“6) Social care worker who practises as such and who is eligible for registration in accordance with Part 4 of the Health and Social Care Professionals Act 2005 in the register of that profession.”

The above is from Schedule 2 of the Children First Bill 2014 and indicates social care workers as one of the “mandated” groups or individuals on whom the obligation to report suspected child abuse is placed when this bill become law. Under Section 11(1&2), individuals are mandated to report if he or she “knows, believes or has reasonable grounds to suspect” or where a child has disclosed to him or her “that a child (a) has been harmed, (b) is being harmed, or (c) is at risk of being harmed”. Section 11(3) addresses the duty to report in relation to concerns regarding children engaged in sexual activity. In addition, provisions are put in place to avoid the duplication of reports by mandated individuals.

Some media commentary on the bill has been critical and some quite scathing with Emer O’Kelly in the Sunday Independent (April 20th) headlining “Toothless Bill cannot protect children from harm and neglect.” The question of reporting child abuse in the context of catholic priests under the seal of confession arose also in commentary on the bill but that actual issue was overtaken to a certain extent when a cartoon by Martyn Turner in the Irish Times became the story. Some saw the cartoon, even if offending some, as fair, satirical comment. Others saw it as a crass, objectionable, condemnation of all priests when statistically the number of priests who sexually abuse children is no greater than men generally. Again, in an Irish context, commentary in this area is notoriously, if understandably, influenced by reports over many years with which we are all too familiar.

What happens if a social care worker or other mandated individual / agency does not report suspected child abuse under the proposed new legislation? There are no civil or criminal sanctions and some would see this as a serious flaw in the context of history where knowledge of child abuse was known to individuals but not reported. Former Minister for Justice, Alan Shatter, following publication of the Cloyne Report in 2011, indicated that up to a five year jail sentence would be the penalty for non...
reporting of child abuse when Children First would be put on a statutory footing. That does not appear anywhere in the new bill. Instead, the sanctions that will apply to individuals or organisations include withdrawing of state funding, using sanctions within internal employment mechanisms or through professional bodies.

These mechanisms will work in tandem with the range of other sanctions that exist under the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012 and the National Vetting Bureau (Children and Vulnerable Persons) Act, 2012. Referring to the sanctions excluded in the bill and international comparisons, former Minister Fitzgerald had this to say in the Dail when the second stage of the bill was moved on April 30th:

*Although there was not a consensus on the issue, the Oireachtas joint committee in its report did express concerns that criminal sanctions could result in over-reporting, thereby potentially delaying the prioritisation of higher risk reports and placing the child welfare and protection system under undue pressure. Consideration of international comparisons also suggested that this is an area where a careful balance must be struck. There are diverse approaches to who is mandated, what they are mandated for, and what kinds of sanctions apply.*

Earlier in April, in reply to points made at a meeting of Joint Oireachtas Committee on Health & Children, the Minister said:

*I have reviewed international work in this area. New South Wales recently removed the criminal sanction provided for in its legislation in this area, which legislation is similar to ours. It removed that sanction because it was felt it was not effective. It is worth noting in terms of world wide literature regarding reporting that few cases from a criminal point of view are taken. This has happened only occasionally in Canada. The main impact of the Children First legislation is the moral, administrative and legislative pressure on professionals to report. We can tease this out further on Committee Stage. I wanted the best possible legislation to deliver the best protection for children. Much time was spent on drafting this legislation, in respect of which I received much criticism. However, this was to ensure that these important issues were teased out. At the end of the day, I believe what is provided for is reasonable and proportionate. The sanctions provided for in the legislation, in terms of the four areas outlined, will serve us better than would going down the criminal route. They are based on examinations of what happens elsewhere and on whether criminal sanctions would work in terms of professionals reporting. We made the decision as provided for in the legislation as published.*

While one can see where the Minister is coming from in terms of balance, many could be forgiven for being highly sceptical about the proposed sanctions actually working. After all, who will suffer most if state funding is withdrawn from an agency? Internal employment procedures, as many know from experience, can drag on for years and peter out over time with nothing resolved. In terms of the professional body sanctioning a member we are really into uncharted waters here. In fact, in relation to any of the range of sanctions, a further complicating factor may mean legal challenges. Where that may take an individual social care worker seeking vindication and the professional body of which he or she is a member is anyone’s guess.

It can be claimed that a bill that should have given clarity actually does the opposite if there are no civil or criminal sanctions and the proposed sanctions are vague, possibly counterproductive generally and most of all, possibly unenforceable. As this important piece of legislation makes its way through the Dail it is hoped that cognisance be taken of the weaknesses so evident in the current stage and the feedback on the more contentious points, some of which are noted above.

The question to be asked is this. Will we have a piece of legislation that is “toothless” and frustratingly ineffective or, as the Minister suggests, a balanced, fair and proportionate response particularly when seen working in tandem with the two other Acts (Withholding Information and Vetting) mentioned above?

The outcome will be watched with interest and there is a real challenge for the new Minister for Children, Charlie Flanagan. We wish him well in his new post.
SOCIAL CARE IRELAND – OUR PLAN GOING FORWARD

DENISE LYONS - SCI PRESIDENT 2012 - 2014

This is the second and final year of the current executive of Social Care Ireland SCI, and members have invested time and energy in the development of SCI over the four years and will continue to do so into the future. This is testimony to the belief in the importance of having one organisation to represent the voice of social care. Over these few years we have witnessed the growth of collaboration in the form of a public debate on the Children’s Referendum, the publication of an inclusive text representing the views of twenty social care workers, and most notable our annual conference to name a few of the highlights.

In the past year the current executive committee focused specifically on capturing the thoughts and ideas of all members of the three social care representative bodies about formally establishing Social Care Ireland. The morning meeting in the Ashling Hotel on the 4th of October 2013 provided us with a clear focus to keep moving forward towards having one organisation. The workshop was also invaluable on providing a detailed list of queries, tasks and possible hurdles which we need to address. In December 2013 the executive of SCI met to review the feedback from the planning meeting, and the outcome was the ‘Proposal for the Vision and Structure of Social Care Ireland - Moving Forward’ (2014). This document provided one example of how the three organisations might merge into one. The main point of the document looked at eligibility for membership, where full membership will be open for people who can obtain statutory registration. This practice is in line with the other Health and Social Care Professions covered by the 2005 Act. The issue of vetting members was also raised, specifically if all members including lecturers involved in SCI. The (2014) Proposal was brought to the individual organisations for further discussion.

Membership is one of the differentiating characteristics between the three organisations. Both the Irish Association of Social Care Management IASCM and the Irish Association of Social Care Workers IASCW have individual membership where each person joins in their own right and pays the membership fee. In the case of the Irish Association of Social Care Educators IASCE, the college is the fee paying member and individual lecturers represent the member college at each meeting. As a group, IASCE is unique to all the other professions involved in statutory registration and the valuable role they have to play in SCI is recognised by both workers and managers. So the first challenge is who pays for membership and secondly who should be a member of SCI? Social care education continues to rely heavily on the complimentary disciplines of psychology, sociology and social policy, to name a few. Thus many of the lecturers involved in social care education have never practiced, but are active members of IASCE and have contributed immensely to the development of social care education since the first programme in 1971. Social Care Ireland has evolved beyond a concept into a recognisable organisation with an identity all of its own. This development is the result of like-minded people coming together, but it is also evidence of the maturity of the profession itself. People who trained originally in child care and then social care have years of experience in practice, are managing organisations and educating future workers. The recommendation of the (2014) Proposal to exclude lecturers who are not eligible for registration caused concern for IASCE, who felt that they would need to continue as a separate group with a collaborative connection to SCI.

Due to the severity of this possible stumbling block we decided to call another joint meeting before our scheduled Annual General Meetings AGMs on the first day of the SCI Conference. The 4pm meeting was well attended by members from the three organisations. Although we were not in a position at this meeting to revise the Proposal, the consensus was that educators should be full members and we need to ensure that our policies are inclusive rather than exclusive to all those involved in social care. Again this was evidence of the shared commitment to having one voice for social care education, practice and management going forward. The details needed to move the plan on will fall on the newly elected members of each of the three representative bodies. The outgoing committee will attend SCI meetings until October 2014, when the new executive officially takes over for a two year term.
As the outgoing President of the SCI I would like to say a few words of thanks to everyone for the opportunities afforded to me over the past two years. A highlight of the past year was the meeting in the Department of Health and Children office with Principal Officer Deirdre Walsh, who confirmed the Departments commitment to establish the Social Care Registration Board this year. After the years of lobbying we finally have a starting point. Finally I must say a very big thank you to all the wonderful people from the IASCW, IASC and IASCE that I have befriended through working on both the SCI executive and the conference committee. These inspirational people are living proof of how much can be achieved from the energy and motivation of individuals working together for a common goal. Wishing the new executive of Social Care Ireland all my support for the next two years.

**RETIREMENTS**

Tony Moore recently retired after nearly 30 years with the Smyly Trust which is a Dublin based voluntary body providing residential care to boys and girls as well as an Aftercare service.

Many IASCW members will know Tony from meetings, seminars and conferences where his reflective, informed and often challenging comments enlivened many a discussion and debate either in formal sessions or socially.

A very strong and committed advocate for the voluntary sector provision of care, Tony could always be relied on for advice, direction and suggestions as to how that sector might grow and be most effective.

In recognition of his many years of service, Tony received one of three Social Care Ireland awards presented at the annual conference in Cork in April which were sponsored by Eline Learning. Due to a bout of ill health he was unable to personally accept the award but Helen Buggle, one of his unit managers, was there to accept the award for him and speak about his contribution as a director, work colleague and friend over many years.

On April 17th last a large group of current and former colleagues, as well as Tony’s wife Mary and his family, gathered in the salubrious surroundings of Dun Laoghaire Yacht Club to formally wish him well on his retirement. “Old familiar, far off things and battles long ago” were recalled and many well deserved tributes were paid to him that evening. All were heartfelt and emotional.

However, tributes from two former residents in particular bore testament to the influence that Tony had on their lives and no doubt, on many others. In a few short words Ann and Nick said what social care, as they experienced it from Tony, was really all about. In this writer’s view, their words merited being heard by a far wider audience especially those with power and influence on policy and decision making who are far removed from the experiences of children and staff in residential care. What Ann and Nick said, devoid of bureaucratic jargon, powerfully zoned in on what really mattered in their lives and how fortunate they were to have met Tony Moore. What they so eloquently said was an indicator of what goes right very often in residential care but seldom gets heard.

We wish Tony, his wife Mary and their family many happy years into the future.

Tony’s position as Director of Services with Smyly Trust is being taken by David Power who will be well known to many social care workers. David has for many years been a member of the IASCW and Social Care Ireland executives. We wish him well in his new post.

Dr Gay Graham received an award, sponsored by Eline Learning, at the Cork conference. Gay qualified as a Social Worker from University College Dublin in 1975. She spent the early part of her career working as a general and a medical social worker in London and Sussex. On her return to Ireland, Gay started work as a lecturer in social care practice in 1982, at the College of Catering in Cathal Brugha Street (DIT’s social care programmes evolved from programmes focused on residential child care, including nutrition). Since then, Gay was centrally involved in every stage of the evolution of social care education, from Certificate, to Diploma to Degree. For many years, Gay was the Final Year tutor of DIT’s flagship BA (Hons.) in Social Care. Throughout
the 2000s she innovated with peer and group learning using a portfolio based approach to social care pedagogy. She also contributed to the development of her School’s first postgraduate programme in the field, the MA in Child, Family and Community Studies. In addition, she undertook doctoral studies on critical success factors in residential child care management, completed in 2011. This is the first study of its kind in Ireland and it identifies core competencies for management and the supports required to deliver high quality out of home child care.

Her colleagues at DIT are proud and delighted that Gay’s contribution to excellence in Social Care education at DIT has been recognised by the 2014 Social Care Ireland education award sponsored by Eline Learning. Happy retirement Gay.

Sr. Betty Cagney was also honoured at the SCI conference in Cork with an award, sponsored by Eline Learning, for her 38 years spent working in St. Bernard Group Homes in Fethard, Co. Tipperary. The Director of St. Bernard’s, Rosin Stewart, spoke of Betty’s life, lived through many changes and her contribution as a worker, colleague and friend to all those with whom she came in contact. Betty qualified as a paediatric nurse and came to help establish what was a new child care facility in Fethard, Co. Tipperary in 1975. It was pointed out that Betty is remembered as being part of the professional journey of hundreds of staff and the personal journey of many children and the importance of relationships was evidenced throughout her career whether with staff or children. Noted also was the fact that many of the former residents keep in touch with her to this day. Her modest, self deprecating, effective style and personality made her approachable and was seen to full effect in many critical, demanding situations. She did the ordinary things extraordinarily well.

Enjoy the retirement Betty.

2014 ANNUAL CONFERENCE

The 2014 annual conference held in Cork in early April was unique for a number of reasons. It was a two night event and any apprehensions the conference committee had that such a new arrangement might result in fewer numbers attending were ill founded. With huge demands on people’s time, opportunities to attend seminars or conferences are becoming increasingly limited. However, in the case of the SCI conference, attendance figures (up to 250 on day 2) clearly showed that there are many in in the social care field, whether workers, academics or managers, who see the annual conference as an event not to be missed.

Feedback on the conference was very positive and the keynote speakers and workshop presentations clearly resonated with delegates.

Minister of State, Kathleen Lynch, formally opened the conference on the Tuesday night and announced that posts for the social care board within CORU will be advertised over this summer, thus beginning the first stage toward the registration process for social care workers.

Gordon Jeyes, CEO of TUSLA the new Child & Family Agency outlined the vision for the new agency and took questions. Unfortunately, Paddy Doyle, author of The God Squad, was unable to attend and Noel Howard read a review of the book done by Sligo IT student, Katie Carroll, who was even born when the book was published. Noel commented on the seminal importance of the book as a precursor to many later publications.

On Wednesday morning Denise Lyons, SCI President, spoke on the way forward for Social Care Ireland as a strong representative body and noted there is much still to be done to achieve that goal. Catherine Byrne, SCI CPD Officer, outlined the past, present and future situation regarding CPD and the key factors to be kept in mind by social care workers to prepare for CPD.

Janet Rich gave a keynote presentation on Aftercare from a UK perspective and Colin Maginn followed with his presentation on Emotional Trauma and its Aftermath and how a strengths based approach can work. Rachel Moran spoke in her keynote address about her life in prostitution and how she now is to the forefront in trying to have the Nordic model introduced in Ireland to help combat prostitution.
Kieran McGrath, Rachel’s co-presenter, also spoke on this issue and male attitudes to it.

On Thursday Frieda Finlay, in her talk on Parents – A nuisance or a Resource, gave her views as a parent of a Downs Syndrome child who is now 40 years old. Frieda’s challenging presentation covered many areas where social care workers can make and in some cases have made a difference for her and her daughter’s life.

On Wednesday and Thursday of the conference there were numerous workshops and feedback on these was also very positive. Outside of the formal sessions there were ample opportunities for delegates to renew acquaintances, seek out information and speak with others not from their particular profession. Certainly, the coming together of workers, managers and academics, which is unique in terms of a conference including all three strands of the one profession, makes for a heady mix of ideas and personalities.

N.B. Keynote and Workshop presentations from the conference will shortly be available on the Social Care Ireland website www.socialcareireland.ie

REGISTRATION

If you have not read the piece on the conference you may not be aware that Kathleen Lynch, Junior Minister at the Department of Health, in opening the conference on April 1st, announced that applications will be sought later in the summer for positions on the social care board of CORU. The boards within CORU are made up of 13 people with a lay majority. This is the first and significant step toward eventually opening the actual register for social care workers. It should be noted that when the board is established following the appointments of successful applicants and their approval by the Minister for Health there will be an interim period where the new board will have to establish various parameters within CORU’s remit to ensure that all is as it should be when the actual registration process begins. That may take some time and with some of the other professions the anticipated time had to be extended in the light of unforeseen issues surfacing. Keep in mind that was for bodies with far, far fewer members than those in social care.

Progress is slow but each step gets us nearer the goal.

EMAIL ADDRESS / PHONE / POSTAL ADDRESS CHANGE

If you have changed any of the above since you joined the IASCW please send details to membership@iascw.ie

Newly Published - Social Care Book

Social Care - Learning from Practice.

(Gill & Macmillan 2014)

Edited by Noel Howard and Denise Lyons.

Profits from this book go to Social Care Ireland.

“If I were a Brazilian without land or money or the means to feed my children, I would be burning the rain forest too.”

Singer, songwriter Sting
AFTERCARE – NEW SCOTTISH LEGISLATION SHOWS IRELAND HAS A LONG WAY TO GO

In November 2013 Frances Fitzgerald, Minister for Children, welcomed approval by the cabinet of a policy proposal brought forward to strengthen the legislative provisions for Aftercare. Essentially, as a press release noted at the time, “The aim is to create an explicit, as opposed to implicit statement of the Child & Family Agency’s duty to prepare a plan that identifies a child’s need for aftercare supports.”

Anything that can improve the current erratic and disjointed geographical provisions of Aftercare in Ireland is to be welcomed but as a reading of what follows clearly indicates, we have a long way to go to grasp this nettle in the manner that has been done by one of our nearest neighbours, Scotland.

Minister Fitzgerald has, commendably, achieved much in her three years in cabinet. However, if our Aftercare legislative provisions are to be more robust then much more needs to be done when one considers what is now happening in Scotland.

One other point worth noting about the Scottish position is that relating to the option of young people remaining in care up to 21 if they so wish. It is encouraging that this particular aspect points to residential care in particular being a positive, enriching choice rather than being identified with the unfortunate “last resort” tag that is so much part of our Irish psyche.

Aileen Campbell is the Scottish Minister for Children and Young People and the following is an extract from an article by her in “Reach”, a magazine for CELCIS – the Centre for Excellence for Looked After Children in Scotland (www.celcis.org). The Minister is talking about some details new Aftercare legislation in Scotland to become effective in 2015.

One of my first ministerial duties of the of the New Year – and a personal highlight so far – was to meet young care leavers along with organisations supporting them, to confirm new measures in the Children and Young People Bill.

As I heard at first hand, Christmas can be a particularly tough and challenging time for care leavers. Most young people who live at home are not cut adrift at this age but rather leave home in a gradual and planned way and we must strive to achieve no less for care leavers.

That is why I was so pleased to be able to give some good news to the care leavers and their supporters who have worked so hard to raise awareness of the challenges they face and to improve the support available.

I have met many care leavers and their supporters while consulting on the Bill and on every occasion the key message has been the same – that care leavers have different experiences and priorities.

So, from April 2015, teenagers in residential, foster or kinship care who turn 16 will be entitled to remain looked after until the age of 21 under new provisions in the CYP Bill.

It means that all children in care who were born after 1999 will have a right to remain in their placements if they choose to do so.

We estimate that as many as 500 looked after children will be newly eligible for this entitlement from April 2015. This is in addition to our other commitment to provide support to care leavers up the age of 26, again from next year.

Norma Corlette is the CEO for STAF, Scottish Throughcare and Aftercare Forum (www.scottishthroughcare.org.uk) She also had an article in the same edition of “Reach” elaborating on aspects of the new legislation but with an emphasis on ensuring that no one remains complacent and that much remains to be done. Here is what she says.

Now that the goalposts have moved, how do we ensure we hit the target for our young people in and leaving care?

The year got off to a great start in Scotland for young people in care with the announcement that they...
can remain in their care setting until the age of 21.

Some wanted it to start immediately and not have to wait until 2015. However, there is much to be done if we are to successfully transform care leaver experience and move closer to creating for them the same opportunity and positive future that their non-accommodated peers enjoy.

Over the years various legislative and policy changes have been introduced to improve the life chances of our young people and yet outcomes continue to be poor. Now this most significant piece of legislation, the recently passed Children and Young People (Scotland) Act, aims to put children and young people at the heart of planning and decision making.

It is a bold move putting Scotland at the forefront of care leaver practice including:

**Extending the age that care leavers can receive support up to 25;**

**Allowing for those who are in residential, foster or kinship care to remain looked after until age 21;**

**Extending the statutory duties of corporate parents and increasing their accountability and that of Ministers themselves;**

**Placing the term “continuing care” in legal statute to emphasise the right of on-going support for care leavers up to 25.**

As a membership organisation, the Scottish Throughcare and Aftercare Forum (STAF) was set up to develop and empower practitioners. At the heart of everything we do is the voice of our members who feedback both their own and young people’s experiences.

What is coming back loud and clear is that there is much to be done to succeed in meeting expectations. In many ways the recent Government announcement represents a seismic shift in national policy but just as Ralph Waldo Emerson observed that “We learn geology the morning after the earthquake” the challenge facing us now is to bring into focus the true scale and nature of the task ahead. That requires greater connectivity, collaboration and sharing of best practice across the sector.

The reality is we can no longer hide our light under a bushel but instead we need to get out there and share what we know works.

Staying Put Scotland, one of our latest guidance documents, advocated “building relationships between services to enable, empower and encourage positive care settings and transitions”.

On the 3rd of June we begin the facilitation of this through a Summer Seminar (see www.scottishthroughcare.org.uk) bringing together many of the key legislative and statutory bodies to answer questions and together we will roll our sleeves up and start to fill in the missing pieces of the jigsaw.

We are also launching a series of “Dinners with Dialogue”, to bring together key influencers, funders and policy makers with those who lead the way on pedagogy and practice to begin a dialogue about how the current culture moves to make room for the long term positive relationships that need to be developed both with young people and across the sector.

Of course there remain a huge number of practical questions unanswered. For example:

There are obvious challenges in terms of ‘beds’ particularly in residential settings. Will this result in a move to ‘older’ young people units? If so, will it mean another move for those young people?

As we all know the foster care service currently does not have enough placements. How do we deal with the increase? Could Supported Lodgings be the answer? If so does that then become a care resource of necessity and does Supported Accommodation fall into the same bracket?

£5 million is a huge sum, of money, but is it enough?

However, throughout all the practical discussions and activity, we must be mindful of the fact that there is no substitute for good relationships. Love, confidence and belief in our young care leavers is what will help them succeed and that cannot be legislated for.
OUTCOMES OF SOCIAL CARE PRACTICE

LILLIAN BYRNE-LANCASTER

Sometimes in conversation people ask about my occupation. When I reply that I am a lecturer their response is generally one of recognition. The job is recognised. Its place in the education system is understood and its associated tasks and outcomes are acknowledged and even debated. The same response did not occur when in the past I answered ‘social care worker’, and from discussions with students and current practitioners, the situation has marginally improved in the intervening 15 years.

Difficulty with social care ‘recognition’ has long been a talking point with social care, and the topic is evident in title and content of articles in Irish Journal of Applied Social Studies, chapters contained in the social care’s academic texts and presentations at social care conferences. Having ill-defined professional outcomes may have an impact on the recognition received by social care as a profession. In an attempt to articulate professional outcomes associated with the social care profession I made a presentation at Social Care Ireland’s 2013 conference. I used the three accepted definitions of social care (Irish Association of Social Care Educators (IASCE), 2000; Joint Committee on Social Care Professionals, 2002 (JCSCP); Health and Social Care Professionals Council (CORU), 2012) to identify possible outcomes for service users when a social care worker becomes involved in their life. These outcomes are constructed as practice thresholds and a new definition of social care practice based on these outcomes is suggested.

PROFESSIONAL STATUS

‘Occupational recognition’ is term given by Macdonald (1995) to the high level of familiarity held about a job, its tasks and outcomes. Greenwood (1957) assertions about the lack of occupational recognition as an obstacle to professional status have been repeatedly made while social care strived for professional recognition (O’Connor, 1992; Byrne, 2000; Williams and Lalor, 2001; McElwee, and Garfat, 2003; O’Connor, & Murphy, 2006; Share & Lalor, 2009). With social care identified as one of twelve professions eligible for registration under the Health and Social Care Professions Act (2005) discourse about the benefit of professionalization and title designation has all but ceased (Lalor and Share, 2013).

Professional recognition rests in part on knowledge, skills, task and outcomes associated with a discipline (Larson, 1977; Macdonald, 1995; Freidson, 2001). Meyer & Land (2003) purport that all disciplines have specific concepts that acts as key features of the discipline. Furthermore, Larson (1977) and Pace (2012) highlight that discipline specific ways of thinking and doing exist. Such threshold concepts, perspectives and actions can prove troublesome to learn (Perkins, 1999; Meyer and Land, 2006). Emerging within social care discourse is the possible existence of social care competencies that may act as thresholds to professional practice (Taylor and Share, 2012). I content, that embedded within the three accepted definitions of social care (IASCE, 2000: JCSCP, 2002; CORU, 2012) are discipline perspectives for social care practice. My contention stems from analysing the three definitions of social care for underpinning concepts using thematic and discourse analysis. Thematic and discourse analysis is used in documentary research (Bryman, 2008) and supports the premise that language is a way of agreeing or knowing meaning. Therefore, deducing some of social care’s threshold perspectives in such a way holds some legitimacy.

DEFINITIONS OF SOCIAL CARE

Three definitions of social care exist and helped articulate and shape social care’s professional identity. In 2000, IASCE drafted a definition of social care as “a profession committed to the planning and delivery of quality care and other support services for individuals and groups with identified needs” (p.3). Two years later, the JCSCP (p.8) defined Social Care as the;

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

CORU (2012) added a social justice dimension to the definition of social care when they describe social care is “a profession where people work in partnership with those who experience marginalisation or disadvantage or who have special needs” (CORU, 2012). I suggest Quality of Life Space, Person Centred Practice and Empowerment through Advocacy underpin these definitions and suggest them as threshold perspectives for social care work.

**QUALITY OF LIFE**

The JCSCP (2002) highlight the ‘day-to-day shared life experiences’ aspect of Social Care practice. The context alluded to here by the committee is the level at which Social Care workers engage with people in their living space, be this in environments associated with activation, learning, training or domicile. When coupled with the emphases placed by CORU (2012) on working in partnership with people experiencing marginalisation, an empowerment and change element is included. This inclines Irish Social Care practice toward Lifeworld Orientation (Grunwals and Thiersch, 2009). While more sophisticated in articulation than the Irish ‘day-to-day shared life experiences’, Lifeworld Orientation has the primary purpose of improving the quality of life lived by service users. Workers using this approach, aim to help service users see the wider social and political influences on and in their life and to assist them challenge the unstated givens of their present situation at a personal, societal or political level and to advocate on services users behalf, if unable to do so themselves. This does not mean that workers are political anarchists, rather are people who see their practice through a political lens and bring this insight to the consciousness of services users, employers, funders and policy makers when appropriate.

Social Care service users tend to be on societies margin rather than being at its core. This marginalisation tends to stem from a number of sources: personal circumstance (unemployment, mental health illness), limited independence abilities (Alzheimer’s disease), ineffective coping mechanisms (addiction) or government policy which stems from political decision-making (the asylum seeking process). These factors can put or keep people in a state of social alienation. Awareness of the first four sources of marginalisation is strongly evident in Irish Social Care education, but evidence of the political influence is a more sporadic feature. Maybe it is time, as suggested by O’Doherty, (2006) for Irish Social Care education, en masse, to draw out and make explicate political influence on service users lives. This would expand the ‘integrated perspective’ associated with social care from sociology, psychology and practice (McCann-James, de Roiste and McHugh, 2009) to including policy and politics. Social Care workers may then have a perspective, language and tools not only to act as intervention and care providers but also to act as agents of social and political transformation.

**PERSON CENTRED PRACTICE**

All three definitions of Social Care include the idea of needs based care specific to each service user. The JCSCP (2002) highlight the need for interventions to be ‘in consultation with the client’ and CORU (2012) further strengthens this position by including the word ‘partnership’ in its definition. Further support is given to a partnership approach to service delivery, when all definitions of social care acknowledge the need to plan care and intervention for social care service users. Working in partnership with service users, ultimately puts their needs and welfare at the centre of service delivery and suggests a person centred approach to practice. Sanderson and Lewis (2012) give a clear overview of Person Centred Practice and detailed ideas about how partnership works in day-to-day practice. If social care workers view practice as a political action, it may be easier for them to keep the service users’ the fore of their practice as a person, rather than a case or set of needs. Viewing practice as a political action may also sharpen workers understanding of what ‘living the service user’s life’ is like. In turn, workers may begin to use the third suggested perspective in their practice more ardently.
EMPOWERMENT THROUGH ADVOCACY

All definitions of Social Care refer to ‘client needs’, ‘client protection’, ‘meeting needs’ and the ‘marginalised position’ held by people requiring Social Care services. These words imply a sense of service user vulnerability, inferring an advocacy role for Social Care workers. Advocacy has been recognised by Bateman (2000) as a skill associated with many health and social care professions. In light of Lifeworld Orientation and Person Centred Practice, advocacy within Social Care may take on a new focus. Frontline practitioners often need to advocate with funders and managers of health and social care services for appropriate interventions and the acknowledgement of service users rights. However, the need for frontline staff to advocate for the service user with themselves may be overlooked. Frontline staff share service-user’s day-to-day living spaces, consequently they can hold quite a lot of influence in and over the service user’s life space. Remaining faithful to facilitating the client’s life rather than directing it is essential in this circumstance. A multi-perspective construct of advocacy, i.e. advocacy as a set of skills, a task or function or a way of perceiving is strongly embedded in both Lifeworld Orientation and Person Centred Practice and is compatible with current expectations of critically reflective practice (Moon, 2004; Johns, 2009; Bolton, 2010).

The three practice thresholds: quality of life space, person centred practice and empowerment can be captured in the following definition of social care.

Social Care is a profession that uses a partnership approach to support vulnerable people grow holistically; engage at a societal and political level with the aim of achieving immediate and long-term improvements in their life circumstances and prospects.

This definition gives priority to service user directionality, acknowledges personal, social and political needs, without elevating the worker from their duty of care and professional responsibility. It also leaves opportunity to include the task and duties that may arise from specific positions of employment and the possibility of multi-disciplinary or multi-agency work. When combined with Quality of Life Space; Person Centred Practice and empowerment as key Social Care perspectives, the suggested definition has the potential to make the ‘doing’ which Social Care Workers will be accountable far more explicit. It has the possibility of establishing a base for deeper occupational coherence and recognition among service users and other health and social care professionals.

A NEW DISCOURSE FOR SOCIAL CARE WORK

Currently, threshold concepts or threshold practice perspectives is emerging as an element of social care discourse among social care educators (Taylor and Share, 2012; Byrne-Lancaster, 2014(a) and 2014 (b); Pendergast, 2014). Exploring the possibility that social care threshold concepts and perspectives exist may provide a framework that will help move discussions about professional social care beyond tasks and duties; status and employment to key features of identity. Attempting to identify social care threshold concepts and perspective will require the social care community to consider the perspectives and values that underpin its practice, thereby clarifying its professional intentions.

Bibliography

Due to the demand on space in a publication such as CURUM, the full bibliography is available on Outcomes of Social Care CURUM on Lillian’s academia.edu page.

https://itcarlow.academia.edu/lillianlancaster/Papers?s=nav#add

Lillian Byrne-Lancaster lectures in Social Care and Early Childhood Education at the Wexford Campus of I.T. Carlow.

* * * * *

True guilt is guilt at the obligation one owes to oneself to be oneself. False guilt is guilt felt at not being what other people feel one ought to be or assume that one is.

Scottish psychiatrist R.D. Laing
MASCUFLINITIES CARE AND EQUALITY - IDENTITY AND NURTURE IN MEN’S LIVES.

(PALGRAVE MACMILLAN)

NIALL HANLON.

REVIEW BY: MAJELLA MULKEEN

Niall Hanlon has worked as a social care practitioner and now lectures in social care practice and social science at the Dublin Business School. He completed his PhD in UCD School of Social Justice in 2005-2008 on masculinity and care. This book examines the central role of care, how it is organised and practiced, how it affects our lives and in particular it’s gendered nature. How men define masculinity in relation to care, the ways they reflect on care, think about care and feel about care as men, in a context where care is defined primarily as feminine is at the core of this publication. The data for the book was generated through qualitative interviews with 31 men. The author refers to the interviews as ‘care conversations’. This broad focus gives it an engaging emphasis in that the men’s voices (the author provides many direct quotes from the men) give a strong sense of how care is both connected to and disconnected from their sense of themselves as men. This book suggests that in the dominant understandings of what it is to be a man, care is written out; but the accounts given by the men also demonstrate how influential caring practices are in transforming dominant masculinities (p.214).

The book is divided into 11 chapters over 219 pages. The first three chapters are theoretical in their orientation addressing the varied ways in which masculinities have been explored in the social sciences and outlining the role of care relations in studies of masculinities. The literature confirms the generally accepted view that men are not caring on an equal basis to women and that men are relatively care-free (but not equally care-free) in most societies compared to women. In the early part of the book (chapters 2 and 3) Hanlon gives comprehensive introductions to the concept of care itself and its gendered practice. Given the centrality of care work in social care practice there is a dearth of theorizing on care and its gendered nature in social care education, which the author alludes to in his Preface. This chapter is a valuable contribution in this context. The next 6 chapters focus on care conversations with the 31 men who took part in the research. Hanlon sets the scene for the care conversations by suggesting the contexts that shape men’s relationship to care. He suggests that being valued as a man means having status, power and command of resources and that ultimately men avoid primary caring because to do so risks ones legitimacy as a man, especially when care requires one to opt out of practices that define manhood such as breadwinning.

In the care conversations men idealised love and care work - the archetype of nurturing femininity: a highly valued, selfless, devotional, trustworthy and warm form of care. Breadwinning (either as the traditional male breadwinner imperative or the dual-breadwinner arrangement) operated as a master narrative and even as the men were subject to greater expectations to be involved nurturers, some men still considered they failed to care when they are unable to construct themselves as breadwinners. Men’s personal recollections of both the care they received and the care responsibilities they held or not, as children are explored in chapter 8.

Chapters 9 and 10 are perhaps the most arresting read as they bring together threads of the book into two powerful expositions of the relationship between masculinity and care. Hanlon addresses how the men in his study manage the subordinated status of care by writing care out of masculinity. While the men endorsed gender equality they were keen to rationalise inequality in caring. They defined primary nurturing care as unnatural, impractical, dysfunctional or abnormal for men. In this vein, the men explained that doing primary caring work goes against their evolutionary and biological nature, against social norms and conventions, against a properly functioning social order and against practical/economic considerations.

In Chapter 10 however we get a sense of the fracturing of dominant masculinity as differences emerged...
in how men in the care conversations constructed themselves in terms of what Hanlon calls Conservative,
Sharer or Carer identities. Conservative masculinities tended to define their care as mostly breadwinning
and saw nurturing care as primarily women’s work. Sharers defined their caring in terms of their
involvement and sharing of care work with others, including women, as well as breadwinning. Sharers
tended to resist greater levels of caring equality on the grounds that it was impractical, uneconomic
or negatively sanctioned by their employment. The third category comprised the men who undertook
primary care roles, Carers. They had greater empathy with the caring work undertaken by women and
expressed a more caring and compassionate masculinity. They had to negotiate and compromise around
paid work and the demands of caring.

Hanlon’s central conclusion from these care conversations is that doing nurturing caring work enables
men to develop caring capabilities such as practical, emotional and cognitive caring attributes and
nurture caring values (p.203). In his final chapter (11) he suggests that gender and caring inequalities
will not be altered substantially without men’s greater involvement in unpaid care work in families,
especially as men’s very economic independence and greater earning power are based on avoidance of
care (Daly and Rake 2003, cited in Hanlon, p.216).

This book is an important contribution to thinking about different kinds of men and their relationship
with nurturing care work. The book has a strong analytic base drawing on theoretical concepts from
psychology, gender studies and sociology. It is a dense text and the theoretical material in the early
chapters can be challenging to negotiate. Each chapter however can also be read separately. Chapters
4 to 10 in particular, where he integrates the care conversations with theoretical concepts, provides a
thought provoking, intimate and theoretically sophisticated analysis of care in men’s lives. They are
especially illuminating and enjoyable to read as he includes extensive quotes from the care conversations
and uses these to develop his argument. His concluding chapters provide a clearly articulated analysis of
how care is both written out of masculinity and is central to transforming masculinity. Both the burdens
and the privileges of care work have for too long been the provenance of femininity. This book argues
strongly and convincingly that society and relations between women and men will be more equal as care
takes a more central place in men’s identities.

Majella Mulkeen is a lecturer in the Department of Social Sciences at the Institute of Technology Sligo
where she teaches equality and sociology.

AGAINST FAIRNESS
(UNIVERSITY OF CHICAGO PRESS)

STEVE ASMA

REVIEW BY CARINA JEISY

The essential point of ‘Against Fairness’ Asma explains to us, is that favouritism is ethical and not only
about self-interest. The early chapters introduce bias as a natural phenomenon. Try and get between a
mother and her child and you’ll see bias at its finest. He looks at our first favourites, our family and ‘tribe’.
Americans are taught that everyone is equal, which causes conflict, as although favouritism feels more
natural, people feel it is against fairness. Darwin argued that moral life is built upon tribal devotions,
and so the debate begins. Asma jumps seamlessly from Darwin, to Plato and from China to Western
democracy, discussing ‘conceptual confusion’. As a philosopher, Asma has noticed this ‘conceptual
confusion’ in our use of fairness, which he claims is not synonymous with integrity or justice. He refutes
egalitarian ideology where fairness is a concept free from bias and prejudice and a key to justice; the
entire argument proving exceedingly confusing and tedious to the reader from beginning to end.

According to Asma Western philosophy regards tribalism as uncivilised, dictating that you are either
for yourself or fairness. However, Asma reminds us that religious exemplars of equality had favourites;
Jesus had his apostles; Buddha a right hand man. He argues that egalitarian ideology is tied up with
equal outcomes, arguing that merit based fairness e.g. ‘May the best man win’ is realistic. He scoffs at entire classes of children getting ribbons for winning a race. In China collective criticism in preschools is normal. He cites favouritism in education; favourite teachers motivate students and vice versa. He is not against equality of opportunity, but against equality of outcomes. He denies that nepotism is always connected to corruption, using the nuclear family to show us that the unequalled power held by parents does not automatically mean unjustness. He states that nepotistic virtues like loyalty are emotionally driven, as is charity, and continues with his own criteria in recounting the history of man from tribal society, to monarchies, and finally to democracy.

He slashes democracy, citing that Plato argued against it - he didn’t want know-nothings in politics. Likewise, elitism was favoured by Aristotle, who wanted exceptional leaders. Western society does not believe, however, that benevolence and power go hand in hand. He states that we expect our democratically voted rulers to show the almost impossible human trait of serving strangers over their own tribe. We want them to be ‘detached expedient eunuchs’, who don’t take risks, have attachments, or normal biases. Asma’s criticisms of many fairness theories are based on superior Eastern philosophies which favour favouritism. The more contacts you have the more powerful you become, feeding back into a more generous benevolent person. Westerners consider nepotism a key to corruption; Chinese thinking suggest that proper education prevents such abuses. According to Eastern philosophy greed is not possible in real circle of favourites; however, on reading Chinese human rights records, realities hardly espouse his dogma.

He cites that Chinese culture puts loyalty and family values above fairness and egalitarianism; a direct contrast to Hollywood celebs who champion humanitarian causes yet don’t get on with their own families. They didn’t understand Bill Gates when he went to Bejing; Chinese values do not include charity for strangers. Asma continues to put forward unrelated snapshots of attitudes from various societies (past, present, eastern, western) to serve his argument. It is a fact of course that nepotism will always co-exist with meritocracy, and favouritism with fairness, but he seems to be forgetting that man’s merit is not in eradicating one or the other, but in enjoying one’s freedom, and being aware that this freedom stops where somebody else’s starts.

In ridiculing ideas of modern fairness he uses another confusing concept - there is no science of friendship as friends do not fit into the ‘grid of impartiality’. Overall he feels values are lost as Westerners see morality as respecting individual rights. Cheating, for example, is defined as unfairness to others, not as a failure to oneself or as a disgrace on ones tribe. In Eastern and other cultures, morality is not only fairness and rights, but includes loyalty, purity and obedience.

He does make some other rare points which are not only conceptual. In the closing chapters Asma states that favouritism is not closed-minded. Rosa Parks was fighting for inclusion of her own group. People live their lives with favourites without discriminating against others. When a Latina judge was criticised for saying that she may be more empathetic to non-whites before her bench, she claimed this affiliation would help her be a better judge; it did not mean that she was racist against whites.

Incoherent information and extremely complex language makes this book a very laborious read. The best thing about the book is its challenge of western belief systems, however, I don’t agree with his points. Surely those in civilised society have the choice to transcend animal instincts and consider moral obligations to outsiders. As globalisation increases, labour exploitation of the third world continues to be spurred on even by democratic societies, so I dread to think what Asma’s world of favourites would be like. He endorses the Chinese method of collective criticism of preschoolers, which in my opinion, is harmful for the self-esteem and quality of life of a child. And modern society, where humans have moved from the constraints of subjugation to the freedom of citizenship, needs some grid of impartiality to keep the greedy at bay. Sorry Asma, I don’t agree with you on this one.

Carina Jeisy is a social care worker with Co-Action in West Cork, a service which provides residential/day-care to people with an intellectual disability.
RESIDENTIAL CHILD CARE PRACTICE
– MAKING A DIFFERENCE

(POLICY PRESS & BASW 2013)

BY MARK SMITH, LEON FULCHER AND PETER DORAN

REVIEW BY DAMIEN MCLELLAN

I hesitated about writing this review although there was so much I admired and applauded in Mark Smith’s “Re-thinking residential child care: Positive perspectives” (2009). He had many positive and progressive things to say about thoughtful relationships, appropriate touch and even love, as a legitimate need that children needed meeting, being at the heart of modern child care practice.

But as I have been involved in therapeutic community child care since 1966, and therefore not a little biased, I was disappointed by how he was so negative about child care centres mostly using a psychodynamic approach “on account of their inaccessibility to most child care workers and their incongruence with mainstream thinking about child care and education.” (page 72.) I wondered why he didn’t try to address this perceived inaccessibility and incongruence.

On page three of this present book, while acknowledging that therapeutic communities for children were “progressive –often theoretically robust and largely successful”, the authors contend that the therapeutic community approach “fell foul of the general shift away from residential care over the course of the 1980s”. And so I felt once more side-lined and excluded from the discourse.

The reality in Ireland today is that there are at least three thriving therapeutic communities for children. In the United Kingdom the Mulberry Bush School, for example, founded by Barbara Dockar-Drysdale in 1948 and who wrote most powerfully and accessibly about the work, continues to take referrals for the care and treatment of very troubled children and young people.

The excellent Foreword by Kiaras Gharabaghi sets a grim but very realistic tone at the outset, reminding us how hostile the environment is to residential child care in the UK today, as it is in Ireland. He regrets how it is still seen as ‘the last resort’, vulnerable to bad practice, often dependent on unqualified and unsupported staff and where the voice of the child and the family is largely dismissed and not incorporated into the treatment plans. All the more reasons, I thought, why the principles of therapeutic community child care continue to be so relevant. (See Therapeutic Communities for Children and Young People, 2003.)

The authors offer two professional practice orientations to inform this book: a child and youth care approach, much in use in Canada and the USA, and a social pedagogy approach, a model of direct work employed in much of Europe. The eight chapters seem to follow a hierarchy of needs from Chapter 2, Safe and Secure: a sense of belonging to Chapter 9, Included: a sense of community participation. Each chapter begins with a fictitious scenario from a child care setting which sets the scene and the theoretical and practice discussion that follows returns to the scenario for reflective and concluding comments. I liked the helpful Thoughts for Practice and the Further Reading suggestions that were then offered.

I mostly liked the scenarios, especially the final one which featured a weekly community meeting in an inner-city children’s home. What I didn’t like were two scenarios in particular: the one from Chapter 5 featuring “Tumph” which seemed old-fashioned and vaguely worrying and the scenario to Chapter 3. This involved a young person Tony and a young care worker Adam turning up at the residential school’s office to get his clothing allowance from Ian, one of the managers. Ian is “not impressed by Tony’s appearance” (which sounds like Ian was in his feelings and critical parent feelings at that) and he decides to use an over the top jokey approach to get Tony to go back and have a shower. This approach was being offered as good practice and surprised me, as on page 15 we were very usefully reminded that

The best (that) practitioners can aspire to, we believe, is reflective and responsive practice whereby they reflect upon what might be going on in a particular situation, what they...
themselves bring to it and how they might respond to what is going on for the child or children.

It seemed to me that Ian reacted to Tony’s appearance and emotional presentation rather than wonder what was going on for Tony and respond appropriately.

I would still warmly recommend the book as it offers a feast of resources for students and lecturers, it endorses and details a progressive therapeutic and child centered approach and the scenarios will certainly provoke lively debate among child care practitioners and students.

Damien McLellan is a consultant psychotherapist and teaches on the Masters in Therapeutic Child Care Course at Carlow College.

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Head, Heart, Hands and Habitat – Being a Social Care Worker in Diverse Settings

PhD Research Study by Denise Lyons

Dear Social Care Worker

I would like to invite you to participate in a major research study aimed at exploring the experiences of what it is like to be a social care worker in the different areas of practice. I am looking for social care workers with an approved social care qualification and at least two years’ experience in his/her current setting.

What you will have to do to be involved in this study - One Interview and 3 Photos of your Practice Setting

I would like to interview you on what being a social care worker means to you; your thoughts about relating to others; what skills, knowledge and attitudes are needed, and what it is like to work in this particular setting. As social care practice occurs in very different spaces, I would like to include photographs of the areas that you mostly work in with your clients or service users.

The interview will take approximately ONE HOUR in a location of your choice. In some case a second visit may be required.

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For further information please contact me on 0877780625 or at Denise.lyons@itb.ie

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At eighteen our convictions are hills from which we look; at forty five they are caves in which we hide.

American novelist F. Scott Fitzgerald
The Journal of Social Care (JSOC) is a new journal dedicated purely to the profession of social care. The journal aims to provide a platform for social care practitioners and students to publish research relevant to the practice of social care workers, managers and students. The aims of the journal are threefold:

- To provide a forum where practitioners and undergraduate and postgraduate students in the field of social care can share their research with others.
- To make the process of research more accessible to new researchers by highlighting examples of good research and literature reviews relevant to the practice of social care.
- To make available to a wider audience the range of research topics that are being explored by students and practitioners in social care to facilitate potential dialogue and collaboration.

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- Critical literature reviews
- Empirical research of various sizes
- Book reviews
- Reflections on social care practice

For further details contact the editors fiona.mcsweeney@dit.ie and david.williams@dit.ie

**EARLY INTERVENTION OR INAPPROPRIATE PLACEMENTS 1880’S STYLE**

I am sorry to say that we have at least got 20 boys in our reformatory who ought to have been sent to an industrial school. I have called the inspector’s attention to that more than once but the magistrates will send them. We have got at least six boys who are not more than seven years of age and one boy could not have been more than six when he came. I have always written to the inspector when that has happened and he has always answered “You may as well take the boy because if you do not he will be thrown on the world.” These boys did not know what they were doing. Although we do our best to keep them separate from the big boys it is very difficult in an establishment like ours to do so.

The above are the words of Rev. J. Hyde the Director of Upton, Co. Cork Reformatory School. He was replying to questions from the Reformatories and Industrial School Commissions chaired by Lord Aberdare in 1883 about children being committed to Reformatory Schools for trifling offences. Technically, industrial and reformatory schools were part of the Irish juvenile justice service until the passing of the 2001 Children Act and the establishment of Children Detention Schools.
RESEARCH PROJECT: RESIDENTIAL SOCIAL CARE WORKERS IN IRELAND

The quality of children’s residential services is almost entirely dependent on the commitment and quality of the staff team and its leadership’ – HIQA (2013) Overview of findings of 2012 children’s inspection activity Dublin July 25 2013

Despite the findings of the Health Information and Quality Authority (HIQA) above, very little is known about the experiences of social care practitioners or managers working in residential settings for children and young people. To this end, my PhD research focuses on the experience of being a social care worker/leader/manager in mainstream children’s residential settings.

I am interested in your understanding of social care work and the extent to which the developments and changes in the sector enable or impede your approach. I would like the results of the research to contribute to a greater understanding of residential social care practice and to the voice of social care workers and managers working in such settings.

Who can take part in the research?
If you are a social care worker or social care leader/manager working in mainstream residential child care in the statutory, voluntary or private sector and you would like your views and experiences to be included, I would be delighted to talk to you about your contribution.

What would my participation involve?
If you are interested in taking part I will give you some additional information and ask you to sign a consent letter. We can then arrange to meet at your convenience. Please be assured that our conversation will be informal and relaxed. I am interested in hearing about your professional role as a social care worker. I will ask your permission to record the interview which will take about 1 hour.

Research Plan
Phase 1: Interviews with social care workers and social care managers about their understanding and experience in residential care (April–December 2014)
Phase 2: Questionnaire to a broad range of frontline staff in children’s residential centres to supplement data from interviews (November 2014 —December 2014)

What will happen to the information?
Written or verbal extracts from the interviews/questionnaires will be used in the written dissertation which I will submit to the School of Social Justice in University College Dublin as part of my PhD studies. The information may also form part of future conference presentations, published work and as teaching /learning materials. Your confidentiality and anonymity and that of other persons and places mentioned in the interviews/questionnaires will be preserved at all times. All transcripts and electronic data are securely stored and all identifying information will be removed.

CONTACT INFORMATION

Researcher
Majella Mulkeen PhD student UCD
Email: majellamulkeen@gmail.com
Tel: 0871120263

Research supervisor
Prof Kathleen Lynch, School of Social Justice
UCD
Email: kathleen.lynch@ucd.ie Tel: 01 7167623
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