

SOCIAL WORK EDUCATION IN IRELAND: HISTORIES AND CHALLENGES

EDUCACIÓN PARA EL TRABAJO SOCIAL EN IRLANDA: HISTORIA Y RETOS

ALASTAIR CHRISTIE
University College Cork, Ireland
a.christie@ucc.ie

ABSTRACT

Social work education in the Republic of Ireland has gone through rapid transformation since the development of the National Social Work Qualifications Board in 1997. This Board accredits national courses, accredits non-national qualifications and advises the government and employers in relation to social work qualifications. The Board was established at a time of unprecedented expansion in the employment of social workers. However, social work is defined narrowly in Ireland and at least three other professions (youth work, community work and social care) are described a social work in other European countries, but no Ireland. In this article, I trace the histories of four professions, describe their different educational routes and raise questions about their development.

RESUMEN

La educación para el trabajo social en la Republica de Irlanda se ha transformado fundamentalmente desde que se estableció la Comisión Nacional de Calificaciones en 1997. Esta Comisión acredita cursos al nivel nacional, acredita los títulos y certificaciones extranjeras y aconseja al gobierno y quienes emplean trabajadores sociales sobre esos títulos. Esta Comisión fue establecida en un momento de expansión de empleo para los trabajadores sociales. Sin embargo, el trabajo social en Irlanda es limitado por la existencia de tres profesiones (trabajo con jóvenes, trabajo con la comunidad y cuidado social) que se desarrollan en trabajo social en otros países europeos, pero no en Irlanda. En este artículo, trazo las historias de las cuatro profesiones, describo sus diversas rutas educativas y planteo preguntas sobre su desarrollo.

KEYWORDS: Social work in the Republic of Ireland, Levels of Training, Social work qualifications, National qualifications, Issues in social work in Ireland.

PALABRAS CLAVES: Trabajo social en la Republica de Irlanda, Niveles de programas, Calificaciones en trabajo social, Calificaciones nacionales, Debates en la educación para el trabajo social.

INTRODUCTION

In Ireland, four main groups are identified as social professionals: social workers, youth

workers, community workers and social care workers (social care workers are specifically employed in residential centres for children, residential centres for adults with learning disabilities, or as community child care workers). Although there are similarities between the four groups, with overlapping areas of professional knowledge, skills and values, there is limited mobility between these professional groups, largely because of their different professional qualification requirements, but also because of their different philosophical approaches. Each of the four groups has a different professional history, professional qualifications, professional associations and typical areas of employment. Nonetheless, each of the social professions in Ireland undertake work that would be defined as social work in other European countries. Therefore, in this article all four groups are discussed in order to provide an inclusive picture of 'social work' practice and education in Ireland. The article starts by considering the current political climate in which the social professions operate. This is followed by a description of how far social professions have developed over time. While the professions have distinct histories, they face similar challenges, i.e. registration/professionalisation, working with diverse communities, and organizational change. These challenges may provide opportunities for new forms of cooperation between the social professions and for new definitions of 'social work' and social work education to emerge.

The position of social professions in Ireland today needs to be set in the context of rapidly changing social, economic and political environments. The 'Celtic Tiger' years of the 1990s, in which the Irish economy grew more quickly than most others in Europe, resulted in a large increase in the number of social professionals. However, this increase started from a relatively low base and Ireland continues to spend the lowest amount on social protection¹ of any EU country as a percentage of gross domestic product (GDP) and gross national product (GNP) (CORI, 2004). Since Ireland gained independence in 1922, successive governments have not had the resources available to promote the development of a welfare state and/or have ideologically opposed the development of state-based welfare. The latter is particularly true of the current government which during the late 1990s, when the economy was expanding, reduced the percentage of GDP spent on social welfare to only 7.4 per cent (Kirby, 2002). Instead of a welfare state, Ireland developed a 'mixed economy of welfare' that was influenced by factors including Catholic conservatism, economic underdevelopment and its post-colonial culture (Fanning, 1999). In addition, until the 1990s Ireland experienced high levels of emigration. In 1991, when the population of Ireland was approximately 3.5 million², there were approximately 1 million Irish-born persons living in Great Britain, Canada, Australia and the USA (Courtney, 2000). Until the 1990s, the Church rather than the state had been the main provider of social care. However, during the 1990s, with the institutional decline of the Catholic Church and increase in 'social problems', the state increasingly involved itself in the provision of social care and is now the main employer of social professionals. The response of the Catholic Church has been to withdraw from the direct provision of social services and to

¹ Social protection expenditure is defined by Eurostat as including spending on: sickness/health care, disability, old age, survivors, family/children, unemployment, housing and social exclusion initiatives.

² The population in Ireland decreased from approximately 6.5 million in 1841 to under 3 million in 1961

transform its social care organisations into semi-independent organisations whose staff are largely funded by the state.

Breen, Hannan, Rottman, and Whelan (1990) argue that the Irish welfare regime was never intended to be redistributive because it was inspired by charity rather than equality. Indeed, even with the growth in the economy and the increased employment of social professionals, inequality remained a central feature of Irish society in the early twenty-first century (Kirby, 2002). A complex mixture of success and failure across a range of welfare services led to a fragmented social care system based on a pattern of uneven development and progress. This pattern may also reflect the tension between neo-liberal and social democratic ideologies at government policy-making levels often characterised by the phrase 'Boston versus Berlin'. In 2004, the Fianna Fáil/Progressive Democratic Coalition government is steering Irish society more towards an 'American' rather than 'European' model characterised by: economic growth as an end in itself and sustained by a free market; social benefits constructed as by-products of economic growth with little government commitment to greater social equality; and the voluntary and community sector being regulated by this dominant economic model (Kirby, 2002). Official attitudes to the social professions in this social climate are, at best, ambivalent, with the professions being developed and supported in response to immediate political pressures, rather than as part of an overall vision of public welfare.

HISTORIES OF THE SOCIAL PROFESSIONS IN IRELAND

In the following section, I provide brief histories of these four professions. These histories emphasise the fragmented complex and contested accounts of the origins and development of the four professions. In fact, these histories are primarily women's histories as most of the key activists were women. As yet little work has been undertaken to identify any historical links between the four professional groups so they are discussed separately below. The lack of a common history helps to explain and/or 'justify' the current professional distance between these professions. This can be productive in providing different perspectives on welfare in Ireland.

Histories of the social work profession

The development of social work in Ireland has been accounted for in four historical stages by Skehill (1999a). In the late 19th century, social work emerged out of the 'philanthropic' activities of numerous voluntary groups, such as St. Vincent de Paul and the Sisters of Charity. In this first phase of the development of the profession at the end of 19th century, over 10 percent of the population were living in extreme poverty and there were over 400 charitable groups in Dublin providing social services to the 'deserving' and 'respectable' poor (Darling, 1972). Intense rivalry between the Catholic and Protestant Churches at the time resulted in religious charities being motivated as much by proselytising the poor as by philanthropy. While the overall aims of the Catholic and Protestant organisations were similar, the types of services provided differed: Catholic

(Mac Éinrí, 2001) but increased to approximately 3.9 million in 2002 (Central Statistics Office, www.cso.ie).

³ These workers worked within the courts and prisons to provide welfare to offenders.

⁴ Emily Logan, the first Ombudsman for Children who was appointed in December, 2003.

organisations tended to provide a wide range of services, often in the form of residential care, whereas Protestant organisations tended to provide specialist services to particular groups (e.g. Belfast Female Mission and the Belfast Women's Temperance Association) and were more concerned with general social reform, often linked to wider social issues such as anti-slavery (Luddy, 1995). During this period, Christian values and principles became embedded within social work and these values remained central to social work up to and including the 1960s (Skehill, 1999a). Raising funds and administering charity was a central focus of the religious organisations, with a strong emphasis being placed on managing resources wisely and ensuring that only those who 'deserved' and would 'benefit' received assistance.

The second phase in the development of the social work profession at the turn of the 19th century and the first half of the 20th century saw the first employment of people undertaking 'social work' tasks, as opposed to administering charity. In 1899, a group of students at Trinity College Dublin formed the Dublin University Social Service Society which raised funds from students to buy and manage a housing scheme (Darling, 1972). Housing superintendents were employed to collect the rent and students provided more general support to tenants. In the same year, Alexandra College in Dublin established the Alexandra Guild, an association of past students of the college. Members of the Guild undertook voluntary social work, largely in the form of rent collection. The Guild also paid for Ms. Bagley to be trained in England, under the guidance of Octavia Hill, as a housing manager. On her return, Ms. Bagley was employed as a rent collector in the Summerhill housing area in Dublin. It was not until 1912 that Alexander College introduced a course in 'Civic and Social Work' which aimed to meet the 'growing demand for instruction in the proper method of dealing with the important social and economic problems presented in society' (Skehill, 1999a, p.91). In 1919, Ms. Alcock became the first social worker to be employed in Ireland to work specifically with individuals and families. She was employed by the Adelaide Hospital in Dublin and the success of her post led to the employment during the 1930s and 1940s of a number of hospital social workers (almoners). As the number of almoners increased, in 1937 an Irish branch of the British Institute for Almoners was established. The Institute supported Irish almoners to receive professional training in Britain. Although social work training had started to develop, social work was still largely considered a voluntary activity, with little difference being identified between voluntary charitable work and paid professional social work. Despite the growing numbers of trained social workers, most social workers in charitable organisations remained untrained (Skehill, 1999a).

It was not until the third phase of social work development in the 1950s and 1960s that a distinct social work profession started to emerge. This occurred at a time of increasing state intervention in the provision of welfare and growth in the university sector. In 1954, the first social science degree was introduced by University College Dublin. Almost ten years later, in 1962, a social science degree was started by Trinity College, Dublin, followed by University College Cork which introduced a social science degree in 1965. The Bachelor's degree in social science was not a professionally qualifying course but did cover social work topics, and many social science graduates were employed as social workers. Although there were still relatively few social workers employed by the end of the 1960s, they were employed in most hospitals, in the probation service³, and were increasingly

being employed in services for people with learning and physical disabilities. However, this expansion of social work took place on an *ad hoc* basis and was based on the particular needs of institutions including the Criminal Justice System and the Health System.

The fourth phase, from the 1970s to the end of the 20th century, saw the most significant expansion of social work. It is estimated that in 1971 there were ninety-seven trained social workers employed in Ireland (Skehill, 1999a). This number increased rapidly at the end of the 1990s, with 1,390 social workers being employed in 1999, expanding to 1,993 by 2001 (National Social Work Qualifications Board, 2002). In 2001, the largest group of social workers at 723, worked in the area of child protection services. This figure compares to 43 social workers employed in child protection services in 1972 (Gilligan, 1991). The increase in the number of child protection social workers reflects the growth of state intervention in this area, prompted by the public 'discovery' of child abuse in the 1990s (Ferguson, 1996) and more recent revelations about the treatment of children in Catholic residential institutions (Raftery & O'Sullivan, 1999). The number of child abuse cases reported to Health Boards in 1984 was 479. This had risen to 5,152 in 1994 and 8,269 cases in 2000 (Department of Health and Children, 2003; Ferguson & O'Reilly, 2001). A further 4,424 children were in the care of Health Boards. The RTE Television documentary (Raftery, 1999, *States of Fear*) and the subsequent book on child abuse in industrial schools (Raftery & O'Sullivan, 1999) led to the Taoisach's (Prime Minister) apology in May 1999 on behalf of the state and its citizens to the victims of child abuse. In the same year the the Social Services Inspectorate (www.issi.ie) was established. The state infrastructure around the regulation, monitoring and response to child abuse was further augmented in 2001 by the establishment of National Children's Office (www.nco.ie) including the Ombudsman for Children⁴ and the Commission to Inquire into Child Abuse. The Residential Institutions Redress Board (www.rirb.ie), which makes awards to individuals who were abused while in residential care, was established in 2002.

The rapid expansion in the number of social workers was provided for by the development of new social legislation. The Child Care Act 1991, the Children Act 1997 and the Children Act 2001 (replacing the 1908 Children Act) have all required the employment of additional social workers⁵. Increasing numbers of social workers have also been employed in adult mental health services, probation services and, to a lesser extent, in social work with older people (National Social Work Qualifications Board, 2002). The Health Boards⁶, which employ child protection social workers, continue to be the main employers of social workers. In 2001, 58 per cent of social workers were employed by Health Boards, with a further 10 per cent of social workers being employed in non-Health Board hospitals and hospices. The next largest group of social workers are employed in the voluntary/community sector (13 per cent) and the probation service (13 per cent)⁷ (National Social Work Qualifications Board, 2002). Social work remains a particularly gendered occupation with 85 per cent of social workers being women. However, men are over-represented in managerial social work positions (National Social Work Qualifications Board, 2002)⁸.

In the 1990s and at the beginning of the 21st century, dramatic changes took place both in the number of social workers and in the shift from employment in the voluntary sector

⁵ The length of time that it has taken to update the 1908 Children Act legislation gives some indication of

to state-based services. Powell (1998) argues that social work in Ireland in the 1990s began to be a more reflexive profession as it developed strategies to empower and promote the participation of service users. Preventative approaches were also developed, with social workers adopting community-based approaches rather than working only with individuals and families. Furthermore, the growth in the voluntary sector, he argues, is a sign of a re-vitalising of civil society in which the social work profession will have an increasingly important role to play. With the erosion of cultural 'certainties' and traditional patterns of living as a result of rapid social change and increased prosperity, Powell suggests that social workers have a role to play in the development of new forms of civil society. In response to Powell's (1998) article, Skehill (1999b) questions how far social work services have changed in modern Ireland. While experts, including social workers, may be publicly questioned and the voices of service users are increasingly being heard, she argues that the position of the professional 'experts' remains secure and that there is little sign of alternative approaches to services developing. In addition, she argues that social services are still highly centralised and there is little evidence to suggest that social services are becoming more empowering, participative and/or preventative. Although the history of social work is more or less accepted, the status and development of the profession in the present is a matter of some contestation and debate.

Histories of youth work

The origins of youth work in Ireland are closely linked to the development of youth work in Britain. With rapid industrialisation in the 1800s, concern emerged among the upper and middle classes about the growing unrest of the working classes and, in particular, the apparent lack of control of young people (Hurley, 1992). These concerns, combined with humanitarian motivations, resulted in the rapid development between 1880 and 1914 of clubs that attracted working-class young people. The first groups established in Ireland were Church-initiated and included the Girls' Friendly Society (1877), the Boys' Brigade (1892), the Girls' Brigade (1893) and the Catholic Boys' Brigade (1900). In response to the establishment in Ireland of the Boy Scouts and Girl Guides, based on the British scouting movement, Countess Markievicz, a republican activist, founded *Na Fianna* in 1909. This group promoted the goal of an independent Ireland, provided scouting activities as well as lessons on Irish history and language (Hurley, 1992). Following the establishment of the Irish Free State, the Catholic

the state's reluctance to become involved in the provision of welfare services.

⁶ Originally eight Health Boards were established under the Health Act in 1970 to be responsible for the administration of health and personal social services, which include community care services, general hospital services and specialist hospital services. In 2000 the Eastern Health Board was replaced by the Eastern Regional Health Authority (ERHA) which manages three new health boards that cover Dublin, Kildare and Wicklow. Provisions are now before the government to replace the health boards with a national Health Service Executive and four health regions.

⁷ The number of probation officers increased from six in 1970 to 169 in 1948 (Government of Ireland, 1985). In 2003, there were 207 main grade probation officers (Department of Justice Equality and Law Reform, 2004).

⁸ The current pay scale for professionally qualified social workers working for a Health Board is _31,222 - _44,372 (Impact Trade Union, www.impact.ie).

⁹ For example: Department of Education (1977), National Youth Council of Ireland (1978), Department of Education (1980), Department of Education (1984), National Youth Council of Ireland (1996).

¹⁰ Young people are defined as between the age of 11 and 25 years. In 2002, there were 641,522 young people in

Boy Scouts was established in 1927 and the Catholic Girl Guides in 1928. The focus of early youth work was not only on working-class youth, but specifically on boys, who were considered at great risk and a greater threat to society than girls (Jenkinson, 1996). The Vocational Education Act 1930 established the Council for the Welfare of Youth (*Comhairle le Leas Oige*). This Council brought together the Catholic Church and the state to address the social problems of young people resulting from urbanisation, industrialisation and the influence of popular culture (e.g. the cinema and dance halls). However, in general, the development of the Irish youth service is characterised by a notable absence of state involvement (Jenkinson, 1996). Although a series of reports during the 1970s, 1980s and 1990s⁹ recommended the development of a government-funded national youth service, this has largely failed to develop.

The National Youth Council of Ireland (NYCI) (www.youth.ie) is the representative body for voluntary youth organisations. It has a policy-making and coordinating role with voluntary youth organisations and is recognised as a social partner in negotiations with the national government. The NYCI has a membership of over 50 youth organisations providing services for approximately 500,000 young people¹⁰. There are over 40,000 voluntary youth leaders and approximately 1,000 full-time staff working in these youth organisations. The NYCI worked with the government to produce the Youth Work Act (1997) which has been amended by the Youth Work Act (2001) and further developed in the National Youth Work Development Plan 2003-2007 (Department for Education and Science, 2003). This legislation sets out a statutory framework for youth work, national, local and regional structures, funding mechanisms and new forms of monitoring and evaluation. While the new legislation provides an optimistic vision for youth work in Ireland, lack of government funding has resulted in the Act not being fully implemented. In addition to the NYCI, two other organisations provide youth work services nationally. *Foróige*¹¹, The National Youth Development Organisation (www.foroige.ie), originally called *Macra na Tuaithe*, was founded in 1952 to work with young people in rural areas. It had close links with *Macra na Feirme* (discussed in the following section on community work) and initially received much financial support from the W.K. Kellogg Foundation (Jenkinson, 2000). It is now a community-based, non-profit, voluntary organisation which provides a wide range of youth work services. The second organisation is the National Youth Federation (NYF) (www.nyf.ie) which started in 1962 as the National Federation of Catholic Boys' Clubs. In 1992 the organisation changed its name to the National Youth Federation and became a charitable company owned by its members, nineteen independent local youth services.

Although the activity of youth work has existed for more than a century, it is only in the past six years that an official framework for this work has been established. Unlike social work which is primarily defined in professional terms, lively debates exist in the area of youth work with regard to the merits and de-merits of professionalisation. This is also the case for community work which is discussed in the following section.

History of community work

Community work in Ireland has its roots in communal self-help in rural areas. Before

Ireland aged between 14 and 25 years, approximately 16% of the population (Central Statistics Office www.cso.ie). Similar information is not available for the 11-14 years age group.

the mechanisation of farm work, it was important for farmers to cooperate with each other, especially during the harvest. In 1931, Fr John Hayes founded *Muintir na Tíre* (People of the Countryside), often identified as the first ‘official’ community development organization in Ireland. Originally, it developed as an agricultural producers’ cooperative for farmers and farm workers. However, this organization only lasted for two years and in 1937 *Muintir na Tíre* re-emerged as a system of parish¹² based community councils which aimed to represent local communities. In this guise, the organization attempted to reverse the perceived breakdown of society in rural Ireland (Powell & Geoghegan, 2004). Following Catholic teaching of the time, *Muintir na Tíre* opposed state intervention and promoted self-help and self-sufficiency within each parish. *Muintir na Tíre* ‘attempted to heal the social divisions associated with the civil war of 1922-23’ and to ‘promulgate a sense of community organizing that aspires to transcend the social divisions of class, gender, party and religion in the name of common good’ (Meade & O’Donovan, 2002, p.3). However, this approach was critiqued by working-class organizations on the basis that it reinforced existing class-based social hierarchies.

Although based on a local community model, *Muintir na Tíre* also aimed at becoming a national campaigning organization. During the Second World War (in which Ireland was neutral) *Muintir na Tíre* promoted national self-sufficiency through promoting the saving of turf (used as a basic household fuel) and growing of vegetables to compensate for the lack of imports. After the war, it strongly promoted rural electrification and the modernization of the Irish countryside (Powell & Geoghegan, 2004). Despite the call for local self-help initiatives, many of the developments that happened at local level were based on state intervention. *Muintir na Tíre* attempted to promote a form of rural utopia based on frugality, self-help and cooperation between groups with diverse interests. This agenda was primarily concerned with building and maintaining communities. The decline in rural populations and the rise of groups which responded to the needs of specific rural groups, such as *Macra na Feirme* (sons of the farm) and the National Farmers’ Association, led to the decline of *Muintir na Tíre*. In 1958 it adopted the UN definition of community development as meaning a partnership between the state and local communities (Forde, 1996), and in the 1970s started to replace parish councils with democratically elected community councils. However, these community councils have declined over the years and are now mainly concerned with defending the rights of marginalized groups in rural Ireland, and in particular, older people.

While *Muintir na Tíre* largely developed in the southern region of Ireland, Community Development Cooperatives (*Combarchumain*) (CDCs) were located along the western seaboard in the *Gaeltacht* (Irish-speaking) areas. The first CDC was started in 1966 in County Kerry. These were some of the poorest areas of Ireland and suffered most from mass emigration. The development of the *Gaeltacht* Civil Rights Movement (*Gluaiseacht Chearta Sibbialta na Gaeltachta*) was particularly influential in the development of the *Gaeltacht*

¹¹ *Foróige* is derived from *forbairt na bóige* (development of youth).

¹² A parish is the area traditionally serviced by one church or one member of the clergy.

¹³ It is difficult to estimate the number of community workers in Ireland, but in 2004, the Community Workers Co-operative (www.cwc.ie) has a membership of over 700 individuals and organisations.

¹⁴ The Diploma in Applied Social Studies at University College Dublin, a one-year postgraduate course, was

CDCs which modelled themselves on the Basque Mondragon cooperative movement in Spain (Powell and Geoghegan, 2004). The *Gaeltacht* CDCs were different from *Muintir na Tíre* because there was less involvement of clerics, much greater participation by women and more financial support from the State (ibid.). The achievements of the *Gaeltacht* CDCs have been mixed, having little impact on job creation, but they were successful in promoting broader social development in these areas (Varley, 1991). Powell and Geoghegan (2004) argue that the *Gaeltacht* CDCs worked to establish distinctly Gaelic social and economic solutions in the west of Ireland and that this approach has the potential to find more support within the current EU policies which promote cultural diversity.

Community work in Ireland has also been influenced by Catholic Church initiatives which often came close to the work of social workers. In 1844, the Charitable Bequests Act was passed and the Society of Saint Vincent de Paul was introduced to Ireland. This organization continues to be a strong local and national organization in Ireland, drawing on a coterie of local volunteers who fundraise and dispense charity to those in need locally. As noted already, the Catholic Church provided a variety of services including hospitals, orphanages and residential care for the young, unmarried mothers, the elderly and disabled. It also provided care in the community through a variety of voluntary organizations. In the late 1960s and early 1970s, Social Service Councils developed to coordinate these services. With the increasing number of Social Service Councils, the National Federation of Social Service Councils was established in 1975 and because it was coordinating local community-based Social Service Councils, it provided a particular style of community work infrastructure. The government gave the National Federation the status of a statutory board in 1984. However, Powell and Geoghegan (2004) argue that old tensions between the Church and State re-emerged, particularly when Social Service Councils were influenced by liberation theology. These tensions resulted in the government attempting to disband the Board in 1988 and subsequently reducing its role to providing information and advice on local social services.

Since the mid-1970s the community work sector has become increasingly professionalised¹³. In 1974, *Muintir na Tíre*, Dublin Corporation and Dublin County Council started to employ community development officers. In the same year, the Department of Health created community work posts in each of the community care areas within the Health Boards (Forde, 1996). During the 1980s, the focus of community work changed from geographical areas and increasingly concentrated on specific issues, for example training, employment, youth and Travellers (Crickley & Devlin, 1990). This change in focus, as well as the persistence of poverty, encouraged a radicalization of community work, in contrast to the more conservative approach of *Muintir na Tíre*. The Community Development Projects initiated by the Department of Social Welfare in 1990 have encouraged this focus on interest groups as well as location. For example, the Mayfield Integrated Community Development Project in Cork is based in a disadvantaged area and responds to the specific needs of local people who are educationally disadvantaged.

The dominant agenda for community development workers has been reformist through the improvement of existing structures and services and by increasing access to decision-making (Broaderick, 2002). During the 1990s community work was drawn into social partnership negotiations with national government. Since the late 1980s, there have been five national agreements supported by social partners which included representatives of

the community and voluntary sector (ibid). Social partnership has become the dominant mode of governance, with state-sponsored partnership arrangements between groups with varying economic, political and social interests becoming ubiquitous (Meade & O'Donovan, 2002). This approach has stifled differences between the various sections of the community and voluntary sector and between the voluntary and community sector and the government. Broaderick (2002) has described partnership as a 'smothering embrace' (p.107) in which the community and voluntary sector is seen by the government as exclusively concerned with the social rather than economic aspects of governance. Meade and O'Donovan (2002) argue that nationalism, Catholicism and civic culture derived from the small rural communities still impact on policy in the form of a 'fetish of unity and consensus' (p.3) exemplified by the agenda and workings of social partnership. However, failure to support a recent government partnership plan, *Sustaining Progress: Social Partnership Agreement 2003-2005*, has resulted in the Community Platform (a group of national networks and organisations within the community and voluntary sector engaged in combating poverty and social exclusion and promoting equality and justice) being excluded from social partnership discussions. The Community Platform chose not to endorse *Sustaining Progress* because the agreement took an individual 'problem-solving' approach rather than committing to the eradication of poverty. By failing to make connections between social and economic goals, the agreement legitimated the provision of limited economic resources to reduce poverty, and the Community Platform saw this as undermining its project.

Community work in Ireland has shifted over the century from a romanticized self-help rural notion of community towards a more differentiated notion of community, based on different interests and social support, and towards a more politicised advocacy with particular excluded groups as well as geographic communities and contradictory engagements with government via social partnership.

History of social care

The history of the social care professionals can be found in the foundation of religious charities in the 19th century and the rapid expansion of religious communities. Charities for children and women were being established from the late 1700s (Skehill, 1999a). The first Catholic residential institution for children, Teresa Mulally's orphanage in Dublin, was established in 1771 (Corish, 1984). During the early 1800s Catholic institutions increased rapidly as the number of religious communities in Ireland expanded. In 1800 there were 120 nuns in Ireland, and by 1900 this number had grown to 8,000 (Skehill, 1999a). This resulted in the establishment of hospitals, schools for poor children, orphanages, reformatories, industrial schools, Magdalen laundries and homes for the elderly as well as a range of other services for the sick and poor. From the 1850s, three female religious orders (the Sisters of Mercy, the Irish Sisters of Charity and the Daughter of Charity) led the development of new orphanages and the colonisation of existing orphanages. Existing orphanages had encouraged the fostering of children, whereas the Catholic organisations favoured a system where children remained within institutional forms of care. This institutional

professionally accredited by the Central Council for the Education and Training of Social Work in 1969.

¹⁵ A quarter of a million persons migrated to Ireland between 1995 and 2000. Approximately half were returning emigrants and most of the others came from other EU states and the USA. Approximately 10% of immigrants were asylum seekers (Mac Éinrí, 2001).

approach to child care was justified on the basis of financial efficiency, but also allowed the religious orders to have maximum control over the moral and physical welfare of the children (Raftery & O'Sullivan, 1999).

Three types of institutions for children were developed from the mid-nineteenth century: industrial schools (for children whose parents were deemed by the State as being unsuitable or unable to care for them); orphanages (for children of 'good character and respectable families'); and reformatory schools (for children who had committed an offence). At the beginning of the 20th century there were 8,000 children detained in industrial schools. By 1969 there were still 31 industrial schools detaining approximately 2000 children. In 1970, 1,700 children were accommodated in 42 orphanages (Raftery & O'Sullivan, 1999). Large numbers of children were also detained in the reformatories. Between 1858 and 1969, a total of 15,899 children were committed to reformatories (Raftery & O'Sullivan, 1999). It was not until the Kennedy Report (1970) that the industrial and reformatory system was exposed as 'far from satisfactory...haphazard and amateurish' with a 'general lack of awareness of the needs of the child' (p.13). The report's recommendations have led to the creation of the current child care system, which includes trained staff, special educational supports, an after-care system and an inspection system.

The dramatic decline in the numbers of applicants to religious orders and the 'discovery' of child abuse in residential homes run by Catholic organisations has resulted in rapid withdrawal of the Catholic Church from the provision of social care. Religious organisations have largely been replaced by Health Board residential homes, a variety of non-profit residential organisations funded by the State, as well as new systems of foster care. As the expectations of social workers increased due to monitoring initiatives, child care and social care workers drew attention to their 'inferior' status within the social service system and inadequate remuneration for long hours and onerous work. In 1997, the Labour Court recommended that the salary scale for social care workers should be significantly increased to _29,040-38,829 (IMPACT Trade Union, www.impact.ie). The Court also recommended that a Joint Committee on Social Care Professionals be established to clarify the role and professional qualifications of social care workers. This Committee estimated that in 2002 there were approximately 2,904 social care workers: 1,285 working with children in residential services and children in the community, and 1,619 working in residential services for adults and children with learning disability (Joint Committee on Social Care Professionals, 2003). However, it is estimated that only 55 per cent of social care staff had a professional qualification and recommended that only professionally qualified staff be employed as social care workers in the future. This has forced the government to reassess the professional training of existing and potential social care workers.

BASIC STRUCTURE OF EDUCATION/TRAINING FOR THE SOCIAL PROFESSIONS

It is evident from the discussion so far that the development of the social professions in Ireland has taken place in line with many different agendas and events. Moreover, the past two decades have seen the most concerted efforts towards the secularisation, standardisation, monitoring and evaluation of these professions. I now want to turn to the implications of these histories of the social professions in Ireland for professional education.

Social Work

The National Validation Body of Social Work Qualifications and Training appointed by the Minister of Health and Children in May 1995 was replaced through the enactment of government legislation by the National Social Work Qualification Board (NSWQB) (www.nswqb.ie) in February 1997 which had statutory authority to recognise professional qualifications. Since 1968, prior to the establishment of these two organisations, social work education in Ireland had been accredited by the Central Council for Education and Training in Social Work in the UK¹⁴. The establishment of the NSWQB meant that social work qualifications in Ireland were being granted by an Irish professional body for the first time. The NSWQB now accredits courses; grants the professional qualification in social work to individuals who complete accredited courses; advises the government and employers on social work qualifications; and carries out research on labour force requirements in relation to social work. The NSWQB also accredits eligible holders of non-national qualifications who wish to work as professional social workers in Ireland. Given the high levels of migration to Ireland, this has been an expanding area of work for the NSWQB. Between 1996 and 2001, the board recognised the non-national qualifications of 479 social workers (National Social Work Qualifications Board, 2002).

The recognised professional social work qualification in Ireland is called the National Qualification in Social Work (NQSWS). The NQSWS can be gained through a four-year Bachelor degree at Trinity College Dublin and University College Cork or a two-year postgraduate qualification at University College Cork, University College Dublin, Trinity College Dublin and University College Galway. Both undergraduate and postgraduate courses offer the same professional qualification. To be accepted onto the two-year postgraduate course, students have to have successfully completed a social science-based undergraduate degree. The intake of students in October 2004 was approximately 53 on undergraduate courses and 140 on postgraduate courses. In addition to qualifying awards, post-qualifying courses in specialist areas of social work are offered by universities and employers. However, there is no national award system for post-qualifying training in Ireland at present.

The basic social work training curriculum includes the academic disciplines of social policy, sociology, psychology, social research, economics, political science and legal studies, as well as courses on social work knowledge, skills and values. The students must complete at least 1000 hours in professional placements where they are required to demonstrate professional effectiveness in relation to assessment, planning, intervention, evaluation, professional responsibility and use of professional values.

Youth and Community Work

Traditionally, youth and community workers have been trained together on joint courses that address both areas of work. No professional qualification is awarded in these areas of work, but courses have arranged professional accreditation through the UK youth and community system. Approximately 40 recognised courses at a variety of levels (certificate, diploma, undergraduate and postgraduate degrees) are offered in Ireland (Bissett & Halpin, 2004). Most of the courses are provided by universities, but Institutions of Technology and other training institutions also provide youth and community work courses. While course content varies considerably, courses usually include: social policy, youth work, community development, social research, organisational analysis and legal studies. On nearly all of the

courses, students undertake work placements in youth or community work settings and in most cases these are assessed.

Social Care

The survey completed as part of the Report of the Joint Committee on Social Care Professionals (2003) identified a wide range of qualifications held by social care professionals including undergraduate degrees and diplomas in Childcare, Applied Social Studies, and Social Care; undergraduate and postgraduate degrees in psychology and social science; and a variety of other qualifications including Montessori education. Three-year diplomas and four-year undergraduate degrees in Applied Social Studies in Child Care are provided by the regional Institutes of Technology. At the end of three-year diploma, some students complete a further year to be awarded a Degree in Applied Social Studies in Child Care. Other students register directly onto degree courses. There is an annual intake of approximately 400 students on the diploma courses and 180 students on degree courses. The government has accepted the recommendation of the Joint Committees' Report that a nationally recognised professional qualification and career structure should be established for both residential and community child/social care workers. It is likely that the government will establish a qualifications board to accredit courses providing the new national social care qualification. In addition to establishing a national professional qualification, the government is committed to the professional training of all existing non-qualified residential and community care workers. The Report of the Joint Committee on Social Care Professionals recommends that employers complete individual training audits with their social care staff. This will then allow employers to develop individualised training programmes for all staff without a professional qualification. Such a proposal seems ambitious considering the large number of unqualified staff and it is not yet clear how this will be achieved. It is recommended that the training covers work with: specific client groups; organisations, social groups and networks; inter-disciplinary networks; significant others; and that training covers legislative regulatory standards and best practice. It is also recommended that the training should combine academic work with two placements in different residential settings. Of all the social professions in Ireland, it is in the areas of social/child care that the most significant move towards professionalisation is now taking place.

Developments since the 1990s

Although the four social professions described above have different histories, definitions and (professional) training routes, there are at least three issues that impact on all of the professions.

Professionalisation and registration of social professionals.

While social work and social care have increasingly become professionalised, intense debates continue within youth work and community work about the advantages and

disadvantages of professionalisation. The Health and Social Care Professionals Bill (2004) currently being debated in the Oireachtas (Parliament), if enacted, will establish a registration board for social work and social care professionals. The board will register persons qualified to use the designated titles social work or social care worker and determine complaints on the basis of individual worker's fitness to practice. Social workers and social care workers will be expected to register within the proposed scheme, but it is not clear whether this will be required of youth and community workers.

The government argues for the introduction of registration on the basis of a perceived need to ensure the quality of services provided by social professionals. However, the introduction of registration is also related to the implementation of EU Directives on the *Mutual Recognition of Third Level Qualifications* in EU member states, and the facilitation of labour mobility between different EU member states. The Department of Health and Children's proposals include a registration board for each individual profession and a registration council to oversee the work of all of the registration boards. This raises the important question of whether the social professions can come under the rubric of one profession or need to be considered separately. Many other questions will be raised including the criteria for registration; how frequently re-registration will be required; the cost of registration and re-registration; and the specific mechanisms to be introduced for the different social professions.

As well as questions about how the registration scheme will work, there are broader questions about whether a registration scheme *should* be introduced for the social professions. While registration is likely to lead to a standardisation of practice, the process of registration will also encourage the social professions to develop more tightly-defined criteria for inclusion and exclusion within the profession. As the boundaries of the professions become more fixed, there will be less opportunity for individuals to move between professions with entrance requirements becoming more exclusive. Registration therefore may well have the consequence of reducing diversity within the profession and making it less effective in challenging social inequality.

Work with diverse communities

Ireland is becoming an increasingly diverse community for a number of reasons. First, as 'traditional' institutions, such as the church and the family, are changing rapidly, Irish society is composed of more diverse lifestyles and forms of community. Second, Ireland is becoming a multicultural society as a result of considerable immigration since the mid 1990s¹⁵. This provides both opportunities and challenges for the social professions (Christie, 2002, 2003)? How can professional training be developed to ensure that professionals are appropriately equipped to work within the changing society? How does training equip social professionals to challenge new and old forms of disadvantage and inequality? How does membership of the social profession change to reflect the changing nature of society? What opportunities and challenges do social professionals face working with asylum and refugee communities? In what ways can the social professions encourage new forms of solidarity within an increasingly diverse society? Increased monitoring, standardization and registration may help address these questions but may also render the professions less flexible in responding to a changing context.

Organisational change

Major changes are currently underway in the organisation of the Health Boards. Most social professionals apart from youth workers are either directly employed by a Health Board or the organisation they work for is funded by the Department of Health and Children. Therefore any changes to the Health Board structure will have a significant impact on the social professions in Ireland. As footnoted earlier, the original eight Health Boards established under the Health Act in 1970 were changed in 2000 when the Eastern Health Board was replaced by the Eastern Regional Health Authority (ERHA) which manages three new health boards covering the eastern counties of Dublin, Kildare and Wicklow. This change was made because the number of people living in Dublin and the surrounding area had increased so rapidly in the 1990s. In June 2003, the Department of Health and Children published the *Health Service Reform Programme* which provides for the abolition of existing health board/authority structures. The establishment of a Health Service Executive with responsibility for managing all health services in Ireland is proposed. This Executive will manage four Regional Health Offices delivering regional and local services. The plan includes both the centralization of decision-making and the de-centralisation of care budgets. These changes have been primarily motivated by the government's desire to control health spending, particularly in hospital-based services and to improve the quality of services. Although most social care professionals are currently employed directly or indirectly by Health Boards, the *Health Service Reform Plan* (2003) does not directly address the future of the social professions. Therefore, it is unclear how this major re-organization will impact on the day-to-day work of social professionals in the future.

Concluding comments

While four separate social professions emerged in the second half of the 19th century, it is only in the last ten years that these professions have grown to significant numbers in Ireland and the numbers remain relatively small when compared with other European countries. Although there appear to be four separate social professions, with different histories and priorities, values and professional training, there are also many similarities between them. To a lesser and greater extent, all of the social professions developed in response to poverty and the perceived need to control the working class. All the social professions have attempted to fill gaps in welfare provision and to colonise areas of particular expertise. They have all been profoundly influenced by Christian, and in particular, Catholic values and institutions. While there has been a rapid withdrawal of religious orders from the provision of social services, social professionals still work in organisations originally established by religious groups and some of which maintain a religious ethos. The dominance of religious social welfare institutions meant that other forms of social welfare did not develop, most notably in the voluntary and community sector. This has left the state to fill the social service 'vacuum'. The expansion of state social services has been prompted by child abuse enquiries, with the result that child protection services have developed as the main focus and driving force of the social service provision.

Given the low numbers of social professionals employed to date, it is perhaps not surprising that a professional infrastructure, including nationally recognised professional training and qualifications, has only recently started to develop. Social work has developed its own qualification board, national professional qualifications and systems for accrediting

social work courses. Social care is in the process of developing a similar system. Both the social work and social care boards are likely to be incorporated within the larger system of professional registration proposed by the government. It is not clear whether youth work and community work will seek to become registered professions. While the current government remains at best ambivalent about the development of the social professions, the development of this new infrastructure creates a context in which the government can be lobbied and informed about these professions and their work might be better supported. No doubt debate, contestation, different lines of development and philosophical approaches will mark the social professions in Ireland into the future.

References

- BISSETT, F. & HALPIN, G. (2004): *Directory of Youth and Community Work Courses*. Dublin: Irish Youth Work Press.
- BREEN, R., HANNAN, D. F., ROTTMAN, D. B. & WHELAN, C. T. (1990): *Understanding Contemporary Ireland: State, Class and the Development in the Republic of Ireland*. Dublin: Gill and Macmillan.
- BROADERICK, S. (2002): Community development in Ireland - a policy review, *Community Development Journal*, 37 (1), pp.101-110.
- CENTRAL STATISTICS OFFICE (2002): *Demography and Labour Force*, <http://www.cso.ie/principalstats/pristat2.html#figure1>.
- CHRISTIE, A. (2002) Responses of the social work profession to unaccompanied children seeking asylum in the Republic of Ireland, *European Journal of Social Work*, 5 (2), pp.187-198.
- CHRISTIE, A. (2003): Unsettling the 'social' in social work: responses to asylum seeking children in Ireland, *Child and Family Social Work*, 8 (3), pp.223-231. Conference of Religious of Ireland: Justice Commission (2004) *Priorities for Fairness: Choosing Policies to Ensure Economic Development, Social Equity and Sustainability*, http://www.cori.ie/justice/soc_issues/index.htm.
- CORISH, B. (1984): *The Irish Catholic Experience: A Historical Survey*. Dublin: Gill and Macmillan.
- COURTNEY, D. (2000): A quantification of Irish migration with particular emphasis on the 1980s and 1990s, in Andy Bielenberg (Ed.), *The Irish Diaspora* (pp. 287-316). Harlow, England: Longman,
- CRICKLEY, A. & DEVLIN, M. (1990): Community Work in the 1980s - An Overview, in *Community Work in Ireland. Trends in the 1980s, Options for the 1990s*, Dublin: Combat Poverty Agency, pp. 53-80
- DARLING, V. (1972) Development of social work in the Republic of Ireland, *Social Studies*, 1 (1), pp.24-37.
- DEPARTMENT OF EDUCATION (1977): *A Policy for Youth and Sport*, Dublin, Stationery Office.
- DEPARTMENT OF EDUCATION (1980): *The Development of Youth Work Services In*

- Ireland (O'Sullivan Committee Report)*, Dublin: Stationery Office.
- DEPARTMENT OF EDUCATION (1984): *The National Youth Policy Committee Final Report (Castello Committee Report)*, Dublin: Stationery Office.
- DEPARTMENT FOR EDUCATION AND SCIENCE (2003): National Youth Work Development Plan 2003-2007, Dublin: Stationery Office.
- DEPARTMENT OF HEALTH AND CHILDREN (2003): *Health Statistics 2002*. http://www.doh.ie/statistics/health_statistics/2002/stats02.html.
- DEPARTMENT OF HEALTH AND CHILDREN (2003): *Health Service Reform Program*, Dublin: Stationery Office.
- DEPARTMENT OF JUSTICE, EQUALITY AND LAW REFORM (2004): *Probation and Welfare Service 1st Progress Report*, Dublin: Stationery Office.
- FERGUSON, H. (1996): Protecting Irish children in time: child abuse as a social problem and the development of the child protection system in the Republic of Ireland, *Administration*, 44 (2), pp.5-36.
- FERGUSON, H. & O'REILLY, M. (2001): *Keeping Children Safe: Child Abuse, Child Protection and the Promotion of Welfare*. Dublin: A. and A. Farmar.
- FORDE, C. (1996) History of Community Work, in Paul Burgess (Ed.), *Youth and Community Work: a Course Reader*. Cork: Centre for Adult and Continuing Education, University College Cork, pp.3-13.
- GILLIGAN, R. (1991) *Irish Child Care Services: Policy, Practice and Provision*. Dublin: Institute of Public Administration.
- GOVERNMENT OF IRELAND (1985): *Report of the Committee of Inquiry into the Penal System*. Dublin: Stationery Office.
- HURLEY, L. (1992): *The Historical Development of Irish Youth Work (1850-1985)*. Dublin: Irish Youth Work Centre.
- JENKINSON, H. (1996): History of Youth Work, in Paul Burgess (Ed.), *Youth and Community Work: a Course Reader*. Cork: Centre for Adult and Continuing Education, University College Cork, pp.35-43.
- JENKINSON, H. (2000): Youth Work in Ireland: a struggle for identity, *Irish Journal of Applied Social Studies*, 2 (2), pp.106-124.
- JOINT COMMITTEE ON SOCIAL CARE PROFESSIONALS (2003): *Report of the Joint Committee on Social Care Professionals*, Dublin: Department of Health and Children.
- GOVERNMENT OF IRELAND (1970): *Reformatory and Industrial Schools Systems Report (Kennedy Report)*, Dublin: Stationery Office.
- KIRBY, P. (2002): *The Celtic Tiger in Distress: Growth with Inequality in Ireland*. Basingstoke, England: Macmillan.
- LUDDY, M. (1995) *Women and Philanthropy in 19th Century Ireland*. Cambridge: Cambridge University Press.
- MAC ÉINRÍ, P. (2001): Immigration into Ireland: trends, policy responses, outlook, Irish Centre for Migration Studies, National University of Ireland, Cork. <http://migration.ucc.ie/irelandfirstreport.htm>.
- MEADE, R. & O'DONOVAN, O. (2002): Editorial introduction: Corporatism and the ongoing debate about the relationship between the state and community development, *Community Development Journal*, 37 (1), pp.1-9.
- NATIONAL SOCIAL WORK QUALIFICATIONS BOARD (2002): *Social Work Posts in Ireland 2001*. Dublin: National Social Work Qualifications Board.

- NATIONAL YOUTH COUNCIL OF IRELAND (1978) *A Policy on Youth Work Services*, Dublin: National Youth Council of Ireland.
- NATIONAL YOUTH COUNCIL OF IRELAND (1996): *Putting Youth on the Agenda: the State of Youth Report*, Dublin: National Youth Council of Ireland.
- POWELL, F. (1998) The professional challenges of reflexive modernization: social work in Ireland, *British Journal of Social Work*, 28 (3), pp.311-328.
- POWELL, F. & GEOGHEGAN, M. (2004): *The Politics of Community Development: Reclaiming Civil Society or Reinventing Governance?* Dublin: A. and A. Farmer.
- RAFTERY, M. (1999, 24 April, 4 May and 11 May): *States of Fear* [Television broadcast]. Dublin: RTÉ Television.
- RAFTERY, M. & O'SULLIVAN, E. (1999): *Suffer Little Children: the Inside Story of Ireland's Industrial Schools*. Dublin: New Island.
- SKEHILL, C. (1999a): *The Nature of Social Work in Ireland: a Historical Perspective*, Lewiston, USA: Edwin Mellen Press.
- SKEHILL, C. (1999b): Reflexive modernity and social work in Ireland: a response to Powell, *British Journal of Social Work*, 29 (5), pp.797-809.
- VARLEY, T. (1991): On the Fringes: Community Groups in Rural Ireland, in T. Varley, T. A. Boylan and M.P. Cuddy (Eds.), *Rural Crisis: Perspectives on Irish Rural Development*. Galway, Ireland: Centre for Development Studies, University College Galway.

