



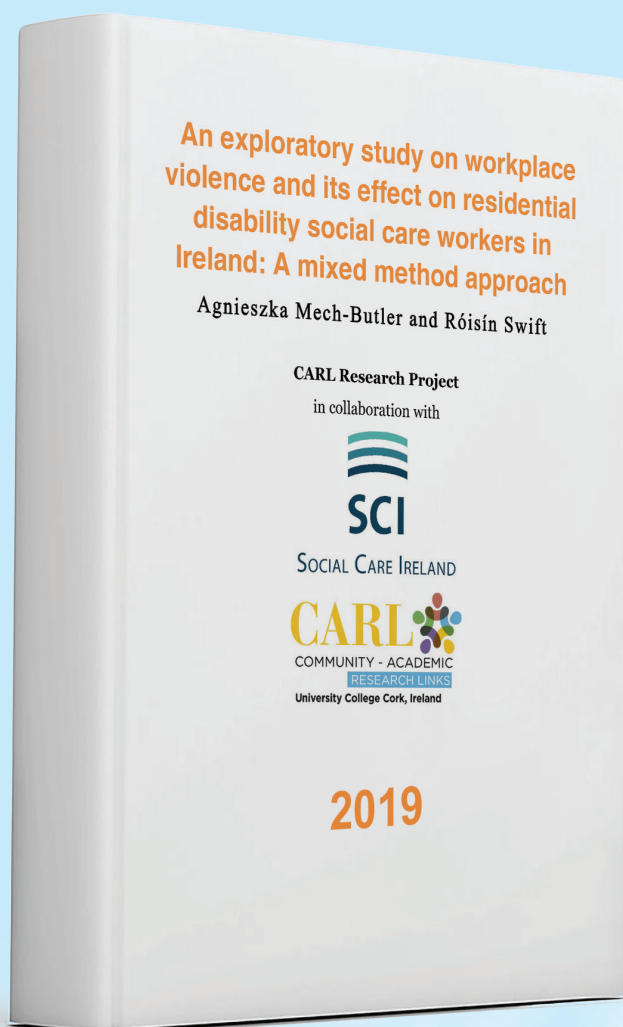
Cúram

Issue No. 54



SOCIAL CARE IRELAND

Winter 2019



“Uncomfortable Reading”

— Senator Collette Kelleher



SOCIAL CARE ASSOCIATION OF IRELAND COMPANY LIMITED BY GUARANTEE - DIRECTORS

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Social Care Workers are professional practitioners engaged in the practice of social care work. Social care work is a relationship based approach to the purposeful planning and provision of care, protection, psychosocial support and advocacy in partnership with vulnerable individuals and groups who experience marginalisation, disadvantage or special needs. Principles of social justice and human rights are central to the practice of Social Care Workers (CORU)

EDITORIAL

Cover Story

This report was launched in UCC by Senator Colette Kelleher on October 7th. Dr Kevin McCoy also spoke as did SCI CPD Officer, Charlotte Burke. Senator Kelleher, who referred to her long association with disability services, noted that this report would make for uncomfortable reading for every level in the sector because of what it had unearthed.

The report itself is the result of a collaboration between Social Care Ireland and Carl (*Community-Academic Research Links, UCC*). It paints a disturbing picture of the extent and effect of violence experienced by social care workers in the Disability Services in Ireland; it reflects the long held anecdotal view expressed at various times by social care workers with long experience in the area; its statistical findings merit attention, concern and action if the people in receipt of the service are to have the care and attention they deserve. Important also is that the report is not the result of surveying a handful of social care workers and drawing conclusions. Over 400 social care workers took part in the survey, a significant number by any count.

Among the standout findings are:

- 70.4% of respondents reported they are not receiving sufficient support from their organisations in relation to workplace violence.
- 61.5% reported that they do not receive sufficient training to deal with workplace violence.
- 73.1% do not think their organisation is addressing the issue of workplace violence.
- Over 90% said that there is an under-reporting of violence in the workplace.

“The reports about the incident are often seen as more important than the emotional, mental and physical effects of the incident.”

The above quote perhaps encapsulates all that is wrong with the effects of violence in the workplace, not only in the disability sector but in all areas where social care workers are employed. The report's authors, Agnieszka Mech-Butler and Róisín Swift and those who facilitated it deserve credit for getting the findings into the public arena.

To read the report go to www.socialcareireland.ie and see Workplace Violence Study.

Changes to SCI Board:

Social Care Ireland became a company limited by guarantee in 2016. Wisely, the nine directors at that time agreed to staggered terms of office over a three, four and five year period up to 2021. This was to ensure a future smooth transition and maintain a balanced, experienced core of directors at all times.

In practical terms this means that as of October 31st this year Kevin Lalor, Noel Howard and Caroline Cronly, having served three years, were replaced by Teresa Browne (IASCE), Christine Barretto (Workers Advisory Group) and Toby Haslam Hopwood (IASCM).

Cúram 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.

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NEW PUBLICATION AIMS TO HELP PARENTS RESPOND TO PROBLEMATIC SEXUALISED BEHAVIOUR IN CHILDREN AND ADOLESCENTS

Earlier this year, Mr Pat Rabbitte, Chair of Túsla, officially launched a guide for parents/carers written by Child Welfare Consultant, Kieran McGrath. The new guide warns parents of the growing challenge presented by the proliferation of pornography which is increasingly available to even young children via smartphones and other on-line devices. The guide offers parents a simple framework to distinguish Normal, Problematic and Abusive behaviour and how to differentiate “*sexual experimentation*” from sexually abusive behaviour. It also suggests ways in which parents can talk to their offspring about early signs of inappropriate behaviours. It also has sections specifically for staff of residential centres and foster carers. The guide is available free-of-charge on the author’s website: <http://www.kieranmcgrath.com/publications/>

AFTERCARE, 20 YEARS ON!

By Alan Hendrick (Aftercare Manager)

It’s difficult to believe it has been twenty years since Smyly Trust Services, (*Mrs Smyly’s Homes, as it was known back then*), opened the doors to their Aftercare services in the centre of Dun Laoghaire. Back in September 1999 Smyly’s Board of Management were in lots of ways forward thinkers, pioneering an Aftercare Service for young adult males making the transition from residential care to independent living. I say pioneering, because Aftercare did not feature in any significant way in the continuum of care plan. It was this forward thinking and the dedicated commitment of the then Director of Services and a handful of long-term serving staff members who worked tirelessly to have Aftercare for young males firmly placed on the Child Care map in the Smyly’s organisation. I should point out at this stage young females were in receipt of Aftercare provision from Aislinn Aftercare Service and had been for the past seven years prior to the establishment of our service.

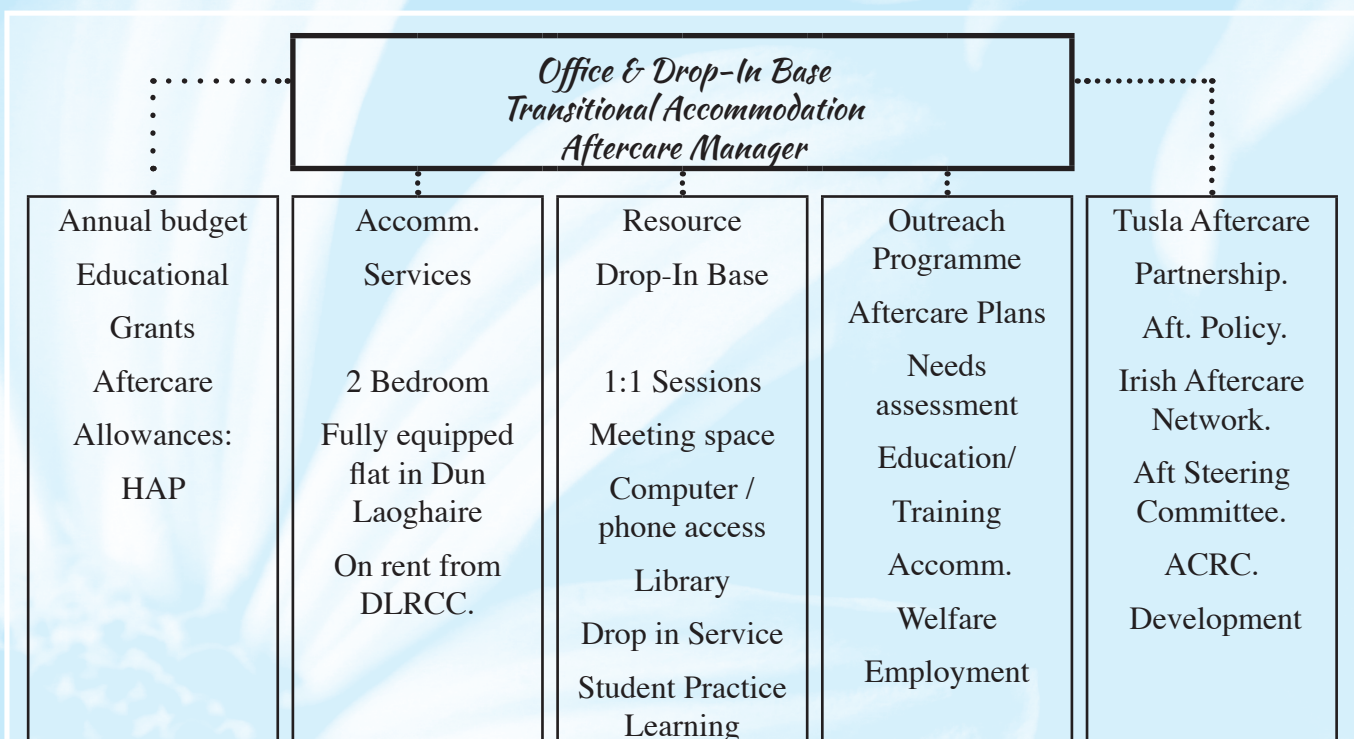
It all started with the organisation’s rental of a two bedroom flat in the centre of Dun Laoghaire, from Dun Laoghaire, Rathdown County Council to support young males making the transition from our two residential units, Racefield House and Glensilva. The Health Service Executive, as it was known then, finally agreed to provide the necessary funding following a series of protracted negotiations for a single post, a modest non pay budget, and in return for these resources they sought a commitment from Smyly Homes to extend its Aftercare Service to include the East Coast Area made up of community care area’s 1, 2, and 10.

On conclusion of extensive research on Aftercare provision nationally, Smyly’s decided to go with the Barnardo’s, Belfast, model of Aftercare provision. Based on this model of service provision and delivery Smyly’s Aftercare Service was receiving a reputation for being a quality service provider in its own right, not only in Dublin but nationwide. Smyly’s model of Aftercare services went on to be replicated in other Child care organisations around the country.

Our Aftercare provision model was, and continues to be based on a three pronged approach i.e. transitional accommodation, outreach and drop-In. The staff team providing these services is made up of an Aftercare Manager and one Aftercare worker (*Job-share post*). The Aftercare Service was lone worked from 1999 to 2005, before the appointment of a much needed additional staff member. Our service has continued to grow incrementally over the years and the diagram below provides an oversight of the structure and service provision of our Aftercare Service today.



smyly trust
services



CURRENT SERVICE RESOURCES AND PROVISION

I know the mere mention of statistics is enough to send people over the edge and immediately lose interest in the subject matter, I ask you to hang on in there while I disclose a few vital figures to you. Smyly's Aftercare Service has supported the following number of service users since it opened its doors in September 1999 to the present day;

- **Transitional Accommodation** = **24** Service Users (*Residents*)
- **Outreach Work** = **192** Service Users.
- **Drop-In Service** = an average of **42** Service Users per month.
- Total of **720** Service Users accessed Smyly's Aftercare Service from 1999 to 2019.

It is evident from the above figures (*36 on average per annum*) Smyly's Aftercare Service has touched a lot of young people's lives in the past twenty years and we wholeheartly believe that they have benefited from their engagement with us on their journey into young adulthood and beyond. A couple of glimpses that we would get into the positive impact we have had with service users is our "*thank you wall*" at our office, there are over 50 thank you cards to the staff team and also more importantly the number of former service users that continue to call into our resource base to say "*hello*" and let us know how life is going for them.

One of the significant developments in the establishment of our Aftercare Service was the partnership we forged with Aislinn Aftercare Service, (*HSE*) for females. This was enormously invaluable to us starting out on our journey of Aftercare provision. Our partnership went from strength to strength over the years which allowed us to bring a fair and equitable service to care leavers. In 2014 it was decided with the launch of Tusla, Child and Family Agency that we would no longer provide single gender Aftercare services, and also running concurrently with these changes was a major review of the Tusla National Aftercare Policy, 2015. This review of policy was partly to incorporate the relevant legislative amendments to the Child Care Act, 1991, specifically relating to section 45, of the act. The two significant legislative changes to be brought about for Aftercare by these amendments was eligibility and the fact that every eligible young person in state care were entitled to have their Aftercare needs assessed and an Aftercare plan put in place. The above is the "*lady bird*" version of the policy, for a more in-depth analysis of this document, see the National Aftercare Policy 2017, this can be found on the Tusla Hub.

With the blight of the property drought, our service has seen significant increases in the number of former

service users accessing our drop-in service on-route to avail of homeless services in Dublin city centre. We also experienced in the past eighteen months care leavers transitioning from their care placement directly into homeless services, such is the lack of suitable / affordable accommodation in Dublin and surrounding counties, to meet the accommodation needs of our care leavers. In our ISA alone in 2013 we lost the referral capability of a total 94 transitional beds to homeless services, these included: St Catherine's Foyer = 48 beds, YMCA = 35 beds and Crosscare, Ranelagh Rd. = 8 beds, this left behind a total of five transitional bed spaces to meet the accommodation needs of our care leavers i.e. Smyly's = 2, Tusla = 2 and Home Again = 1, to serve our ISA of Dublin South, Dublin South East and Wicklow. These five occupancies are to support an ever-increasing number of care leavers transitioning from state care in our catchment area. Again, you cannot avoid using statistics to highlight the plight of young care leavers, but this is a reality for an increasing number of our very vulnerable young people, who are in no way mere statistics, but one of our most disadvantaged in society today. I am not ignoring the number of measures that have been put in place to support this vulnerable group, i.e. Home Assistance Payments (HAP), the Capital Assistance Scheme (CAS) and the Rent-a-Room scheme, unfortunately there are little or no properties available to benefit from these schemes. We have also carried out a miniscule piece of research with our service users availing of homeless hostels, and the findings suggest that the chaotic lifestyle that exists within the homeless environment has directly impacted on these young people's mental health, leading in a significant number succumbing to drug and alcohol addiction as a way of navigating their way through these homeless shelters. I thought it would be appropriate at this point in the article for you to hear directly from two of our service users availing of homeless services for the past two years.

"I'm Male, 18 year old, with only a small amount of experience in the care system. I have lived at home for most of my life, but unfortunately I had to be taken into care a year before I was eighteen and it was because of this I was allocated an Aftercare worker. After my time in the residential house I went home for a short time, but again this did not work out for me. I did a bit of sofa surfing in me mates gaff's for a short time, this ended quickly because you soon run out of offers of places to stay. I registered with the Council's homeless section, and I was offered a place in a homeless shelter in town. I was scared and excited together, I had not been to Dublin in years and never on my own, this was the exciting bit, and the scary bit was the unknown and the fear of getting my head kicked in. My first night in the shelter was terrifying, I didn't sleep very much and I remembered the Aftercare staff telling me how best to hide my personal belongings so I would still have them the following morning."

"I was given a roll-on bed, this means you do not have to use the free phone number to get a bed. I'm now in the homeless shelter six weeks and there is no sign of me getting a place of my own, or even a place to share with others. The hardest thing about staying at a homeless shelter is having to be out by a certain time every morning even if you are sick. There are places that you can go to during the day, but I choose to hang around the streets in Dublin city centre with my new friends from the shelter. I also do a lot of smoking "weed" this helps with the boredom and it helps you get a sleep at night in the homeless shelter because it can be noisy at times with lads fighting with each other. My homeless case manager is trying to get me into a long stay hostel with one of the lads I met in the shelter. If this happens it will be great because I'll be able to put up family photographs on the walls in my room, and pick from a selection of clothes in my wardrobe and not from a small amount of clothes that I carry in a back pack. I hope this move comes soon for me, I really don't like living like this....."

"I'm male, 20 years old, my experience of care came when my granny who looked after me died suddenly six years ago, and I was taken into foster care and then into a residential house. I was looked after very well in care I got on with the foster carers and then the staff in the residential house. I was allocated an Aftercare worker when I was sixteen years old and she got me a place in a transitional flat after I moved from my residential house. I loved having my own space again, and being able to come and go as I pleased. I made a stupid mistake about six months back when I believed that a relative offered me to come and live with them. My Aftercare worker advised me at the time to reconsider because of the uncertainty of this new move. I knew best! And within a couple of months of moving I found myself homeless back on the streets of Dublin."

“For a short time while my Aftercare worker was trying to get me a place, I lived at a few friend’s houses. I found this hard, always thinking of what I gave up to go and live with that relative. I eventually accessed the free phone service and was given a bed at a homeless shelter in Dublin. I was told if I managed 15 nights without a break I would get a roll-on bed, this was good because I got to have two small lockers for my personal belongings. Within the fifteen days I had two phones and new runners robbed on me, so the lockers were a God send. After a couple of months in homeless services I was offered a more permanent placement at a hostel outside of the city centre, at the same time my relative made contact again and asked me to come and live with them again. Family is important to me, so I choose my relative’s invitation. Surprise, surprise, this living arrangement fell apart for the second time and I was back on the streets in Dublin again. The difference this time was I knew my way around the homeless support services, you get to know these things very quickly when you’re homeless.”

“I managed to get a roll-on bed straight away and got a weekly payment sorted out, I’m still living in homeless services today, and I think I will be for a long time to come. I get very anxious about my future and I have turned to smoking weed and other drugs, like a lot of my mates in the homeless shelter. I never wanted to do weed, or any kinda drugs but it helps with the anxiety and it gets me through the day and night....”

I hope these interviews with our service users will bring some insight into what it is like for care leavers, one of the more vulnerable and disadvantaged groups in our society, to not have a place to call home like their stay at home counterparts.

While it was always my intention writing this article to mark our Aftercare Services’ 20th anniversary and it’s achievements over the past twenty years, I felt it would be remiss of me not to take you through a small part of the journey myself, my staff and service users have been on in Aftercare over the past twenty years. In any journey there are unexpected highs and lows, and our journey in Aftercare has proven to be no different. One of the things that keeps myself and my staff team going through some very bleak times is the resilience and resourcefulness shown by our service users whom we are meeting on a daily basis. It is human nature that we tend to measure outcomes by their success, unfortunately for us in Aftercare we find ourselves measuring success and failure in equal quantities, simply because they both contribute to the evolving resilience and learning of our service users. It is this resilience and learning that will support them navigate the life road of complexities, taking them through to mature adulthood, and to a fulfilled and happy meaningful future.

It is this resilience that has motivated a number of our service users to pursue an educational path through to degree and masters levels, and others down the employment path. It is also the same resilience that supports an ever-increasing number of our service users whom are accessing homeless services and the complexities associated with this. I was sorely tempted given that this article is to mark our 20th anniversary to list off some of the individual achievements of our service users over the past twenty years. But no, it is in my humble opinion that each and every one of the service users we have supported in the past twenty years have all reached personal milestones on their road to independence. This has been partly testament to the strong supportive relationships forged between service users and Aftercare staff.

Wrapping up this brief insight into Smyly’s Aftercare provision to mark our twentieth anniversary I’m reminded of a quote by Gerry Schwartz, *“Helping people getting a great start in life, a great foundation, is an investment”*. And who better to invest in but the youth of today, for they are our future.

KNOW YOUR RIGHTS BY CHILDREN’S RIGHTS ALLIANCE (NOVEMBER 2019)

Do you want information on what rights and entitlements children have in Ireland? Do you need information on where to go when those rights and entitlements are not respected? The Children’s Rights Alliance has produced a guide on children’s rights and entitlements in plain language.

Link: <https://www.childrensrights.ie/sites/default/files/Know-Your-Rights-2019.pdf>

MOVES

Paula Byrne recently retired from Tusla. Paula has over 35 years' experience in social care work and has worked extensively with children and families across early intervention, residential care, community and aftercare services. She has also provided extensive support to parents through initiatives such as the Incredible Years Parent Programme (IYP) and is an accredited Parent Group Leader and Peer Coach in IYP. She is also a Mentor in Training for IYP and continues to train, upskill in new initiatives and liaise with Incredible Years Inc. in the USA.

Throughout her career Paula has been a passionate advocate for both service users and social care workers and she is currently Chair of Social Care Irelands Workers Advisory Group and a past President of the Irish Association of Social Care Workers. In that capacity she led the association in campaigning for the establishment of statutory registration for social care workers (CORU 2005) and for the constitutional amendment on the Rights of the Child (2012). She is currently a Board member of Social Care Ireland since its inception in 2016.

We wish Paula well and hope she continues to remain involved in Social Care Ireland.

David Williams TUD (formerly DIT) has stepped down from his position on the SCI Workers' Advisory Group after many years and will be sorely missed. David was the first President of Social Care Ireland and played an important part in establishing the association and steering it forward from its beginnings. Thanks David for your contribution, interest and enthusiasm around so many aspects of social care. Hopefully, we can still call on you when and if particular issues arise in order to get your respected and experienced views. And hopefully also, we will see you at the conferences.

DISABILITY SPECIAL INTEREST GROUP CONFERENCE 2019

"A JOURNEY TO DE-CONGREGATION? - WHERE ARE WE NOW?"

The 24th of October saw the Disability Special Interest Group host their annual conference in Childvision, Drumcondra. This year's theme was a reflection on the movement to de-congregate settings for people with disabilities. The conference was well attended with a varied demographic.

Minister Finian McGrath opened the conference with a stirring speech focusing on the unique talents of individuals. If you want to see what the minister said about his experience take a look at <https://www.facebook.com/finian.mcgrath/videos/567832727287951/>

Keynotes included:

Christy Lynch, The Chair of the Task Force on personalised budgets.

Fionn and Jonathan Angus; Fionn is the first person in Ireland to manage his own HSE funded support programme.

Selina Doyle; Practice Development Manager, St Patrick's Center Kilkenny.

Tara Doheny; Programme Manager, GenioTransforming Social Services.

Jessica Gough, is a Leader with Áiseanna Tacaíochta(ÁT).

James Cawley, Independent Living Movement Ireland.

Noel Howard of Social Care Ireland gave some feedback on the recent 'Violence in the Workplace' research published in conjunction with UCC, CARL and SCI. This was an uncomfortable topic however very relevant to this sector. This generated healthy discussion and is a topic that is often overlooked.

Delegates were also provided with an opportunity to engage with HIQA as they had an information stand at the event and Thomp2socks had a stall selling their amazing socks <https://www.instagram.com/thomp2socks/> . For more information on the conference and future events please follow the DSIG @ DisabilitySig (Twitter) or on LinkedIn. If you are interested in getting involved in the Disability SIG or want to be added to the mailing list please email us at specialinterestgroupdisability@gmail.com.

THE LONELINESS OF THE LONG-DISTANCE CHILD IN CARE

Dr. Keith J. White

It's been another of those weekends at Mill Grove, and I need to find ways of understanding not only how to describe and frame two extraordinary encounters that took place, but also how to identify and stay in touch with the personal feelings they have provoked in me. Each of the people in question had spent part of their childhoods at Mill Grove because their family situations were so chaotic, fraught and fragile. Neither of them knew their fathers, or even their fathers' names. And although they both had half-brothers and sisters, neither of them felt close to any of their siblings, or to their mothers. So, they have had to navigate their long and lonely way through childhood, teenage and adulthood trying to find ways of making what sense they could of their own stories, of education, work, relationships and life by drawing mostly on their native wit, their intuitions, and hunches.

The male (*who was substantially older than the female*) had been abandoned twice by his mother, before later in his childhood she invited him and one of his half-brothers to live with her and her new partner. Predictably this ended in disaster for both brothers. Floyd, as I will call him, came back to live at Mill Grove for a time. He then spent many years living independently before coming back to live with us as a mature adult. He had encountered serious problems with housing and employment due to his lack of citizenship in any country. We promised to help him with this, and the good news is that he is now a British citizen with his own passport.

My conversation with him was completely unplanned, and so for most of the time he stood holding a broom and a yellow work-vest. It was only as the subject matter deepened that he sat down beside me. There were times when tears welled up in his eyes, notably when he talked of how independent he had been all his life. This was, of course, a matter of necessity. From another perspective you could say that he had never formed a satisfactory attachment as a baby or young child. Rather there was a succession of moves involving a variety of substitute carers, and his inner world had become separated from that of others. It was heavily fortified. None of those who know him best feel that we have developed a close relationship with him, though we are very fond of him.

Then he started reflecting about the fact that he understood his mother better than one of his older brothers. His brother was under the illusion (*that was Floyd's word, not mine*) that their mother loved him, and that if he could live with her again everything would be happy ever after. Floyd knew that this was untrue. And I began to see that he had formed sensible and realistic views of not only his mother, but of other people in his life. There was nothing in his re-telling of his story and experiences that was at variance with the facts as I knew them. But at the same time his deepest feelings seemed suspended or frozen. He interacted with others politely, caringly, but (*understandably in the circumstances*) without risking a genuine engagement of his inner world and theirs. The emotional scars of serial abandonments were far too raw.

But the moment came when I felt it might be appropriate to ask him if he knew how much he meant to us and our family. He had always been dear to us, and it had been excruciating for us (*as we knew it was for him*) when he had been forced to move into unsatisfactory settings. I had been affected deeply by the distress he felt at being deemed a non-person (*i.e. stateless and without citizenship by officials in Germany, where he was born, and the UK where he has spent nearly all his life. His siblings dropped everything and came to see him when they discovered the fact that he had been abandoned by his father, mother and nation-state. There was no response that I could detect involving his own feelings, until that is, he began to compare his life, his values and the person he was with that of others he knew (including his siblings).*

Without mentioning him by name he described how he owed most of what he had become to my father. From him he learned about right and wrong, about respect for others, about truthfulness and honesty.

And there were gentle tears as he spoke. That is where our conversation ended. And I am aware that it may not seem very significant. But it is the farthest and deepest we have ever got. For he had talked about another person, one whom I knew loved him dearly, and who was fully aware of the pain that Floyd's traumas, rejections and losses had caused. My father did all he could for Floyd and was always there for him. It seemed to me that there was a hint of an acknowledgement that my father meant something special to Floyd, and that, risky as it was, Floyd had admitted it, though in a rather tangential way.

Later that evening (*it was a Saturday*) Floyd asked me if I would pray for a friend of his who was in a hospice and dying of bone cancer. He knew that I would be leading worship in a church not far away the following day, and I assured him that I would do so, touching him gently on the arm as I did so. Of course, you could say that this request had little or nothing to do with our earlier conversation. But my sense is that it was an eloquent, though probably unconscious continuation of our emotional interaction. Here was someone he cared about, and that was part of his inner world, and he immediately wanted to share it with me.

In view of Floyd's long-held way of coping with the cards he has been dealt in life, it is likely that there will be little chance of substantial change in the rest of his life. But experience has taught me not to rule anything out, so I would not bank on it. But in the meantime, it was such a relief he was able to receive just a hint of love, concern and care.

The other conversation was planned. Melody, as I will call her, had arranged to come over to see Ruth and me on our return from North Wales. It was the second visit since she had lived with us a young girl. She was now self-employed and with a daughter at junior-school. Her mother had struggled with chronic clinical depression and had undermined any relationships that we could establish with Melody. After a desperately unhappy spell at home Melody spent the rest of her childhood and adolescence in the care system, with the relentless pressure from her mother to believe that she was bad, and that so were we.

Melody has always been intelligent, creative and outgoing and the fact was that we loved her dearly and were devastated when things turned out the way they did. So you can imagine the joy we felt on her return. As we chatted however the loneliness that she had experienced and felt year by year became all too evident. She wanted to know if she really was that bad, and it seemed incongruous that someone so confident, bright and mature should have had any such doubt. But she had not had anyone alongside her continuously to affirm her. As a result, it took her ages to realise that her mother had failed her, and that she would have to move on. One of the ways she does this is to call her mother by her name rather than speak of her as her mother.

In her lonely journey through the care system, she had virtually no recollection of several people who were alongside her while she lived with us, including at least one who was particularly understanding and close. And it was only when we started looking at a diary that events, like cycle rides and a gym club, a friendly Sunday School, began to be recalled. Unlike Floyd, she was able to relate to us with openness and feeling, and to express her own inner world and journey. But in both cases I was left with a deep feeling of sadness that they had had to try to work things out for themselves when the world in which each of them was living was so chaotic, confusing and sometimes even mad.

The two conversations took place on the same day, and that was just 24 hours ago. What are the elements that go into the mix of my own emotions, I wonder? A regret that I/we could not do more for each of them? A sense of guilt that they journeyed alone when I/we would dearly have loved to walk with them? The exposure of my own inner vulnerability and loneliness? I am not sure, but there has been plenty of transference: that's for sure.

Meanwhile Floyd continues to live with us, and there will be more opportunities to share, before hopefully he is able to find his feet again. And Melody is keen to come over with her daughter as soon as possible. So the stories continue, and there is hope. There is always hope. But in the process raw nerves have been touched. I am not sure there is any other way after such lonely personal journeys.

(Dr. Keith J. White leads Mill Grove, a residential Christian community that has been caring for children in the East End of London since 1899.)

WE'RE GETTING THERE

Laura Steckley

"In cultivating compassion we draw from the wholeness of our experience - our suffering, our empathy as well as our cruelty and terror. It has to be that way. Compassion is not a relationship between the healer and the wounded. It's a relationship between equals. Only when we know our own darkness well can we be present with the darkness of others."

From The Places That Scare You: A Guide to Fearlessness in Difficult Times by Pema Chodron

I have always wanted to be a runner. For a very long time, anyway. Before creating confusion, I should be clear; I hate to run. Within the first minute or two I want to stop. I have to play mind games to keep myself going. A black mood quickly descends, and I hate everyone I see. If I am approaching two little old ladies on the sidewalk, a part of me wants to knock them off for not getting out of my way; stepping off into the street and back feels like too much added energy, but then knocking them off would take more, so I choose the street. I'm sure people in cars driving by are watching me and sniggering at my pace and form. I can hardly bear to think about what actual runners might be thinking.

I go out a few times a week and struggle with my insecurities and demons for a limited period of time, and then I go back to my day to day. It's not that my insecurities and demons don't lurk in other areas of my life, but they are naked and raw when I'm running. And when I'm running, I often think about the young people in some of the places I have worked. I wonder if perhaps they have felt similarly as they struggled through their day to day. What might be considered to be the slightest consideration likely requires too much psychic energy when in the throes of demons and insecurity. Keeping going must sometimes feel impossible, as impossible as bearing the disappointment and despair of screwing up. I wonder how many times I balked at their egocentricity, ugliness and nastiness, not recognising my own similar capacities. I wonder how compassionate I was in the face of their darkness and suffering. I know I struggled.

Acceptance is a fundamental requirement for compassion and there is likely a direct relationship between compassion for oneself and compassion for others. The distance between acknowledging the necessity of greater self-acceptance and actually making progress towards it feels like a marathon, however, and there is often fear that if one just lets go it will all go to hell. The paradox, interestingly, is that one is much more capable of change from a place of acceptance. Certainly it is those times when I can approach my run not only with some acceptance but a bit of humour about the ridiculous thoughts and feelings I experience that I tend to feel a bit lighter and go a bit further.

Certainly my more profound experiences in child care arose in moments of greater presence, which required a significant degree of acceptance. We often talk about accepting the child and not the behaviour, but I suspect the kind of acceptance necessary for transformation goes deeper than this. To be fully present requires, amongst other things, no internal noise about how things should or shouldn't be, or how we do or don't want another to be. This allows for a greater awareness and presence with what is, now. It is easier to listen from this place, and to spontaneously take account of the multitude of factors affecting the moment so as to provide a child-centred, useful, often creative response.

A desire or belief that we should be different instinctively provokes resistance and defensiveness from deep within, keeping us stuck or at the very least, directly competing with the part of ourselves or others that is trying to change. At one level what we need to provide young people with is a sort of emotional environment in which they can take a break from their identity and related baggage, if they're ready and willing. Phelan (2007) calls it a "safe space" and Dass (1985) calls it "coming up for air." At another level, however, we are often encouraged to feel responsible for the behaviour of young people and do have explicit aims related to change "change in behaviour, change in thinking, change in feeling.

Managing these tensions, between acceptance and change, between just being with and doing something,

is advanced practice - child and youth care practice, and spiritual practice. Another tension which must be managed, as is raised in the opening quote, is between being in a position of superior power and a requirement for equality. Young people in our establishments have power, and sometimes yield it in difficult and frightening ways; but in the final analysis, we have significantly more power over their lives than they do over ours. We consistently make decisions that affect the pace and content of their day, the amount of time they spend with their families, and the duration of their time with us. Rightly, their decision making also affects these things, but final decisions usually rest with us.

Truly being with someone in compassion, however, means shedding judgement and superiority, and somehow moving beyond the unavoidable and even necessary power differential between member of staff and young person. This means somehow connecting beyond these roles, while still fulfilling them. Dass (1985) refers to the “*relative realities*” of our various identities; shifting away from an exclusive reliance on the reality of one particular identity, and moving in and out of various identities as the situation warrants strongly increases our flexibility and responsiveness. The more I am exclusively caught in an identity of helper, the more I pressure the young person to be the helped. From this place, it is more difficult to connect in other ways, on other levels.

A less complex illustration would be a very basic conceptualisation of roles offered to me when I first started working in residential child care: the soother, the enforcer and the stimulator. The soother does just that - soothes soreness, nurtures self-esteem, and listens. The enforcer sets limits, benignly confronts, enforces rules. The stimulator excites interest, encourages participation, and inspires laughter. Most staff groups have members who feel more comfortable fulfilling one role over the others, but ideally there is a balance across the whole team. When this balance is missing, problems will likely arise. Practitioners who can shift between roles as needed, sometimes moment to moment, tend to be more effective and comprise higher functioning teams.

Being able to shift between the relative realities of role, identity, separateness, connectedness, staff, fellow being, acceptance and change requires a firm grounding in a quiet, more enduring self behind the noisy, temporal nature of each concrete situation. Holding the seat of one’s wisdom allows one to be open to what is and respond accordingly, while maintaining congruence over time. Developing such a capacity is a slow, non-linear, difficult process, and I’m not sure how well it is encouraged or supported in child and youth care settings. My own experiences of practice and awareness of other establishments is that they are struggling to provide care for their care givers on a much more basic level.

So where does this leave me, then, with the running? I’m not sure. I am definitely working through some important processes out there. I’m slowly learning to keep going, to not give up, to set and achieve realistic targets, to be more present, to accept more, and to change. These are all things I tried to help young people learn when I was in practice. I am also staying connected with my darkness, albeit in small manageable portions. This provides regular doses of humility and enables me to be that little bit more compassionate than I would otherwise be. I think it’s good to have a regular practice that helps one with all of these things. So, maybe I don’t need to be a runner, but I think I’ll keep running.

I’ve just come back from a particularly good run, maybe as a result of struggling to articulate my thoughts in this article. The air is cool and the crab apples are in bloom. I remind myself to notice. I also smell the sea air and admire the hills beyond. How much easier it is when I can turn down some of the noise in my head. It’s a bit like turning down the gravity one wee notch. I make eye contact with some of the other folks in the park, at first only fleetingly. One guy has brought his dog out for a walk and he is using a cane. We pass as we go in opposite directions round the loop. The next time I pass him I notice his slow progress and pained expression. I feel slightly silly at my own, and feel grateful for being healthy and injury-free. I venture a smile; he smiles back and cocks his head to the side slightly, maybe as if to say “*we’re all in this together.*” I still have grouchy, self-defeating thoughts, but they’re less frequent and loud. I still want to stop and have to push to keep going, but it’s a bit easier. We pass around once more; this time he gives me a wink. we’re getting there.

(Dr. Laura Steckley, a Senior Lecturer at the School of Social Work and Social Policy at the University of Strathclyde, Scotland)

SELF-CARE AND THE SCIENCE OF HAPPINESS... FREE ONLINE COURSE FROM BERKELEY UNIVERSITY

By Dr Lucy Weir

As people whose role is to care for other people, we're often told that we need to be aware of the importance of self-care. But the caring profession is not renowned for its fantastic salaries. Shifts can be long, with often-antisocial hours, on top of which, not only is the job often highly emotionally demanding, it can also involve experiencing violence and aggression which adds extra layers of stress. On top of all this is the knowledge that the people we work with are themselves subject to all kinds of stress and anxiety that comes from not being able to live with family or others they might choose to be with. The result of all this is that while colleagues can be a huge source of support and even friendship, and that developing relationships with residents can be fantastically rewarding, both those living in care settings, and those working in them, can experience more frequently than most that dreadful vacuum of connection with others that can lead so easily to anxiety, a sense of isolation, or even the blank wall of depression.

This time of year can be particularly hard: fewer opportunities to get out and about, the emotional (*and financial*) rollercoaster of Christmas, followed all too swiftly by the long dark days of January. So, what can we do to support ourselves and those we work with? Well, one course I took online that really worked for me was the University of Berkeley, California's Science of Happiness course, a free, online course that you can take at your own pace (*you can also do it for continuing education credit hours if you're a mental health professional*) and that offers a wide range of ideas and supports that you can share with colleagues and those you work with. You can even do the course with colleagues or friends, something you could take to your workplace meetings for discussion.

Some of the main takeaways of the course are that you become more informed about the science behind social and emotional intelligence. Naturally enough, the better informed you are, the better you get at appreciating what works in terms of connecting with and understanding the people you work with and for. Better understanding leads to better relationships, so that is already a win win. A practical example of this is the focus in the course material on developing a gratitude journal. The more aware you become of what you are thankful for in your life, instead of focusing on what you find difficult or painful, the more you engage in a positive feedback loop, shifting your attitude to one that is more focused on appreciation of small things. You might say thank you more. This subtly changes how people relate to you and this, in turn, means that you are likely to have slightly more successful encounters at work.

But perhaps the most fundamental learning from the course is that it is by doing something that benefits someone else that our own attitude to ourselves most deeply shifts. This is true, in spades, of the people we work with. If someone is in residential care and never, or almost never, has a chance to contribute in some way to the community, or the society in which they live, then they're much more likely to feel self-critical, with all the accompanying behavioural issues that accompany self-criticism, particularly when it becomes extreme, including feeling nihilistic, and therefore not caring about the consequences of their actions. Working with people in care settings it is all too easy to self-medicate (*something I'm all too familiar with in my own life*) as a solution to the overwhelming sense of battling against the odds. Exercise, obviously, helps. But helping others, through volunteering, or picking up rubbish, or rescuing pets, or whatever else you can think of that accords with your own worldview, markedly changes your attitude to yourself. And giving the people we work with the opportunity to contribute to the society and the community in however small a way creates the same shift for them. Because, of course, there is no them and us. There are only humans, struggling to survive against sometimes huge odds, and if we can create connection, and pay attention, to one another and to ourselves, more kindly, then we'll experience the full benefits of self-care. But don't take my word for it. Listen to the science!

https://ggsc.berkeley.edu/what_we_do/online_courses_tools

SCI ANNUAL CONFERENCE 2020***ENHANCING YOUR PRACTICE,
BUILDING YOUR TOOL KIT.***

Wednesday 1st and Thursday 2nd of April, 2020
Venue: Radisson, Sligo.

In every profession, the use of specific tools is necessary and such is the case for Social Care, and these ‘tools’ can assist the Social Care Professional in working with vulnerable and marginalised Service Users. The theme of the 2020 Social Care Ireland Conference is “*Enhancing your practice, building your Tool Kit*” where there will be Keynote Speakers and Workshops/Presentations relating to how, you the Social Care Professional, can improve your practice by utilising ‘tools’ available to you, and learn about how your practice can be improved; thereby improving the care provided to the Service User, by continuously adding to your skills/knowledge.

For list of speakers and booking details go to www.socialcareireland.ie

‘MENTAL HEALTH - BEYOND THE LABEL’

Social Care in
Child & Adolescent
Mental Health Services



Social Care Ireland

Our Special Interest Group (SIG) for Social Care in Child and Adolescent Mental Health (CAMHS) has been operating for a number of years, and we are proud to say that with the support of Social Care Ireland (SCI), this was our fourth Annual Conference. The aim is to provide us with an opportunity to look at areas of interest or prevalence in our field of work, more in-depth. We were of course delighted to welcome all Social Care Workers, students and Allied Health Professionals who have an interest in mental health.

We are aware of and experiencing the significant cultural change and shift in expectations, including the response to climate change, the #Me Too Movement, same sex marriage, to name a few. While it had been slow at times in terms of mental health, we have witnessed change in our understanding and acceptance of mental illness. There have been more public information campaigns such as ‘*The Little Things*’ directed towards adults, and now The ‘*Mind Monsters*’, which aims to help adolescents and young adults through tough times with their mental health. More obviously needs to continue, however there are starts.

Mental health and taking ownership of our own mental wellbeing, has become a popular topic for consideration and action. This has led to more open discussions, understanding and learning. We have also seen more engagement in self-care, be that through reading, group participation, social media, exercise, therapy etc., and people are seeking help and support. This was the reason the focus of the Conference in 2018 was on Resilience and Self-Care.

This year when SIG members considered a topic for the Conference, they reflected on the fact that there is an increasing complexity in the presentation of the young people and their families attending CAMHS. Additionally the Standards Operational Procedures for CAMHS has been revised and now re-issued as an Operational Guidelines, and it clearly states that we see young people with moderate to severe mental health difficulties. With these and other considerations in mind, our conversations focused on the importance of early recognition and diagnosis for young people, and subsequently receiving necessary

interventions and therapies. We also reflected on the meaning for someone receiving a diagnostic label. This was our reason for wanting to take a deeper look at the importance of early diagnosis, early intervention and also to recognise co-morbid conditions.

Globally we have seen a steady increase in the number of people diagnosed with mental health conditions. Diagnostic labels can act as passports to accessing educational and public services and they also help to create groups for people with the same label. We are all too aware that mental health conditions have highly variable symptoms, and unlike physical medical conditions such as fracture, they are not clear cut. Therefore diagnostic criteria for mental health conditions keep moving. To add to the challenge, many people can have more than one diagnostic label, what we refer to as ‘comorbidity’.

There has been a lot of change in relation to people’s perception about mental health and illness. Before looking at what we perceive to be the positive outcomes to receiving a mental health diagnosis or label, we looked at what might be considered reasons for fear and uncertainty around diagnostic labelling, such as:

- feeling other people will only see the diagnosis and not the actual person
- the thought that diagnostic labels can lead to stigmatization and individuals not meeting their potential
- diagnostic labels may alter how other people treat the person
- people may have concerns they will be prescribed medications to manage symptoms

On the other hand, there can be many positive outcomes following diagnostic labelling, and this was reiterated by the speakers, Aoife and Rachel, during their presentations. What we have learned is that:

- receiving a diagnosis can be an overwhelming relief for individuals and some have described this as being the first time they feel anyway ‘normal’
- the knowledge that comes with the ‘label’ can be empowering and allows for greater understanding and acquired knowledge
- understanding symptoms and subsequent diagnosis, can help to build hope, and furthermore, a chance for Recovery
- leads to guidelines for treatment and management, in adherence with Best Practice Guidelines

As Social Care Workers, we recognise the importance of linking theory to practice. While there has been considerable change in societal perceptions and understanding of mental health and illness, and we are moving beyond this, we should reflect on the concept of stigma within labelling theory. Goffman in 1963 identified the term stigma as referring to “*an attribute that is deeply discrediting within a social interaction*”. Individuals with such a quality were different from others in ways that were less desirable and shameful. He proceeded to say that the stigmatized individual is “*reduced...from a whole and usual person to a tainted, discounted one*”.

The Conference this year began with a presentation from Laura Behan and Sharon Donohoe, who work as Social Care Leaders in CAMHS and have experience of working therapeutically with young people in various social care settings. With a growing interest in the link between young people’s mental health difficulties and Autism Spectrum Disorder, they spoke about the positive impact early recognition can have on young people’s mental health.

We were lucky to have Aoife Dooley, a freelance illustrator, graphic designer, author and comedian, who is best known for ‘*Your One Nikita*’. She provided us with the ‘*lived experience*’ and personal journey of being diagnosed with an Autism Spectrum Disorder at the age of 27. Aoife spoke positively about neurodiversity and how receiving the diagnosis has helped her with understanding herself, relationships and her emotional reactions in the past. On the day, she was funny, expressive and open, and very real and encouraging for others going through the same experience. Aoife also reiterated for those working in CAMHS, the importance of accurate and early diagnosis and she believes that her achievements to date have in part happened because of her neurodiversity.

We next talked about Attention Deficit Hyperactivity Disorder (ADHD), with our next speaker being Ken Kilbride, CEO, ADHD Ireland. Their mission is to make life better for people living with ADHD. He informed that it affects 5% of the population (*or one in 20*), yet is still very much a misunderstood condition. Additionally the rate for un-diagnosed ADHD in both children and adults is quite high in Ireland, despite the fact that when it is identified and treated, is a very manageable condition. Ken gave an overview of the engagement ADHD Ireland have with families and individuals, the common calls and issues, the supports available, along with insights and perceptions from peoples' experiences.

Following this we had an excellent presentation from Rachel Clancy, a software developer who was diagnosed with ADHD at the age of 26. She shared her journey, including experiencing some associated challenges of ADHD, and is advancing a successful career. Rachel was recently named one of Sky's newest Women in Technology scholars, shortly after having completed a master's degree in software development in the UK. She spoke enthusiastically about the app '*Get Closer*'; she is developing, which aims to teach young children about ADHD, along with helping them to identify difficult emotions and how to cope with them.



From left: Suzanne O'Daly, Audrey Sherry, Helen Fitzpatrick, Fiona Murray, Karen Mahon and Laura Behan

On the day, there was no need to introduce our final speaker, John Lonergan. He worked as Governor of Mountjoy Prison until his retirement in 2010. Having entered the prison service in 1968, John spoke about his personal experiences and the individuals he worked with from day-to-day. He has developed a deep understanding both of human nature and encouraged Social Care Workers to work in a way that builds relationships with those they work with. A core message from John's presentation was to treat all those we work with, with the dignity and respect they deserve.

There is a quote which says "*Diagnosis is not a label; it is a key to the door of understanding*". Blogs, Facebook and social media in general have opened up the forum for discussion about all manner of topics. Labels may go towards helping to define some characteristics about us, and can be attached by other people, and often by ourselves. It is important to remember that a diagnostic label is not the only thing that defines us. Individuals are multi-layered – they live life, have experiences, feelings, influences, and are definitely not black and white. Each one of us is unique and individual and complex. Labels, whether perceived as helpful or unhelpful, can be useful and teach us things, which can subsequently lead to appropriate help seeking.

We want to send a thank you to all those involved in the planning and delivery of the Conference 2019. We look forward to next year and are open to suggestions for topics of interest. The SIG for Social Care in CAMHS holds meetings every two months and we welcome new members. For this and any other queries, please contact us at socialcarecamhs@gmail.com and also refer to the Social Care Ireland website at info@socialcareireland.ie

CORU PROTECTED DISCLOSURES POLICY APRIL 2019

HEALTH AND SOCIAL CARE PROFESSIONALS COUNCIL

1. Introduction

The Protected Disclosures Act 2014 came into effect on 15 July 2014. Statutory Instrument 339 of 2014 prescribes certain persons to act as recipients of protected disclosures. The Chief Executive Officer of the Health and Social Care Professionals Council (*“the CEO”*) has been prescribed to receive protected disclosures in relation to:

“All matters relating to the protection of the public by the promotion of high standards of professional conduct, education, training and competence through the registration of health and social care professionals, as provided for by the Health and Social Care Professionals Act 2005 (No. 27 of 2005).”

A worker from outside of CORU may therefore make a protected disclosure to the CEO if the worker reasonably believes that the relevant wrongdoing falls within the description of matters set out above. The worker must believe that the information disclosed, and any allegation contained in it, are substantially true.

2. What is a Protected Disclosure?

For these purposes, a protected disclosure is one which meets all of the following criteria:

- it is made by a *“worker”*;
- in the reasonable belief of the worker, it tends to show one or more *“relevant wrongdoings”* and that the information disclosed, and any allegation contained in it, are substantially true.;
- it consists of information which came to the worker’s attention in connection with his or her employment;
- it is made to the CEO of the Health and Social Care Professionals Council, and
- it relates to a matter relating to the protection of the public by the promotion of high standards of professional conduct, education, training and competence through the registration of health and social care professionals, as provided for by the Health and Social Care Professionals Act 2005, in the manner specified by the Protected Disclosures Act 2014.

3. Relevant Wrongdoings

The Protected Disclosures Act 2014 contains the following list of *“relevant wrongdoings”*:

- That an offence has been, is being or is likely to be committed;
- That a person has failed, is failing or is likely to fail to comply with any legal obligation, other than one arising under the worker’s contract of employment or other contract whereby the worker undertakes to do or perform personally any work or services;
- That a miscarriage of justice has occurred, is occurring or is likely to occur;
- That the health and safety of any individual has been, is being or is likely to be endangered;
- That the environment has been, is being or is likely to be damaged;
- That an unlawful or otherwise improper use of funds or resources of a public body, or of other public money, has occurred, is occurring or is likely to occur;
- That an act or omission by or on behalf of a public body is oppressive discriminatory or grossly negligent or constitutes gross mismanagement;

or

- That information tending to show any matter falling within any of the preceding paragraphs (*bullet points*) has been, is being or is likely to be concealed or destroyed.

4. How is a disclosure made to the CEO?

If you wish to make a protected disclosure to the CEO, please send it to the following address:

The Chief Executive Officer,
CORU, Infinity Building,
George's Court,
George's Lane,
Smithfield,
Dublin 7, D07 E98Y

5. Confidentiality

Generally, CORU is required to take all reasonable steps to protect your identity if you make a protected disclosure. However, a number of exceptions arise and CORU cannot guarantee that your identity will be protected in all situations. For example, if you make a Fitness to Practise complaint against a registrant, CORU is obliged by law to provide the registrant with a copy of your complaint. Other situations can arise where disclosure of your identity will be necessary for the effective investigation of the wrongdoing concerned, or where it is otherwise necessary in the public interest.

In addition, there are a number of other laws and guidelines which place obligations on CORU to report certain matters to the relevant authorities.

6. Anonymous Disclosures

Anonymous disclosures received by the CEO will be dealt with according to the relevant procedure which CORU ordinarily follows in relation to complaints or information of that nature. Making an anonymous disclosure makes it significantly more difficult for CORU to properly and effectively address the matter you have raised. It is not therefore recommended that you make an anonymous disclosure.

NATIONAL STANDARDS FOR ADULT SAFEGUARDING

On December 4th, 2019, The Minister for Health Simon Harris TD launched new standards to improve safeguards for adults using health and social care services.

The standards were jointly developed by the Health Information and Quality Authority (*HIQA*) and the Mental Health Commission (*MHC*) and approved by the Minister for Health. The standards aim to help health and social care services reduce the risk of harm; promote people's rights, health and wellbeing; and empower people to protect themselves.

Launching the standards, the Minister said: *"I wholeheartedly commend HIQA and the Mental Health Commission for initiating and developing these joint National Standards for Adult Safeguarding, and I welcome their intention to publish guidance to assist service providers in implementing them. These standards will provide a common language for health and social care services to refer to and set service users' expectations for adult safeguarding. I see them as a powerful tool to encourage service providers to adopt best practice — which will, in turn, drive safer health and social care services and improved quality of life for adults at risk who use those services."*

Also speaking at the launch, HIQA CEO Phelim Quinn, said: "People who are receiving care should be treated with dignity and respect, and receive care and support in a safe environment that is actively working to protect against and prevent harm. All services across the sector should begin to implement

these standards to safeguard all adults who may be at risk of harm.

“However, HIQA believes that a system-wide approach to addressing safeguarding requires policy and legislation to also be in place. We look forward to the development by the Department of Health of an overarching national adult safeguarding policy for the health sector and underpinning legislation, and the revision of the HSE’s national operational adult safeguarding policy.”

Mental Health Commission Chief Executive John Farrelly, said: “These new standards will strengthen the shield that protects and vindicates the rights of people who access mental health services in the state.

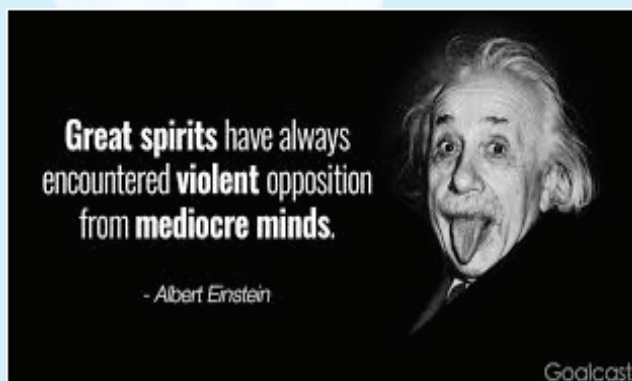
“As our mental health services continue to evolve, it is imperative that we ensure service users remain at the centre of reform, are appropriately safeguarded, and that no-one slips through the cracks.

“While legislation must clearly be introduced, the standards will help to create a building block for a new culture of care, vigilance and empowerment that should be embedded right across the health and social care system. It is important, therefore, that all mental health services apply these new standards in full.”

Information Notes on the Report:

- HIQA develops standards, inspects and reviews health and social care services and supports informed decisions on how services are delivered. HIQA aims to support services to safeguard people and improve the safety and quality of health and social care services across its full range of functions.
- The MHC regulates and inspects mental health services, supports continuous quality improvement and protects the interests of those who are involuntarily admitted and detained under the Mental Health Act 2001.
- The standards are designed to apply to all health and social care services, including: residential services for older people and people with a disability, all mental health services including mental health-approved centres and mental health community residences, acute hospitals, day care services, care delivered in the home including care delivered by a public health nurse or home support services, general practices and primary care centres.
- The National Standards are based on national and international evidence, and were developed by engaging with a diverse range of informed and interested parties, including:
 - *an advisory group*
 - *17 focus groups with 145 people, including people with experience of health and social care services, their families, advocates, staff working delivering services, and policy-makers*
 - *79 submissions to the public consultation.*
- Both the Mental Health Commission and HIQA are members of Safeguarding Ireland, the multiagency and inter-sectoral body with an overarching remit of supporting the development of a societal and organisational culture that promotes the rights of people who may be at risk of harm, and safeguards them from abuse.

Christine Barretto was a member from Social Care Ireland on the Advisory Board for Development of the National Standards.



There's a difference between not caring about what others think, and not caring about yourself. Your problem is you don't even care about you. And if you don't care about yourself, how the hell is anyone else supposed to?

~ Lindy Zart

SHORT SENTENCE - THREE YEARS IN DARTMOOR PRISON BY JESSICA BERENS

GROSVENOR HOUSE PUBLISHING 2016

Book Review by Noel Howard

This book got a revival after its author died in April 2019 and it is easy to see why.

As Jessica Berens walked along a dark alley of Dartmoor prison with an inmate who had been given a life sentence for sexual assault, the lights went out. Feeling nervous, she asked: “*Why aren’t the lights on?*” Then, as she recalled, the man replied: “*Don’t worry, Jess, I feel very safe with you.*”

The anecdote, told with her typical wit and humour, was one of many from her three years as writer-in-residence at HMP Dartmoor in Devon, a category-C men’s prison containing 600 inmates. Observant, sharp and funny, she published a book of her experiences in 2016.

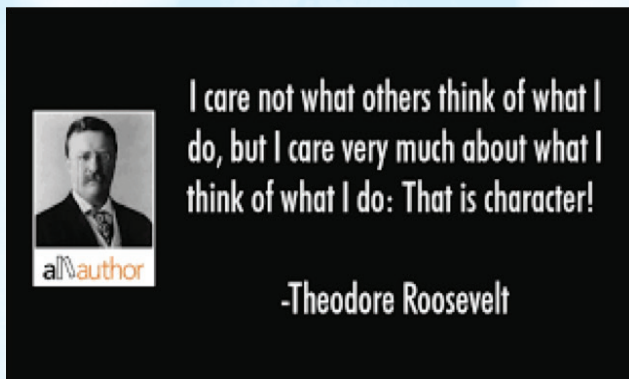
Her book detailing her three years as writer in residence in a prison is at once depressing and yet profoundly uplifting. It is depressing at various levels, primarily as it details the lives of some of the inmates, their crimes, their attitude to prison life and the lives they lead in a system that has all the hallmarks of institutionalisation. Sub cultures and bureaucracy flourish. It almost seems that there is an inbuilt, self-perpetuating, powerful strangulation of any attempt to change anything and even begin the smallest step towards rehabilitation. Every possible solution always has a number of problems.

Yet, in such an atmosphere there are chinks of light interspersed with humour which makes one forget for a moment the road of crime and violence that have brought many of the prisoners to Dartmoor. The author gives a number of examples that contradict the stereotypical view of those sentenced to life for murder. “*The latter had been committed in 1998, and the offender, like many of the men in for murder was one of the least frightening members of the (prison) population.*”

The SOTP (Sex Offenders Treatment Programme) introduced in 1991 but Dartmoor, despite housing hundreds of sex offenders did not have the programme in place and there was an eighteen month waiting list to access it at another facility. “*So even the paedophiles who were appalled by their own compulsions and desperate for help were unlikely to get it.*”

Nick Davies, a former investigative reporter with the Guardian, notes of the criminal justice system, in his introduction to the book : “*At its core, we have a system which relies on two great simplicities -that we can detect the crimes which are committed and that we can deter criminals by punishing them. These simplicities have all the intellectual insight of a drunkard in a dark alley.*” Having read and been educated by reading this book, I feel Nick Davies’ words might well have been better as an afterword rather than part of the introduction as they really capture the essence of all that Jessica Berens is trying to say in her book.

Sadly, Jessica died in April 2019, aged 59.





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