recognition of the professional title than it is for Social Care Workers. This profession is a key element of coordinating social, educational and employment inclusion for people with disability and connecting in local communities to enable the individual to live a meaningful and inclusive life.

Janine Zube works with St. Michael's House. She has worked in a variety of areas, such as severe/profound disability, autism service and training including education service.

MARITAL SEPARATION IN CONTEMPORARY IRELAND: WOMEN'S EXPERIENCES

AUTHOR: LUCY HYLAND - PUBLISHER: PETER LANG (2016)

REVIEW BY: PAULINE MACEY, MIACP, ICEEFT, M.SC. FAMILY COUNSELLING

This informative and timely book is an essential sociological study based on the experiences of fourteen women who have been through marital separation in contemporary Ireland. It is a must for all couple's counsellors, relationship and family therapists and anyone interested in how patterns, roles and expectations in marriage are changing. It is structured around the following key areas: the attitudes of Irish culture and families to marital breakdown; typical events that lead to breakdown; losses and gains as part of the transition of separation; reconstruction of relationships and family post separation.

These questions provide a structure that assist the focus to move back and forth from detailed personal experience to the broader impact of culture and family systems in which the experiences are embedded. The uniqueness of each woman's individual experience is sensitively engaged with and deeply respected, as themes unfold.

Increased awareness of gender equality in the 1970s and 1980s influenced how women and men failed to adapt to the changes in traditional roles assigned to them. They were unable to communicate their needs and expectations. Because most of the marriages lasted twenty years or more, the impact was greater and more complex than in the case of marital breakdown after a shorter period of time and the biggest loss was often one of self-esteem and identity.

A distinct pattern in each case forming a series of events led to the eventual breakdown. While children in some cases were relieved because the years of tension and conflict they had witnessed were ending, most children were shocked that their parents were separating. Non-initiators, both men and women, were also shocked and often in denial that the relationship had reached a point of no return. Six of the

women identified themselves as non-initiators and in these cases the separations were triggered by the husbands' affairs. The book provides a number of informative tables which provide the statistics around these and other findings. In almost all cases, the women were left to deal with the impact of the loss on their children, while the men disappeared and were either not willing or not invited to participate in family events and rituals after the separation.

Lack of organizational support systems that offer specific help around separation (*particularly outside of Dublin*) and lack of communal rituals compounded the difficult emotions, shock, denial and heartbreak. Mixed results in terms of counselling are referred to with many of the women acknowledging that it was too late for counselling to save their marriages.

While most of the women in the book said they would never marry again, Hyland (2016) provides some valuable insight and hope around the process they went through in rebuilding themselves and their lives, and shaping a new future. She reminds us that regardless of our liberal views, those of us who have been through separation often end up with a sense of internalised shame. She also reminds us that we have to stop blaming ourselves and adopt a more positive construction of separation. Most of the women in the book left their marriages because of not feeling loved. This book implores and supports the need for us to start exploring exactly what kind of love sustains relationships and marriages.

We need to offer more loving respect and support to those who experience separation, whether it comes as a shock, or the incredibly difficult end point of a decision-making process based on courage, emotional honesty and a strong enough sense of self, to step out of the pain of a broken marriage.

Review first appeared in Éisteach, a journal of the Irish Association for Counselling and Psychotherapy, Volume 16, Issue 3, Autumn 2016

BROKEN AND BETRAYED

JAYNE SENIOR (2015) PAN BOOKS £7.99

REVIEW BY CARINA JEISY

In 2012, Jayne Senior left a position in CSE (*the child sexual exploitation unit*) in Rotherham's Children's Social Care sector, U.K, to work elsewhere. In her book, she outlines how she didn't leave by choice, but due to harassment at work, her health began to suffer and the position became untenable. After a lifetime of battling abusers and '*banging on doors*' to make something happen about '*industrial scale abuse*' in the town, it was finally time to give up and go. A few years later, Jayne would become the whistleblower to reveal the widespread child sexual abuse expressly ignored by police and social services.

In the 1990's, while working with '*Risky Business*', a Rotherham project for vulnerable girls, she realised that the town was host to a coordinated ring of Pakistani men who targeted girls between the ages of twelve and sixteen. Younger foot soldiers picked up girls in shopping centres, bus stations, and schools, gradually introducing them to older men. Taxi drivers ferried the girls to B+B's and takeaways for abuse, many as young as twelve. Any resistance was confronted with violence, petrol dousing or guns. The accounts of trafficking, gang rape, and extortion make harrowing reading.

Jayne explains the difficulties between the project and statutory organisations from the outset. Risky Business told the police everything; names, nicknames, car registrations, taxi numbers, mobile phone numbers, takeaways. They were ever hopeful; they felt Inspector McKenzie, as a female, would have empathy for the girls being abused. However, year after year, information was treated as '*hearsay*'. Though continuing to supply police and social services with information through a computer network '*Box Five*', the perpetrators were still not brought to justice. Later, '*Box Five*' was revealed as nothing but a digital wastepaper basket. On receipt of one report regarding the gang rape of a special needs victim, the police stated she had '*consented*'. Jayne's alarm bells were ringing, and although she didn't keep a record of everything, in her own words '*she kept a lot*'.

Around the year 2000 church scandals in Ireland were rife and CSE was in the news. A multi-agency including police and health and social services were to investigate CSE in the UK. Fourteen years later,

Adele Weir, an agency researcher stated '*I encountered a significant number of children who were believed to be involved in sexual exploitation*' and described '*poor professional practise*' in the police and a lack of action against abusers. On compilation of a report outlining abusers, Adele was told it was '*lies*' and was threatened with suspension as she had '*overstepped the mark*' by writing to senior police officers. After months of pressure she went off sick, eventually leaving her post.

The book tells us that the scale of the abuse was so enormous that much information was already in the public arena by 2001. Still, in 2005, it was decided by the Rotherham police and young people's service that CSE forums should be limited. Jayne challenged the decision, detailing abuse cases that had been '*dropped*'. Her challenges fell on deaf ears. Another shocking report followed in 2006. Jayne writes the leader of Rotherham Council, the council's Chief Executive, the director of Children's Services, and the South Yorkshire Police Crime Commissioner had been briefed, all later denying awareness of the scale of CSE in Rotherham.

The murder of '*dropped*' caseload, Laura was the catalyst for more reports. In 2011 when a panel met to review Laura's murder, Jayne submitted a file with information dating back to 2004. Ironically, it was Risky Business who were criticised for its apparent lack of care. Jayne states categorically that she could no longer work for a council that not only denied child abuse but castigated people who worked to protect children. Out of sheer frustration, and risking prison, she eventually shared this information and other confidential documents with the Times to expose the scandal.

The resistance in Rotherham to raise issues of CSE was evidently to do with a fear of racial accusations. Police and social services hated the word ethnicity or Asian. This was coupled with elements of misogyny within the police force; they stated that the children – the girls – were flaky, unreliable, with open sexual mores; that the sex was consensual as they were getting drink and drugs in return.

An independent inquiry, The Jay Report, estimated that 1,400 children had been sexually abused in the town between 1997 and 2013, predominantly by gangs of British-Pakistani men. Abuses described included abduction, rape, torture and trafficking. The report made clear how some people knew it was happening and were in a position to do something about it and did not. For Ireland, the lessons to learn are obvious as the report observes and records several situations where children were left in risky situations by those who were employed to protect them. The police need to '*raise the bar*' and embrace whistle-blowing in matters of public protection. Another measure to consider is that of fruitless time spent in '*meetings*'; in Jayne's case fourteen years of such meetings met with abject failure. We need to strive towards a better system which ensures that children can grow up free from the horrors of child sexual exploitation.

SAVE THE DATE

March 8th – Professional Boundaries, Ethics and Use of Social Media Conference will take place in Our Lady's Hospice, Harold's Cross, Dublin. Full Conference programme will be available shortly.

March 22nd & 23rd – Social Care Ireland Annual Conference will take place in the Galway Radisson Hotel. Full Conference programme will be available in early 2017.

"Again, you can't connect the dots looking forward; you can only connect them looking backwards. So you have to trust that the dots will somehow connect in your future. You have to trust in something – your gut, destiny, life, karma, whatever. This approach has never let me down, and it has made all the difference to my life." Steve Jobs (2005)

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

UPCOMING SOCIAL CARE IRELAND CPD EVENTS

To find out more details about any of SCI upcoming events and to register your place to attend go to www.socialcareireland.ie, and check out SCI Events.

January 31st: Understanding Attachment Disorders and Tools for Practice takes place in the LIINC Centre, Institute of Technology Blanchardstown. This one day workshop is facilitated by Joanna Fortune, Attachment Specialist, SoLamh.

February 6th: Mindfulness for Health & Social Care Professions – Taster Half- Day Workshop delivered by MindAware Consultancy in the LINC Centre, Institute of Technology Blanchardstown.

February 9th: Working with families with a child with ADHD – a solution-focused approach delivered by Dr. John Sharry will take place in the Wisdom Centre, Sophia Housing, Cork St. Dublin.

February 14/15th and 4th/5th April: Practice of Professional Supervision for Current Supervisors – 4 day workshop. SCI have secured five places for SCI members to attend this four day inter-professional training in Clonbrusk Primary Care Centre, Athlone, Co. Westmeath.

February 27th: Mindfulness for Health & Social Care Professions – Taster Half- Day Workshop delivered by MindAware Consultancy in the Clonbrusk Primary Care Centre, Athlone, Co. Westmeath.

March 3rd: Understanding Attachment Disorders and Tools for Practice takes place in Bru Columbanus, Wilton Way, Cork. This one day workshop is facilitated by Joanna Fortune, Attachment Specialist, SoLamh.

CAMHS SIG (SPECIAL INTEREST GROUP) SEMINAR & AGM

The Child & Adolescent Mental Health Services Social Care Special Interest Group held its first seminar and its AGM on November 18th last.

Leanne Turner, CAMHS SIG Chair, opened proceedings and was followed by Denise Ronan and Bridget Murray who presented on DBT (*Dialectical Behaviour Therapy*). “*Relationship based Practice and Use of Self in Social Care*” was the theme of Sarah Corrigan’s presentation which followed.

Keynote speaker for the seminar was Dr. Eoin Galavan. He works primarily with suicidal clients in both acute inpatient and community outpatient mental health services. His theme was Understanding and Treating Suicidality in Young People.

Audrey Sherry of CAMHS spoke on the Behavioural Family Therapy model with her presentation entitled “*Family Work in Early Intervention in Psychosis*”.

SOME COMMENTS RECEIVED IN FEEDBACK ATTEST TO THE SUCCESS OF THE SEMINAR:

Really enjoyed all three morning speakers. The information was all relevant to me. Deliverance was excellent on all three accounts and I never lost concentration for a minute!

Knowledgeable and clear speakers, interesting subjects with a vast amount of learning contained within them.

I enjoyed listening to colleagues and their different training experiences, Dr. Galavan was very interesting.

Elements in all presentations were valuable, beneficial, morale has been boosted for all.

Congratulations to all involved in the organising of this event.

THE RESEARCH SPECIAL INTEREST GROUP (RSIG)

The remit is to promote research in the area of social care, so as to contribute to the further development of a vibrant social care research committee that supports and brings together students (*both undergraduate and post-graduate*), practitioners, educators, managers and service users.

In September, the Irish Journal of Applied Social Studies released a special issue on ‘*Social care, social policy and social justice*’. This special issue was edited by Karen Smith, Anne Marie Shier, Margaret Fingleton, and Kevin Murphy. It included articles on the experience of austerity on families (*Liz Kerrins*), agency working (*Jim Cantwell and Martin Power*), homelessness (*Meabh Savage*), older people (*Carmel Gallagher*), and students’ and higher education (*Ruth Harris and Brid Ni Chonaill*).

The journal of Administration also published a social care themed special issue. Edited by Fiona McSweeney, Karen Smith and David Williams, this special issue included articles on registration and continued professional development (*Catherine Byrne*), marketisation in social care (*Majella Mulkeen*), accountability, pedagogy and leadership (*Cathy Jones and Catherine Sney Carston*), eating practices in residential care (*Deirdre Byrne*), home care services (*Catherine Dempsey, Charles Normand and Virpi Timonen*), the Meitheal model (*Anne Cassidy, Carmel Devaney, Caroline McGregor and Fergal Landy*) and, healthcare barriers for the Roma community (*Gloria Kirwan and Deirdre Jacob*). Articles available here .

More recently (November, 2016), continuing professional development (CPD) was to the fore, with two poster presentations given at the Health and Social Care Professionals conference – ‘*Improving health – research driving innovations in healthcare*’. The posters detailed research around CPD with both students (*Margaret Fingleton, Catherine Byrne and Martin Power*) and practitioners (*Catherine Byrne, Leon Ledwidge and Martin Power*) see - <https://twitter.com/IascwIreland> The highlighting of

such research was very timely in light of Dr John Byrne's keynote presentation on preliminary survey findings in relation to building collaborations between Higher Education Institutes and the Health Service Executive. In his presentation, Dr Byrne noted the potential of CPD to foster and nurture research.

If you have research updates that you would like included in future bulletins, please email researchsig@socialcareireland.ie

To keep abreast of upcoming research in the field, we would like to hear from post-graduates and practitioners who are currently pursuing or who have recently completed social care related research. Please email us at researchsig@socialcareireland.ie with a brief outline of the research.

DISABILITY SIG

At its most recent quarterly planning meeting the Disability SIG, facilitated by Antoinette Behan, considered such issues as registration, SCI conference suggestions, Expectations of the SIG and building awareness of and profile of the SIG.

Also discussed was the Violence in the Workplace report which had been launched on September 7th. The HSE HR survey was discussed and stress laid on good engagement with survey from social care sector as this can be measured. Efforts should be made to alert colleagues to the survey and its importance.

Terms of Reference to be revised to ensure the SIG operates to full effect.

Next meeting is on January 21st 2017 and new members always welcome to this important SIG. Without support its effectiveness will be hampered.

Contact: disabilityrepresentative@iascw.ie



Pictured at the CAMHS Seminar and AGM

L/R Helen Fitzpatrick, Leanne Turner (CAMHS Chair), Suzanne O'Daly, Fiona Murray and Orla Higgins

* * * * *

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.



Health Services Staffs
Credit Union

WHAT'S YOUR NEW YEARS RESOLUTION?

ARE YOU PLANNING ON GETTING YOUR FINANCES IN ORDER?

As a Student/Employee working in the Social Care Work Profession in Republic of Ireland you are eligible to become a member of Health Services Staffs Credit Union. Check out our website www.hsscu.ie to see the full list of services we offer (e.g. full online access to your accounts, mortgages, special rate car/education loans etc.). Membership forms (and checklists) are also available to download from our website.

Are the bills for Christmas starting to arrive yet?

How do you avoid them next year?

Open a Christmas Savings Deposit account with HSSCU.

Amount per week	Saved after 52 weeks
€10.00	€520
€20.00	€1,040
€25.00	€1,300

This account is designed to pay out whatever you have saved by the middle of November into your nominated bank account or by cheque in the post just in time for your Christmas shopping.



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