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Just Bring Yourself

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Declaration

I certify that this thesis which I now submit for examination for the award of MPhil in Social Care, is entirely my own work and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

This thesis was prepared according to the regulations for postgraduate studies by research of the Dublin Institute of Technology and has not been submitted in whole or in part for an award in any other Institute or University.

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Signature *Denise Lyons* Date *Oct '07*

Abstract of Thesis

The social care worker receives a comprehensive education through the combination of theoretical knowledge and practice training. The effective worker integrates this knowledge and experience into planned practice that meets the diverse needs of each service user. As well as honed skills and integrated knowledge, the graduate also brings their values, beliefs, socialisation influences, and personality traits with them to work. The practice of social care involves working with vulnerable people, and having an understanding of how these 'self characteristics' may influence the relationship is essential. According to Garfat, McElwee, and Charles (2005: 108), *"the social care practitioner in the field to help others has no choice but to know self, and to know self intimately"*.

This study aims to examine the training of self within social care education. The initial objective was to define the self terminology used within social care, and ascertain how the self is trained. The primary research revealed the existence of self training within Irish social care education, from the experiences of past graduates and current educators of the National Diploma / Bachelor of Arts in Social Care. The study concludes by presenting a rationale for increased self training, to ensure that future students will learn to use the essential practice tool, the self.

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Chapter One

Introduction

1.1 Introduction

The aim of this study is to examine one specific aspect of social care education; the training and development of 'self', focusing on the following research questions;

- How are the terms 'self' and 'self-development' defined within the context of social care?
- What is self-development training?
- Where does self-development training occur, and how is it perceived within social care education and practice.

The term 'self-development' was selected as a result of the author's personal experience of this term being used to define self training within social care education. Throughout the three years of study on the Bachelor of Arts (ordinary) Degree in Social Care, students grow and develop through their participation in the theoretical, experiential, and practical elements of the course. Central to the students' ability to develop as a competent practitioner, is their knowledge of self and of how their upbringing, experiences, values and beliefs affects their ability to work with vulnerable people. This study presents an understanding of the term 'self' within the context of social care practice and training. The term self-development is used within this study in reference to any discussion on the training of self in social care.

1.2 Background and Rationale for the Study

The rationale for initiating research on the self in education is personal. After receiving the National Diploma¹ in Social Care from the Dublin Institute of Technology, I² was employed to work with young men in a residential centre. After two years practice and the completion of the honours degree, I registered for the Post Graduate Diploma in Art Therapy, in Crawford College, Cork. Art therapy training is concentrated around the development of self, utilising the frameworks of personal therapy, and a counselling training group. While engaging in training I became aware of how issues, values, judgements, and needs, impact on relationships with others³. Although the importance of these issues was explored during my social care training, it was only during the experience of the counselling training group that my values, needs, or judgements were explored in how they may have negatively impacted upon others. As this is my personal experience of psychoanalytical therapy training, this perspective has influenced the direction of research conducted.

During my first year of training as an Art Therapist, I was employed as an assistant lecturer, teaching within the social care department. During initial inquiries into the training of self within social care, I encountered Frances Ricks' (1989) self-awareness model for child and youth care workers. According to this model, the worker has two sides, A) the internal 'life position', which encompasses values, ethics, and beliefs, and

¹ The award of the National Diploma in Social Care became the Bachelor of Arts (Ordinary) Degree in Social Care, due to the recommendation of The National Qualifications Authority of Ireland's framework of qualifications, launched in October 2003 (NQAI, 2003).

² The first person is deliberately used within this section to highlight the personal nature of the rationale of this study.

³ The terms 'other' and 'people' are used as a replacement for 'client', 'service user', 'youth' or 'patient', when referring to the people who receive the care provided by the social care worker.

B) the external behaviours, thoughts, and feelings, defined as ‘styles’ or postures’.

Therefore, if a social care worker is surprised by a thought or feeling they have experienced within work, they can use this model to trace back to the source; the internal value or belief. According to Ricks (1989), this model may enable the worker to make the distinction between reflective self-awareness, and ‘being ’aware. Ricks described traditional self-awareness models as primarily reflective, providing a structure for self-learning post practice. The self-awareness training I experienced was primarily reflective in nature, and as a result, did not actively facilitate, or provide a framework for, the exploration of the feelings and thoughts behind actions during practice. In light of this awareness, and as a result of my desire to provide best practice within social care education, I now felt a responsibility to initiate a discussion on the self training provided. Therefore, this study aims to gain information on the training of self within social care, to discover the structure or models framing the current self- training provided, and finally, to use this information to inform and possibly improve the training of self within social care education.

1.3 Description of Research

This research focuses on two perspectives; the opinions of past graduates, and current educators. The views of the past graduates were collected using a postal questionnaire. One hundred and eighty five valid questionnaires were returned and analysed using SPSS software (Statistical Package for the Social Sciences). The educator’s views were collected through face to face interviews with Irish lecturers that teach personal

development as a core learning objective within their subject. To provide an international perspective, an on-line discussion was held with two Canadian lecturers.

1.4 Research Questions

This study focuses on two main research questions related to the training of self within social care education.

- What does self-development mean within the context of social care?
 - Initially this study focused on defining the historic understanding of self terms, and the meaning used today.
- Does self-development training occur within social care education?
 - Graduates were asked if they experienced self-development training within their social care education. The graduates were asked to state how they received this self training.
 - The Educators were asked similar questions relating to the existence of self training, and the location and specifics of the training provided.

1.5 Outline of Thesis

Chapter Two is a contextualising chapter that aims to present an understanding of the term 'self'. The chapter begins with the theory of self as it evolved through philosophy and psychology. The philosophical self is multi-dimensional, influenced by internal and external thoughts, feelings, and views. The study of the self in psychology introduced the

terms self-concept, self-awareness, self-development, and personal development into the social care vocabulary. The self, influenced by the philosophical and psychological evolution of the term self, is defined within this study as a process of increasing awareness of the self, its values, needs, judgements, strengths and weaknesses, with the aim of creating a consciously aware worker. The chapter concludes by discussing how the self is trained, through self help literature, personal therapy, and the formal avenue of counselling training.

Chapter Three discusses the history and evolution of social care practice and education in Ireland. The chapter begins with an examination of the history of social care practice, with a specific focus on the evolution of care for children. The history of care for children began in large institutions, but evolved to the current practice of residential care, provided within smaller group homes. The following key skills of residential care are discussed; daily tasks, therapeutic skills, and the role of the relationship as a tool. This chapter also includes a discussion on how social care education evolved, from a one year course to a Bachelor of Arts Honours Degree provided by ten colleges. Social care education is defined as encompassing three strands, theory, practice, and self. The first two components, theory and practice are discussed, as the third element, the self, is the focus of chapter two. The chapter concludes by presenting the educational procedures of accreditation, the provision of practical and theoretical learning, assessment, and the role of the Irish Association of Social Care Educators.

Chapter Four presents the third element of social care education, the training of self. The

chapter begins by presenting the rationale for why personal development / self development is essential for practice and training. Initially, the discussion includes the importance of exploring needs, hiding behind the professional cloak, preparing for the reality of the work, and learning about self and others. The chapter concludes by outlining the methods used within social care education that encourage self-awareness and self-development. Alternative self-development methods from social care training in Canada and the Netherlands are also discussed.

Chapter Five, the methodology chapter, describes the rationale for choosing the research strategy and research methods used within this study. The primary research is comprised of data received from two main contributors; graduates and educators. The graduate study is primarily quantitative in structure, through the data received from 185 questionnaires exploring the respondents' understanding of 'self-development', and identifying where in their social care education they received training on the self. The educator studies are chiefly qualitative in structure, where lecturers (Irish and Canadian), share their thoughts of self-development training in social care education. This chapter concludes by highlighting the methodological limitations of the study.

Chapter Six presents the primary research findings from both the graduate study and the educator interviews. The graduate study highlighted the age, gender, and employment history of 185 respondents. In the second part of the questionnaire, the findings outline the graduates' understanding of the term self and the self training they received. The final stage of the graduate study presents their understanding of the role of self in practice. The

educator study is presented separately to the graduate study. The qualitative data outlines the existence of self training in education, the location within the curriculum, and the educators' view on the role of self training.

Chapter Seven presents an in-depth discussion of the findings outlined within chapter six. The questionnaires were studied utilising the software package SPSS. The Educator studies were analysed under interrelated themes. The data from the graduate and educator studies were analysed in relation to the initial research questions. The validity of the research is analysed by the extent to which the findings have reached the objectives set within this study. This chapter concludes with thoughts on the 'final destination' of the social care worker, and presents the recommendations that emerged through an analysis of the literature and research findings.

Chapter Two

History of Self

2.1 Introduction

This chapter provides the background and context for the study of self in social care education. In the student text '*Applied Social Care*' by Share and McElwee (2005c), chapter eight is dedicated to the 'Self in Social Care', where an understanding of the term 'self' in the context of social care is assumed, but not explained. The aim of analysing 'self' within this chapter is to learn the history of the term 'self', in order to understand the use of this term within the context of social care education. The historical discussion on self in this study begins with the terms 'self as known' and 'self with other'. 'Self as known', includes the terms; self-concept, self-awareness, self-development and personal development. 'Self with other' outlines the impact others have on a person's view of the self. The historical discussion of the self, demonstrates how the self evolved from philosophy and psychology, into counselling psychology and the literature of the helping professions, including social care literature and practice.

Self, or the "individuality or essence of a person" (Fowler and Fowler, 1978: 821), is not a new phenomenon as it has interested many philosophers and psychologists throughout history. As a result, the selected theorists presented in this study offer a perspective of the self that does not claim to be a comprehensive overview of all self theories. An informed conclusion is drawn from the theoretical views presented, highlighting the influence of the history of self on the current use of the self within social care. The key self theorists discussed within this chapter are listed within a table, presented as Appendix One.

2.2 Historical View of Self:

According to Taylor (2002), the self in philosophy was influenced by Rene Descartes in the 17th Century, through to Leibnitz, Locke, Hume, and Berkeley. Hattie (1992) also deemed Descartes (1596- 1650) to be an influential 'self' philosopher, due to his maxim *Cogito ergo sum* 'I think therefore I am'. Within Descartes statement 'self' relates to thoughts and cognitive factors, thus "our life is simply our thoughts" (Lapsley and Narvaez, 2004: 245). According to Lapsley and Narvaez, (2004), another important philosopher on the self was Hume (1711 – 1776), who defined self as a series of experiences that are loaded with perceptions which cannot be separated from the self. These perceptions can distort how the experience is analysed, depending on the individual concerned, and their awareness of this process.

The philosopher Kant (1724 – 1804), implied that the self we know is the 'empirical me', based on experiences and not the 'pure I' (Hattie, 1992; Lapsley and Narvaez, 2004). Thus, according to Kant's theory, the 'pure' self cannot be known as it is constantly changing, influenced by external experience. To summarise, 'self' within this period was viewed as thoughts, (we have a self because we have thoughts about self) including the thoughts stimulated through experience. The philosophical debate concerned itself with the existence and accessibility of this 'known self', evolving towards the creation of dimensions or categories, for example, *self as known*, and *self and other*.

2.3 Historical View of Self as Known

According to Taylor (2002), self in the 19th Century was presented as 'knowing' and 'known', influenced by the theorists Locke (1632 – 1704), and James (1890). The categories of knowing and known were also used in the 20th Century within the philosophies of Dewey (1916), Cooley (1922), Mead (1934), and Lewis (1979). Lapsley and Narvaez (2004), summarised Locke's theory where 'knowing' was the centre of the self, derived from all our experiences, and the known self referred to all that was constant within the self. Locke's theory sparked interest in learning about this known constant self, and in learning about the alternatives to the constant self. Thus, self during this period in history was categorised in terms of dimensions and layers. William James' (1890) participation in this perspective of self involved initially classifying the self into two distinctions; 'I' (self-as-knower), and 'me' (self that we know as distinct from others) (Schaffer, 1996). James (1890) then expanded his theory of self to include four dimensions; 1) the *body*; a container for the self; 2) *social self*; receiving recognition from friends and family; 3) *spiritual self*; the reflective self that involves our thoughts; and, finally, 4) the *pure ego*; what we learn about the self through reflection and experiences with others (Lapsley and Narvaez, 2004).

As indicated by Taylor (2002), Lewis also presented dimensions of the self utilising the terms '*self as object*' (*the existential self*), and '*self as subject*' (or the '*categorical self*'). This categorical self is influenced by universal labels and judgements, whereas self-as-subject refers to a self that is susceptible to the thoughts of others (Taylor, 2002). Freud's contribution to the self as known was the popularisation of three elements of the self, the

id, *ego*, and *superego*. Originally influenced by Plato, Freud's theory defined the structural elements of the mind (Westen, 1992). This tripartite was alternatively translated as, 'It', 'I', and 'above I' (Bettleheim, 1983). Id, 'It', tries to receive pleasure and avoid pain (internal focus), Superego, 'above I' is the ideal expectations of self (external focus) which becomes a screening mechanism to limit the pleasure seeking id, and the ego, 'I', is the link between the two, and is the conscious self (Westen, 1992; Lapsley and Narvaez, 2004). The four dimensions introduced by James (1890), and the id, ego, and super ego, sparked interest within the philosophical and psychological communities, in particular the element concerning 'self and other'.

2.4 Historical View of Self and Other:

According to Taylor (2002), the focus of self and other emerged through the work of James (1890), Cooley (1902), Adler (1927), Horney (1937), Hyman (1942), Erikson (1950), Kelley (1952), Sullivan (1957), Goffman (1959), Sartre (1962), Sherif (1964), Kohult (1971), Loevinger (1976), Samuels (1977), Harrè (1979), and Goldberg (1982). Central to the discussion was how a 'reference group' influenced and impacted upon a person's sense of self. These theorists contributed to the understanding of self and other by exploring the reactions of self towards other, and the feelings that remain after interacting with another (Hattie, 1992; Lapsley and Narvaez, 2004). It is the description or definition of 'other' that appears to set the various theories apart.

According to Burns (1987), one perspective of 'self and other' is the 'social self' influenced by James (1890), and Cooley (1902). Cooley (1902) presents a sociological perspective of the self and is frequently identified with the concept 'the looking glass self', which forms only part of his theory of self (Hattie, 1992). Cooley believed that the pronouns 'I' and 'me' represent the self within the minds of others, which he classified under three distinctions, how we are viewed by others, judged by others, and the emotions evoked by this imagining (Hattie, 1992). Laing (1969), a psychotherapist who was influenced by Sartre and Cooley, maintained that self is known when other is excluded. Thus, this known self fights against the image that others want self to be (Hattie, 1992). Bolby (1969) concurred by stating that the self is guided by a predominantly unconscious process of 'internal working models', filtering information about self acquired through relationships with others (Westen, 1992).

An expansion of Cooley's theory defined our humanness as a physical self with certain needs that are met through social relationships, initially the primary relationship (Wosket, 1999). The influence of the primary care relationship (mother) was also examined by Kohult (1971), Samuels (1977), and Goldberg (1982) in how 'self love' is affected by poor maternal care (Hattie, 1992). This literature influenced the understanding that some 'others', the mother in this example, are potentially more influential towards the self, either positively or negatively. To summarise, the self was presented as being multi-dimensional, comprising of a centre self, a constant self, a body or physical self, a spiritual self, a social self, a pure ego, and an id, ego, and super ego. The self is also influenced by how we appear to others, and how we are judged by others. Maintaining

the terms *self as known* and *self and other*, this study is moving further towards an understanding of self relevant to social care education and practice.

2.5 Developing a Current Understanding of Self as Known, and Self and Other

Self within the 20th Century was initially defined by the dimensions, self as known, self and other (James, 1890), self as object, and self as subject (Lewis, 1979), but then the dimensions evolved towards specific self terminology (Taylor, 2002). Similarly to their forefathers, the self theorists of this period define the self as being comprised of structures, but they also define the self in terms of how the self learns. Sullivan (1953), influenced by James, Lewis, and Freud, described the self as being multi-faceted, and a ‘self-system’ (Westen, 1992). A similar view was adopted by London (2002), who defined this as ‘self-insight’, a multi-dimensional entity that encompasses the terms self-concept and self-awareness. The terms that define self learning are central to understanding the self within the context of social care education and practice. The discussion of self terms concludes with ‘personal development’ and ‘self-development’, which are central to this study. All aforementioned terms are discussed in detail, beginning with self-concept.

2.5.1 Self-concept

According to Hattie (1992: 14), the “self-concept involves much more than self as subject and object” or the relationship between the two, “our self-concept is the view we have of

ourselves and may not reflect the actual true self". Here the self-concept is a perception of everything we know about ourselves in relation to our past experiences, traits, values, belief, attitudes, relationships and roles, and all we do (Wylie, 1974; Baron and Byrne, 1994; Lapsley and Narvaez, 2004).

Values, beliefs, and attitudes are used within this paper to define 'known self', and they are constantly changing due to new experiences and relationships. Attitudes are feelings that develop towards people and experiences; they may be neutral, positive, or negative (Hayden, 1997; Alderson, 2000). Whereas, a belief is a perception about a person, experience, or situation (Open University, 1975), and although perceptions are developed through an internal filtering system, they are believed true in the person's own mind (Alderson, 2000). Values are attitudes or feelings about the worth of people, objects, or activities. Individual values can be conflictual, and are contained within a value system, the adopted set of values influenced by culture, family, religion, and society.

According to Hayden (1997), a value system is generally comprised of six values; personal, social, political, economic, religious, and values based on socialisation. Each of the value categories have an impact on the developing self-concept, It is imperative to note at this juncture of the necessity to develop and awareness of attitudes, beliefs and values and the distinction between them. However, these concepts are complex and will require further discussion for a more in-dept understanding of self training in social care education.

As discussed, our self concept is based on our perception of needs, values, beliefs, and attitudes. Alternatively, Rogers (1974) described the self-concept as a filter through which all information regarding the self is organised, either internally or externally. Psychologists Syngg and Coombs agree with this view, and define the self-concept as an appraisal system of our physical attributes, evaluations, and definitions (Hamachek, 1992; Hattie, 1992). The self-concept is also defined as an umbrella term that contains a number of sub-elements, (1) *the self-image*; what we are, (2) *the ideal self*; what we would like to be, and (3) *self-esteem* ; what we feel about the discrepancy between the self-image and ideal self (Moore, 1997). Our self-concept is the ideas we have about ourselves, and self-esteem is our feelings about ourselves. These ideas and feelings are all related to a person's view of his or her own self-worth and capabilities. Hattie (1992) indicates that our self-esteem has two parts; personal and social, where the person may present as having high self-esteem socially, while disguising their internal feelings.

The self-concept is relevant to understanding self within social care, as it further expands on the notion of alternative elements to the self. Here the self is defined as being real and ideal, and as having ideas and feelings. This is similar to the previous discussion, where the self as known and self with others influences the way people view themselves. However, the self-concept has highlighted the impact of the gaps or discrepancies between the selves as also having an influence on the way people view themselves. If the self concept is the ideas we have about ourselves, then the self concept also includes a reflective element where the thoughts, ideas and feelings about self become known, but due to the filter system the information may not be accurately interpreted.

Within the umbrella term 'self-concept', is the term self-awareness, which define this process of learning about the self, using the filtered information from self and others.

2.5.2 Self-awareness

Self-awareness is presented from several perspectives depending on the origin and context of the theorist. The term self-awareness originated within psychology as the ability to recognise oneself visually (Schaffer, 1996; Birch, 1997). Robert Wicklund's theory 'objective self-awareness' evolved from Cooley's 'looking glass self', where some situations encourage self-awareness more than others, for example, looking in a mirror, speaking to a group, or being filmed (Burns, 1987). It is important to note that the 'self-awareness' referred to within this study focuses primarily on conscious learning of the self.

Within the definition of self-awareness as being an awareness of self, several perspectives emerged. Initially, self-awareness was described as the ability to accurately observe attitudes and behaviours, "the process of getting to know your feelings, attitudes and values" (Burnard, 1992: 126). London (2002) presented the thoughts of Ross (1992), and McCauley (2000), who also define self-awareness as 'being aware' of self. Lewis (1992: 22), viewed being aware as acquiring the "knowledge of the knowledge of self". However, London (2002: 28) stated that this awareness is situational, being "more dependant on how we are feeling at the time (state of mind), than permanent

characteristics (traits)”, and therefore may not be true for other situations. However, Lewis appears to define the knowledge gained as representing a more permanent truth.

Day, Halpin and Zaccaro (2004), agree that self-awareness is the process of developing a conscious awareness of all aspects of self, but state that they are viewed from both internal and external perspectives. Goleman (1998) defined the internal processes as moods, attitudes, values, feelings, and drives, and the effect of these on others as external processes. This understanding of the term self-awareness is very relevant to social care, as the workers thoughts, feelings, and behaviour have a direct impact on the others in their care. Thus, social care workers need both an awareness of internal and external processes.

To summarise, self awareness is presented as the process of becoming aware, having knowledge about the knowledge of self, and being aware, knowing inner thoughts, feelings. This awareness defines both internal and external process, thus knowing our feelings, thoughts, and beliefs, and how they potentially impact on others. The gaining of information about the self may be situational or consistent, and increased self-awareness has the potential to lower self feelings. The term self-awareness is relevant to the training of self within social care education, as this study contends that the social care student needs to become aware of self, his/her⁴ values, beliefs, thoughts, and feelings, and how these may impact on others. However, what was not previously discussed is how information about the self is obtained, and why, and what happens to the self during this

⁴ To aid the flow, and increase readability, the variations; he/she, he, or she, will be used alternatively.

process. Therefore, the discussion continues with the self terms that emerged to define this process of consciously becoming aware of self.

2.6 The Developing Self

The term self-development within psychology relates to life span development (Baltes, 1939), and the natural stages of physical and cognitive development (Erikson, 1950), cited in Birch (1997). According to Norton (1995: 163), the self develops over a life span because of the specific “life-shaping choices”, which are made throughout their life. Thus, every new experience, good or bad, impacts and changes the self, irrespective of our awareness of these changes. However, self-development can also relate to conscious changes that are made in full awareness, and with a deliberate intent to positively change the self.

This understanding of the term ‘self-development’ was first used by MacCunn (1900) as relating to the development of the known self. MacCunn (1900: 209), referred to all development as self-development, stating that “self-development implies change or ‘transformation’, aspiring towards the ideal”. According to these two perspectives, people change and develop through life choices, and some consciously develop the self towards an ideal. This ideal or ‘becoming person’ was defined by Maslow (1970) as a ‘self-actualising person’, and by Rogers (1974) as a ‘fully functioning individual’ (Rogers, 1974; Layder, 2004). Lewis (1992: 36), influenced by the work of MacCunn (1900), defined the term self-development as “the use of the concept of self in understanding

emotional development”. Here knowledge of emotions, as well as thoughts and ideas, is required to aspire towards the ideal, and gain a greater understanding of the self. A similar perspective on self-development appeared in the Humanistic Movement as defining a search to understand and develop the self (Winnicott, 1971). This was an understanding that people can learn about themselves, and ultimately become better people.

Gould’s (1995) understanding of the term self-development differs from the individualist view of self-actualization or self-fulfilment. She did not accept the generalisation that if people learn about the self, and internalises this knowledge, that they can grow and actualise. According to Gould the person requires freedom as well as motivation to develop the self. Gould (1995 : 29) stated that if a person has ‘freedom’ then self-development is a “process of concretely becoming the person one chooses to be through carrying out those actions that express one's own purposes and needs”. Thus, self-development varies from person to person depending on his/her life choices, and ability to engage and have new experiences. Life, family, friendships, and work all serve as contexts for self-development, and thus have the ability to reduce the freedom required for self-development (Howie and Schedler, 1995). In summary, the term self-development defines a changing and developing self; where you become the person you chose to be, only if you have the motivation and freedom to do so.

This understanding of the term ‘self-development’ was renamed as ‘personal development’ within the world of counselling psychology, and the language of the

helping professions. Cross and Papadopoulos (2001: 1) maintain that personal development is “about knowing yourself, and understanding how your experiences shape your subsequent encounters with the world”. Johns (1996) states that the term ‘personal development’ encompasses all the other self terms, self-knowledge, self-awareness, self-understanding and ultimately self-acceptance, which according to Johns (1996), are essential for anyone wishing to help and empower others.

Self-knowledge, self-awareness, and self-understanding relate to the process of becoming aware, whereas self-acceptance is when change occurs, and the person is now aware of some aspect of the self. According to Day et al. (2004: 154) “a major aspect of personal development is the process of becoming aware of one’s self”. According to Johns this process of becoming aware involves;

“understanding myself better, finding my hang-ups, building skills with people, learning about my weaknesses, developing my strengths, growing-up, finding what blocks my learning and my counselling, liking myself more, reaching my potential as a person and a counsellor, owning my good and bad selves, knowing what I want from other people and for myself, being less self-conscious and more conscious, facing my fears, being angry and OK, realising my prejudices about others and becoming more aware” (1996: 5).

2.6.1 Awareness for Growth

According to Layder's (2004) perspective on personal development, the self is viewed as a 'project' that can be worked on, but never completed. Johns (1996) concurred by describing personal development as a life long journey, which extends until retirement, or death. The commitment towards change is evident in Johns (1996) statement, where he made a distinction between personal development, and general personal growth. Layder (2004) agrees that natural growth occurs gradually, where the self changes over time, influenced by life experiences, and maturity. However, Layder (2004) highlights a difference between this gradual change, and consciously seeking awareness of the emotional needs and desires that control the self. Layder (2004) linked this argument with Maslow's theory of a 'hierarchy of needs', where people are not concerned about growth (of self) until they have fulfilled their basic needs. Thus, after they feel fulfilled, safe, and secure they will then have the desire to move, change, and develop the self.

Central to Johns (1996) theory, the term personal development defines a 'purposeful process' towards change. This begins when connections are made about feelings, thoughts, and triggers, and then this knowledge is directed towards changing the self. Not all information obtained by the self develops the self. Sometimes focus or training is required to direct this awareness towards change or development. This is further discussed within the following section, entitled 'How to Train the Self', which includes the role of self-help literature, and the formal training of the self.

2.6.2 How to Train the Self

According to Kelly (1991), and Day and Halpin (2004), self-awareness can occur unconsciously, but for any self-awareness to promote change and have a positive affect on development conscious rituals, environments, and models are needed. Kelly (1991) defined self-awareness as evolving through five stages 1) anticipation, 2) commitment, 3) encounter, 4) confirmation and disconfirmation, and 5) constructive revision. In stages one, two, and three the person is open and committed to a new learning experience, and engages on both an emotional and intellectual level. In stage four the person reflects on the experience 'what I did well, what I could have done differently', and in stage five they integrate this learning into the self. Kelly (1991) also stated that this is not a once off phenomenon, but a cycle that is on-going, a continuous process of self-learning.

Cross and Papadopoulos (2001), and Thompson (2002), influenced by Kelly's theory suggested ways to increase the development of the self that occurs in stages four and five. Thompson (2002) also stated that models for developing the self need to be constantly in the foreground, and not hidden away as an indirect learning outcome. He highlighted the importance of using reflective techniques within any self-awareness model, including role play, journaling, and audio and video recordings. Day and Halpin (2004) also recommend incorporating formal rituals within the self-awareness model, including the reflective tools of Kolb's learning Cycle, the Johari Window, and the use of past experiences. The necessity of rituals and overt learning outcomes relates to the discussion by Gould (1995), where the context is influential to the promotion of change in the self.

2.6.3 Self Help

Personal development literature has evolved towards 'self-help', and 'popular psychology' guides (Layder, 2004), due to an increased interest in personal growth and development within the general public. Self help literature aims to promote self-development through awareness and acceptance. These books were designed to help people cope with life's stresses, enabling readers to gain control over how they experience their life (Jeffers, 1987; Hay, 2004). However, people are only able to regain control and deal with stresses when they are emotionally fit to engage in the self-help process (Thompson, 1996; Cross and Papadopoulos, 2001; Thompson, 2002). Being fit implies feeling emotionally secure, with a healthy sense of self. Layder (2004: 71) concurred by stating that personal development is only possible when people are able to "let go of negative thought", and adopt a "positive attitude to all life's problems". Thus the self help option is limited, as the guides may not be applicable to each individual person with their unique personal histories, fears, ideas, and feelings.

Personal therapy is often used as a method for growth, and a way to get emotionally fit through increased self learning. The personal therapist provides a more challenging environment for growth, than the self help guides. Counselling and personal therapy provide a safe environment for people to explore issues, thoughts, and feelings (Grimmer, 2004). The development of the self may be achieved through this experience, as the process facilitates personal growth and development, and an improved sense of wellbeing (Schapira, 2000). The therapy session is provided by a trained therapist, who has received formal training on the self.

2.6.4 Formal Training to Develop the Self

Personal therapists / counsellors engage in formal self training as part of their overall therapy education. Counselling training requires the student to become self-aware, and to use this awareness towards personal growth and development. According to Johns (1996), the central elements of counselling training include mandatory personal therapy, experiential training groups, and therapy groups. On average, trainee counsellors in America and England have at least 40 hours of personal therapy during their education (Schipara, 2000; Morrissey and Tribe, 2004). According to Grimmer (2004), personal therapy is necessary for the development of professional competency. When they achieve this standard, the trainee therapist will have the ability to become sensitive to the needs of others. They will also understanding the importance of working on their own issues before they work with others (Morrissey and Tribe, 2004). Within counsellor training, the mandatory role of personal therapy is often challenged (Dryden, Horton and Mearns, 1995). Arguments include, the extra cost on the trainee, how they may engage in unhelpful therapy to satisfy the course, or that engaging in difficult emotional learning may limit their ability to fully participate in other elements of the course (McLeod, 1993). Despite these arguments, the majority of counselling trainees and educators are in favour of mandatory personal therapy (Morrissey and Tribe, 2004). Thus it remains as “part of the assessment procedure and it is assumed, and in fact desired, that this is where personal development would occur” (Grimmer, 2004: 286).

According to Schapira (2000), and Morrissey and Tribe (2004) trainee therapists engage in two forms of group experience, 1) therapy groups /T-groups, or experiential training

groups /task focused groups, to practice and develop skills. From World War II, the benefits of the first category, the therapy group, was widely recognised. These groups were defined as T-groups or encounter groups, and were traditionally unstructured, "choosing its own goals, norms, and activities" (McClure, 1998: 33). The theory underpinning the use of groups within therapy training originated in social psychology, and the recognised power of groupwork in relation to influencing and controlling individuals within a group (Brown, 1998; Morrissey and Tribe, 2004). According to Johns (1996: 118), these therapy groups were the cornerstone for "intra- and especially interpersonal exploration which have been seen as essential for the personal development of would-be counsellors". Here the trainees are encouraged to personally share, and to respond to their feelings of being in the group.

Alternatively, experiential training groups were created specifically within the realm of counselling training (Johns, 1996). This group experience enabled the trainees to develop the counselling skills of effective listening, summarizing, owning own feelings, and reflecting on what they have heard (Schapira, 2000). The experiential group is structured and focused on the tasks and skills of counselling. They are also a therapeutic experience where people come together as a group to explore their own issues in a safe controlled environment (Johns, 1996; Brown, 1998). Therefore, the experiential group is focused on the tasks involved in counselling, and if personal issues are aroused, they may be re-directed for exploration within either personal therapy or the T-group. Within both group experiences, the trainee counsellor learns to experience the processes from the alternative

perspectives of therapist and service user, but they are required to actively use the T-group experience to learn about the self.

“Participants are encouraged to engage in appropriate self-disclosure in all groups. However, self-disclosure is more intense in counselling/therapy groups”, also called T-groups (Brown: 1998: 10).

2.7 Summary

The conclusion of this chapter begins with a perspective of the self for use within this study. It is not a comprehensive view of the self, but is an informed view which forms the basis for all further discussion on, and references to, the self. Therefore, self is defined within this study as multi-dimensional, primarily influenced by the theories of James, Lewis, Freud, and Rogers. It is comprised of the known self, with a centre self, a constant self, a body or physical self, a spiritual self, a social self, a conscious and ideal self, and a pleasure seeking self, to name a few. As well as the self being known because we have thoughts, views, and feelings about the self, there is hidden or an unconscious self that also influences thoughts and feelings. Self is also influenced by interaction with another and the views of others. Thus, internal self thoughts are susceptible to the perceptions of how self appears to others, and how self is judged by others. Finally, increased awareness and knowledge of the self can create changes in the thoughts, views, feelings, and behaviour of the self.

The discussion on the self within the literature of the 20th Century presented contradictions concerning the terms used to define the awareness and development of the self. Within this study self-awareness was defined as both ‘becoming aware’, and ‘being

aware'. The terms self-development and personal development were used interchangeably to define the process of becoming aware of self, and of consciously changing and developing the self. Self-development /personal development refers to the development of the self through the life span, dependant of the life choices made (Norton, 1995; Birch, 1997). However, these terms also define a process where the self is consciously changed, aspiring towards an ideal and improved self (Rogers, 1974; Layder, 2004). For this development to occur, a person needs to become aware of their internal processes (thoughts, feelings, moods, beliefs and actions), and have an awareness of how these internal processes impact on others as an external process (Day, Halpin and Zaccaro, 2004).

The ability to develop or train the self depends on our motivation to aspire towards the ideal, and the freedom to do so (Gould, 1995), depending on the contexts that the person is exposed to. One outcome of increased self-development /personal development involves the ability to cope with life's stresses through acceptance. However, this is only possible for people who are emotionally fit, with a healthy sense of self (Thompson, 1996; Cross and Papadopoulos, 2001). Within the discussion on the formal training of the self for counseling professional, personal therapy and t-group were used as self-tools. As this study is interested in the self-development of social care workers specifically, this discussion continues with an introduction to the history of social care, providing a context in which to discuss the training on self given to social care workers within their formal education.

Chapter Three

Social Care Practice and Education

3.1 Introduction

Social care is a generic term which defines the practice of providing physical, emotional, and/or psychological support for people with varying needs in society. Throughout the years, social care was defined by the Department of Health and Children, and the Irish Association of Social Care Educators [IASCE] as including the following tasks; providing a safe environment, meeting the needs of vulnerable people, and a quality service that is planned and performed by professionals (Task Force of Child Care Services, 1980; The Joint Committee on Social Care Professionals, nd). This definition evolved to include the ability to work in partnership, and an acceptance of the whole person in a holistic and individual approach to practice (Share and McElwee, 2005c; O'Connor, 2006). It is through the relationship between the professional and other, that acceptance, partnership, safety, and care, are demonstrated and experienced (Fewster, 1990; Garfat, 1999; Krueger, 1999; Kennefick, 2003; Byrne and McHugh, 2005). Social care environments include; care for the elderly, care for people with a disability, community care, family support, and residential care for children and adults to name a few. Due to the variety of practice areas, this study focuses on one discipline of social care practice; the care of children within the residential care sector, selected due to the author's own practice experience in this area.

This chapter documents the journey of residential care provision from the large institutions to family – like group homes. Chapter three concludes with a discussion of social care education, how it evolved from a one year course to an honours degree

provided in ten Irish Colleges⁵.

3.2 The History of Social Care

Social care is one practical application of a nation's social policy (O'Connor, 2006), and is therefore dependant on "how the responsibilities of welfare are distributed between the state" (Hallstedt and Hogstrom, 2005: 17). Ireland's current service provision is influenced by the past, and any discussion on social care must begin there. In the early 19th Century, Irish people experienced poverty and destitution, and by 1833 a Commission of Inquiry confirmed that two and a half million people were in need of assistance (Dooney and O'Toole, 1998; Curry, 2003). In keeping with British social policies, the Poor Law Act was introduced in 1838, developing Ireland from a country of 'potato growing agriculturists to industrialists' (Poirteir, 1995: 105). This Act divided Ireland into 130 poor law unions with a workhouse at each centre. The poor sought shelter in workhouses as a last resort, and only when faced with the reality of death by starvation (Chakrabarti and Hill, 2000; Clough, 2000; Curry, 2003).

Post famine and up to the year 1900, the British system of Government operated in Ireland (Fanning, Kennedy, Kiely & Quin, 2004), and when the new state was formed in 1921 the Irish Government maintained the existing social welfare systems (Dooney and O'Toole, 1998; Curry, 2003). The poor law unions were abolished in the 1920s and the

⁵ Institute of Technology; Athlone, Blanchardstown, Cork, Dublin, Dundalk, Limerick, Sligo, Tralee and Waterford, and St. Patrick's College Carlow. Also recognised is the BA (Honours) in Applied Social Studies (Disability) from the Open Training College.

workhouses closed as a cost saving measure. The Irish welfare system continued to be administered through local government until the establishment of the Department of Health (DoH) in 1947. Responsibilities of this department included; the care of the elderly, the homeless, those living in poverty, the mentally ill, the disabled, and children at risk (Murphy-Lawless and Quin, 2004). Within the Department of Health, the provision of care for vulnerable people was designated between two professions; social workers and social care workers. According to O'Doherty (2005: 238-240), the practice of social work in Ireland has evolved to become more closely identified with statutory task, "bound up by socio-legal institutions", and 'case management', whereas social care practice, also influenced by the frameworks imposed by statute, alternatively is "a fulcrum for social action and social education". Although both are responsible for the care of vulnerable children, this study focuses on the role of the social care practitioner.

Historically, residential care in Ireland consisted of children living in crowded conditions in workhouses, with few provisions (Barrington, 1987; Burke, 1987; Faughnan, 1990). The Reformatory Schools Act was introduced in Ireland in 1858, advocating the care of young offenders in purpose built institutions. The popularity of reformatory sentencing grew and by 1870 ten reformatory schools were established, five for boys and five for girls, all funded by the public exchequer (Craig, Donnellan, Graham & Warren, 1998a; Rafferty and O'Sullivan, 1999). Due to the availability of space in the reformatory schools, some homeless or abandoned children were inappropriately placed there. In the late 1860s there was a growing recognition that reformatory schools were unsuitable for some, and in 1868 the first industrial school was opened (Craig et al., 1998a).

Local government was not willing to provide the maintenance of these industrial schools, and requests were made to the religious orders to provide the care, if the government provided suitable premises (DOH, 1970). “In 1898 there were seventy-one schools certified and caring for approximately 8,000 children” (DOH, 1970: 2). These institutions remained virtually unchanged until the 1900s. According to Doyle 1989, the Cussen Report of 1934 was very critical of the conditions within these schools, focusing specifically on the large numbers and weak educational focus. Coldrey (2000), described life within this institutional setting as a mixture between ‘caring and corruption’. The caring was provided by philanthropic and religious staff, with a sparse budget to feed and clothe 8,000 children. Routine and discipline were central to the day to day running of these institutions, where few staff cared for large numbers with limited pay and poor working conditions (Doyle, 1989; Coldrey, 2000). In 1970 The Kennedy Report (*Reformatory and Industrial School Systems Report*) recommended the abolishment of ‘the present institutional system of residential care’, with the large institutions replaced by residential homes (DOH, 1970: 6). The dormitory system was replaced by bedrooms with a maximum of three per room, and the report recommended the houses should be administered by a ‘houseparent’, with all staff trained in child care (DOH, 1970).

The Kennedy Report (1970) and the Task Force Report on Children’s Services (1980) recommended the ‘normalising’ of children’s life experiences, and the professionalising of the service with trained staff and adequate pay and conditions. The normalising alternatives to residential care were adoption and fostering, and a recommendation was included for aftercare. The report also stipulated that the focus on child care should be in

prevention, maintaining children within their family home, where possible, and when appropriate (DOH, 1970).

Appendix Two presents a charted evolution of the aforementioned childcare services. The role of religious orders in child care provision was common throughout Europe, as well as in Ireland, and this is one of the similarities between Irish and international care practices discussed within this study.

3.3 Irish Social Care in Relation to International Practices

Similarly to Ireland, the religious orders, and philanthropists were predominantly responsible for providing care for the majority of children in need worldwide (Chakrabarti and Hill, 2000). According to UNICEF (1997), the rationale behind providing care varied from country to country and included the following; people being viewed as a deviant requiring punishment or saving (Ireland, England), a protective barrier from invasion (Greece), cheap labour for industry and agriculture (Germany, Denmark, and Italy), and to house those displaced from war or bereavement (Switzerland, France, Germany, and Portugal). What was common between these countries was the choice of accommodation; large and impersonal institutions.

The progress towards smaller family like group homes was pioneered by Britain and America in the 1950s, whereas in the majority of countries, including Ireland, change began later on between the 1970s and 1980s. As discussed, the principal movement for

change in Ireland was influenced by the 1970 Kennedy Report, stressing the closure of the Industrial schools in favour of smaller family like units (Gogarty, 1995; Craig, Donnellan, Graham, Warren, & Kelleher 1998b; Dooney and O'Toole, 1998; Healy and Reynolds, 1998). These smaller homes evolved into the current situation of 'residential group homes'. According to the Social Services Inspectorate (SSI) Report (DoH, 2004: 23) a total of 4984 children were in the care of the Department of Health and Children in October 2004, with "559 living in residential care". The number of residential centres in Ireland decreased from 176 in 2002, to 154 in 2003, to 148 in 2004, but this figure is still an increase of 22 from the 2001 figures (McKeon, 2002; DoH, 2004). The type of care provided within the 148 residential centres includes; 1) community based children's residential centre/group homes (n= 99), 2) special care units (n= 2), 3) high support (n= 13), 4) hostel/emergency beds (n= 15), 5) special arrangements (n= 11), and other (n= 8) (DoH, 2004: 26).

- 1) Community based children's group homes have their origins in the industrial schools, and are family like homes that house both boys and girls within a community setting (DOH, 1970).
- 2) Special Care Units were established from a reform in the juvenile justice system (Children's Act, 2001). Children are detained for their own protection within Special Care Units, requiring a high court order to determine their detention (Ryan, Hanlon, Riley, & Warren, 2004).
- 3) High Support Units differ from Special Care units in relation to the level of security. High Support units provide care for children who cannot be placed in mainstream residential care due to "aggressive or challenging behaviour, children

with complex multiple needs, or children who are hard to place” (Special Residential Services Board, 2003: 7).

- 4) Hostel/Emergency Beds describes the temporary placement of children in bed and breakfast accommodation, hostels, and emergency beds within residential group homes. This service provides emergency care and is generally followed by a more long term bed within a residential home, or a foster placement.
- 5) Special Arrangements is a request for increased staff ratio and security for a child within mainstream residential care. The Special Residential Services Board (2003) recommended that special arrangement be replaced by High Support, due to the specialised therapeutic care provided in these units.

The distinction between the professions of social work and social care work are not as distinct with other European countries. According to Lorenz (1994) the European social care workers or ‘social educators’ derive their care practice from direct service provision, with workers often living 24 hours a day with others in their care. Alternatively, ‘social pedagogues’, have an ethos of ‘self-directed learning’ (O’Doherty, 2005). The title given to workers within current residential care settings varies depending on their country of origin (Hallstedt and Hogstrom, 2005). McElwee and Garfat (2003) constructed a ‘shopping list’ of over sixty titles in use around the world, for example, in Europe the predominant titles are ‘social pedagogues’ and ‘social educators’, whereas in Canada and the United States as ‘child and youth care workers’ (CYC workers). The term ‘social pedagogue’ is predominant in the European Countries of Germany, Belgium, Greece, Switzerland, Norway, and Sweden, whereas France, Spain, and the Netherlands use the

term ‘social educators’ (Hallstedt and Hogstrom, 2005). The Irish title ‘social care worker’ emerged as the preferred title of 338 Irish Social Care students (McElwee and Garfat; 2003), was adopted by the Health and Social Care Professionals Act 2005, and is the preferred title used within this study.

3.4 Social Care Practice within Residential Care

As discussed, the move from large institutions to family-like centres was also influenced by economic growth and the improved living conditions of the Irish population in general, and the critical reports on the existing care system (Curry, 2003). According to Browning, Halcli, and Webster, (2000: 409), the trend for de-institutionalisation, and the normalising of life experiences evolved from a post-structural view on power within family structures, in particular mothering, where normalisation was viewed as “good domestic practice through instruction and advice”. The concept of normalisation is a core practice within the disability services in Ireland, focusing on accessibility to normal life experiences within the community (Thomas and Woods, 2003). Finnerty (2005: 280) states that the ‘normalisation theory’ in the Irish context evolved into the notion of integration, however, at the core was a notion of ‘doing onto them’, or the “benevolent society allowing the participation of those less fortunate”. In a similar way the de-institutionalisation and normalising of children in care is not complete unless the children are living in the community, attending mainstream school and engaging fully in ‘normal’ life activities and experiences.

Everyday life within a modern residential centre revolves around the normal experiences of mealtimes, school, homework, family visits, and activities (Harrington and Honda, 1986; Frost, Mills and Stein, 1999; Byrne and McHugh, 2005). It is within the doing of normal life experience that the core of social care practice is performed. The key-working role⁶, where one or two workers are named to assist in the promotion of personal and individualised care, encourages this sharing of life-experiences between both the worker and other (Byrne and McHugh, 2005). Within the practice of social care, the worker performs 'direct and indirect care' where tasks are carried out with, for, and on behalf of others (Ainsworth and Fulcher, 1981; Anglin, Denholm, Ferguson & Pense, 1990). Direct care includes building attachments, developing a relationship, listening, providing clothes, cooking dinners, and engaging in play activities together. Vander Ven (1999) discussed the role activity plays within practice, which she defined as Activity Theory. These activities or everyday life experience may include going for a walk, playing cards, or engaging in a game of football. Through participation in activities, the young person learns new skills, interests, and ways of interacting.

Indirect Care or 'organisational activities' relates to organisational design, or the environment in which the individual receives the service. It includes adhering to policies and procedures, filling out forms, writing care plans, programme planning, and communicating with schools, social workers, and other related personnel (Ainsworth and Fulcher, 1981; Anglin et al., 1990; Byrne and McHugh, 2005). Social care practice is exceptionally varied, and thus, often involves the 'doing' of many tasks simultaneously,

⁶ Key-work is a term given to a named advocate within residential care and is part of the individualised approach to care provision

in an effort to effectively intervene with an individual or group, within a specific care environment (Graham, 1997; Williams and Lalor, 2000).

According to Anglin et al (1990), social care practice also involves the therapeutic response of the worker to the needs of others. Byrne and McHugh (2005) stated that many children have experienced homelessness, neglect, psychological, and sometimes physical abuse, prior to entering care. As a result, the children require equal care and support for their emotional as well as physical, social, and safety needs.

The social care task of counselling through life space interventions and other appropriate approaches is a part of the therapeutic model used by the social care worker in order to teach life skills (Ainesworth and Fulcher, 1981; Hawkins and Shohet, 1989; Graham, 1997; Ward and McMahon, 1998). According to Graham (2003), the therapeutic tool entitled 'life space interventions' was developed by Fritz Redl. The focus of this intervention is on maximising daily life event through the sharing of life space. Here the worker is encouraged to maximise the potential for communication and connection within everyday events. Life space interviews are another therapeutic tool which form part of 'Therapeutic Crisis' training endorsed by the Department of Health and Children for use in residential care, used as a de-escalation or de-briefing tool for challenging behaviour. Traditionally, therapeutic training belonged solely to the counselling professions or 'helping professions', rather than social care. In practice, the distinction is less easily defined, as social care workers are often placed in situations where they need to use specific counselling skills with the young people in their care.

3.5 Social Care as a Helping Profession

Sociologists argue that when society evolved from agriculture into industry, the quality of relationships between people deteriorated, leading to increased feelings of loneliness, isolation, and mistrust of others (Chriss, 1999). Kreuger (1999) stated that this change in society influenced the emergence of helping professionals or 'experts', who now fulfilled the support function previously provided by family, the church, or voluntary organisations in the past. Helping Professions are defined by their ability to care for vulnerable others "that must be maintained by the helping professional throughout the process of helping" (Skovholt, 2005: 82). According to Chriss (1999: 3) the helping professions includes social workers, counsellors, and all other professionals who provide "services to marginal groups and an assortment of distressed individuals".

The support provided by these experts was achieved through talking and listening to the person in need. Many people questioned the legitimacy of the profession that uses a tool "as seemingly simple and straightforward as talking, discussing, or counselling" (Chriss, 1999: 12). A rift then developed between the medically trained "talking" helpers who can also offer drug treatment (Psychiatrists), and all others who have only talking to offer (psychologists, social workers, and social care workers). "The turf battles that continue to be waged between medical psychiatry and the helping professions, as well as between the helping professions themselves, are simply efforts to gain competitive advantage over other practitioners and disciplines offering the same or similar services" (Chriss, 1999: 15). Unfortunately, social care lacks the structure and traditions of the other helping professionals and thus fairs poorly in this battle. Whittaker (1997b) stated that many

practitioners urged social care to become aligned to one of the more established occupations, the ground force of social work for example. Social Care in Ireland remained as a separate occupation, but began working slowly towards being defined as a profession.

3.5.1 Social Care as a Registered Profession

Defining social care as a profession is at the centre of an unresolved ongoing debate (Share and McElwee, 2005b). Lindsey (2002: 76) described 'professionalism' as requiring, "specific expertise and knowledge, a vocational attitude, accountability for work and a high public status". O'Connor (2006: 90) highlighted a distinction between the term 'professionalism' (doing your job well) and 'professionalisation' being "a boundary put around a particular body of knowledge and skills which then constitute a profession". Social care is performed predominantly by women, and historically it has been a poorly paid low status job, without expert knowledge, which may contribute to the difficulty of being recognised as a profession (Share and McElwee, 2005b). The National Health Strategy 'Quality and Fairness; A Health System for You', in response to low education and training of workers, made provisions, in terms of financial and practical support, for increased training of health workers. Recognition of the importance of further training and life-long learning was first raised in the Educational Policy of 2000. Life long learning is self-directed learning with clear goals that are supported by the employer (Medel-Anonuevo, Ohsako, Mauch, 2001). Life long learning is recognised as part of continual professional development, aiming to broaden professional and personal

skills, providing knowledge for improved practice (Lawton and Wimpenny, 2003).

For the worker, the drive for professionalisation is closely linked with having social care practice registered, with all qualified workers aligned to a professional body, within a legal framework. Steps towards registration began with the introduction of the Health and Social Care Professionals Act (2005), which has implications for ‘unqualified’ staff, and the non-practicing qualified ex-workers (Clarke, 2003). Defining social care as a profession has consequences for the ‘educators’ also; as Lindsey (2002) highlighted, in no other profession are students being trained by educators who themselves have no practice experience. Another concern was voiced by Garfat (1998: 98) who stated that professionalisation may impact negatively on the social care worker’s ability to be personal and caring. He suggested that other ‘caring’ professionals became “more distant, dis-empowering and, yes, even non-caring”, as they developed as a profession. Changes that could reduce ‘caring’ practices include, no touch policies, or group rules rather than individualised programs. Maintaining the balance between being personal and professional is a difficult task, which may indicate that social care work is not suitable for everyone.

3.5.2 Can Anyone Become a Social Care Worker?

Share and McElwee (2005b: 10) highlighted the personal qualities necessary for practice as; “reliability and trustworthiness, altruism; empathy, compassion and maturity”. Byrne and McHugh (2005) outlined other essential personal qualities which include the ability

to listen, and the capacity to be honest and open. O'Doherty (2005: 243 -247) defined a model of best practice between the interrelated professions of social care and social work. The core qualities and skills are as follows;

- 1) *Quality of relationship* – here the relationship is viewed as central to practice, where the worker focuses on empowerment, recognising difference, avoids abuse of power, is respectful, credible, confidential, empathic, reliable and flexible.
- 2) *Quality of Skill* – here the identified skills include; being honest, helpful, making people feel comfortable, encouraging others to achieve goals, and providing practical support when required.
- 3) *Quality of Service* – This requires that the worker gives information freely and proactively, is an advocate, offers choices and allows people control over their decisions and experiences, is culturally appropriate, accessible, fair and avoids causing harm.
- 4) *Improving Quality* – this requires that the worker engage others in a partnership approach to service delivery (O'Doherty, 2005: 243 -247).

Professional behaviour is evidence of the aforementioned skills, and Maier (1979) states that it is necessary for the child and youth care /worker to utilise all their skills to provide a nurturing experience for others. Workers learn about social care skills, as a student, within their formal education. Before a social care worker considers being recognised as a professional he/she must obtain the approved qualifications, or be practicing as a social care worker for at least five years (Health and Social Care Professionals Act, 2005). This chapter continues by exploring the curriculum, and structure of social care education.

3.6 Social Care Education

The current nature of social care training and education was greatly influenced by child care legislation, in particular, the 1) Tuairim Report (1966), 2) the Kennedy Report (DOH, 1970), 3) the Task Force Report on Child Care Services (1980), and 4) the Child Care Act (1991) (Share and McElwee, 2005a).

- 1) The Tuairim Report (1966) was produced by the group called Tuairim (opinion). This document entitled 'Some of Our Children', was very critical of the Industrial schools within Ireland, and it highlighted the abuse suffered there (Raferty, 2003).
- 2) The Kennedy Report 1970 (Reformatory and Industrial School Systems Report) was commissioned by the Minister for Education, and was chaired by Justice Eileen Kennedy. The report aimed to evaluate the reformatory and industrial schools in Ireland and make recommendations for improved service provision for children in care of the state. Key recommendations include the closure of industrial schools, training for child care staff, establishing of assessment centres and the closure of reformatory schools (DOH, 1970).
- 3) The Task Force Report on Child Care Services (1980) aimed to view current child care services, make recommendations for the extensions of services for children at risk, and prepare a bill outlining any legal changes necessary for these improved child care services. The major issues dealt with include; "children's rights, the identification of children deemed at risk, the age of criminal responsibility" ... the range of day and residential services for children, and the administrative and financial requirements of children's services (The Task Force Report on Child Care Services, 1980: 27). The Task Force proposed a 'new' child care system, as

opposed to a modified version of the existing system.

- 4) The Child Care Act (1991) provided the legislative framework for the provision of child care services in Ireland. It was the first children specific legislation since the Children's Act 1908. The Act focused on improving and safeguarding the welfare of children, and the Act placed a duty of care on the Health Boards (now Health Service Executive) for all children at risk under 18 years of age. The Child Care Act (1991, sub-section 63 (b) *b*) identified the responsibility of the Department of Health to specify and monitor the “numbers, qualifications and availability of members of the staffs of centres”.

Influenced by the Kennedy Report (1970), the education of social care workers has evolved from a one year course in Kilkenny in 1971 (Byrne, 2000; Share and McElwee, 2005a), to a Bachelor of Arts Degree in Applied Social Studies in Social Care, available from the Institutes of Technology (Athlone AIT, Blanchardstown ITB, Cork CIT, Dublin DIT, Dundalk DKIT, Limerick LIT, Sligo ITS, Tralee ITT, Waterford WIT), and St. Patrick's College, Carlow (Share and McElwee, 2005c). Based on the SSI Report (2004), of the 390 social care staff inspected that year, only 36% had recognised qualifications. In comparison with the percentage of qualified staff internationally, Ireland falls midway (36%), as the majority of staff in Europe are trained (60-80%) (Hallstedt and Hogstrom, 2005), but in Canada “the majority of staff-members come to the workplace without professional training” (Charles & Gabor, 1998: 34).

The Department of Health and Children recognises the following social care

qualifications as appropriate to the practice of residential care, outlined in Table 3.1.

Table 3.1: Current Course Titles and Levels

Level	Original Course title	Current Course Title	Location
9	No other title	<ul style="list-style-type: none"> - MA in Social Care - MPhil in Social Care 	<ul style="list-style-type: none"> - CIT - DIT
8	No other title	<ul style="list-style-type: none"> - BA (Honours) in Social Care - BA(Honours) in Applied Social Studies in Social Care 	<ul style="list-style-type: none"> - DIT, CIT, IT Sligo - ITB, WIT, ITT, St. Patrick's
7	National Diploma in Applied Social Studies in Social Care National Diploma in Social Care	<ul style="list-style-type: none"> - BA (Ordinary) in Applied Social Studies in Social Care - BA (Ordinary) in Social Care - BA (Ordinary) in Applied Studies 	<ul style="list-style-type: none"> - AIT, DIT, ITB, DKIT, LIT, WIT, ITT, St. Patrick's. - CIT - IT Sligo
6	National Certificate in Applied Social Studies in Social Care National Certificate in Social Care	<ul style="list-style-type: none"> - Higher Certificate in Applied Social Studies in Social Care - Higher Certificate in Social Care 	<ul style="list-style-type: none"> - AIT - Not currently offered

These courses may not be considered as suitable for the training of social care students in the future. Each institute must seek approval from the Registration Board, and according to section 48, subsection (a), of the Health and Social Care Professionals Act (2005: 36), the registration board may only “approve that programme if satisfied that it is suitable for the education and training of candidates for registration”.

3.7 Accreditation

It is evident from Table 3.6.1 that social care training is provided under a variety of titles, the most common being ‘the Bachelor of Arts in Applied Social Studies in Social Care. The initial awarding body for social care was the National Council for Education Awards (NCEA), established through the National Council for Education Awards Act 1979. In 1992, NCEA founded the Training Awards Council Working Group, and recommended that social care training incorporate the following; “generic course titles, identifiable core subjects, placement, degree awards, and practitioners as course tutors” (Courtney, 2003: 2-3). On the 11th of June 2001, NCEA was renamed as the Higher Education and Training Awards Council (HETAC).

Three of the ten social care educators are not affiliated to HETAC, (1) the Dublin Institution of Technology, who are an independent awarding body since the 1992 DIT Act, and (2) the Waterford Institute of Technology, who received delegated authority in 2004, and (3) the Institute of Technology, Blanchardstown, who received delegated authority in December 2006. As a result, of their independent position DIT, ITB, and WIT can award and develop their own courses. Although with different awarding bodies, all ten colleges communicate with each other, aimed at improving the quality of the education provided, and increasing consistency in social care education. Communication is encouraged through the Irish Association of Social Care Educators.

3.8 Irish Association of Social Care Educators

The journey of increased academic communication between the colleges was evident with the introduction of the Irish Journal of Applied Social Studies (IJASS), established in 1998 between social care educators, and the Residential Managers Association (RMA) (Courtney, 2003). In 1998, two social care educators attended a conference organised by the Formation of European Social Educator Training (FESET). The two lecturers, Kathleen Kennedy (formerly of DIT), and Damien Courtney (CIT), influenced by meeting Alphons Somers at the FESET conference, set the wheels in motion to form IASCE, the 'Irish Association of Social Care Educators'. Perry Share (ITS), in an attempt to encourage this process developed the IASCE website, with a link to the Irish Social Care Gateway (Courtney, 2003). Along with educational advancements in terms of support, the individual colleges are constantly enhancing their social care programmes, aiming to further meet the needs of the student, the employer, and future service users. Recent collaborative examples include the student core reader '*Applied Social Care*' (2005), '*Working Models: A Manual for Placement Supervision*' launched at the 2005, 5th Annual Conference of IASCE, and '*Social Care in Ireland: Theory, Policy and Practice*' released in (2006).

Outlined within point (2) of the IASCE Constitution "the aims of the Association shall be to promote social care education, to co-ordinate the activities, to develop and maintain standards and to advocate on behalf of members". Despite this motivation for maintaining standards between the colleges, each institute is influenced by the demands of their college, the requirements of the service industry and the Department of Health and

Children, and competition for numbers with alternative course options. As a result, there are still individual practices occurring that may not be supported by the majority of IASCE members, or fall in line with the IASCE Constitution. Examples of conflicting practices include, (1) the admission of BTEC / FETAC students into year three of a social care course (the British Training Awards Certificate, and FETAC, the Further Education and Training Awards Council), (2) providing in-service training in a one day per week programme, (3) reducing the BA (Honours) in Social Care from four to three years, (4) having a placement in year one, and (5) educating small numbers as opposed to large groups. The IASCE Constitution does not outline the possible measures available to the group when the activities of individual members do not adhere to the overall aims. Those un-resolved topics may mark the beginning of a new chapter for IASCE, where the aims outlined in the Constitution are re-examined, or it could indicate a weakening of partnership within the IASCE group.

3.9 The Social Care Curriculum

HETAC awarding colleges have collaborated to some degree in relation to course titles (Table 3.6.1), and similarly there are correlations in relation to the core subjects presented. The following subjects represent the core of social care education presented within the majority of colleges as outlined within their prospectus; Applied Social Studies, Creative Studies, Placement, Psychology, Social Policy, and Sociology. Within this curriculum, students are provided with three elements of training 1) a theoretical context for practice (psychology, social policy, and sociology), 2) practical and direct

skills (applied social studies and creative studies) and, 3) a practice element (placement).

The discussion continues with a more in-depth description of the three elements of training, 1) an overview of the role of theory, 2) at how practical skills are taught using the example; the creative studies program, and 3) exploring the learning obtained through placement.

3.9.1 Theory

Theory is provided through direct lectures, workshops, and discussions. In relation to the necessary theories, Maier (1990) defined child and youth care work, a similar profession to social care, as requiring a profound understanding of child/human development, enabling the worker to interact with the child on a personal but professional level. Other essential theories include life-span development, attachment and separation theory, and family processes. Clarke (2003) agreed with Maier, but added to the list an understanding of the impact of poverty, deprivation, and abuse on others and their families, and of why people enter the care system. The accumulative data of the SSI Reports (DoHC, 2002, 2004) identified the need for an understanding of relevant legislation, child protection issues, and social policy (Clarke, 2003; DoHC, 2002, 2004). Social policy creates an understanding of government structures in relation to vulnerable people and the services that are developed and funded on their behalf (Quin, Kennedy, Mathews & Kiely, 2005). Students also consider international welfare systems, thus developing a critical perspective of current Irish policy and how it developed (Deacon, 1997).

O'Connor (2006) argued that sociology was taught as a separate subject, and internalised as separate to practice. He viewed this as a flaw within the educational structure. He stated that sociological education enables the student to "identify discrimination implicit in their own practice" and gain insights to "race, gender, ethnicity and professionalisation", which are "crucially important in giving the practitioner the tool kit necessary to improve their own practice" (O'Connor, 2006: 98). The list of essential theoretical knowledge is constantly expanding due to the nature of working with people with individual needs.

3.9.2 Practice Skills: Creative Studies

Creative Studies is a subject common to most social care courses, and it may not be an obvious provider of practical social care skills. The following is an outline of the creative studies programme within St. Patrick's College, Carlow, where the course is taught over the three years. This structure is similar to Tralee IT and Limerick IT. Dublin IT also offers creative subjects over three years where art, drama, and music are the core modules.

1. Creative Arts Year One: The student learns about the various creative arts through participating in experiential workshops. The workshops are designed to encourage the development of interpersonal skills, communication, and the skill of reflecting on practice. The drama element focuses on assertiveness, confidence, and self-awareness enabling the students to practice standing up for themselves, and leading others.
2. Creative Arts Year Two: Here the students learn to facilitate a creative experience with disabled or elderly participants. Each student is encouraged to draw on the experiences of year one to design his/her program plan.

3. Creative Arts Year Three: The aim of this course is to facilitate self-learning through participation in experiential workshops. Within St. Patrick's College the creative arts programme aims to encourage students to become comfortable in their own skin, in all experiences, either engaging with clients on the first day of placement, or facilitating a group experience.

Using the creative arts within the area of social care is not a new phenomenon. Social care management and staff have discovered that art, drama, and music are powerful tools in relation to developing and maintaining relationships.

Creative Studies in social care education is based on the theory of art, music, and drama education, and the theory, and practice of Creative Arts Therapy. However, social care students are not trained as therapists, but they will gain some skills in art, drama, or music, that will enhance their ability to practise social care. Creative studies education is presented through experiential classes utilising activities that include: painting using a brush, sponge, fingers, knife, pastels, clay, pencil sketching, paper making, mask making and sand tray. The drama classes may include; improvisations, play-based processes, role-play, masks, puppetry, drama games, voice work, story-making, and script.

According to Jones (2005), creative studies is based on the belief that every one has used art as a child, and that people can still be artistic if they can concentrate on the process, not the end product. Being creative is fun, and adults can relearn how to play and facilitate child's play through leading by example. Engaging in a creative activity can occur on a one to one basis or in groups, giving the social care worker the opportunity to interact in a non-directive way, thus encouraging the development of relationships (Vander Ven, 1999). As discussed, the student has theoretical information explored in the

classroom, and has faced the challenge of being expressive in creative studies, they now leave the college and gain practical experience in the workplace.

3.9.3 Placement

Social care is an applied course, and students leave the structured environment of the college, to apply their knowledge and practice skills within an approved social care service. This practice experience (placement) gives students the opportunity to observe social care practitioners within their working environment, to perform supervised tasks, and learn the skill of reflecting on their experiences. Throughout the placement process, the college tutor, student, and placement supervisor “are central to the student’s placement experience and form a triad in practical and academic communication” (Lalor and Doyle, 2005: 145). Only five social care colleges offer placement within year one, whereas all colleges include a placement within years two and three. Attendance on placement is mandatory, and students are required to ‘pass’ the placement experience before progressing to the next level, regardless of their academic ability. While on placement, the amount of time spent working within the agency varies, depending on which year the student is in, and which College he/she attends. As well as variations in the structure and length of placements, there are also inconsistencies in terms of what constitutes an appropriate placement, the level of supervision provided, and the support provided by the college for the student (Byrne, 2000).

Ideally, placement supervision is a weekly meeting between the student and supervisor, providing the learning environment to discuss practice, skills, and any other issues that

emerged for the student during the placement. Another objective of this weekly meeting is to give the student the opportunity to describe their understanding of the processes involved within this specific service. Prior to completing the placement the student is observed during a tri-partite meeting between the student, the placement supervisor, and the college tutor (Riche and Tanner, 1998). Here the student orally presents on the issues that emerged during placement, and specific skills are required to appear competent during this assessment procedure (O'Neill, 2004). To participate successfully within the tri-partite meeting the student needs language skills, confidence, an ability to reflect, and the self-awareness to identify the knowledge, personal, and practical skills of social care work (Byrne, 2000; O'Neill, 2004). The student is supervised by a supervisor /practice teacher who ideally are qualified, and experienced in this service area (Croton, 2000; Hanlon, McWilliams and Quinlan-Cooke, 2006).

The final element of assessment for the placement experience is the written reflective journal. Students are assessed on their ability to accurately reflect on their placement experience as a requirement for completion of this learning module. The structure and title of this assessment varies between colleges. As an example of one model, students in St Patrick's College are required to complete a 'portfolio' where their understanding of the ethos of the organisation, the relevance of theory to practice, and their ability to identify strengths and weaknesses and self learning, is evident to the reader.

According to Graham and Megarry (2002) from the Dublin Institute of Technology, their 'carework portfolio' consists of three sections; context in society, service delivery, and a

case study. The purpose of this portfolio is to identify the students' own philosophy of practice, their ability to be reflective and to observe learning opportunities. Each student is encouraged to practice various styles of recording within the journal, both recalling and reflecting upon events and experiences. According to Croton (2000: 92), the portfolio provides evidence of the student's ability to transfer theoretical and personal knowledge to practice, but added, "there must be clarity as to whether it is content or the ability to write that is being tested". The ability to write competently about practice encompasses an ability to be self-aware in relation to reflecting about placement experiences. As reflection is a core skill required for the successful completion of the portfolio, this process is discussed in greater detail in the following subsection.

3.9.4 Reflective Learning

The reflective learning described within the portfolio involves the process of contemplation, reflective skills, and an understanding of the role of experiential learning (Jarvis, 1997). The role of this learning experience evolved through the work of Shulman (1988), Schon (1983), and Boud, Keogh, and Walker (1995). Reflective learning acknowledges that the practitioner will need to respond to unique situations, and thus needs to understand how theory underpins practice (Schon, 1987).

Graham and Megarry (2002) developed a programme aimed towards enhancing the learning acquired through placement, influenced by Boud's (1995) model of learning through reflection. The role of the 'critical friend sessions' are integral to their model of

reflective learning. Students are provided with a small group experience where they can role play practice skills, and explore all the possible avenues for self-awareness. The practice of the 'critical fried sessions' follows this prescribed format,

- Return to experience: students are encouraged to think about the placement and focus on events that they deem significant.
- Attending to feelings: students are then encouraged to think about feelings that were raised from these significant experiences.
- Re-evaluation: Within this stage, students will reappraise what happened after the event.
- Association: This is the final stage where the student singles out a part of an event and relates it to previous experience or learning, the information is then integrated with the past experience (integration), its validity is tested (validation), and the students make the learning their own (appropriation) (Graham and Megarry, 2002: no page number).

This method of using role-play is congruent with Bolton (2001), and Pritchard and Whitehead (2004), who stated that experiential learning through role-play gives students the opportunity to reflect upon possible experiences, and integrate knowledge towards future practice. Graham and Megarry (2002) recognise that for students to become competent they must practice reflection. They also suggest that students require time to reflect and practice their reflection skills. This requires a safe environment where students receive constructive feedback, and engage in the 'experience' of such learning. Boud and Walker redeveloped their model, as they became aware that reflection occurs during the action as well as "in the calm light of recollection" (1995: 75).

Gardiner (1989) used three levels of learning to outline how students use reflection to assist their learning and development. The three levels identified are; content (what is happening; theory), process (how it happens; practice), and meta-learning (how I affect what is happening and how it affects me; self-awareness). Kolb describes a learning cycle

that involves a real experience, being observant, and then reflective, abstract thought, and the ability to think creatively (Tsang, 1993). Here the student receives practical experience and reflects on this experience from different perspectives, for example, how practice relates to theory, or how practice affects the self. By reflecting on practice in this way, students improve their future practice and this is an ongoing process due to the complex nature of the work.

3.9.5 Transfer of Learning

The placement experience is the practical element of social care training, where the learning is enhanced through the ongoing supervision provided by the supervisor /practice teacher (Batchelor and Boutland, 1996; Hanlon, McWilliams and Quinlan-Cooke, 2006). The student leaves the college environment and enters the field of social care, to learn by observation, participation, and reflection. Students are assessed on their ability to perform within the placement, to reflect orally during the three-way meeting, and on their ability to write reflectively within the portfolio. Importantly, students also need a level of self-awareness to reflect and participate within placement and within the assessment procedures, defined within this paper as reflection on practice. Yelloly (1995), writing in the context of social work practice, states that reflection on practice is also driven by the need to identify the core competencies of practice. However, it may be potentially dangerous to limit practice to specific elements /competences, as this reduces the human or creative element of practice, necessary for the complexity of social care practice (Yelloly, 1995).

Batchelor and Boutland (1996), state that the placement experience, the supervision arrangement, and the students' understanding of the reflective process, are all key factors for a transfer of learning, an essential element of life long learning. According to Henkel (1995) life-long learning is also driven by a responsibility to the service users for increased professionalism, also defined as continual professional development (CPD). Maier (1984), cited in Henkel (1995) defined the process of life long learning as 'transformational learning', where a change or integration of knowledge has occurred through a process of re-examining existing beliefs and actions, and acknowledging and experiencing the feelings of uncertainty that arise. The students' ability to transfer learning is also influenced by their age and maturity. Hanlon, McWilliams and Quinlan-Cooke (2006: 333 -334), discuss the specific learning needs of the mature field based /work based learner, the authors define this learner as 'needing to use prior learning experiences, being more self-motivated, and having an increased ability to evaluate their own learning process'. Currently, the majority of social care students are aged between 18 and 23, which may impact on their ability to understand the importance of reflection, learning transfer, and continual professional development. This is an important issue for the development of social care education, ensuring that the training needs of both school leavers and mature applicants are met.

3.10 Summary

Social care has evolved from the religious run large institutions, to the introduction of smaller community based services, staffed predominantly by lay workers employed by the state. The relationship between the worker and other is central to this provision of care. Historically, the practice of care has received public criticism (Kennedy Report, 1970; Madonna House Report, 1996; and the Ferns Report, 2005), and as a result of a nations spot-light, change and 'inspections' are central to the current experience and practice of social care work (Share and McElwee, 2005a).

Also driving the push for improvement is the ambition for social care work to be recognised as a profession. According to Share and McElwee (2005b: 58) "it is not enough just to do the work", it needs to be recognised and distinguished from the poor practice in the past. If social care workers want to be professional, they must know why they do what they do, and this is partly achieved through training.

Social care education in Ireland evolved from a one year course in 1971, towards the provision of honours degree programmes in nine of the ten colleges in 2006. The curriculum of the course has expanded to include both theoretical and practice based subjects, and mandatory practice placements. Social Care education aims to prepare the student for the multitude of tasks and skills needed to perform social care work. As well as specific skills, the student requires the personal qualities of genuineness and empathy combined with relevant theory, practice knowledge, and an awareness of self. Central to the process of skill development is the transfer of learning, a core element of continual

professional development. Central to this process is the students understanding of reflection on practice, their supervision experience and their age and maturity. If knowledge of self is necessary to successfully participate on placement, and is required for the assessment procedures of social care education, it is essential that the students receive self training in a direct way. The following chapter is dedicated to the training of self in Irish social care education.

Chapter Four

Training of Self – Rationale and Process

4.1 Introduction

Social care education clearly outlines where the student will receive the theory and practice elements required for practice. However, what is not as evident is how the student will receive training on the self. The aim of this chapter is to present a rationale for why training of self is essential for inclusion within social care education, and to discuss what training is provided in Ireland. Self training is provided in a direct and indirect way within Irish social care education. Within some colleges the training is presented as a subject entitled 'Personal Development', or the self training is provided as a learning outcome of other modules within the curriculum. This chapter begins by describing why self training should be regarded as an essential element of social care education.

4.2 Rationale for the Training of Self in Social Care

According to O'Neill (2004), there needs to be an equal focus on the task of social care, and on the person performing the task. In accordance with this statement, arguments for the training of self within social care are categorised as either 'related to the task of social care', or 'related to the person performing the task'. All arguments are listed primarily, and then discussed in detail within this study. The following statements are an introduction to the key argument presented in each section, summarised by the author.

Related to Practice

- 4.2.1 The educators are responsible to fully train the student before they work with vulnerable others.
- 4.2.2 It is an essential requirement for practice, based on the opinions of experienced social care workers.
- 4.2.3 The relationship is the catalyst through which social care practice is performed, and increased self awareness will impact on the student's ability to relate.
- 4.2.4 Increased training on self will enable students to explore their issues on personal and professional boundaries, and their use, or misuse of the professional cloak.
- 4.2.5 Challenging behaviour is a reality for some social care workers, and increased self training will enable students to gain coping skills and explore their own fears and expectations prior to practice.

Related to Person

- 4.2.6 Self training will help students learn about the hidden self, and as a result will be fully aware of their motivations and the reasons behind their behaviour.
- 4.2.7 Self training will enable students to become aware of their needs, values, and beliefs, and of how they impact on others.

4.2.8 Power is a component of the social care relationship and increased self training will encourage students to explore their need, use, or abuse of power.

4.2.1 Educators' Responsibility for Full Training

Social care workers do not need a fully developed sense of self, but they must begin their own process of awareness and self-development prior to practice (Fewster, 1999). Clarke (2003) stated that social care workers need to be open to learning about the self, and that initial self training begins within the worker's formal education, before they replace good practice with a professional ego. According to Liberatore (1981), the training programmes should not ask students to do any more than they require from the children in their care – namely the challenge to look internally, and promote change, and growth, where this is required.

Tsang (1993: 63) writes that “the multidimensional nature of professional practice, that is the involvement of the practitioner's feelings, conceptualisation, reflecting and doing, must all be the concern of the professional education”. The development of the ‘self’ is not to be ventured alone, as human development, and support, should go hand in hand. The students need to learn that ‘support’ is a life skill – the skill of knowing what supports they need, and from whom. There is a fear that workers in the social care profession have to appear all knowing, and that asking for support may be deemed as demonstrating a lack of confidence, incompetence, and failure. However, educators are responsible for fostering a greater understanding of this need for support.

Byrne (2000) highlighted the need to include self-awareness and self-development training as part of social care education, as students were being assessed on their self-awareness while on placement by the placement supervisor. “The level of students’ awareness and their use of ‘self’ while on placement needs to be included in the evaluation, as it is acknowledged that a workers’ main tool when interacting with clients is themselves” (Byrne, 2000: 141).

4.2.2 Essential for Practice

“The principle tool of the social care worker is the self” (Kennefick, 2006: 213). Patti MacKenna, an experienced child and youth care worker wrote a paper in 1999 entitled ‘Self - It all Starts Here’, which was based on her unpublished MA Thesis. The primary research was comprised of in-depth interviews and reflective journals from three workers, whose experience in the field totalled more than one century. One of the key themes to emerge from the study was the issue of self;

“We don’t have any other instrument. We are the total instrument. It is a hell of a responsibility. I mean a dentist has to keep his tools honed, a butcher keeps his knife sharp, and we have to keep ourselves toned and sharp, and that is an ongoing process” (Participant cited in McKenna, 1999: 76).

All respondents stated that self-knowledge was crucial for their practice. The participants’ stories often reflected feelings of being unprepared, and needing others to recommend appropriate interventions for the children. On this point, they added that they developed an understanding that the answer was inside of them, thus, using “the self, self-knowledge, and their personal resources” (McKenna, 1999: 76). All three

participants wished that they had known more about themselves when they were younger, and starting out in practice. All respondents expressed a concern that new workers were not required to explore their motives prior to practice. After partaking in several years of personal therapy, one female participant discussed her realisation of needing to resolve certain issues before continuing to work in the care field. The respondent also stated that she was not aware of the impact of her unresolved issues, prior to engaging in the personal therapy (McKenna, 1999).

The participants stated that burnout occurs in social care practice when workers do not take care of themselves, physically, and emotionally. One participant stressed the need for social care workers to take care of themselves first, “I really don’t believe that you can be helpful to other people if you are not taking care of yourself” (Participant cited in McKenna, 1999: 87). In conclusion all participants on the study recognised the importance of developing the self for practice. They defined self training as an ongoing process that can be achieved through personal therapy, continued education, and through relationships with others.

4.2.3 The Relationship

The core practice skills of providing direct care, therapeutic practice, and key-working, are central to social care. These practices are performed through the relationship between the worker and others (Cashdan, 1988; Fewster, 1990; Maier, 1990; Eraut, 1994; Garfat, 1999; Krueger, 1999). According to Kennefick (2003), if children are taken from their

family of origin, the alternative care provided for them must be better. This is achieved through “the quality and texture of the relationships they are offered with their carers” (Kennefick, 2003: 91). The professional relationship was identified by Clarke (2003) as the catalyst through which tasks are performed, defined as the professional ‘giving of the self’ (Maier, 1990; Parry, 1999; Samakosky, 1999; Byrne and McHugh, 2005).

Kennefick (2006: 214), further described this as the “relating process – the connecting of two selves”. As the relationship is defined as the giving of self, students need to learn how to use the self within all their relationships. Within practice, both the worker and other bring to the relationship his /her history of being in a relationship (Stuart, 1999).

According to Byrne and McHugh (2005), the relationship is experienced through the empathy, warmth, and genuineness shown. The relationship is not a tool or an intervention; it is the work, and therefore cannot be applied to practice like a theory or intervention (Fewster, 1990; Garfat, 1999, 2003). There is no right way to initiate a relationship with a child because each worker brings an individual approach to his/her practice (Garfat, 1989). The individual approach or skill of relating can be developed if workers explore what they bring to the relationship.

Garfat (2003), in a conference paper addressed to the Residential Managers’ Association, defined the social care worker as being in a ‘process of becoming’. He defined the characteristics of this becoming worker as including the ability to be “actively self-aware and be able to distinguish self from other...and be able to utilise self and the aspects of self in relationships with youth” (Garfat, 2003: 10). Part of this becoming involves being

present (Fewster, 1999), and, according to Krueger (1999), presence cannot be faked.

When a worker is real it will be sensed by others. The worker must not think of being present as a technique to be learned, but as a “way of being, that one senses while trying to be in tune with self and other” (Krueger, 1999: 70). When workers are present, and engaging with others during the daily life events, both their behaviour, and ‘self’ changes, influenced by the other (Ricks, 1989).

Rogers (1974) stated that it is time for the workers involved in helping professions to disregard the impersonal relationship, in favour of a true professional relationship.

Biestek (1957) identified seven principles⁷ of the professional relationship, but he stressed that the worker must not be personal within their relationship with others, but adhere to the boundaries of a professional relationship. Fewster (1999) disagreed, by stating that there is scope for the worker to adopt a personal approach, ‘to be present’, within the boundaries of the professional relationship. Being present means that you are not daydreaming or thinking about what theory you can apply, it is about listening, observing, and ‘being’ with the other, in the moment. Stuart (1999) suggests that the key to becoming more personal in your practice is to begin with your own personal development.

“Presence is being real... it is conveyed in the eyes, smiles and nods that are alert and attentive. By an honest expression of how one feels. By listening intently with eye-contact...showing up for work on time...enthusiasm in activities... awareness of how one’s own feelings about abandonment, attachment, success and failure influence one’s interactions and the ability to adjust one’s actions accordingly to meet the needs of youth” (Krueger, 1999: 3-4).

⁷ Biestek’s principles include: individualization, purposeful expression of feelings, controlled emotional involvement, acceptance, non-judgmental attitude, client self-determination, and confidentiality.

Within the relationship, workers utilise the self, their personality, and their integration of social care skills. Being aware of the 'me' in the relationship enables the worker to have a greater understanding of the unconscious process aroused from his/her interactions with different people. Kennefick (2006: 214) stated that it is the "actual self of the worker that needs to come under scrutiny". As the relationship is the catalyst through which all social care is performed, it is important to know "how the worker connects to [others] and what is communicated within that connection" (Kennefick, 2006: 214). Social care workers communicate their genuineness by demonstrating a balance between being personal and maintaining personal boundaries, and by not hiding behind the professional cloak.

4.2.4 The Professional Cloak

Fewster (1990), stated that there is a real danger that the social care worker will sacrifice the use of self in favour of a 'learned professionalism', which can manifest itself as extreme professional distance, with no use of touch, and in the over reliance of organisational policies and procedures. As discussed, developing and maintaining relationships can emerge as a significant professional challenge for a variety of reasons, but hiding behind the 'profession' will decrease the worker's ability to relate even further.

According to Hawkins and Shohet (2000), and Phelan (2003), the practice of social care work develops through stages which reflect the worker's experience and ability to practice effectively. According to this stage theory, a recently qualified worker is at stage

one (0 – 24 months in the field), and is concerned primarily with personal safety, evident in her dependence on supervision for appraisal, and on her over reliance on learning the rules in order to make her feel safe. Therefore, it is very difficult for level one workers to avoid hiding behind ‘the cloak’ when they are centrally concerned with feeling safe.

Through effective supervision and an awareness of the importance of being self-aware, they will gradually rely more on the relationship rather than the enforcement of rules.

Parry (1999) stated that workers need to be themselves, and to achieve this they must throw away the professional stance and work with the person not the ‘problem’. This is only achievable when workers understand that they may be as vulnerable as the people in their care. “While I have some skills that may be of help to that person, they have the ultimate knowledge of themselves and their situation” (Parry, 1999: 13). Parry also stressed that workers are not ‘all knowing’, although they are trained, and have developed suitable skills enabling them to be of assistance to the person in need, they will never fully understand what it is like to be this person living with their specific circumstances. In conclusion, Fewster (1990, 1999) stated that most workers hide behind the ‘professional cloak’ choosing not to take the risk of being personal, and in this regard are similar to the others in their care. However, it is essential for workers to use professional boundaries while being personal, to wear the cloak, but not to hide behind it. This may prove more difficult for workers in care environments where concern for physical safety is a reality.

4.2.5 The Impact of Challenging Behaviour on Social Care Practice

The current situation within residential care includes an increase of Special Care and Private Child Care placements, established because young people have become more physically challenging. Keogh (2001: 22) states that some children may perceive entering care as the continuation of a crisis, thus making these young people “prone to angry, aggressive, and violent behaviour”. Challenging behaviour can take many forms from verbal and psychological abuse, to taunting, jeering, and finding triggers, to the physical abuses of hitting, punching, spitting, biting, and kicking, to name a few. Norris (1990: 25) defined such behaviour as actions “which produces damaging or hurtful effects, physically or emotionally, on other people”.

According to Keogh’s study (2001), 96.5%, or 193 of the 200 social care workers questioned had experienced violence, with 78% experiencing both physical and verbal abuse. A comparative study was completed by an undergraduate social care student Georgina Burke, from the Cork Institute of Technology. Her study in 2005 noted similar results, of the sixty returned questionnaires, 98% of staff had experienced violence of both a physical and verbal nature. When discussing the effect of this violence, 88% experienced stress, 77% anger, 72% were anxious about their safety, 53% feared physical injury and feared the resident, 63% felt powerless, and 47% feared returning to work (Burke, 2006).

According to the Social Services Inspectorate Report SSI (DoHC, 2004), concerns were noted over the high level of assaults on staff. According to the report, the extreme level of

violence against staff led to an increase in the practice of restraint and sanctions. Overall, the violence impacted on staff morale, where staff felt they could not perform primary care for the children. The SSI was also critical of the supports available for staff that had experienced an assault. Share and McElwee (2005b: 14) stress that it is “not uncommon” for workers to experience abuse from at risk children. The findings of the SSI Report also stated that social care staff suffered due to the high level of assaults in residential care. However, the report stipulated that the gravity of this situation does not reflect the experience of all workers, but, it could be argued that it should not be the reality for any workers.

During the Irish Association of Social Care Workers Conference in Wexford, March 2006, the discussion focused on the concern of staff around the increase of challenging behaviour from the young people in their care. Practitioners stated that they felt deskilled, untrained, and unprepared for the challenging behaviour encountered in work. According to Burke (2006), a discussion on training emerged within her qualitative data, where the interviewees stated that there should be more training. “Training should also educate social care workers in the reaction to expect after an assault; the personal emotional response and the reaction of others” (Burke, 2006: 323). Self training will provide a forum for feelings regarding challenging behaviour to be openly discussed, where students can explore how they have reacted in the past, and their fears concerning their future experiences.

4.2.6 Hidden Self

William James, the philosopher, who devised the term 'self as known', also wrote an essay in 1890, entitled 'The Hidden Self', where he defined the 'self' as being unknown, and hidden (Lapsley and Narvaez, 2004). The term 'hidden self' emerged again within counselling psychology, and is regularly used to define the place where the unknown human emotions reside (Hawkins and Shohet, 2000). Another name for the hidden self is the 'shadow', which resides within the counselling realm of psychology, prevalent in the work of Carl Jung, who considered it as the negative side of the personality, and all the qualities that we like to hide (Hawkins and Shohet, 1989; Rogers, 1993). The process of learning about self encourages workers to become aware of their shadow characteristics. The difficulty for a social care worker is not in having a shadow side, but, in ignoring or dismissing the existence of the shadow side (Wosket, 1999; Byrne, 2000). The shadow is not a familiar term within social care education as it primarily resides within counselling training, thus when describing the shadow to social care students, within my own teaching, the following metaphor has proved useful.

As a child we are born carrying two sacks, one is filled with all the positive, comments, acceptable behaviours and traits, obvious talents and skills, and any quality deemed desirable by parents, teachers, and peers. The second sack becomes filled alongside the first, only this sack contains all the dismissed behaviours, the unacceptable thoughts, feelings, and actions, and any quality that is deemed unacceptable by parents, teachers, and peers.

Due to the nature of the social care profession, social care workers need to know what both sacks contain, as both may affect the workers' relationship with others. Page (1999) discussed the role of the shadow within the development of the therapist as evolving over five stages, 'dismissing the shadow, knowing the shadow, resisting the shadow,

combining the shadow, and learning to guide your practice. Therefore, within the education of people in the helping professions “innovative practice needs to be carefully adjusted to accommodate the gradual integration of the... shadow side” (Page, 1999: 57). According to Page people can become aware of the shadow side through reflective self training.

4.2.7 Awareness of Needs, Values, and Feelings

The student or worker, by the very nature of the work, is likely to encounter experiences that challenge his/her own values, views, and potential prejudices. Social care practice is about making decisions, for and on behalf of others, and decisions are based on values, views, and beliefs. Due to poor self-development, the student and/or worker may be unaware of the potentially negative consequences of their values, views, and beliefs on practice. The social care practitioner is a person, as well as a professional therefore upbringing, values, and culture will all affect the attitudes the worker has towards others (Tsang, 1998). “The values a care giver holds are potentially transferable”...and social care workers “must have a satisfying meaning for the ones they serve” (Maier, 1990: 13). If workers are unaware of their own issues, they will continue to work without regard to people’s feelings, deeming that they know exactly what the other is feeling. In addition, they will ignore the affects that the other person’s feelings, behaviour, and experiences are having on themselves (Burnard, 1992). “In order to become attuned to other people’s feelings, we need to be in touch with our own feelings, and aware of how situations are affecting us emotionally” (Thompson, 2002: 4).

Getting to know 'self' enables workers to question why they entered the social care profession in the first place, as the answers given can influence future practice. An induction exercise given to first year social care students of St. Patrick's College, asks the question; why do you want to be a social care worker? Every year approximately nine out of ten students offer the same response; 'because I want to help people'. However, it is not enough to enter the field because you want to help, without first asking why are you motivated to help others, or why do you need to help others. Layder (2004) discusses how needs influence self-identity, where all our motivation and desires are driven by our needs. Fewster (1999) states that people may enter the helping professions for 'selfish' reasons which may include; fulfilling your own needs rather than others, needing approval, having a low self-esteem, and lastly working out your own problems by focusing on someone else's troubles rather than your own. Fewster (1999: 38) stated that in the beginning of his practice as a child and youth care worker, he used others to provide him with knowledge of himself, "always seeking their approval or failing that, their attention". Fewster (1999: 39) decided that it was better to seek approval from his superiors, rather than continue to explore the "sinister inner voice that would destroy me from the inside out".

Ricks (1993) felt that child and youth care students may be trying to work out their problems by focusing on the troubles of others. Through a quantitative analysis of 48 students, Ricks discovered that "49% had three or more systems of dysfunction in their lives" (1993: 19), a score "similar to any clinical population" receiving therapy (1993: 20). This was the rationale for introducing a therapeutic approach to social care education

in Canada, due to the presenting pathology of students entering the course (Ricks, 1993).

“It is clear that vulnerable individuals continue to go for the profession of group leader in the hope that working with the underprivileged youngsters will compensate them for, or help them to come to terms with, the adversity they themselves have experienced” (Van der Ploeg in Colton and Hellinckx; 1993; 164).

Layder (2004) argues that people do not meet their own needs intentionally, as most people in the helping professions are well motivated but sometimes their effort to do well may be misguided. Needs are not all negative, they are also necessary for social care workers to remain motivated and committed to the helping profession (Hawkins and Shohet, 1989).

“Needs in themselves are not harmful, but when they are denied they join the shadows of counselling and work from behind as demands... Demands ask for fulfilment, needs require only expression” (Hillman in Hawkins and Shohet, 1989: 13).

This chapter continues by focusing on a specific need that requires scrutiny and discussion, the need for power, as it may be a motivational factor to join social care, it may emerge if a worker experiences challenging behaviour, and it may be hidden and work from behind as a demand.

4.2.8 Need for Power

The need for power is a reality within social care, and the use of power can take on many guises. Social care workers have information power and structural power over those in their care (Share and McElwee, 2005a). Social care workers study the ‘needs’ of others, and apply their education and practice experience towards deciding on the ‘right’ course of action. A ‘lust for power’ was a term utilised by Hawkins and Shohet (2000) to define the student’s wish to ‘help’ or ‘care for’, ‘cure’ or ‘heal’ others, defined as the ‘healer-

patient archetype'. Here individuals are attracted to work with vulnerable people because, in comparison, they feel cured, right, well, fortunate, and powerful over others.

According to Maier (1990), Bandura's self-efficacy theory suggests that workers need to have more than just the ability to observe, or to have attained qualifications and practice skills, unless they have recognised and accepted the power they have in this role.

Kennefick (2003) stated that when a person's power is reduced, they are more likely to require professional support, are more vulnerable to abuse, and are less able to exert power over others. Therefore, people requiring care are less likely to exert their personal power in the presence of the professionals.

Hawkins and Shohet (1989) state that it may be difficult for workers to recognise power, because at times workers feel powerless, and as a result may not be aware of when they are abusing their power (Foucault, 1980; Hallstedt and Hogstrom, 2005). According to Maier (1990), increased self-awareness arms workers with an understanding of their ability to handle power. The discussion on the rationale for the training of self within social care practice continues with the use of boundaries within the professional relationship, defined as the professional cloak.

In conclusion, the rationale for introducing direct training of the self in social care education presented arguments related to the social care task, and the person doing the task. The relationship was defined as the core through which direct care is provided, and the relationship is based on a sharing of selves, between the worker and other. Thus, workers need to know what they bring to the relationship, their needs, beliefs, and values,

including their understanding of the role of power. While in work the practitioner needs to be aware of the balance between being personal and being professional, and how both are necessary for social care work, again this requires exploration through self training. According to MacKenna (1999), social care practitioners wished they had explored their issues and values prior to practice, to help them become aware of their shadow characteristics, and the needs they may have met through others. This chapter continues with an exploration of the training of self provided within Irish social care colleges.

4.3 Self Training in Irish Social Care Education

If the workers are using the self as a tool, then they need to know how it works (Thompson, 2002), and the use of self requires an increase in self-knowledge (Jung, 1959). Self training does exist within Irish social care education in many forms. In Dundalk IT, and Limerick IT, for example, self training is provided within a designated subject entitled Personal Development, and within Cork IT as Communications and Personal Development (College Prospectus, 2006-2007). Table 4.1 lists the courses titles that refer to the following keywords; communications, counselling, groupwork, or personal development. There is no indication however, within any college prospectus of the content or methodology of these subjects, which may vary completely in their interpretation and understanding of self training.

Table 4.1: Self Training within Social Care Education

College	Year	Subject Title
AIT	Yr 1	- Communications and Personal Development

	Yr 2 Yr 3	- Personal Development and Group Dynamics - Counselling and Psychotherapy
ITB	Y1 Y2 Y3	- Group Dynamics and Development - Group Development and Structures - Personal and Professional Development
CIT	Y 1	- Communications and Personal Development
DIT	Yr 2	- Communications and Groupwork Skills
DKIT	Yr 1 Yr 2	- Personal Development (S1) - Groupwork (S3)
LIT	Yr 1 –Yr 3	- Personal Development
ITS	Y1 + Yr 2	- Communications
ITT	Yr 1	- Communications and Social Care
WIT	Yr1 –Yr3	- Reflective learning
ST. Pats	Yr 3	- Counselling and Social Care Skills

One example of self training within Irish social care education was documented by Patricia Kennefick, a chartered psychologist, and lecturer within the Cork Institute of Technology. She described the self training provided in CIT within her article ‘Training the Person’ (2003), and her chapter ‘Aspects of Personal Development’, within O’Connor and Murphy’s publication *Social Care in Ireland* (2006). Details of this programme are discussed in the following subsection.

4.3.2 Structure of the Professional Development Programme using Groupwork within CIT, LIT, ITT and St. Patrick’s College

Kennefick (2003) described the Personal Development [PD] programme in Cork as consisting of safe groups, meeting for ninety minutes per week during each academic year. The aim of PD programme is awareness, both intra-personally and interpersonally. In relation to intra-personal awareness, the “training attempts to identify, examine, and deconstruct the underlying external demands” on the self, from early socialisation (Kennefick, 2006: 218). The experiential session begins with a ‘check-in’, and warm-up exercises aimed at relaxing the participants. As the participants gain confidence and experience within the group, they are expected to further engage in the training exercises, and in “bringing [current] issues to the group” (Kennefick, 2003: 93). Being able to express and identify feelings is also a learning outcome of the programme.

To assist the sharing of current feelings Kennefick (2006) uses maps, frameworks, and questioning, acquired primarily from the psychological disciplines of person centred therapy, psychoanalysis, and behavioural therapy. This directed learning within the group includes the following; use of feeling language, listening, the Satir Model (placater, blamer, preacher, and avoider) (Wheelan, 1990), and some psychological processes for example “projection, introjection, confluence, retroflection, avoidance, and denial” (Kennefick, 2003: 94). Students are provided with learning opportunities to explore their own introjection, thus enabling them to learn how they can project their feelings on to others, called ‘aware projection’. “The process of disentangling the projection –seen in someone else –from the introject –which is our own –is an integral part of personal development” (Kennefick, 2006: 222). The students receive academic theory, also on a weekly basis to support the experiential learning.

In Limerick Institute of Technology LIT, self training is provided in a designated subject called Personal Development (PD), which is a core subject over the four year honours degree programme. 2006 -2007 was the first year that year four was provided within the college. According to groupwork facilitators Jones and Cremin (Interview⁸ 2006), students receive theory within the larger class group, and weekly experiential learning through a smaller group. In year one, the programme is presented through a one hour lecture and one hour of group, and in year two the lecture is two hours long with one hour of group. Due to class numbers, LIT facilitate six groups of ten within the experiential element of this programme. The design of the experiential programme was influenced by Kennefick (2003), where the students are encouraged to focus on current issues, and informed of the support services (college counsellor) available to them if personal issues arise. The experiential group incorporates a similar methodology to the model within CIT, having the check-in and utilising psychological training frameworks. The LIT programme incorporates three main learning objectives; listening skills, group process, and ethics and values awareness training. The programme is assessed by a reflective journal, a creative presentation to the group, and a final exam. In year one the student learns about what to expect from PD programme through a one-to-one meeting with the tutor. Here students can explore their expectations, thoughts, or fears about the group on an individual basis.

According to Kennefick (2003), personal therapy is not part of the social care personal development programme. However, personal therapy is considered a necessity within

⁸ Interview 2006 --refers to interviews conducted by the author with the named respondents. Refer to pages 127-128 for general details of the interview.

counselling training. Kennefick (2006) stated she is unclear why social care workers are not encouraged to engage in personal therapy, especially in light of the intensely personal and therapeutic relationship created, and the long hours of contact involved in social care practice.

“Counsellors and therapists in training do hundreds of hours PD and personal therapy before they can be registered and unleashed on the public. But when we consider it –care workers have more ongoing and intimate contact with [others] than counsellors do in the traditional hour a week” (Kennefick, 2003: 91).

According to Kennefick (2006: 216) personal therapy provided a safety net for therapists, preventing them from “becoming entangled, or in some way personally invested, in the outcome of the [others] work”. If social care workers do not learn about the self prior to practice they also have the potential to become entangled or invested in the outcome of others.

ITT provided comprehensive information on the direct training of self, outlined within their Programmatic Review for BA in Applied Social Studies in Social Care. Although they do not have a specific subject, they highlighted four key subject areas where the self is trained; Communications in Professional Practice, Health and Leisure / Creative Practice, the Skills Lab, and Placement. Support for the training of self is included in the following comments received from IT Tralee Programmatic Review section 5.1.3 ‘Personal Development’ (pages 13 -14).

- “Students will be required to look at factors which can cause problems for communications –such as; *differences in perception, jumping to conclusions, stereotyping, lack of knowledge, lack of interest, difficulties with self-expressions, emotions, personality* –and identify a professional set of values, attitudes, assumptions and beliefs which can support and sustain effective interpersonal communication”.

- “Through the media of sport, drama, music and dance students will be encouraged to develop awareness of their own unique qualities and strengths which they can bring to helping relationships”.
- “In the skills lab in second and third year, the exploration of the practical and personal implications of theoretical material is actively encouraged and facilitated through some form of activity (role play/ /exercise). Theory can raise very different issues for different students, in acknowledging this, the skills laboratory attempts to achieve the delicate balance between the development of self, skills and theory. In this regard, it contributes to the holistic development of students through it’s facilitation of their personal and professional development”.
- “In year two students are given the opportunity to prepare for placement and in year 3 the focus is on deconstructing the experience of being on placement”.

The groupwork experience of St. Patrick’s College Carlow, also aims to develop self-awareness through the training group model. However, in 2006 there was only one lecturer facilitating this module, and due to increased student numbers, he is only able to provide four sessions per student. McLellan, (Interview, 2005), stated that he was unhappy with the amount of sessions, as he believed this learning was essential prior to practice.

In conclusion, the model suggested by ITT is similar to LIT and CIT in relation to the following learning objectives; awareness of strengths and weaknesses, developing professional values, creating a balance between development of self and skills. However, they appear to apply a different methodology to each programme. LIT and CIT are structured around one subject, where the learning is contained, and ITT applied a varied approach incorporating a variety of practice based subjects. Despite structural and methodological differences, the learning objective of increased self-awareness is prevalent throughout all programmes.

4.3.3 Terminology

As discussed in chapter two, the therapeutic training within counselling education is defined as ‘personal development’, with the three core elements being personal therapy, therapy groups or T-groups, and experiential training groups or task groups (Brown, 1998; Schapira, 2000; Grimmer, 2004; Morrissey and Tribe, 2004). According to Schapira (2000), task groups and personal development groups differ regarding the level of personal investment and sharing of feelings required from the trainee. Therapy groups/personal development groups /T-groups are generally unstructured, where there is an expectation that the trainee will develop personally through the sharing of feelings within the group. Alternatively, the task groups / training groups are mainly structured around task and skill development for counselling practice. This group experience does not require intimate sharing, but does expect that the trainee will engage in the exercises, and share how they are experiencing the process. Within the task/training group the students are not encouraged to raise personal issues, only current issues, but when feelings inevitably surface, they are encouraged to explore them in their personal development group or personal therapy sessions (Schapira, 2000; Morrissey and Tribe, 2004).

The programme provided within social care education (CIT and LIT), appears to resemble a task group / training group model, as opposed to the therapeutic structure of a T-group/ therapy / personal development group. Therefore, social care and counselling

are referring to two different group experiences under the same title 'Personal Development'. As social care education is provided by lecturers from the disciplines of psychology, sociology, social work and social care work, it is probable that the language from the counselling field was applied to social care education. According to Kennefick (2003: 93) the personal development training provided within Cork IT is based on her own training as a therapist, which she defined as "personal therapy and countless hours of group work and live supervised training in a group setting".

Further discussion is required to ascertain the most appropriate term for the actual training provided, as the use of the term 'personal development' may be misleading. This stance is in opposition to the popular use of the term 'personal development' within current Irish social care education (Byrne and McHugh, 2005; McElwee and Garfat, 2005). Increased discussion on the appropriate terms for self training may result in the formal adoption of the term personal development, or it may not, but the rationale for the decision will reflect the training of self within social care as being different from other helping professions. According to Schapira (2000: 18), counselling educators sometimes "blur the boundaries between whether the group work is a training group and when it is a therapy group". If counselling educators experience difficulty in defining the training given in each group, it is therefore very important for social care educators to be clear of the distinctions, as social care evolves towards increased training on the self. This chapter continues by presenting some alternative methods for self training used in disciplines similar to Irish social care education.

4.4 Alternative Approaches to the Training of Self

Although this study focuses primarily on the Irish training of self within the three year undergraduate degree, the following is a selection of some of alternative ways Irish and international educators are approaching the training of self. Three examples are offered, structured under the headings; 1) Within the Classroom, 2) At Post-graduate level, and 3) Within the Work Environment.

4.4.1 Within the Classroom

Ricks' (1993) Therapeutic Education Model, was used in the education of child and youth care students in Canada. The core of this model is the personal development of the learner, supported for growth through the relationship between the student and teacher (Ricks, 1993; McElwee and Garfat, 2005). Using the student's everyday situations, difficulties, or crisis, the group are encouraged to explore problems from many angles, and then look at the possibility of applying interventions to these problems. The example situations can include anything from being late for class, personal values, resistance to learning, and the therapeutic exploration of feelings (Ricks, 1993). According to Ricks (1993: 31-32), students who have a personal experience of coming through a crisis, "are better able to empathise, if not better able to handle children and youth who experience crisis". Elsdon (1998: 55) evaluated Ricks' 'Therapeutic Education Model' with ten students to examine the "learner's lived experience of self-awareness development". Elsdon correlated the qualitative data under emerging themes "self and others, fear and

courage, the value of observation and developing thinking skills” (1998: 58-62). The central message that emerged from this research was an understanding that “the self must be examined and explored before full attention can be given to others” (Elsdon, 1998: 59).

According to Ricks (1993), introducing ‘therapeutic education’ within CYC /social care has implications for the department. This type of program is very demanding in terms of student support, and requires “careful preparation and faithful monitoring” (Ricks, 1989: 22). Ricks (1993) also states that the demands on the department may be many, but the results will be plentiful, where the educational setting supports the whole development of the learner. The ‘Therapeutic Education’ model can be applied to all elements of learning, from theoretical to practical elements of the course. Currently students are assessed on their knowledge, and learned skills, through their ability to write essays, journals, and sit exams, but the assessments may not reflect “what is important in child and youth care” (Ricks, 1993: 32). According the Ricks (1993), the question remains with the educators to determine first what they feel are important elements of social care learning.

Incorporating this model into the department also has implications on the type of educators selected. Ricks (1989: 25) states that staff must have the “ability to relate to students...negotiate with staff... and be competent at therapeutic education”. Thus, the teachers are modelling behaviour similar to the Therapeutic Education curriculum. If tutors are teaching the students how to learn from self, they must also be self aware,

regardless of what subject they are teaching (Ricks, 1993). As a result, the staff will need to be as carefully selected for their suitability, as will the students.

In Nijmegen College in the Netherlands, they have adopted a self-awareness approach to their education, wholeheartedly. The focus of the entire 'social educational work' curriculum is on the development of self, and creating learning experiences to promote self-awareness, to the extent that the traditional academic curricula is not as evident (Hallstedt and Hogstrom, 2005). Sladde suggests that rather than fill the student up with information on what to do, "instead facilitate a process whereby students interact with material from a very personal place and begin to understand the material by understanding their subjective experience in relation to the content" (2000:3).

4.4.2 Post-graduate Training of Self

In 1990, a training course was offered to childcare practitioners in England in the format of a Masters in Therapeutic Childcare. The course was designed to improve the service given to children in the residential and group-care services. The students included child care workers, social workers, teachers, and others interested in developing their therapeutic practice with children (Ward and McMahon, 1998). The training course was developed utilising the disciplines of social work, psychology, psychotherapy, special education, and the specific disciplines of residential and group care for children. The philosophy adopted by the training course was to "let the training match the practice" (Ward and McMahon, 1998: 1).

Critical to the training of self was the weekly 'training group' sessions, the experiential element of the course. The focus of this module relates to self development, rather than academic or theoretical study, although theories may become understood or internalised through the process of the group. It focuses on the "connections and overlap between the personal and the professional" (Ward and McMahon, 1998: 132). In 2004, The Irish MA in Therapeutic Childcare was established in St. Patrick's College, based on the British course, and the first Irish graduates completed their study in May 2006. It will be interesting to observe the impact these graduates have on the development of self of their colleagues, when they return to the practice field with their new appreciation of the value of self training.

4.4.3 Training of Self within the Workplace

Gauthier (1990) developed an approach for staff working with emotionally deprived children. Two groups of seven social care workers were trained in the approach (Luft, 1984). Three psychologists and two psychiatrists, acting as consultants to the group, supported them during their training. Gauthier (1990) suggested that the course required two years of in-depth training, and this required commitment from mature adults, with the ability to demonstrate emotional acceptance. The approach was researched over a three year period from September 1984 to June 1987, simultaneously, in a French residential centre and a Canadian centre. Their main aim was to assess if this therapeutic approach specifically met the needs of children defined as emotionally deprived.

The findings from the study had many implications for the training of social care workers, and the type of person suited to this advanced practice. The findings outlined a need for social care workers to have “a high consciousness level of their own emotional needs, which in the present state of the art, is best obtained through didactic psychotherapy” (Gauthier, 1990: 79). The trainees received between 90 to 300 hours within a supervision group, called a T-group. This group is based on the group therapy model and allows for personal exploration of issues, values, and difficulties with the support of the peer group. The findings of the study also included reports from the project managers, who recorded changes in their staff while they interacted with the children using this approach. According to Gauthier (1990: 78), the results clearly show that workers “who have become deeply conscious of their own emotional cravings are best equipped to adequately meet the affective needs of emotionally deprived children”.

4.5 Summary

The discussion on self in social care education began with a rationale for the inclusion of self training. The study argued that the educators are responsible to fully train the students, thus enabling the students to relate to others, to work within challenging situations, find their hidden self, learn about their needs and values, learn not to hide behind the profession, to be aware of power, and ultimately to become better workers. Learning about the self does not happen unconsciously, and the student must make a conscious effort to learn from the lessons about self which is an ongoing process. This process may be encouraged by utilising some of the models for self training, and taking

time to reflect on the feelings that are aroused.

Training the self is about getting to know yourself, reflecting on who you are, answering the question posed by William James; who am I? Self training is necessary for everyone who wishes to become caring, functional, and participating members of society. Being aware of self is self-awareness that influences change, not change in that it means to always do something differently, (being critically self-aware), but, being purposefully engaged in a process that expands the way we think about the work, feel about the work, and do our work with others.

Kennefick (2003, 2006) described the training of self within Irish social care education, as direct learning about the self within a safe training group. This model is now in use within both CIT and LIT, where Irish social care students are learning about the self, their needs, and are exploring their current issues that may affect their future practice.

However, there is a lack of published literature and information on the perceived benefits of the existing programmes, and the extent of self training provided in all the other eight colleges. This information was sought and is presented, and discussed, within chapters five, six, and seven of this study. Chapter five begins by introducing the methodologies used to acquire primary data related to the training of self.

Chapter Five

Methodology

5.1 Introduction

This chapter presents the various sources of primary and secondary data collected. As the research question aims to explore the training of self within social care education, data was sought from two primary sources; graduates and educators. The graduate study obtained data from 185 graduates of the BA (Ordinary) in Social Care. The educator study correlated the opinions of four Irish and two Canadian social care educators involved in the training of self. The research designs of both primary sources are presented separately under the following subheadings; piloting, sampling, the research instruments, methods of data collection, and analysis. The chapter begins with a reflection on ethical concerns, followed by the rationale and suitability of the research strategy and methods used.

5.2 Ethical considerations

This study adhered to the ethical guidelines established by the Dublin Institute of Technology, The Sociological Association of Ireland (2004), and current literature on ethics within social research (Mark, 1996; Silverman, 2001; Denscombe, 2003). Ethical codes within research originated from the Nuremberg trials after World War II, which were extended in 1987 by the National Commission for the Protection of Human Subjects, entitled 'The Belmont Report' (Mark, 1996). The three principles of that report still valid today are; having respect for people, causing no harm, and being just.

Adhering to ethical codes, the anonymity of the research participants in the graduate

study was protected at all times, and this assurance was stated at the onset of data collection. As all the respondents were adults, personal consent was received after the respondents were “carefully and truthfully informed about the research” (Denzin and Lincoln, 2003: 89). However, the data collected from the Educators is identifiable due to the nature and content of the discussion, this allows for comparison between the views of the Irish and Canadian interviewees. This was explained prior to initiating the interviews. All data collected, in the form of completed questionnaires, audio and video tapes, and field notes, will remain in possession of the researcher, but are available for inspection by officials from the Dublin Institute of Technology. Regarding the ethical considerations of this study, the researcher exercised a common sense level of responsibility towards the respondents at all times, ensuring a truthful representation within the study.

5.3 Methodology

According to Silverman (2000: 88), methodology is defined as “a general approach to studying research topics” and the method(s) chosen should reflect the research plan. Methodology is comprised of a plan or *research strategy*, and specific *research method(s)* for example qualitative and quantitative data obtained through interviews or questionnaires (Silverman, 2001; Denscombe, 2003). This study planned to describe the training of self within social care, from both the perspective of the recipient and the provider, of this training. Therefore, it was essential to choose a research strategy(s) and method(s) appropriate to the dual perspective of the research plan. The following methodological strategies; action research, ethnography and autoethnography,

phenomenology, and the survey approach were considered in terms of their suitability to the research questions.

Action Research as the title describes, is a combination of *research* and *action*, and is committed to practical research, focused on change, where the findings have an impact on practice (Denscombe, 2003). Cohen, Manion and Morrison (2000: 226), state that action research can be used in a variety of areas, for example “teaching methods ...learning strategies...evaluating procedures, and [the] continual professional development of teachers –improving teaching skills, developing new methods of learning, increasing powers of analysis, [and] of heightening self-awareness”. A criticism of action research is that the validity of the results may be limited to the context in which the research took place (Munn-Giddings and Winter, 2001). However, Lomax, McNiff and Whitehead (1996) argue that action research is directed towards initiating change at local level, and thus, the context is a characteristic of the research, not a limitation.

Although this strategy appeared very relevant, it was not accepted for two reasons. Firstly, the defining feature of action research “insists that practitioners must be participants, not just in the sense of taking part in the research but in the sense of being a *partner in the research*” (Denscombe, 2003: 77). Secondly, another aim of action is to “understand, improve, and reform practice” (Cohen et al., 2000: 226). However, this study aims to establish and describe the existence and structure of self education, and if any reforms emerge, they will appear as a recommendation, rather than an aim.

Ethnography and Autoethnography: Although not chosen as appropriate to this study, both had value and relevance to certain aspects of this research. Ethnography is the study of people and cultures, whereas autoethnography includes the self, and describes the practice of using the self to learn about others (Goulding, 2002). Both strategies are based on the principle that researchers are attracted to study areas that are of interest to them, and therefore it is unrealistic to believe that the research is unbiased. According to ethnographers, the researcher is a “communicating human, studying humans communicating” who is inside the research (Denzin and Lincoln, 2003: 213). Within this study, the researcher/author is a ‘complete member’ studying an environment (social care education), that she is a full member of (social care lecturer). Autoethnographers argue that if the researcher has valid experience relevant to the study, that they must make a public account of how they are “using their life experience to generalise to a larger group” (Denzin and Lincoln, 2003: 211). Neither strategy was considered appropriate, due to both methodologies requiring a personal perspective infiltrated through all aspects of the research project. This includes writing in the first person, and indulging in in-depth reflection on the role of self. However, there is a value in presenting ‘my self’ and disclosing any vested interest, bias, personal belief, experience and expertise, in an autoethnographical way (Denscombe, 2003).

Phenomenology, as a research strategy, is concerned with “perceptions or meanings, attitudes and beliefs, feelings, and emotions” (Denscombe, 2003: 96). According to Cohen et al. (2000: 23), there are many qualitative research strategies; however, phenomenology is the “study of direct experiences taken at face value”. According to

Denscombe (2003: 97), “a phenomenon is something that, though we experience it, is not yet understood through analysis”, and within my social care education self-awareness was experienced, but not completely understood. Cohen et al. (2000), define the characteristics of phenomenology as including the importance of subjectivity, where people are allowed to make personal meanings, through reflecting on their own experiences. The phenomenological approach requires that the researcher not analyse or redefine the perceptions of others, but represent them in their true form (Denzin and Lincoln, 2003). “People’s everyday thinking is given credibility and respected in its own right as valid” (Denscombe, 2003: 99). It is important to note that phenomenology does not see all views as individual realities, but suggests that views can be shared within common groups. Therefore, the thoughts and perceptions of individuals can be correlated under themes and offered as a generalisation relevant to that group. However, phenomenology, and all the other research strategies aforementioned require a research plan, and a direct course of action. The final research strategy considered was the survey approach.

Survey Approach is commonly defined as a method of obtaining data rather than a research strategy. However, according to Denscombe (2003: 7), “the survey approach is a research strategy, not a research method”. Survey researchers are interested in the characteristics of a phenomenon, and the causes of this occurrence. Survey research is recognised as being primarily quantitative and positivistic (De Vaus, 1996), a scientific method to collect “empirical research pertaining to a given point in time which aims to incorporate as wide and as inclusive data as possible” (Denscombe, 2003: 7). Common

survey types include postal questionnaires and telephone interviews. As the initial rationale was based on a personal experience of self training in one college, a large study could ascertain if this experience was common to other social care graduates. Survey research was selected as the appropriate research strategy for the graduate study. As the rationale for this study was based on the authors belief on the necessity for the training of self, and due to the limited available research on this topic and exploratory study was deemed relevant.

Exploratory Studies. As noted, exploration was essential to provide a starting point for this study on the education of self. Exploratory research is relevant as it aims to provide ‘familiarisation’, and assists in the creation of ‘new ideas’ (Singleton, 2005: 137). “Exploratory research aims to establish the most basic criteria of the research topic” (Sarantakos, 2005: 136), and is therefore relevant for projects without a clear starting point. According to Singleton (2005: 68) research is carried out to facilitate three functions, 1) exploration of a phenomenon, “in order to become familiar with it and gain an understanding about it, frequently in order to formulate a more precise research problem for further study”, 2) to describe the topic, and 3) to evaluate and test the phenomenon. Due to the limited knowledge or previous testing of this research topic, the function one is relevant to this study. The first stage of an exploratory study includes an investigation of the information available on the research topic, thus defining the key areas for study. As Singleton states an exploratory study may prove difficult for researchers, as there may not be a clear research path, or “clearly delineated independent and dependant variables and, therefore, no present categories of observation and

analysis” (2005: 68). This was especially relevant to the educator study, as the education of self within social care courses may not appear obvious through the course title, and may be emerge as a learning outcome within a variety of modules. As a result, there are few identifiable starting points.

To conclude, this is an exploratory study using the survey approach. The survey approach facilitated the gathering of broad knowledge on the training of self from social care graduates, thus facilitating the exploration of the training of self from the educators’ perspective. This study now presents the research methods selected, and the rationale for their relevance, and use, within this study.

5.3.1 Research Methods

As with research strategies, research methods prescribe the way information is acquired, by the researcher, and “certain research strategies will tend to be associated with the use of certain research methods” (Denscombe, 2003: 131). It is therefore important that the method(s) relate to both the research topic, and the chosen research strategy. Research methods include questionnaires, interviews, documents, and observations. Different methods can be used to acquire information from the one source, and according to Munn-Giddings and Winter (2001), this triangulation of methods enhances the validity of the research. The data obtained from using research methods can be quantitative or qualitative.

Quantitative research is defined as the collection of data based on quantity (Denscombe, 2003), or “the measurement and analysis of casual relationships between variables, not processes” (Denzin and Lincoln, 2003: 13). Data is acquired through questionnaires, surveys, and opinion polls, which can be distributed by hand, post, or through the internet or phone. Alternatively, qualitative research is a method that aims to “study things in their natural setting... and make sense of the meanings people bring to them” (Denzin and Lincoln, 2003: 5). Qualitative data is focused on the quality of meanings, where the data is collected through interviews, case studies, observations, or focus groups to name a few (Denscombe, 2003). The methods selected for both the graduate and educator studies are described as *instruments*, and are discussed individually.

5.4 Research Design

As previously noted, this study presents primary data from two perspectives; graduates and educators, and the research designs of both strands are presented separately beginning with the first perspective completed chronologically, the graduate study.

5.5 Graduate Study

As the author’s experience of self-development training within social care education is limited to two institutes (DIT and St. Patrick’s College), a wider study was deemed necessary. Collecting the views of current students was proposed, but rejected, as it would require a separate study of each course year (years one, two, and three). In

addition, depending on the month of collection, the data from year three may not reflect the completed programmes. As the author became aware of self as a graduate, rather than as a student of social care, receiving information from graduates could establish if the author's own experience of training is similar to the experience of graduates from the other training colleges. The study of graduates also presented the opportunity to ascertain if experience, age, and maturity influenced the development of self, irrespective of training.

The literature review confirmed the limited availability of information pertaining to the training of self within social care education. As a result, quantitative data collection was selected as the most suitable research method for accumulating large quantities of data, thus providing a base for future investigation (Potter, 2002). Yet, due to the subjective nature of the topic 'self' and self training', the questionnaire may limit the information received. To respond to this limitation, careful consideration was given to the layout and format of the questionnaire in order to provide the respondents with an adequate opportunity to explore and discuss the topic (Raymond, 1996; Denscombe, 2003). The various distribution methods were considered, and the postal method was favoured, as despite the cost it may reach a larger number of participants (Denscombe, 2003). At this juncture the primary interest was in collecting a wide range of thoughts on the training of self from a diverse sample. The author remained open to the possibility of expanding upon the data received from the questionnaires, depending on the number and quality of the responses (Silverman, 2000). After considering the options, a final decision was made to acquire quantitative and qualitative data using a questionnaire, distributed by post.

Social Care education offers qualified students a generic license to practice in a variety of social care professions, for example; residential child care, care for the disabled, care for the elderly, addiction supports, community care, to name a few (Share and McElwee, 2005c). This broad nature poses several research difficulties including access, numbers, cost, and time. To improve the validity of the research, the author decided to focus on one of the aforementioned social care areas. According to the Joint Committee on Social Care Professional (JCSCP), there were 1619 social care workers in the disability sector and 1214 in the residential sector (JCSCP, nd.). The disability sector was rejected because of the perceived difficulty in gaining access to social care trained staff. This perception is due to the existence of a variety of staffing levels including both trained and untrained, combined with poor employment structures within this sector (Finnerty, 2005).

Residential care was also selected due to the author's previous experience in this area, and the availability of sampling frameworks from the report by the Joint Committee on Social Care Professional (JCSCP, nd), and the Social Services Inspectorate Annual Reports (DoHC, 2002, 2004).

To examine the extent of training on the self during Irish social care education, only practitioners with the Irish National Diploma /BA (Ordinary) in Social Care were targeted. Although there are many experienced practitioners working within the residential sector with the part-qualified Certificate in Social Care, this study focused on the three year BA (Ordinary) training programme only. Training and developing the self, by its very nature, takes time and this was a deciding factor when limiting the study to BA (Ordinary) graduates only (Liberatore, 1981; Schaffer, 1996).

5.5.1 Instrument

The aim of the questionnaire is to ascertain if the graduates received training on the self, how this knowledge and training was obtained, where it was obtained, and to question if the graduates deem awareness of self as essential for practice. The questionnaire, presented as Appendix Three, was compiled of twenty six questions designed to collect factual (positivist), and opinion based (emotionalist) information (Denscombe, 2003). It was formatted into the following three sub-sections;

Section One: Requests general information on the respondent's age, gender, education, and employment from five closed and two open questions. Questions one, two, and four were closed questions, requiring that the respondent select (by ticking the box) from one of the options provided. Questions three and five applied 'list' type formats, encouraging a more in-depth response (Denscombe, 2003).

Section Two: Examines training details within five questions, where the format of questioning ranges from open to closed questions. Question six required the respondent to arrange the options in 'rank order' (Denzin and Lincoln, 2003). Question ten requested a 'rate order' applied in the form of a percentage, for example, the higher the percentage the greater the significance (Potter, 2002; Denscombe, 2003). Question seven requested a personal statement, and questions eight and nine were closed questions requiring a 'tick-the-box' response (Silverman, 2001).

Section Three: Questioned the respondents' understanding and awareness of self.

Questions 11 through to question 24 adopt a similar structure, aiming to obtain ordinal data, using a Likert Scale (Potter, 2002), where the respondents indicate the degree to which they agree or disagree with the statements provided. The design of the questions in section three was influenced by a 'free lists' or 'emotionalist' approach, in order to gain a more in-depth insight to the experiences of the respondents (Silverman, 2001; Denzin and Lincoln, 2003). The final two questions related to the services chosen for support and the motivation to remain in the work. Both questions invite the respondent to arrange their preferred options in 'rank order' (Denzin and Lincoln, 2003). The questionnaire ended with a note of thanks to the respondents for their participation in the study.

5.5.2 Pilot Study

A pilot questionnaire was designed incorporating the aforementioned questions (Denscombe, 2003). The number of questions presented in the questionnaire was influenced by limitations identified by Byrne (2000). Her core learning related to the length of time needed to complete the questionnaire (35-40 minutes), which exceeded the time busy social care staff were willing to spend (Byrne, 2000). This influenced the design of this questionnaire to include a balance of open and tick box questions. The pilot questionnaire was presented to 34 year three students of St. Patrick's College, in March 2002. The results of the pilot suggested that the students could complete the proposed questionnaire in (10 – 12 minutes). Student feedback from the pilot also suggested that there was a balance between quick closed questions, and open-ended questions with

enough space on the page for opinion and thought.

5.5.3 Sampling Framework

Residential social care workers are a naturally occurring cluster of respondents (Denscombe, 2003). A 'purposeful sampling' method was applied to residential centres as they are a likely employer of social care graduates (Denzin and Lincoln, 2003). With regard to the sampling framework, 161 residential centres were identified utilising the McKeon Report (2002), the SSI Report (2002), and the Social Care Managers Association Directory. The SSI Report (2002) identified 148 centres, and a further 13 centres were detected from the accumulated data of the RMA directory, and the McKeon Report (2002). The SSI Report (2002) stated that the staff ratio was between 12 -15 workers per unit. Therefore, the estimated total of residential workers was between 1932 and 2415. According to the finding of the McKeon report (2002), 46% of the workers were qualified, whereas the SSI Report (2002) stated that 35% were qualified to BA (Ordinary) standard. However, two staff audits compiled by the Joint Committee on Social Care Professionals (2001 -2002), viewed the realistic figure as 55% (Clarke, 2003). Maintaining the maximum average of 15 per unit, with a possibility of between 35 - 55% professionally qualified staff, the target sample was between 845 to 1328.

Although the target sample was between 845 and 1328, additional questionnaires were also posted to accommodate the movement of staff throughout the centres, and the recent graduation of BA (Ordinary) students working in the field. In October 2002, 2000

questionnaires were posted to 161 residential centres in Ireland, 10 to 15 on average per centre. The questionnaires were accompanied with a covering letter explaining the aims of the research. Each questionnaire was also supplied with an identification number, enabling the researcher to ascertain which questionnaires were completed. The assumed response rate for “a postal survey is usually around 20%” (Denscombe, 2003: 19), and this is dependant on their interest in the topic, and amount of free time available to respondents (Denzin and Lincoln, 2003).

5.5.4 Data Collection

By March 2003, 185 valid completed questionnaires were returned. Eighty two uncompleted (blank) questionnaires were received from centres that were now closed down, 63 invalid questionnaires were rejected due to respondents not obtaining the required BA (Ordinary), or equivalent. Based on the estimated sample of 1328 (JCSCP, 2001-2002; McKeon, 2002; DoHC, 2002), the 185 questionnaires represent a response rate of approximately 14 %. Each valid questionnaire was matched to the centre of origin, using the numerical coding system, attached to each questionnaire. This was for identification purposes only, and facilitated the identification of non-responses while maintaining the anonymity of the participants within the study. Follow-up phone calls were made between March and April 2003, but no further questionnaires were returned. Several centres commented on the time delay from questionnaire to follow-up call, as many had mislaid the questionnaires.

5.5.5 Analysis of Data

As noted previously, the format of questions ranged between closed questions (ranked or rated), and open questions (list and opinion based). The format of the question also influences the type of data received. The initial questions (one, two, and four) relating to gender, age, qualifications, and employment history, obtained 'nominal data'. This is considered the lowest level of quantitative data where the choices are distinct, clear and simple (Silverman, 2001; Denscombe, 2003). The remaining questions have collected ordinal data for analysis, where "the data in one category can be compared with the data in other categories as being higher or lower than" (Denscombe, 2003: 237).

The nominal and ordinal quantitative data received from the closed questions was analysed using statistical analysis software, called Statistical Package for the Social Sciences (SPSS), and through using manual calculations. The qualitative questions were manually coded and analysed under common themes. Although several methods of analysis were used, the findings were grouped together and presented in table format, if applicable to the data. This chapter continues with an exploration of the second stage of data collection, and the educators' contribution to this study.

5.6 Educator Study

The educator study is concerned with obtaining a detailed description of the training of self, from the subjective perspective of social care lecturers. Individual interviews are presented as strands within Table 5.1.

Table 5.1: Educator Perspectives

Strand	Research Method	Research Tool Proposed	Source	Rationale for Study	Knowledge Obtained
One	Qualitative	Interviews	1. Mr. Damien McLelland (St. Patrick's College) 2. Patricia Cremin and Cathy Jones (LIT) 3. Patricia Kennefick (CIT)	Self in Training	<ul style="list-style-type: none"> Identify module where development of self was an identified student learning aim. Ascertain method of teaching & learning outcome
Two	Qualitative	Focus Group	Creative Studies Lecturers	Self in Training (narrowed focus)	<ul style="list-style-type: none"> Examine the role of self in creative studies Suggest a model for increased training on self within creative studies
Three	Qualitative	E-mail Interview	Dr. Francis Ricks Dr. Thom Garfat Ms. Iris Elsdon	Self in Training	<ul style="list-style-type: none"> Discuss existing models of training on self in Canada Examine role of self in Child and Youth Care
Four	Quantitative	Secondary Data	College Prospectus	Self in Curriculum	<ul style="list-style-type: none"> Compare college structures.

5.6.1 Sampling Framework used within the Educator Study

To obtain qualitative data, researchers can select from a variety of sampling frameworks (Denscombe, 2003). This study aimed to avoid “poor sampling” that is “unrepresentative and unhelpful” (Cohen et al., 2000: 95), therefore purposive non-probability sampling was used. Within this sampling approach, respondents were “handpicked” (Cohen et al., 2000: 103), based on their relevance to the education of self. The findings from question nine of the graduate survey ranked ‘placement, groupwork, and creative studies’ as the central locations for self-development training. ‘Placement’ was rejected, as the learning occurs externally to the college environment. However, the pre-placement module and post placement reflection are very relevant to the training of self. Creative studies and groupwork were selected as the learning occurs in a controlled environment (the college classroom), and are similar, in that they are experientially based, and conducted using small groups.

As a creative studies lecturer myself, the opportunity to examine the training of self within creative studies offers learning opportunities, both in terms of this study, and with creative studies in general. A focus group could provide the structure for several creative studies lecturers to explore the training of self within their programme, identifying key themes and areas for consideration. Unfortunately, due to the scope of this study, it was not possible to examine groupwork in the same detail. As a result, individual interviews were conducted with the personal development lecturers, Damien McLellan, Patricia Kennefick, Patricia Cremin and Cathy Jones. Although none of the 185 respondents from the graduate study attended the Limerick Institute of Technology, Patricia Cremin and

Cathy Jones facilitate a module entitled 'Personal Development' identified within the secondary data received from the college prospectuses.

5.6.2 International Perspective.

Although the study is located within the Irish education system, it is important to present an external context in which to compare practice. The Canadian academics Dr. Frances Ricks and Dr. Thom Garfat were approached due to their vast knowledge and experience in the area of education of self, and contact was made in the form of an e-mail discussion.

5.6.3 College Prospectus

Each college prospectus was consulted to identify references to the training of self, and general correlations between the social care courses offered.

5.6.4 Research Instruments and Data Collection

The research instruments are presented individually within each of the educator studies outlined in Table 5.7. This structure was adopted to increase clarity, and as an attempt to avoid confusion surrounding the different instruments and method of data collection used.

5.6.5 Strand One: Interviews with Self Educators

Interview One: Damien McLellan

Research Instrument: Face to face, Semi-structured Interview

A semi-structured interview was conducted with Damien McLellan, Coordinator of the Masters in Therapeutic Childcare, and the Counselling Skills Lecturer from St. Patrick's College, Carlow. This interview took place within St. Patrick's College Carlow on Tuesday 15th of November 2005. Semi-structured interviews are a common form of interviewing "that involves face-to-face group interchange" (Denzin and Lincoln, 2003: 62). The interviews are defined as semi-structured as there is a set place, structured topics for discussion, and an identified respondent, but the discussion is informal allowing for deviation and elaboration (Silverman, 2001). To use interviews as a research method the researcher must understand the language and culture of the respondents to gain their trust. They must also have rapport, and should present themselves in an acceptable way to the respondents. Using a semi-structured format the interview was guided by research themes, identifying specifically where training of self is presented within groupwork, presented as Appendix Four. Semi-structured interviews allow a level of flexibility that encourages elaboration and in-depth discussion (Denscombe, 2003).

Data Collection

The interview was audio recorded on micro-cassettes, for the purpose of transcribing the data at a later date. Video recording was not used as the available space for the interview was not suitable (Silverman, 2001). The full interview took 40 minutes and was transcribed directly from the audio tapes. As transcriptions are 'research activities' the

researcher was aware of the potential implications of ‘pauses and overlaps’ towards the content of the interview. Due to the nature of the information being obtained, the interview was transcribed without indication of pauses or hesitations (Denzin and Lincoln, 2003).

Interview Two: Patricia Cremin and Cathy Jones

Research Instrument: Face to face, Semi-structured Interview

The semi-structured interview with Patricia Cremin and Cathy Jones was conducted in the staff canteen of the Limerick Institute of Technology on Thursday the 18th of May 2006.

Data Collection

The data was recorded using field notes, and was not micro cassette recorded due to the casual context (staff canteen) of the interview. The responses were verified through a phone conversation with Patricia Cremin, to ensure that the transcriptions honestly reflected their views. The full interview lasted 30 minutes.

Interview Three: Patricia Kennefick

Research Instrument: Face to face, Semi-structured Interview

The semi-structured interview was conducted in Patricia Kennefick’s office in the Cork Institute of Technology, on Monday the 27th of November 2006.

Data Collection

The interview, lasting one hour and ten minutes was documented using the micro cassette recorder. The data was later transcribed in full, comparable to the methods used for both the Damien McLellan and Patricia Cremin /Cathy Jones interviews.

5.6.6 Strand Two: Interview with Creative Studies Lecturer

Research Instrument: Face to face Interview with Creative Studies lecturer.

As noted in Table 5.1 a focus group was proposed with the creative studies lecturers from the ten Irish Colleges. The initial contact was made by a letter addressed to the creative studies lecturers contained within an e-mail and formal letter sent to the Department Heads. This letter was followed by individual e-mails personally addressed to the full time staff within the identified colleges (two lecturers in Tralee IT, two lecturers in Athlone IT, and two lecturers in Dublin IT). The remainder of lecturers appeared to be employed on a part-time basis, and were contacted through the department's administration office. Difficulties were encountered when trying to identify the names of the creative studies lecturers, as some departmental secretaries were unaware of who presented this module within their college.

On December 15, a formal invitation, was sent to the identified lecturers or the anonymous 'Creative Studies lecturers' in all nine colleges. The invitation outlined the date for the discussion forum on creative studies, with an invitation to participate in a focus group aimed at evaluating the training of self within the creative studies course. As

noted previously, the focus group was chosen as the preferred method to encourage a richer debate on the development of self, and the participation of six members allows for an effective group (Silverman, 2000). However, on the 24th of January 2006, only one creative studies lecturer (Denise MacGoilla Ri) arrived for the discussion forum and focus group. Due to the distance travelled to attend the group, and her interest in the topic, a semi-structured interview was suggested as an alternative to the focus group.

Data Collection

The interview took place within the creative room of St. Patrick's College with respondent Denise MacGoilla Ri, from Athlone IT. The interview was both audio and video recorded, as both devices were set up to collect data from the original focus group, also, by using two methods of data collection, the potential for error or technical failure was reduced. The interview was semi-structured, employing a similar framework used with *Strand One*, where each respondent was questioned on the role of self-development training within his/her module.

5.6.7 Strand Three: E-mail Interview

Research Instrument: E-mail Interviews with Canadian Educators; Dr. Frances Ricks, Dr. Thom Garfat.

Dr. Thom Garfat presented a workshop in DIT attended by the author, and as a result of this meeting, Dr. Garfat initiated an e-mail discussion that eventually included Dr. Frances Ricks. The first e-mail was sent by Dr. Garfat to Dr. Ricks on the 28th of October

2005, noting his interest in discussing the topic of self in relation to Irish social care education. Dr. Ricks responded the following day, and the three-way e-mail interview/discussion began, with almost daily contact up to the final e-mail on the 19th of November 2005. All e-mails are presented together as Appendix Five.

According to Denzin and Lincoln (2003), electronic interviewing is a modern research method that is cheap, fast, and accessible to a variety of samples. However, it is limited by the loss of face-to-face non-verbal data, and there is often a time gap (Denscombe, 2003; Denzin and Lincoln, 2003). The e-mail interview was in the format of a three-way discussion, where each participant was ‘tagged’ by another, and as a result, all participants asked and answered questions. As is normally the case, the researcher does not participate, thus the “act of doing the research is separate from the act of making changes” (Denscombe, 2003: 77). Within an action research approach, the researcher is an active member, and within the e-mail interviews, Dr. Garfat, Dr. Ricks, and I were equal partners, all leading, and contributing to the discussion (Silverman, 2001).

Data Collection:

After the final e-mail on the 19th of November 2005, the responses were accumulated within a word document, filed in chronological order. As a result, the data reads like interview transcriptions and thus were coded under similar themes, discussed within the data analysis section of this chapter.

5.6.8 Strand Four: Secondary Data

Research Instrument and Data Collection: College Prospectus

Each college was contacted by phone with a request for the 2006-2007 college prospectus. Although secondary data, the information received from the data was compiled into tables outlining the structure of each social care course, provided within the ten colleges. The tables are presented in chapter six, with an analysis of the data within chapter seven.

5.6.9 Analysis of Data

The transcribed text from the interviews (*Strands One, Two and Three*) were analysed together, identifying the ‘shared concepts’, and increasing the possibility of identifying “general patterns and comparisons across the texts” (Carley and D’Andrade cited in Denzin and Lincoln, 2003: 269). A common method of coding was applied to the ‘whole text’ of the interviews for a text analysis. According to Denscombe (2003), themes are established by the researcher before, during, and after the data is collected. As the interviews in this study followed a semi-structured format, the themes were influenced and guided by the initial research question and aims.

5.7 Methodological Limitations of study

The following information outlines the methodological limits within this study identified by the researcher, presented under the following headings; use of terminology, time, memory loss, and the methodological limits of poor data collection, and limited options offered within the questionnaire.

5.7.1 Use of Terminology

In October 2002, questionnaires were posted to social care graduates within the residential care setting. The graduates were asked to supply information on the training they received on the self, defined within the questionnaire as 'self-development training'. The use of this term was based on the author's experience of self-development being used within her own social care education, and of the role of the term 'personal development' within her psychoanalytic counselling training. The questionnaires were posted in October 2002, using only the term self-development. However, it emerged through the social care literature (Kennefick, 2003; Garfat, McElwee and Charles, 2005; Kennefick, 2006), that the term 'personal development' was the popular term used within social care education to define the training of self. For a more accurate result, and to reflect the common use of personal development, the questionnaires should have contained both terms; personal development and self-development, or just provide the general description of 'training of self'. It is important to consider at this juncture that the findings may be limited by the respondent's understanding of the chosen terminology, and that further study may be necessary to ascertain the reality of this limitation.

It is also important to state that the graduate study was completed prior to the release of Kennefick's article 'Training of Self' in 2003. Within this article, Kennefick described a self-development training programme used within social care education. The timing is unfortunate, as this article may have guided the phrasing of questions for social care graduates.

5.7.2 Time

There is a marked time difference between the data received from the graduates (questionnaires), and the data received from the educators (interviews). The graduates were educated to the BA (Ordinary) award in Irish colleges, but during a varied time frame. Social care education is constantly evolving, and as a result, the education system reviewed by the graduates may be completely different to the curriculum offered today. Changes in the curriculum are influenced by programmatic reviews, and by the special interests of the tutor. Unfortunately, due to an oversight of the researcher, the respondents were not asked directly for the year they obtained their qualification, and as a result most replied with the title of the qualification, without the date of completion. As the questionnaires were collected by March 2003, the latest possible date for the completion of the Diploma/BA was June 2002. Therefore there is a minimum time difference of three years between the references made in the graduate study and the discussion presented by the educators in 2005 -2006.

5.7.3 Limitations due to Memory Loss

Using past graduates as respondents required the graduates to reflect on their experiences of college, and recall the specific training they had in relation to self. This requires an ability to reflect, thus the answers may be inaccurate due to memory loss, the length of time since completion of study, the students participation in training, and their loyalty to the educational institute.

5.7.4 Methodological limitations

Poor Data Collection

Due to the poor response for the focus group (Creative Studies lecturers), the method chosen to attract the respondents was flawed. As aforementioned, how the researcher presents his/herself to the respondents influences their willingness to participate in interviews. Within the initial covering letter to DHs, I described myself as an MPhil student from DIT, and a request for participation from a student may not bear as much influence as a request from a fellow educator. In retrospect, if the initial contact was a formal notice on the agenda of an IASCE bi-annual meeting, the proposal for the focus group may have received greater support.

The creative Studies lecturers were invited to attend a focus group in Carlow. Evident from the poor attendance, a focus group is only suitable for respondents who are accessible as a group, together, within the one location. Therefore, the focus group was unsuitable for creative lecturers, employed countrywide, within the social care colleges.

Limitations within the data collection and findings of the Educator Study

Due to limited time constraints, only two Child and Youth Care Lecturers were invited to participate in this study. This greatly reduced the potential findings from an international perspective. Also, as the interviews were conducted by email in the form of a three-way discussion, there was limited relevant material available to include as data. As a result, the findings are heavily loaded in favour of the perspective offered by the Irish lecturers.

Reduced Information due to Limited Options in the Questionnaire

Another oversight is that the questionnaire did not ask the respondents to describe the exact structure of the self training, for example, to describe and name the subject, and discuss how the training of self was achieved. The categories provided were too broad as 'groupwork' could define learning about tasks within groups, or engaging in a self training group, which are very different experiences. The accumulative data outlined the various programmes from five colleges, however, it is possible that all five colleges taught the self in their own unique way. Therefore, to comprehensively meet objective three, a more thorough study is required. Each college requires a 'self audit', to identify the self training within the complete curriculum.

5.8 Summary

This study adhered to ethical guidelines, ensuring that every potential respondent was carefully informed of the research, and that the research was respectful of their right to confidentiality and privacy at all times. The methodological strategies selected as most appropriate in obtaining the research aims was phenomenology and a survey approach. As the study of self in education in Ireland is a relatively uncharted area, the research embarked on a journey of discovery. The first steps of discovery involved primary research to establish the existence of training on self within social care education. The research questions aimed to ascertain the existence of training on self, establish how it is taught, where it is taught, and by whom. The final thoughts remained with the educators on how self-development training is represented and valued within the overall curriculum.

Within the guidelines of and an exploratory study, and survey research, the research methods of quantitative and qualitative data collection were selected to provide both an overview of the experience of self-development in social care education, and a more in-depth understanding of the experiences of practitioners, and educators. The research design presented the thoughts and experiences of the two key activists in social care education; service users (graduates) and service providers (educators). A representative sample of employees within the residential care sector was selected, as residential care is one of the principal employers of qualified social care workers. A questionnaire was piloted and distributed to 161 centres, receiving 185 valid questionnaires. The nominal and ordinal data obtained from the questionnaires was analysed using an SPSS statistical software package. The qualitative data received from the questionnaires was manually

coded under common themes.

After receiving confirmation that the graduates had experienced self-development training, purposeful non-probability sampling was used to select key respondents. Within the graduate study, creative studies and group work were named as subject areas where self-development training occurs. Four semi-structured interviews were conducted with lecturers from both fields (three from groupwork and one from creative studies). The final educators to contribute to the study were Canadian lecturers, using e-mails as the research instrument. The findings from both the graduate and educator studies are presented in the next chapter.

Chapter Six

Research Findings

6.1 Introduction

This chapter presents the findings from both the graduate and educator studies. As outlined in chapter five, the graduate study is predominantly a quantitative study obtained through questionnaires, although, it also includes one open ended qualitative question. In general, the findings are presented within tables, a common method of displaying numerical data. The primarily qualitative findings received from the educator study are correlated under themes. The final data, obtained within the 2006-2007 College Prospectuses, is presented within tables. Although secondary data, the college prospectus provide an overview of the self training provided for comparison with the educator and graduate studies. As noted, this chapter begins with the findings from the graduate study.

6.2 Graduate Study

The data obtained from the graduate study was displayed utilising the three sub sections from the questionnaire. Section 1) outlines the general details for example age, gender, employment, and education. Section 2) presents the respondents' understanding of the term self, and its role within practice and training, and Section 3) displays the respondents' application of self-awareness in practice. As previously noted, the quantitative data was analysed using the SPSS software system, and the results are shown using the format of 'percentage 0% and number (n =0)'. To aid simplicity .5% < was rounded up, whereas .4% > was rounded down, for example 13.4% became 13%, and 13.5% reads as 14%.

6.2.1 Section One: General Details

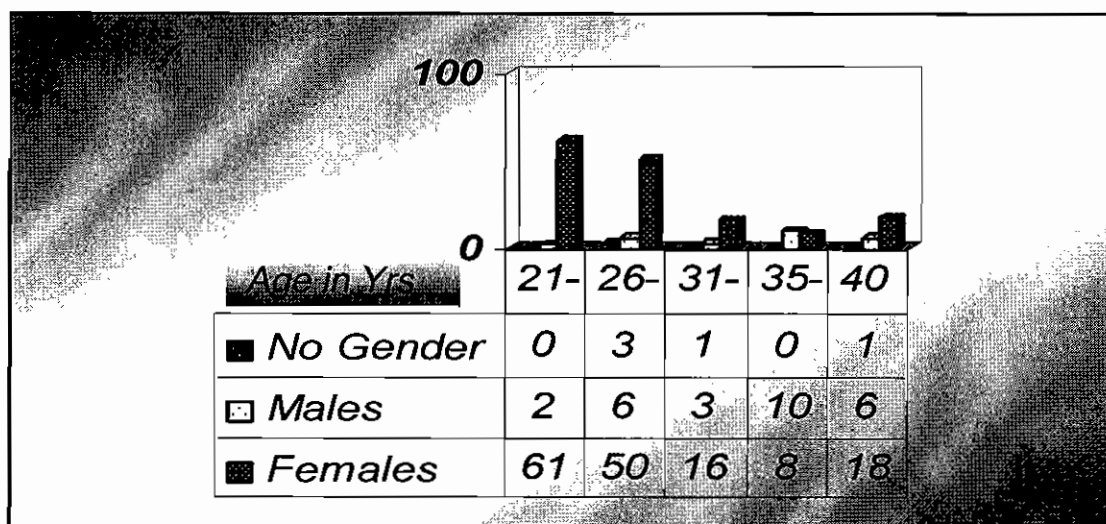
Gender

As discussed this study is compiled from the data obtained from 185 residential social care workers (n = 185), with the Diploma / BA (Ordinary)⁹ in Social Care. The findings show that 15% (n = 27) of respondents are male, and 83% (n = 153) are female. There was five missing cases 2% (n = 5).

Age

In relation to age, Table 6.1 outlines the gender breakdown within each age bracket (21-25, 26-30, 31-35, 36-40, 40+), within a bar chart. The category 'No Gender' represents the findings from respondents that did not state their gender, but gave their age bracket.

Table 6.1: Age and Gender Distribution of Sample



⁹ As discussed in Chapter One, the course title 'National Diploma in Social Care' was replaced by the course title 'BA (Ordinary) in Social Care' in 2003. Although the majority of respondents graduated pre-2003, with a 'National Diploma, their qualification is defined within this study as the BA (Ordinary).

Employment History

The majority of the sample, 41% (n = 76), worked for over *three years* in their current position. In contrast, 26% (n = 49) were only in their current job for *one to two years*, whereas 20% (n = 37) had been working for *three to four years*. 12 percent (n = 23) of the sample was working from *two to three years*, constituting the smallest value of the sample.

The findings from question two demonstrate that 62% (n = 115) of respondents stated that this was not their first social care position. However, the majority of those workers had moved within the residential sector only 32% (n = 59). The remaining 30% (n = 56) of respondents had a varied history before working in residential care, which included; community care 9% (n = 17), disability 6% (n = 12), homeless services 4% (n = 7), youth work 4% (n = 7), special schools 2% (n = 4), and management 2% (n = 4). 3% (n = 5) of responses constituted individual experiences in the areas of addiction, elderly care (n = 1), family support (n = 1), mental health (n = 1), and preschool (n = 1).

Social Care Qualifications

The respondents' data was entered in to the SPSS system by their highest award achieved. This was based on the understanding that to achieve a Degree or Masters in Social Care, the student had already achieved the award of Diploma/BA, or bypassed the standard of BA (Ordinary) by attending a four year honours degree programme. Of the replies, two respondents had achieved a Masters Degree, 25% (n = 46) had achieved BA

(Honours) standard, and the remaining 74% (n = 137) had the BA (Ordinary).

College Attended

The majority 88% (n = 162) of respondents completed the BA (Ordinary) in one college. However 12% (n =23) completed the National Certificate in Social Care in one college, and the BA (Ordinary) (year three) in another college. As a result, the findings are presented in Table 6.2, college by college, where the first column outlines the number of respondents who completed the three year BA (Ordinary), then the Certificate only, and the final column outlines the colleges chosen to complete the final year of study.

Table 6.2: Colleges Attended

College	BA (Ord) 3 years	Cert. only:	Total Students	College chosen to Complete BA (Ordinary)
<i>Athlone</i> AIT	33	5	38	DIT (n =2), AIT (n =3)
<i>Dublin</i> DIT	40	7	47	AIT (n =3), SIT (n = 2), CIT (n = 2)
<i>Sligo</i> SIT	22	5	27	AIT (n =3), DIT (n =2)
<i>St. Pats</i>	13	2	15	DIT (n =2)
<i>Waterford</i> WIT	36	2	38	DIT (n =1), St. Pat's (n =1)
<i>Cork</i> CIT	18	2	20	DIT (n =1), AIT (n = 1)
Totals				

Number of Respondents from Each College:

Dublin IT = 47, Athlone IT = 38, Waterford IT = 38,
Sligo IT= 27, Cork IT = 20 St. Patrick's College =15.

As outlined in Table 6.2, the majority of respondents 25% (n =47) completed their BA (Ordinary) in DIT, with eight students completing the final year of this award in DIT. AIT and WIT educated 19% (n =36) each to BA (Ordinary) level, and AIT educated 5% (n =10) year three students. ITS educated 15% (n =27) of respondents, whereas CIT had 11% (n =20). Both ITS and CIT educated two students in their final year of their BA (Ordinary). St. Patrick's College had 8% (n =15), receiving only one student for their final year.

6.2.4 The Respondents

To summarise, the majority of the respondents were female, aged between 21 and 30 years, constituting 60% (n =111) of the sample, and were working for more than three years in their current employment. Only 27 males responded, with the majority 37% (n = 10) belonging to the 35 – 40 age bracket. The main qualification held by 74% (n =137) of the respondents was the National Diploma /BA (Ordinary) in Social Care.

The findings from question five outlined that 24% (n =40) completed their full three year course in DIT, (n =6) did their certificate there, and (n = 8) completed the final year of their BA (Ordinary) there. Thirty two percent or 54 respondents attended DIT for some part of their education. AIT followed closely with 50 respondents, and WIT educated the third largest number of respondents at 21% (n = 38). The study continues by presenting the findings from the second section of the graduate questionnaire examining the training of the self in education.

6.3 Section Two: Self in Education

Section two of the questionnaire focused on the training of self within social care education. The first question, question six, asked the respondents to define self-development. This question obtained ordinal data, as the respondents were directed to select from six categories, stating their most preferred option (1), up to their least preferred option (6). A breakdown of the options and ranking orders are displayed in Table 6.3.

Table 6.3: The Term Self-development Means

	1 st choice	2 nd Choice	3 rd choice	4 th Choice	5 th Choice	6 th Choice	Missing
Understanding Yourself more	64 35%	60 33%	27 15%	14 8%	4 2%	4 2%	11 6%
Learning about Strengths & Weaknesses	66 36%	63 34%	30 16%	9 5%	6 3%	0	11 5%
Learning how To use self in Practice	44 24%	34 18%	61 33%	23 12%	9 5%	1 .5%	13 7%
Understanding People more	6 3%	10 6%	34 18%	83 45%	29 16%	1 .5%	21 11%
Learning about Service users	5 3%	5 3%	8 4%	25 14%	107 58%	11 6%	24 13%
Do not know term	9 5%	3 2%	1 .5%	0	1 .5%	124 67%	47 25%

The findings demonstrated that the respondents preferred the following terms;

<i>Most preferred</i> - learning about your strengths and weaknesses	36% (n = 66)
- Understanding yourself more	35% (n = 64)
- Use of self in practice	24% (n = 44)
- Did not understand term	5% (n = 9)
- Understanding people more	3.2% (n = 6)
<i>Least preferred</i> - Learning about service users	2.7% (n = 5)

6.3.2 Defining Self

As the term ‘self’ may imply various meanings for individual practitioners, an open-ended (question seven) was included to facilitate individual answers, and provide a more in-depth understanding of the term self-development. As the data was qualitative, it was transcribed by hand, and correlated under the main statements (Table 6.4) and the minority statements (Table 6.5), presented by each of the 185 respondents.

Table 6.4: Common Responses by 65% (n =120) of Respondents

Percentage	Number of Respondents	Individual Responses
40%	73 in Total	A Process of Becoming more self-aware and learning more about your self
25%	47 in Total	Understanding your strengths and weaknesses

Table 6.5: Minority Responses by 35% (n =65) of Respondents

Percentage	Number of Respondents	Themed Titles and Individual Responses
24%	45 in Total 19 5 5 3 2	Changing/developing the Self <ul style="list-style-type: none"> - Being able to react to change - Be able to reflect on ones actions - Developing self, recognising weaknesses - Be real and comfortable - Achieving self-actualisation
11%	20 in Total 4 12 4	Alternative Answers <ul style="list-style-type: none"> - Application of academic knowledge - Learning through practice experience - Learning and listening to others
8%	14 in Total	Looking at the Self <ul style="list-style-type: none"> - Recognising and using own abilities, being self-reflective, recognising and accepting values
4%	6 in Total	Inner Development <ul style="list-style-type: none"> - Looking inwards towards inner child and developing inner self in non-threatening way

6.3.3 Was Self Training Received

Question eight invites the respondents to state if they received self-development training during their social care education. Table 6.6 illustrates that 76% (n =141) stated yes, they did receive self-development training within their social care education.

Table 6.6: Was Self-development Training Received

		Frequency	Percent
Valid	Yes	141	76%
	No	34	18%
	Total	175	95%
Missing		10	5%
Total		185	100%

Answering No

Of the 18% (n =34) respondents who answered no to question eight, their statistics are outlined as follows; (f = female, m =male responses in the table)

Table 6.7: Statistics of Respondents who Answered No to Question Eight

Total Answers	College	No Answers	Males	Females	21-25	26-30	31-35	36-40	Over 41
27	Sligo	11	0	11	7	3	1	0	0
47	Dublin	8	3	5	1	1m	2	1	2m /1f
38	Athlone	6	0	6	4	0	0	1	1
38	Waterford	6	3	3	0	2	2m /1f	1m	0
20	Cork	2	0	2	1	0	1	0	0
15	St. Pat's	1	0	1	1	0	0	0	0
185	Totals	34	6	28	14f	1m /5f	2m / 4f	1m / 2f	2m / 2f

Table 6.7 outlines the findings of the respondents who stated that they had not received self-development training within their education. 82% (n =28) were 21-25 years old females. 18% (n =6) were males, which is high considering that males only constituted 15% (n =27) of the overall number of respondents. The College with the most respondents was ITS, followed by DIT, AIT, and WIT.

Answering Yes

76% (n =141) of the respondents answered yes, they had received self-development training within their education. The respondents were invited to identify where in their education they received this training on self (question nine). The graduates were offered the choices of; placement, groupwork, creative classes, counselling class, journal, or other, and could select all or none. The findings are outlined in Table 6.8.

Table 6.8: Where was Self-development Training Received

	Frequency	Percent
Groupwork	108	77%
On Placement	83	59%
Creative Classes	78	42%
Counselling Classes	70	38%
Journal	53	29%
Other	16	9%

Of the 141 respondents, 77% (n= 108) located this training in ‘groupwork’, followed by ‘placement’ with 59% (n =83), and finally creative classes (n =78) where 56% of the respondents agreed on this as a source of self training.

6.4 Reflecting on the Overall Experience of College Education

In question 10 the graduates were asked to rate their training out of 100%, and state what percentage they would allocate between the three categories; theory, practice, and self.

This question aimed to examine the respondents overall experience of college. From the findings outlined in the previous Table 6.2, only 88% (n =162) of respondents completed the three years of their national Diploma/BA (ordinary) in the one college. To enhance the validity of the responses only the questionnaires completed by the 162 respondents was used.

The common responses (n = 144) from the 162 questionnaires fell between the following ranges

<i>Theory</i>	<i>Practice</i>	<i>Self</i>
30 -60%	30-40%	10-20%

Although the figures may vary in relation to the percentages given, the categories have not varied considerably, where theory appears to consistently receive the highest percent, followed closely with practice, with self not receiving higher than 20%.

In comparison with the minority responses (n =18), where self was portrayed on par the theory and practice.

<i>Theory</i>	<i>Practice</i>	<i>Self</i>
20 -60%	20-50%	0 -60%

6.5 Section Three: Respondents' Understanding of the Use of Self within Practice.

The final part of the questionnaire (section three) focuses on the use of self within practice, and invites the respondents to apply attitudes and values to fourteen statements. Ordinal data was collected as respondents were required to choose a value from strongly agree to strongly disagree. For clarity, the statements were arranged under related themes and the first table 6.9 presents the findings from questions 11, 12, and 13.

Table 6.9: Attitudes to Self in Training

	Strongly Agree	Agree	Neither agree Or disagree	Disagree	Strongly disagree	Missing
Self-dev. Training is not necessary for practice	18 10%	2 1%	5 3%	24 13%	129 70%	7 4%
Knowing yourself well is essential for social care	130 70%	31 17 %	6 3.%	6 3.%	3 2%	9 5%
Self is main tool in social care practice	55 30%	60 32%	47 25%	13 7%	3 2%	7 4%

69-70% (n = 130) of the respondents strongly agree that 'knowing yourself well' is essential, and that 'self-development training is necessary'. On average 60% (n = 115) agree/strongly agree that the 'self is the main tool'. Attention must be drawn to the 25% of respondents (n = 47) who were not sure, and the (n =16) who disagreed with the statement. The graduates were asked in questions 14, 15, and 16 (Table 6.10) to evaluate if the learning they received on self was adequate for practice, and if further training was required.

Table 6.10: Evaluating Training Experiences related to self-development

	Strongly Agree	Agree	Neither agree Or disagree	Disagree	Strongly disagree	Missing
You learned enough about self to practice effectively.	7 4%	28 15%	68 37%	52 28%	22 12%	8 4%
You feel further self-dev. training is needed prior to practice.	41 22%	77 42%	41 22%	15 8%	1 .5%	10 5%
You feel self-dev. training should only occur post diploma/BA.	6 3%	3 2%	26 14%	41 22%	102 55%	7 4%

From the findings in Table 6.10, some graduates were unsure if they learned enough about themselves to practice effectively, with 37% (n = 68) neither agreeing nor disagreeing. Where the graduates concurred was in agreeing that more training is needed 64% (n = 118), and that the training should occur within undergraduate training 77% (n=143).

Questions 17, 18, 19 and 22 outlined in Table 6.11 asked the respondents if their decisions are influenced by their upbringing, and if they ever reflect on the decisions they make. These questions aim to demonstrate the graduates' ability to put training on self into practice.

Table 6.11: Impact of Self on Practice

	Strongly Agree	Agree	Neither agree Or disagree	Disagree	Strongly disagree	Missing
You use your own upbringing and family Experiences as guide	21 11%	49 27%	74 40%	26 14%	8 4%	7 4%
You often reflect on how you might handle situations better	97 52%	55 30%	19 10%	5 3%	2 1%	7 4%
You can treat people the same no matter what feelings they evoke	14 8%	46 25%	59 32%	29 16%	28 15%	9 5%
You think a lot about the reasons behind your actions	46 25%	72 39%	45 24%	12 7%	1 .5%	9 5%

Table 6.11 outlines that the graduates are somewhat aware of the influence of family on self, but 40% (n =74) are unsure. There is evidence however, of reflective practice with 82% (n =152) of respondents reflecting on how they would handle a situation differently, and 58% (n =108) of respondents reflecting on the rationale behind their actions.

Questions 20, 21 and 24 (Table 6.12), enquire about the respondents awareness of ‘self and other’, and their understanding of the role of the relationship in social care practice.

Table 6.12: Relationship with Other

	Strongly Agree	Agree	Neither agree Or disagree	Disagree	Strongly disagree	Missing
Relationship is central to practice	66 36%	74 40%	25 14%	8 4%	3 2%	9 5%
Use self as tool in relationship	61 33%	71 38%	37 20%	7 4%	1 .5%	8 4.0%
You often harbour resentment towards service user	6 3%	14 8%	31 17%	52 28%	72 39%	10 5%

The relationship is deemed important within social care practice, with 76% (n =140) of respondents agreeing with the statement, and 72% (n =132) also agree that self is the tool used within relationship work. Question 24 asked the respondents to reflect honestly about having negative feelings towards ‘others’ and the majority disagreed stating that they did not often harbour resentment towards others 67% (n =124).

Social care practice by its nature raises feelings and emotions within the worker. It is important that these feelings are explored, within the support systems offered to workers. Table 6.13 outlines which support systems are utilised and valued by social care staff. The data is rated as the respondents were asked to rank the options from their most preferred choice, to their least preferred choice.

Table 6.13: When Work Affects You on a Personal Level

	Opt. 1	Opt. 2	Opt. 3	Opt. 4	Opt. 5	Opt. 6	Opt. 7	Opt.8	Missing
Go to Supervision	75 41%	48 26%	19 10%	14 8%	5 3%	5 3%	1 .5%	5 3%	13 7%
Speak to a Friend	18 10%	27 15%	34 18%	43 23%	14 7%	16 9%	6 3%	6 3%	21 11%
Write in a Journal	1 .5%	7 4%	11 6%	12 6.6%	33 18%	47 25%	20 11%	23 12%	31 17%
Do Counselling	7 4%	7 4%	17 9%	24 13%	36 20%	23 12%	25 14%	18 10%	28 15%
Do nothing	1 .5%	2 1%	3 1%	15 8%	18 10%	23 12%	55 30%	38 20%	30 16%
Speak to A colleague	84 45%	44 24%	25 13%	8 4%	5 3%	1 .5%	0	3 2%	15 8%
Speak to a Colleague Outside work	7 4%	25 14%	46 25%	28 15%	23 12%	10 5%	13 7%	9 5%	24 13%
Take it out On 'others'	1 .5%	1 .5%	3 2%	6 3%	13 7%	15 8%	30 16%	91 49%	25 13%

The favoured options are speaking to a colleague 45% (n =84), and going to supervision 41% (n =75), whereas, the least preferred options are 'doing nothing' 20% (n =38), and 'taking your actions out on others' 49% (n =91). Going to counselling was not selected as an option at all by 15% (n =28) and combined with 'writing in journal' 17% (n = 31) constitute the highest number of missing cases. Speaking to a colleague outside work did not receive a high proportion of first preferences 4% (n =7), but overall is the third highest preference after speaking to a colleague, and supervision.

Question 23 asked the respondents if they ever considered leaving their job and 96% (n =177) strongly agree/agree that they have felt like leaving social care, but as all 185 remained, question 26 discovers what was their motivation to stay (Table 6.14).

Table 6.14: Motivation to Remain in Social Care

	Opt. 1	Opt. 2	Opt. 3	Opt.4	Opt. 5	Opt. 6	Opt.7	Missing
Money	20 11%	18 10%	24 13%	24 13%	45 24%	24 13%	5 3%	25 14%
Clients	20 11%	48 26%	38 21%	29 16%	21 11%	8 4%	0	21 11%
Colleagues	14 8%	24 13%	43 23%	47 25%	27 15%	5 3%	0	25 14%
The unit	34 18.8%	46 25%	36 20%	22 12%	15 8.3%	4 2%	1 .5%	27 15%
Enjoying the work	98 53%	29 16%	18 10%	18 10%	7 4%	1 .5%	2 1%	12 7%
At College	4 2%	4 2%	9 5%	9 5%	20 11%	62 34%	11 6%	66 36%

It appears from the findings in Table 6.14 that ‘enjoying the work’ is by far the key motivator keeping these social care workers 53% (n = 98) in their job. The second strongest motivator is ‘the unit’ in which they work at 18% (n = 34).

In summary, the respondents of the graduate study were mainly female (n =111), aged between 21 and 30 years. The majority of the 185 respondents were educated between the institutes of DIT (n =54), and AIT (n =50). In relation to the question posed on the ‘self-development’ training in social care education, (n =130) defined ‘self-development’ as ‘understanding yourself more’ and ‘learning about your strengths and weaknesses’, defined in greater detail by 40% of respondents as ‘a process of becoming more self-aware and learning more about yourself. 76 percent (n = 141) of respondents felt they had received self training within their social care education, identifying ‘groupwork’ (n

=108), 'placement' (n =83), and 'creative class' (n = 78), as the core learning environments. Within their overall training, 76% (n =141) of the respondents indicated that 'self' received a lower emphasis than theory or practice. Despite this, 69 % (n =130) emerged from college with the understanding that 'knowing yourself well' is essential for practice. Also, 64% (n =118) concur that more self training is needed, prior to receiving the professional qualification. The final questions of the graduate study explored the use of self in practice, the responses vary, however there was evidence of reflection with 82% (n =152) stating that they often reflect on their actions.

With an increased understanding of the graduates' perspective on self-development training in social care education, this study now presents the educators' perspective on how self-development is taught, where it is taught, and how it is received within the overall educational programme.

6.6 Educator Study

This study represents the views of social care lecturers who incorporate training on the self within their subject. The Irish contributors, presented within Table 5.1 include one lecturer from creative studies and three groupwork lecturers. The two Canadian contributors approached the training of self from both a groupwork and practice based perspective. The qualitative data presented here was obtained through interviews, collected either face to face, or by e-mail. Each interviewee was given a code number, and the data was analysed under co-existing themes. An alphabetical coding system using surnames was used. Therefore, Patricia Cremin and Cathy Jones are coded as (L.1), Thom Garfat (L.2), Patricia Kennefick (L.3), Denise MacGoilla Ri (L.4), Damien McLellan (L.5) and Frances Ricks (L.6).

General Details

- Patricia Cremin and Cathy Jones (L1) are both lecturers on the Personal Development programme in the Limerick Institute of Technology.
- Dr. Thom Garfat (L2) describes himself as a child and youth care worker, but he works primarily in a consultative role for agencies within Canada and Ireland. He engages in self-development training through groupwork in practice. He is the Editor of the 'Relational Child and Youth Care Journal', and writes extensively on the area of self in practice.
- Patricia Kennefick (L3) is a chartered psychologist, and lecturer in Personal Development in Cork Institute of Technology. She is one of the primary writers on the self in Irish social care education.

- Denise MacGoilla Ri (L4) is a qualified art therapist and full time creative studies lecturer from the Athlone Institute of Technology.
- Damien McLellan (L5) is a psychotherapist, a child care consultant, and Head of Department for the MA in Therapeutic Child Care in St. Patrick's College. He also lectures in counselling skills /groupwork in St. Patrick's College.
- Dr. Frances Ricks (L6) is a Canadian educator and author, who has written extensively on the self in child and youth care education for several decades. She designed a module entitled 'Therapeutic Education' that developed the self through therapeutic groupwork. She is currently retired from fulltime education, but continues to write and inspire up and coming practitioners.

The thoughts of all interviewees were correlated under themes, thus presenting an understanding of their views on self, and how self is taught within social care / child and youth care education. The interviews were transcribed directly, and each table presents the exact statements from each lecturer. The first theme shown is the educators' understanding of self. Table 6.15 presents the educators' thoughts about self in relation to either social care education in general, or their specific subject.

Table 6.15: Presenting an Understanding of Self

Understanding Self	
L.4	Linked with students developing their ability to be able to work with their own creativity and it's an awareness of themselves and their impact on that.
L.5	I tell the students that this (using a pretend toolbox) is what you come to work with, you have the skills and you have the knowledge but mostly you have yourself, and in any therapeutic / counselling relationship it is 80% if not more relationship and 10% technical, so that you're mostly using yourself.
L.5	We only have ourselves, and most people find that very challenging, and they do other things in work rather than using themselves.
L.6	It is all about being, although part of being involves doing. Hence, the need to truly understand who we and others be in the moment if we are to co-create our future in the moment with awareness.

It is evident from this discussion that the educators value the role of self in practice, where it is essential for the student to understand who they are, and know about their 'toolbox' which is 80% self. In Table 6.16, the theme of 'self and other' is highlighted where the educators outline their understanding of the role of self with others.

Table 6.16: Exploring Self and Other

Self and Other: Relationship	
L.3	It's not easy to identify that it is the ordinary that we use consciously and in awareness to promote development in other people. It is the ordinary, listening to people, sitting, watching television with people, having a cup of coffee. It is the little things that make a difference. It is about observation. It's about the ordinary and how to train the ordinary, to make it extraordinary.
L.5	The anti-task ¹⁰ is the 'I' – through the relationship, and the staff using their healthy sense of self as an ego, as a support for them, in the hope that they will develop their ego, but if that person is a doing person then it is no good.
L.6	Creation of self in the moment is the conscious manifestation of self while being in relation to other. This requires the knowing of self and other at a deeper level of

¹⁰ 'Anti-task' is used within C&YC literature to define how efforts may become less 'care' focused, more influenced by external demands (Smith, 2005).

understanding that involves an awareness of how we co-create each other while being with each other and co-creating our future.....this is the essence of presencing.

The discussion on 'self and other' relates to the understanding that the workers are required to know about themselves, in relation to how they are with others. This is especially relevant as the worker and other spend time in each other company, creating daily life experiences together.

When workers spend time in the company of vulnerable people, they need to know that their feelings are genuine, and know when they are inappropriately meeting their own needs through the work. Table 6.17 presents the educators thoughts on the students' awareness of needs.

Table 6.17: Meeting your Own Needs through Training

Meeting Own needs through Training	
L.4	A lot of them (students) came in to social care looking for something for themselves.
L.5	It is one of the few opportunities we have here to affect the attitude of the students to their clients, and if students don't examine their own personal attitudes, and then they go to work, they will inevitably become part of the oppressive nature of the organisation. The unquestioned mind is the danger there.

According to the findings, presented in Table 6.17, the educators felt that the potential is there for students to enter social care in order to meet their own needs. This is viewed as a dangerous state, as the worker may inhibit, rather than enhance the potential of others.

Another controversial issue in social care education was raised by the interviewees concerning their thoughts on therapy in social care education. This may be understood from the view of students needing to attend counselling during their training to deal with unresolved feelings or needs. Alternatively, it may refer to the students engaging in a therapeutic group experience as part of their social care education. The discussion surrounding these issues is presented in Table 6.18

Table 6.18: The Role of Therapy in Social Care Education

Therapy in Social Care Education	
L.1	We are very careful that the sessions are not perceived as therapy, and that the student is aware of the extra supports that are available for them, like individual counselling.
L.4	Clinical supervision is a huge area that needs to be looked at, like most therapists will rely quite heavily on supervision in order to reflect and find that other eye to see what is happening for you and for them, because most of it is hidden.
L.4	Its in another person gently putting it to you, turning it around, putting it in a different way, I can't see it happening without that external part really, unless you have peer supervision.
L.5	It's conditional that you're prepared to have some insight and examine yourself because that is what you take to work.
L.6	I am not sure that therapeutic education is a good name for it....as it sounds too much like therapy....and that makes some people really nervous.
L.6	Therapy, is driven by the need to know...to be the expert and to guide the client somewhere in light of the information and assessment at hand. C&YC Students need to learn how to probe deeper, to let go of the 'right answer', and be willing to work with the client to come up with something for 'this moment' knowing that the next session will result in different discoveries and solutions and resolutions.

In general, the interviewees demonstrated their own trepidation around the issue of therapy in training. Although the consensus favoured the student attending external

therapy to resolve issues relevant to their practice, but the use of therapy in training received a more reserved approach. Table 6.19 discussed this argument further and presents the respondents thoughts on what other factors are necessary for self-development training.

Table 6.19: Factors necessary for Self-development Training

Self-development Training requiring a Mature Student	
L.3	I truly believe, if I ruled the world, that nobody would come on a course like this until they are at least 25.
L.3	Young people, straight out of school, have never had the experience of washing their own knickers, and yet we are expecting them to engage in sophisticated, complicated, emotionally complex situations.
L.3	I structure the classes, in a way, for new students, who are very young, emotionally young. I structure them with lots of games to pull them into it.
L.4	It is down to age as well, the insight that I get is that they are too young and they are not that interested in themselves at that level yet. I think they don't have the maturity level yet to actually look at that, at themselves.
L.4	It is the mature student who takes on board most of what I am saying and they really kind of go with it, really understand it, they get it.

Age and maturity emerged from the findings as key factors, which may have implications on when the training of self occurs. Although the trend is moving towards an increase of mature students, the majority of social care students currently attending college are straight from school and 18 -21 years of age.

The discussion moved away from the impact of training for the student, towards the structure, assessment, and value of self-education from the college's perspective. As all elements of social care training, theory, practice, and self are assessed, it was important to

present the individual approaches towards assessment of self within the formal academic system.

Table 6.20: How is Training on Self Assessed

Assessing Self-training in Social Care Education	
L.1	The assessment of students includes a reflective journal, a creative presentation to the group, and a final exam.
L.3	In first year, they just have to turn up. In second year, they have an interview with the facilitator, and I think they have a journal, in third year they have to do a project.
L.4	A part of the process notes includes 'self-learning' which means they identify areas that they need to do further learning in; the areas that they basically don't know anything. In the 'art activity and intervention record sheet' they have an evaluation section which involves a reflection on the self. It has to be filled in and I want them to explore themselves and tell me how the work is affecting them.
L.4	I try to match as close to what ever they are doing within the lectures, to help make sense of what they are learning, like how to implement a non-judgemental approach and I break them into pairs to explore this. Some of the students I won't see again, and I want them to leave realising how important this {self-learning) is.
L.5	It is conditional that you're prepared to have some insight and examine yourself because that is what you take to work.
L.5	The students' journal in some depth, and some of them are written with astonishing candour, and it is an honour to read them and some are just jokes and you assess them accordingly. Two students came to me and they said that they haven't kept a journal and I asked them to write me an essay on why they were unable to write a journal and I got two really amazing and honest essays.

This discussion highlights that Irish students are required to reflect and journal their 'self' experiences. The practice of journaling requires attendance and participation, and the ability to reflect on how they experienced the class. Lecturers mentioned incorporating a direct link between their modules, and either practice or theory. Staying within this

general theme, Table 6.21 correlates the educators' thoughts on the impact of self training on a social care department.

Table 6.21: Impact of Self-development within Social Care Education

Implications for Self-development Training on the Department	
L.1	Both myself and Patricia are trained in counselling and psychology, and this is essential for the facilitation of personal development groups.
L.2	This [therapeutic education] requires that faculty have more than the traditional skills of typical faculty members - Ricks, 1993
L.3	The facilitators should be highly skilled people, paid a lot of money
L.3	I feel all staff need to be trained in a similar way. I think there should be a lot more coming together, a lot more knowledge of what other people are doing, because it could complement each other.
L.5	I would be very worried with just anybody doing this kind of work, because somebody could be practicing with the wrong reasons or the wrong motivation.
L.6	The need for faculty to be able to deal with students that have issues that will likely get in their way.
L.6	Other faculty will likely have difficulty with the concept (self).
L.6	I think the key will be the selection and training of staff and students. They will need to see the benefit of taking oneself in hand at every moment through an awareness of self and other, and see how they are being influenced in the moment.

There is a remarkable similarity between the responses, where all lecturers agree that not everyone can do this type of work, and that it will have implications on staff and student selection.

The next table (Table 6.22) elaborates on this theme, and presents the educators' thoughts on the perceived value of self-development training within social care education. The findings relate both to self-development education in general, and the value placed on their individual subjects. Overall, the findings were less than optimistic, where the educators felt that self-development training was less valued than the more formal theoretical subjects.

Table 6.22: The Value of Self-development Training

Value placed on Self-development Training	
L.2	"I just came out of a meeting where it was said, "I don't know what self has to do with post secondary education." Ricks cyc-net April 2001 We see here the 'threat' and the 'response to the threat'. Self is not about 'head' - traditional academics is.
L.3	While talking about the budget constraints limiting the number of small groups within the personal development programme, Patricia Kennefick stated, These colleges don't go for excellence. That is not an objective.
L.4	Creative studies is not seen as an academic course and there is more value placed on academic subjects, but I have felt valued by the department.
L.4	The work on yourself is ongoing, the message that the student receives from the college course is that (self-awareness) is not important.
L.4	This shows the level of value with the college that they don't even have peer supervision or a model of supervision within the course.
L.5	The only feedback I ever got from the externs was that you need to be careful, sure I am.

The final data included in this chapter relates to the course curriculum of the social care programmes within the ten colleges throughout Ireland. The aim of this data is to provide an overview of the range of subjects offered within the various colleges.

6.7 The Social Care Curriculum

The following findings were accumulated from the secondary data of the College Prospectus 2006 -2007. The prospectus is a document produced by each college to advertise the courses on offer within each college, for prospective students. Although not a comprehensive study, the prospectus gives an indication of the subject titles within each of the ten available social care courses. The following Tables 6.23, 6.24, and 6.25 outline each subject title in alphabetical order, and the markers indicate which college offers this subject as part of the social care course. The Tables are presented in order of academic year, beginning with Year One, Table 6.23.

In terms of structure, the columns represent the colleges abbreviated as follows

AIT= Athlone Institute of Technology	IT B = Blanchardstown Institute of Technology
CIT = Cork Institute of Technology	DIT= Dublin Institute of Technology
DKIT= Dundalk Institute of Technology	LIT= Limerick Institute of technology
Carlow = St. Patrick's College Carlow,	ITS = Sligo Institute of Technology
ITT =Tralee Institute of Technology	WIT = Waterford Institute of Technology

Table 6.23: Curriculum of Year One

	AIT	ITB	CIT	DIT	DKIT	LIT	Carlow	S	ITT	WIT
App. Social Studies	•	•	•		•		•	•	•	
Communications	•	•	•			•	•	•	•	
Community care									•	
Creative Studies		•	•	•			•	•	•	
Critical Thinking										•
Demography			•							
Drama				•	•					
Family Studies							•		•	
Group Dynamics		•								
Health and Well Being		•		•		•		•		
Information tech.		•		•	•	•		•		•
Interactional Approaches To Social Care	•									
Languages	•									
Law			•		•					•
Learning Disability				•						
Personal Develop.					•	•				
Placement			•	•		•	•	•		
Politics	•		•				•	•		
Principles of Prof. Practice				•		•				
Psychology	•	•	•	•	•	•	•	•	•	•
Reflective learning										•
Research methods										•
Social Policy		•		•			•			•
Sociology	•	•	•	•	•	•	•	•	•	•
Tutorials				•						
<ul style="list-style-type: none"> • Common to 5 or more Colleges • Common to all Colleges 										

Table 6.24: Curriculum of Year Two

	AIT	ITB	CIT	DIT	DKIT	LIT	Carlow	ITS	ITT	WIT
App. Social Studies	•	•	•		•		•	•		•
Communications		•				•	•	•		
Creative Studies			•	•	•		•	•	•	•
Drama				•						
Economics					•					
Family Studies							•			
First Aid		•								
Group Dynamics	•	•	•	•	•					
Health and Well Being								•		
Interactional Approaches To Social Care	•									
Law/Legal Studies		•	•	•	•	•	•		•	•
Personal Develop.						•				
Placement	•	•	•	•	•	•	•	•	•	•
Politics	•			•						
Principles of Prof. Practice				•		•				
Psychology	•	•	•	•	•	•	•	•	•	•
Reflective learning										•
Research methods				•						•
Social Policy		•	•		•	•	•	•	•	•
Sociology	•		•	•			•	•	•	
Skills Lab									•	
<ul style="list-style-type: none"> • Common to 5 or more Colleges • Common to all Colleges 										

Table 6.25: Curriculum of Year Three

	AIT	ITB	CIT	DIT	DKIT	LIT	Carlow	TS	ITT	WIT
Advanced Practice				•						
App. Social Studies	•	•	•		•		•	•		•
Care Delivery					•					
Child and Youth Care Practice	•				•					
Communications									•	
Counselling Skls	•		•		•		•			
Creative Studies			•			•	•		•	
Dissertation				•	•					
Economics								•		
Ethics						•		•		
Family Studies					•		•			
Health and leisure									•	
Languages	•									
Law/ Legal Studies		•	•		•		•		•	
Management Theory	•									
Personal Develop.		•			•	•				
Placement	•	•	•	•		•	•	•	•	•
Principles of Prof. Practice				•		•				
Psychology		•	•	•		•		•	•	•
Reflective learning										•
Research methods		•		•	•			•		
Skills Lab				•					•	
Social Policy			•	•	•		•	•		•
Sociology	•	•	•		•	•	•			•
Youth and Community				•	•					
• Common to 5 or more Colleges										

6.9.4 Overview of Social Care Curriculum Findings

Tables (6.23, 6.24, and 6.25) list the subject details as they are presented within the prospectus supplied by each college. As the data has not been re-verified by each college individually, there may be inaccuracies when the course outline is cross-referenced to what is actually taught. The information is valid though in providing an overview of the preference and structure of courses within the various colleges, and the variety of subject headings used. Table 6.23 outlines the subjects on offer within the first year of each social care course. Psychology and Sociology are the only two subjects common to all colleges. The colleges (AIT, ITB, CIT, DKIT, Carlow, ITS and ITT) offer at least four of following subjects, as core to their programme; Applied Social Studies, Communications, Creative Studies, Information Technology, and Placement.

Table 6.24 presents the subjects for year two of the BA in Social Care. 'Skills lab' is a subject unique to Tralee IT, whereas the 'Principles of Professional Practice' appears to replace Applied Social Studies, within the curriculums of DIT and LIT. Students can choose between 'Advanced Childcare' and 'Disability' within the Sligo programme. The Higher Certificate in Applied Social Studies in Social Care is awarded for the successful completion of year two in only two colleges, Athlone Institute of Technology, and St. Patrick's College, Carlow. Direct entry to year three (Ordinary Degree) is granted to students who obtain a pass. The final Table 6.25 outlines the curriculum of year three which is a Bachelor of Arts (Honours) in both the Dublin Institute of Technology, and Waterford Institute of Technology. The remaining colleges offer the Bachelor of Arts (Honours) in a fourth year.

As discussed the information within the curriculum charts programme details up to and including year three. The Bachelor of Art (Honours) in Applied Social Studies in Social Care in LIT, is a four year ab initio honours degree, therefore, there is no award after year three. The final year includes the subjects, 'Personal Development 4, Legal Studies 2, Principle and Practices of Social Care 4, Psychology 4, Applied Sociology 4, and a Research Project' (LIT College Prospectus, 2006-2007: 58). Although LIT is presented alongside the other colleges, the course they deliver is not complete after year three, whereas all other colleges present an award BA at year three, and one extra year of study to achieve the BA (Honours). Dundalk IT is also unique in that it only provides the three year (ordinary) BA, without the option to continue for the BA (Honours).

6.8 Summary

This chapter presented the findings from quantitative data obtained through graduate questionnaires. Also represented, were the in-depth definitions on self-development received from the graduates. The definitions from the graduates were similar to the understanding of self obtained through interviews with lecturers from Ireland and Canada. 76% (n =141) of the graduates stated that had they received self-development training within their education. They highlighted 'placement, groupwork, and creative studies' as the key contributors towards the development of self. When interviewed, the groupwork lecturers and creative studies lecturer concurred that becoming aware of self was a central learning objective within their programme. These issues are reflected on within chapter seven, through an analysis and discussion of the findings.

Chapter Seven

Analysis and Discussion

7.1 Introduction

Chapter seven reviews the findings of this study, supported by references to the literature presented in chapters two, three, and four. The main objectives of this study aspired

- to define self, and present an understanding of self as relevant to social care education;
- to establish if the training of self exists within social care education;
- to identify where self training occurs, and how is it constructed within social care education.

These objectives were examined through the literature review, primary research from graduates and educators, and an analysis of college prospectuses. The graduates defined self-development, established the existence of self training, and shared their overall experience of this training. The educators also affirmed the existence of self training through documents and interviews, and described how this training is provided within the social care curriculum, where it happens, how it happens, and what happens. This chapter begins with an analysis of how the history of the term self has influenced the current use of this phrase.

7.2 Defining Self and being Self-aware

Initially, this study planned to present an understanding of the term ‘self’ from the social care perspective. Recent Irish literature on self (Garfat et al., 2005:109) argued against ‘returning to the annals of philosophy’ to understand the current use of this phrase. However, this study adheres to the theory that it is important to trace how ‘self’ has

evolved throughout history, as this may have an impact on how the term is viewed today. Chapter two of this study described the social care perspective of self as being influenced by James (1890), Lewis (1979), and Rogers (1989), where there is the 'known self' and 'doing self', influenced by both internal and external thoughts (Taylor, 2002; Lapsley and Narvaez, 2004). The emergence of the 'self as known' within psychology introduced the concept that self is susceptible to change, through gaining awareness of this known self. Further developments of self-as-known within psychology and counselling psychology, introduced the terms self-awareness, self-development, and personal development into the vocabulary of self. This study defined self-awareness as becoming aware of self, an essential stage within the process of changing or developing the self. Self-awareness can be understood as being aware of thoughts, actions, and feelings, whereas self-development / personal development describes a process where we become aware, and are then willingly to use this new awareness to promote change.

Within the social care context the term 'self-development' (from psychology), and the term 'personal development' (from counselling psychology) are used to define a similar process;

Personal development / Self-development within the context of social care is defined as a process of increasing our awareness of self; values, needs, judgements, influences, strengths and weaknesses, with the aim of integrating this knowledge into a changing and developing self (Authors own definition).

To ascertain if the term self-development was relevant within the social care vocabulary, residential care workers, past graduates of the Irish social care education system, were approached through a postal questionnaire. Section two of the graduate questionnaire

(question six) asked the respondents to rate their most preferred definition of the term self-development. The findings are displayed within Table 6.3 and state that 71% of respondents chose 'learning about your strengths and weaknesses' (36%), and 'understanding yourself more' (35%) as their preferred options. As these terms were given to the respondent, it is not clear if they would supply a similar response unprompted. However, question seven presented an opportunity for the respondents to define self-development in their own words, and the responses were varied but similar to the literature provided on self-development / personal development.

The literature presented in chapters two and four (Cross and Papadopoulos, 2001; Day et al., 2004; Layder, 2004), indicated that 'self-development' is the term used to define the process of becoming aware. Johns (1996: 5) concurs by defining the process of becoming aware of self, as involving the following skills;

"understanding myself better, learning about my weaknesses, developing my strengths, finding my hang-ups, building skills with people, growing-up, finding what blocks my learning and my counselling, liking myself more, reaching my potential as a person and a counsellor, owning my good and bad selves, knowing what I want from other people and for myself, being not doing, past, present and future, being less self-conscious and more conscious, facing my fears, being angry and OK, realising my prejudices about others and becoming more aware".

The key statements elected by the respondents are similar to the points raised within Johns' (1996) definition of the process of becoming aware. The only skills from Johns' list not identified by the respondents within question seven was; 'growing-up', 'finding what blocks my learning and my counselling', 'reaching my potential as a person and a counsellor' and 'being angry and OK'. Every other term was noted by the respondents, with the only 'missing elements' relating to the core of personal development; the

personal experience of counselling. This may suggest that the respondents' understanding of the term self-development is similar to the literature presented on the term personal development, but also indicates the differences between social care education and counselling training.

Within the educator study, lecturers McLellan and MacGoilla Ri stated that students who have an awareness of their own needs, and the ability to reflect on practice are displaying an integrated awareness of self. This corresponds with the literature presented on the role of individual needs within the helping relationship (Maier, 1981; Burnard, 1992; Tsang, 1993; Johns, 1996; Fewster, 1999; Wosket, 1999; Hawkins and Shohet, 2000). In relation to being aware of your needs, the respondents from the graduate study demonstrated an in-depth and appropriate awareness by providing the following statements 'being aware of needs', 'listening to own needs', 'realising your personality type', and 'the way you react and know your triggers'.

The respondents were asked to rank answers in order of preference, to investigate their overall use and awareness of self in practice. This may indicate if the student has an accurate awareness of the self terms, and demonstrate if this knowledge of self was integrated into practice. The findings from Questions 12 -14 and questions 18 – 24 are presented within Table 6.9 and Tables 6.11 to 6.12. According to these tables, the respondents strongly agree, that you need to know yourself for practice. Nevertheless, they are less convinced that the self is the main tool used, as only 30% (n =55) strongly agreed with the statement. This is contrary to the emerging themes from MacKenna

(1999:79) “we are the total instrument”, and the literature of Kennefick (2003, 2006), where the self is defined as the core tool. The respondents also appeared confused to whether they used their family experiences in practice with 40% (n =74) neither agreeing nor disagreeing. 52% (n = 97) strongly agreed that they reflect on practice, however only 25% (n = 46) strongly agreed that they think about the reasons behind their actions. These figures present conflicting views about the pivotal role of self in social care practice, and may indicate a learned response to the terms ‘reflection’, and ‘use of self’, which is not integrated into practice. This may also be an indication that the respondents do not fully understand the role of self. According to Burnard (1992), Tsang (1998), and Thompson (2002), workers need to be aware of the influence their own upbringing has on practice, and how an awareness of needs will prevent them from inappropriately meeting their needs within practice.

The final rank questions referred to the role of the relationship within social care practice, and 76% (n =140), of respondents agreed that the relationship is central, thus supporting the literature of Cashdan (1988), Fewster (1990), Maier (1990), Eraut (1994), Garfat (1999), and Krueger (1999). One hundred and twenty four respondents reflected on their ability to remain professional within the relationship, by not harbouring resentment for others in their care. This is especially relevant in the current climate with the increasing incidents of challenging behaviour within social care (Norris, 1990; Keogh, 2001; Burke, 2006). Increased self awareness will encourage social care workers to become aware of their negative characteristics (Wosket, 1999; Byrne, 2000), thus, enabling them to respond appropriately. Having an awareness of shadow characteristics is also essential

because negative traits emerge unconsciously when triggered, especially within the workers' relationship with others. However, in relation to question 19, the greatest response 32% or (n =59) of respondents were unsure if they treat people the same, irrespective of the feelings they arouse. This may indicate that people are less confident of how to work through the variety of feelings aroused through their work with vulnerable and possibly challenging others. Overall, there are inconsistencies in the level of awareness shown based on the respondents' answers to the specific questions asked in the questionnaire. This is an indication that more qualitative investigation is necessary to explore the integration of self training into practice.

7.3 The Existence of Self Training in Social Care Education

From the findings of the graduate study, 185 residential workers had obtained a recognised social care qualification. A large proportion of respondents were aged between 21 -25 years (n =111), and working for more than three years in their current employment. This may suggest that the majority of respondents left college between 21 and 22 years of age. According to the findings, 74% obtained the BA (Ordinary), 25% received a BA (Honours), and two respondents were educated to HETAC level nine, obtaining a Masters in Social Care. According to the SSI Report (2004), 32% of residential staff had a BA (Honours), an increase of 6% on the findings of this study, which may indicate that there is an upward trend for social care workers to return to college, and complete the BA (Honours) in Social Care.

The second objective of this study was to establish if self training was provided within social care education. The findings from question eight of the graduate study indicated that 76% or (n =141) respondents confirmed that they had received training on the self within their social care education. None of the respondents received their education from Blanchardstown IT, Dundalk IT, Limerick IT, or Tralee IT, as all the courses were relatively new to the field in 2003, when the data from the graduate study was collected. The majority of respondents were educated in DIT (n =40), followed by WIT (n =36), AIT (n =33), ITS (n =22), CIT (n =18), and St. Patrick's (n =13).

7.3.1 The Non-believers

However, 18% (n =34) of the 185 respondents stated that they did not receive self-development training within their social care education. The majority 32% (n =11) of these respondents were educated in Sligo, which is high considering that this figure represents 41% of the total number of Sligo graduates who responded to this study. There is also no evidence of personal development training within the Sligo course curriculum (Tables 6.23, 6.24 and 6.25). Teaching of the self may be present in another form within Sligo IT, as the head of Department was co-editor to a reader that recognised the role of self in education (Share and McElwee, 2005). In comparison, Dublin IT totalled eight 'no' votes which constitutes only 17% of their (n = 47) graduates. Within Table 6.6, 18% (n =6) of the respondents who answered 'no' to question eight were educated in Athlone, which constitutes 16% of their total number. The questionnaires from the non-believers were excluded from the analysis of the questions relating to training.

7.3.2 The Influence of Age, Maturity and Gender on Self Training

To identify if the respondents' experience of receiving self training is relevant to their age, data received from the majority age group 21 -25 years was compared to the 41+ age group. In relation to 'placement', 45% (n =83) of the full study selected this option, 48% (n =40) were 21-25 year olds, and 41% (n =34) came from 41+ age bracket, a difference of 7%. The greatest difference noted between the two age categories related to 'the journal' where 21% more 21-25 year olds stated that they learned about the self through the journal. Alternatively, more 41+ year olds claimed they learned about the self through 'creative classes', a variance of 8% above the 21-25 year olds. There does not appear to be a significant difference in responses between the two groups. The following comments are example from two graduates, transcribed directly from question seven of the questionnaire. The two questionnaires were randomly selected from the DIT respondents as this represented the greatest number within one college.

- A 41+ year old female educated in DIT defined self-development as “on-going awareness of self, learning about strengths and weaknesses and not seeing it as a sign of weakness to look for help”.
- A 21-25 year old female also educated in DIT defined self-development as “understanding, or developing an understanding, of ones own feelings /attitudes / beliefs and utilising these in day to day practice in order to improve this practice”.

Both definitions appear to provide an in-depth understanding of the term self-development. Nevertheless, Ricks (L6) felt that mature students have more awareness, and MacGiolla Ri, (L4) wondered about self-development training as requiring a more mature student, evident within her comments;

- “It is down to age as well, the insight that I get is that they are too young and they are not that interested in themselves at that level yet. I think they don’t have the maturity level yet to actually look at that, at themselves.
- It is the mature student who takes on board most of what I am saying and they really kind of go with it, really understand it, they get it.”

Kennefick (L3), was adamant that mature students are able to become more involved in the self-awareness process, in comparison to the younger students, evident from many years teaching the self within social care. In conclusion, the data obtained from the graduate study did not produce decisive information on the role of age in self-awareness training. However, all lecturers within the educator study agreed that from their observations, age and maturity are the core factors necessary for full participation within self-awareness training.

In relation to gender differences, only 15% (n =27) of the respondents were male.

Interestingly, of the 27 responses, 22% (n =6) men declared that they had not received training on the self. 16 of the 27 were over thirty years of age, however, the data did not indicate their age while completing the social care course. As a result, this data could be an indication that previous training was less self focused, or that men are less able to engage in self training. When compared with the responses from women over 30 (n = 42), only eight women said no. Although, a definite statement cannot be made, the data highlights a difference between the responses from men and women that requires further discussion and analysis.

7.4 Location of Self Training in Social Care Education

Groupwork was identified as the principle location of self training by (n =108), or 77% of graduates. Both CIT and LIT have developed similar programmes based on the literature provided by Kennefick (2003, 2006). Here the student explores the self in small experiential groups. In St. Patrick's College one aspect of the self training programme is run in a similar way to CIT and LIT, where the students participate in a group process to learn about social care skills through self awareness. The main differences are the size of the groups, and the duration of the sessions. LIT facilitate ten students in each group for one hour per week, from year one to year three, whereas in St. Patrick's College 2005 - 2006 academic year, there are 13 students per group, each receiving only four experiential group sessions in total.

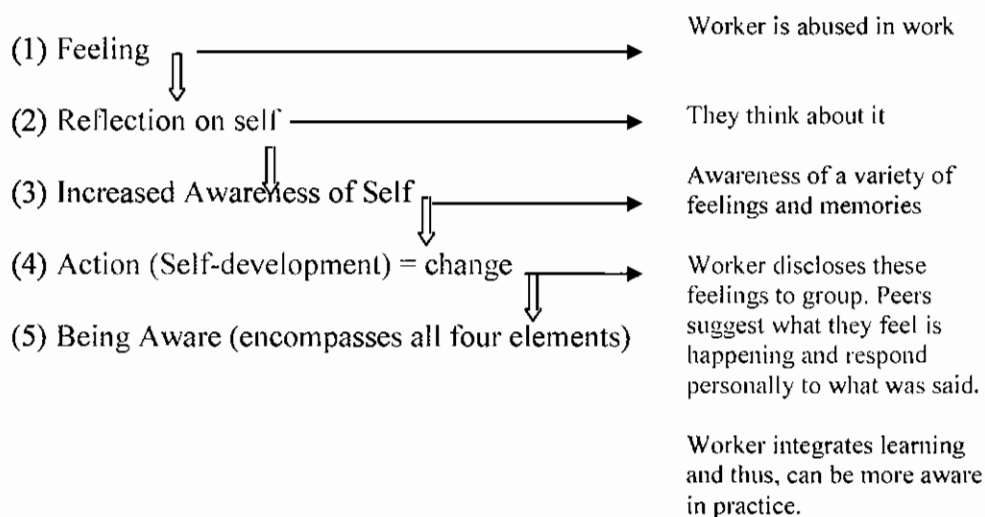
Within the statements of the educator study, both Kennefick (L3) and McLellan (L5), state that self training is provided, and they define the methods used to teach the self. However, both lecturers are unsure if the student is actually learning, and thus becoming more aware of self. This discussion is continued within the next subsection, the reality of training of the self.

7.5 The Reality of Training of the Self: Is it Self-awareness or Self-development?

According to the educators and graduates, self training exists, and the preferred method is groupwork which is provided in at least four of the ten colleges. However, it is not yet clear if the training aims to encourage awareness, or promote change and development.

Within the literature, self-development is defined as a process that incorporates 'becoming aware' through reflection and self-awareness training, leading towards 'being aware', where the awareness of self influenced change and the self was developed (Rogers and Stevens, 1971; Ricks, 1989; Wosket, 1999). This is a conscious process where the student volunteers to actively learn about the self, with the ultimate aim that this awareness will positively influence their behaviour and ability to perform social care work. This Figure 7.1 outlines that concept;

Figure 7.1 Self-awareness as Being Aware



The discussion on the training of self provided by both the graduates and educators has centered on becoming aware of self, rather than changing or being aware of self. 65% (n = 120) of graduates defined self-development as ‘a process of becoming more self-aware, learning more, and understanding strengths and weaknesses’. According to MacGoilla Ri (2005) ‘self’ education is limited to awareness, rather than change or self-development, for the following reason “*Self-development training requires a mirror to reflect back the hidden self*”.

According to the description of the group sessions provided by LIT and St. Patrick’s College, the groupwork provided appears to resemble counselling training. The setting is a small group (10 -13 members) and the student is informed to be;

“In complete charge of how much they answered, they had to consider the setting and be in total control of this. I was modelling how they should be asking someone how they are. Social care workers ask children ‘how are they’ and they do not know how profound that question is, and whether they are prepared to listen”.

“These students only get four little glimpses, [four groupwork sessions] and I ask them to keep a journal because it is a safety thing, and I also tell them that the student counsellor is available or they can come to me because I am qualified to do it and if I cannot help them I will make sure they have someone else who can”

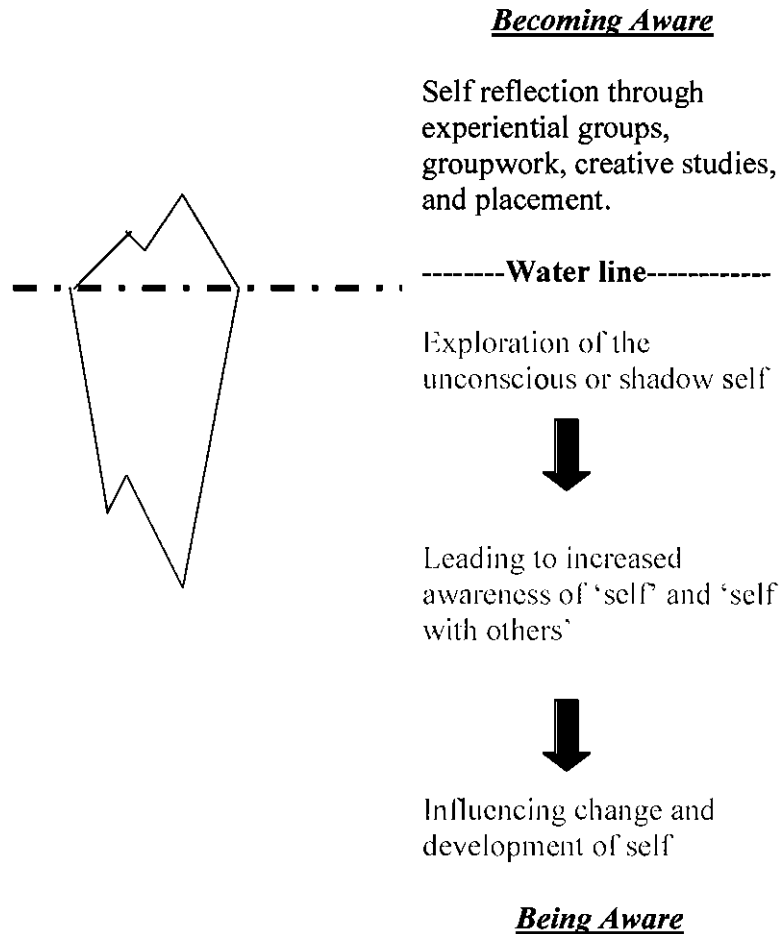
However, the ‘Personal Development’ lecturers stated that they do not do counselling within this programme, and are very clear of the difference. According to Rogers (1974), an effective trainer will be able to promote change within the counselling relationship once the core elements of trust and mutual respect are established. It appears from the interview that Lecturer (L5) attempted within the groupwork/counselling skills class to be a ‘change agent’ within those four experiences. Nevertheless, the tutors of the LIT

programme were definite that their group experience was related to awareness, and the discussion of current task related issues.

In summary students may not receive opportunities to examine the self within their training, either due to age, the learning outcome of the session, or the amount of sessions they receive. As a result, self work remains within the realm of awareness, rather than change, and may occur for the student post training, within the work environment. Social care education can provide excellent self learning opportunities within awareness and not development, as awareness is the first step in the process towards self-development training. This key theme is presented diagrammatically (Figure 7.2), defined as the 'Iceberg Theory'. The tip of the ice-berg is the reflective 'I', or the 'self-as-known', when we reflect or self analyse. Both DIT and IT Tralee stress the importance of reflection through the development of specific programmes (Critical Friend Sessions –DIT, Skills lab –IT Tralee). The importance of reflection is also evident from the graduate study, where 82% (n =108) of respondents use reflection in practice. Reflection of our conscious thought processes may be sufficient to enable us to practice short term while on placement, but due to the relationship element (self and other) of our practice, social care workers require a deeper understanding of self, where they go below the 'water line' (Maier, 1990; Garfat, 2003; Byrne and McHugh, 2005).

Figure 7.2 The Iceberg Theory

Self-awareness Training



(Author's own interpretation of Rick's Self-awareness Model, 1989)

According to Fewster (1990), Kreuger (1999), and Stuart (1999) workers need to be personal and real, and be present when they are with others. Tsang (1998) wrote it is important to be aware of how you may affect the people you are working with. Many inexperienced workers hide behind a 'professional cloak' to protect themselves from becoming involved in the work, thus maintaining a distance from others (Fewster, 1990; Hawkins and Shohet, 2000; Phelan, 2003). This may not be problematic for the worker,

but it will certainly inhibit the experiences of the service user. By exploring the hidden self the student will encounter the way they use power, and will gain awareness of how power can be abused within social care. The student will also gain awareness of their other needs, for example their need for approval or need to be loved, and will then be able to assess if they are trying to inappropriately fulfil their needs through vulnerable others.

7.6 Value of Self Education within Social Care Training

Question 10 of the graduate study asked the respondents to present a picture of their overall training, by allocating percentages to the training that related to theory, practice, and self. The findings were analysed based on the most common responses.

<i>Theory</i>	<i>Practice</i>	<i>Self</i>
(21-25) = 30 -60%	30-40%	10-20%

According to the findings, training on self constituted 10-20% of the 141 respondents' overall training experience. These findings provided an indication to the value placed on the education of self within social care training. This argument is compelled by the following statements provided by Lecturers (L3, L4 and L5).

- L3 - Facilitators should be highly skilled people, paid a lot of money. However, that requires money being spent from the budget. These colleges don't go for excellence. That is not an objective.
- L4 - Creative studies is not seen as an academic course and there is more value placed on academic subjects, but I have felt valued by the department.
- L5 - The work on yourself is ongoing, the message that the student receives from the college course is that (self-awareness) is not important.

- L5 - The only feedback I ever got from the externs was that you need to be careful, sure I am.
- L -5 This shows the level of value with the college that they don't even have peer supervision or a model of supervision within the course.

The way the educators perceive the value placed on self training may relate to the potential impact of self training on the entire department. The two Canadian lecturers (L2 and L6) discussed the implications of self-development training within Child and Youth Care education, with the following comments;

- L2 - Other faculty will likely have difficulty with the concept (self).
- L6 - I think the key will be the selection and training of staff and students. They will need to see the benefit of taking oneself in hand at every moment through an awareness of self and other, and see how they are being influenced in the moment.

The graduates were asked to evaluate if the learning they received on self was adequate for practice or if further training was required. According to Question 11, 83% (n =153) of the graduates agree that self-development is necessary for practice. Thus, indicating their support for self training. In relation to Question 14, 'you learned enough about self to practice effectively', some graduates were unsure if they learned enough about themselves to practice effectively, with 37% (n = 68) neither agreeing nor disagreeing and 40% (n = 74) believe they did not learn enough. Also, the majority of respondents 77% (n = 142) felt that more self-development training is needed prior to practice.

64 percent (n =118) of the graduates agreed with Question 15) 'You feel further self-development training is needed prior to practice', whereas 22% (n = 41) were not sure if

extra training is necessary. Although a large number are unsure, a majority of respondents feel that further self-development training is required. In relation to Question 16) 'You feel self-development training should only occur, post diploma/BA'. This statement evoked the strongest response where 77% (n=143) either disagreed or strongly disagreed. Therefore, the majority of those surveyed believe that increased education of self should occur during the training for the BA (Ordinary). Overall, these findings establish that the graduates value the role of self within social care education, agreeing that more training is required within the BA (Ordinary).

7.7 Research Validity

Triangulation of methodology can strengthen the validity of the research by comparing findings from one source to another (Brewer and Crano, 2002; Denscombe, 2003). The methods used within this study were documents, interviews, and questionnaires.

Coherence is another method of checking the reliability (Brewer and Crano, 2002), by assessing how effective the research was in reaching the objectives set. The use of triangulation aimed to achieve the objectives set through the combination of alternative methods. As previously noted, this study had three objectives 1) to understand self applicable to social care training, 2) to ascertain the existence of self training, and 3) to locate where and how the training is provided.

In relation to objective one, the self terms (self-awareness, self-development, and personal development) were identified as common terms, and a definition of each was

provided for use within social care education. 141 of the 185 respondents stated that they received self training within their social care education. They located this training in groupwork, placement, and creative studies. Those findings were supported by a triangulation of documents and interviews. According to the educators, (through interviews and documents), self awareness is a learning objective within creative studies, and groupwork, and is presented through a designated subject entitled Personal Development in LIT, or Experiential Groupwork in CIT, Counselling and Social Care Skills in St. Patrick's College, and through a variety of subjects in ITT. It is important to note that the documents and interviews were provided by the five colleges, AIT, CIT, ITT, LIT, and St. Patrick's College, however, the graduates were not educated in either ITT or LIT. Despite this, the programme provided by LIT is influenced by CIT, and (n =20) or 11% of the graduate questionnaires. Although ITT is a new programme, they did not allocate a full subject to the training of self, but identified self training within a variety of subjects. This is similar to the programme provided by St. Patrick's College and therefore supports the perspective that there are varieties of self training methods used.

Comparisons between different sources of data increase reliability (Potter, 2002), and the information provided by the course tutors was compared to the data contained within the college curriculum. However, there appears to be inconsistencies between what is outlined within the college prospectus, and the information received directly from the college. Within the prospectus for ITT there is no direct reference to the training of self,

either as a recognisable subject, or a learning outcome. ITT supplied a comprehensive statement through their programmatic review, outlining clearly where self-development occurs within their programme. The existence of this information implies an understanding of the values of self-development training within the college. However, this is not evident from the College Prospectus. Another example of inaccuracies within the College Prospectus is evident from the interview with Denise MacGiolla Ri (L3), where discrepancies occurred between what is written about creative studies and what actually happens in reality. Therefore, assumptions cannot be made with reference to the extent of self training within any college, without further examination. The prospectuses are valuable only in relation to what they state, rather than speculating on a lack of self training based on what is not written.

7.7.1 Appropriateness of the Methods Chosen

The use of questionnaires within the graduate study was an appropriate method to gain information from a large sample. The target sample was residential social care workers with the Diploma / BA in Social Care. 185 valid questionnaires returned an approximate response rate of between 14% -22%, from the estimated 1328 qualified workers (DoHC, 2002; JCSCP, 2001-2002; McKeon, 2002). The JCSCP Report 2001-2002, surmised that the realistic figure of residential staff with a social care qualification was 55%. According the SSI Report (2004) 36% is the accurate figure, and applied to the 185 valid returns, the estimated response rate is 22%. This is a good return rate for a postal survey, as “any social researcher will be lucky to get as many as 20% of the questionnaires returned”

(Denscombe, 2003: 8). As this response rate is lower than 30% of the sample population, the findings may not be an accurate representation of the views of qualified residential care workers, and therefore generalisations can not be made.

The types of questions used within the questionnaire varied between open, closed, rate, and rank type questions (Mark, 1996). In question 10, the graduates were asked to rate their self training out of 100%, allocating a percentage to the three categories; theory, practice, and self. As the question allowed for a variety of responses from 0 -100 for each of the categories, it was impossible to analyse the findings, beyond providing a broad range of common and minority responses. A closed question asking the graduates to state if the training they received on the self was equal or lower than the theory or practice received, could have provided a more valid and reliable response.

7.7.2 Limited Discussion on Role of Creative Studies towards Self Training in Social Care Education

As previously mentioned, as a methodological limitations within chapter five (page 108), the method of approach for the creative educators was less than effective. All creative studies lecturers were invited to attend a focus group, however, only one lecturer arrived. MacGoilla Ri (L4), made a valuable contribution to the overall discussion on the training of self within social care education. Nevertheless, the discussion in relation to the specific benefits of creative studies was limited. According to Vander Ven (1999) and Jones (2005), being creative has profound benefits for the facilitators as well as the participants.

Engaging in creative activity can encourage self-awareness in an in-direct and fun way. However, the data collected within this study, although valid, was limited, in relation to furthering this discussion.

7.7.3 Limitations of Literature Review

As noted in the rationale for this study, the research was directed from a personal perspective, thus presenting the psychoanalytic perspective on the self, without a critical analysis of this view. Also the literature review would benefit with an inclusion of educational approaches to self development, with the inclusion of moral development.

The conclusion of this study is presented in the final chapter, and includes the recommendations that emerged from this study.

Chapter Eight

Conclusion and Recommendations

8.1 Conclusion: The Final Destination

According to Courtney (2003), in the closing line of his welcome address to the IASCE Conference, 'social care education and training is a journey, not a destination', but this study argues that both are relevant. Social Care education is a journey of personal, practice, and academic learning, directed towards a clear destination – employment within social care. As social care practice is a specialised profession, a specific type of worker is required. Students with a first class honours degree in social care are not guaranteed to emerge from their training as effective practitioners. This is due to the unknown entity of the worker, and his or her reactions to the various situations encountered in social care work.

Lecturer (L5) told his social care students a story concerning a 'toolbox' and a train driver. This metaphor was used to highlight the difference between social care, and all other professions. In social care, the worker is the toolbox. Academic training and practice experience can only be used as a guide for practice, as each practice situation encountered is unique. Therefore, the worker needs to integrate theory and practice into the self, to encourage the creation of an ethical and informed decision maker (Garfat and Ricks, 1995; Ricks and Charlesworth, 2003). Tools are not useful if you do not know how they work, and in the same respect, the social care worker is not practicing to their full potential if they are not engaged in awareness and development of the self.

The majority of respondents within this study stated that they received training of self within their social care education, and it constituted 10-20% of their overall experience of

college. They located this training in placement, groupwork, and creative studies. This was supported by the experience of social care educators. However, this study suggests that current self training is limited to self-awareness rather than self-development. Thus, current training can only enable the student to reflect on conscious memories and experiences, or issues related to social care tasks. Therefore, self-training within Irish social care education may not provide opportunities for students to explore unconscious feelings, memories, and needs, which live within their denied or shadow self. This argument is supported by the thoughts of the educators who concur that the training is limited to becoming aware, where the students are encouraged to reflect on their experiences, but they are not provided with a window to the hidden self.

Focus Ireland (1996), and The Irish Social Services Inspectorate Report (2001) expressed concerns in relation to the training of qualified staff (DoHC, 2002). They perceived the present training as inadequate to equip the practitioner with the appropriate skills for a challenging client group. According to Section (48, a) of the Health and Social Care Professionals Act 2005, all social care education will be reviewed in light of its application to practice. Therefore, this may be the perfect time to review the current programme. Current research within the workplace has shown that a vicious circle is caused by staff becoming burnt-out and then leaving the profession altogether (Burke, 2006). When experienced staff leave, the numbers of inexperienced or temporary staff in the profession are increased (Keogh, 2001; Burke, 2006). The lecturers (L3 and L4) argued that older mature students are more able to engage in the training of self. Therefore if the older workers are leaving, and are replaced by younger workers, it is

probable that the workers will be less aware of how their behaviour, attitudes, values, and beliefs affect others.

As discussed, it is essential for workers to be aware of their needs, and have an understanding of why they entered the helping profession in the first place. According to Ricks (2003), Canadian child and youth care students present with similar dysfunction, as the service users requiring their care. Ricks (2003) also stated that these students may be attracted to social care in order to heal others, rather than themselves (Hawkins and Shohet, 1989).

Clarke (2003: 7) presented a challenge to social care educators, that prior to declaring a student competent and able to work with vulnerable others, the student must “be able to show how they can use their theory, values, and use of self to inform their practice”. She also stated that the educators must challenge the views and potential prejudices of social care students prior to practice. According to the responses from the graduates, they have an in-depth understanding of the term self-development, and appear to highly value the role of self training within social care education. However, all the lecturers interviewed felt that the self training provided was limited, and both Kennefick and McLellan were unaware if the training they provide was successful. Unfortunately, this study was not comprehensive enough to ascertain if the students’ understanding of the term self-development, was representational of their level of self-awareness, which suggests that further self training and further research are required.

In order to train students about the ‘final destination’, the educators need to have experienced it. This was raised as an implication for investment within self-development training (L2, L3, and L6) by the department, which could have human and fiscal consequences. This study does not present a model for self training, nor did the findings outline a comprehensive or universal model of self training in use within Irish colleges. This study concentrated on presenting an argument for the inclusion of adequate self training within social care education, with the primary argument being a rationale for the increase of self training in social care. Evidence showed that the majority of social care practitioners felt inadequately trained, in relation to the self, and according to Clarke (2003), social care educators have a responsibility to train students on how to use their most important tool, the self.

8.2 Recommendations

1) Self Terminology

Within the literature review, this study suggests that the term ‘personal development’ emerged from the counselling profession, and was adopted in to the social care profession, as the language commonly used by the lecturers facilitating personal development training. As a result, this study recommends that the ‘self’ terminology be reviewed by the social care tutors, to establish a consensus on the most appropriate term for this important and individual aspect to social care training.

2) The Training of Self takes Time

According to Horwath and Morrison (1999), it is difficult to learn from an experience, even a powerful one, if there is no time available to reflect. Learning about the self takes time, and if social care education is moving towards a three year honours degree programme, then the opportunities for learning about the self will be reduced. This study recommends that the colleges introducing the three year Honours BA should assess that the training of self is adequately provided for within the revised programme. This will indicate a motivation to meet the self training needs of the students as thoroughly as their academic and practice needs.

3) Introduce Discussion on Personal Therapy

Personal therapy was never considered as a possible requirement within social care training for social care workers. However, social care workers, in the same way as counsellors, have the potential of letting their unresolved issues, or needs affect their practice. Rather than ignore the topic, social care educators need to state why this is not a recommended training option.

4) Implications of Self Training

The consensus from both the Canadian and Irish educators is that self training will have implications on staff and student selection. The majority of students enter social care training through the Central Applications Office (CAO), and as a result, their suitability to social care will not emerge until they are a registered student on the course. This study recommends an improvement to the existing entry requirements, for the benefit of the

students, the college, and the vulnerable others they will care for in the future.

5) Reviewing Training on Self

Lecturer L4 stated in her interview, that any self-development training is only effective if the student is faced with the 'hidden' elements of the self. This is only possible if the student is facilitated through small safe groups, facilitated by an experienced therapist/tutor, who provides the "mirror to reflect the hidden elements of self". A similar group experience is provided within LIT, CIT, and in a small way in St. Patrick's College. A further study is required to

- a. Ascertain the interest of the other colleges in relation to the training of self,
- b. Encourage educators share their experiences, and to establish the existence, and the effectiveness of their model of self training.
- c. Discover if age and maturity are required for self training, and discuss how self training can be improved to meet the needs and abilities of social care students, of all ages.

6) Recommendation for Future Literature Review

Any further study in the training of self in social care education must include a discussion on the educational approaches to the training of self, philosophical approaches, including moral and spiritual development.

7) Further Research

Prior to initiating the MPhil, the researcher was interested in the action research strategy where professionals “want to use the research to improve their practice” (Denscombe, 2003: 75). Action research is concerned with practical issues and is geared towards change, defined as a cyclical process where the practitioners critically reflect on practice, gather research and plan, then the plan is put into practice and the cycle is continued. Unfortunately, due to the limited knowledge in the area of self-development within social care education, the focus of this study changed to discovery, rather than change. With this in mind, and in light of the findings within this study, there is a need to complete this research, putting theory into practice and developing an Irish model for increased self-development, applied towards the education system. The literature within this study indicates that the success rate for designing a model of self training is dependant on the participation of the practitioners, the social care educators, and this requires a large commitment from the entire social care department (Elsdon, 1998; Gauthier, 1990).

This paper suggests that further research is needed to investigate the practitioner’s self-awareness around the consistency of their practice when working with challenging people. As indicated from the findings, 32% or (n=59) respondents were unsure if they treated everyone alike. This is an important area of further study as the aim of social care is to adequately meet the needs of all vulnerable others, irrespective of their behaviour towards staff.

Further Research on Creative Studies

Due to the limited knowledge on the training of self within social care education, this study recommends that further research on the role of creative studies is necessary, but approached as separate research.

Bibliography

- Ainsworth, F. & Fulcher, L. (Eds.). 1981. *Group Care for Children: Concepts and Issues*. London: Tavistock Publications.
- Alderson, P. 2000. *Young Children's Rights; Exploring beliefs, Attitudes, Principles and Practices*. London: Jessica Kingsley Publishers.
- Anglin, J.P., Denholm, C.J., Ferguson, R.V. & Pense, A.R. (Eds.). 1990. *Perspectives in Professional Child and Youth Care*. London: The Haworth Press.
- Anglin, J. 1992. How Staff Develop. *FICE Bulletin*, (No.6), 18-24.
- Baron, R. A. and Byrne, D. 1994. *Social Psychology Seventh Edition*. Massachusetts: Allyn and Bacon Publishers.
- Barrington, R. 1987. *Health, Medicine and Politics in Ireland 1900-1970*. Dublin: Institute of Public Administration.
- Batchelor, J. & Boutland, K. 1996. Patterns That Connect opportunities for Reflective Practice in Network Placements, in Gould N. & Taylor, I. *Reflective Learning for Social Work*. Aldershot: Ashgate publishers.
- Baumeister, R. F. 1986. *Identity: Culture Change and the Struggle for the Self*. New York: Oxford University Press.
- Berkowitz, L. 2000. *Causes and Consequences of Feelings*. Cambridge: Cambridge University Press.
- Bettleheim, B. 1983. *Freud and Man's Soul*. New York: Knopf Publishers.
- Biestek, F. P. 1957. *The Casework Relationship*. London: Loyola University Press.
- Birch, A. 1997. *Developmental Psychology; From Infancy to Adulthood*. London: Macmillan Press.
- Bolton, G. 2001. *Reflective Practice- writing and Professional Development*. London: Sage Publications.
- Boud, D., Keogh, R. & Walker, D. 1995. *Reflection: Turing Experience into Learning*. London: Kogan Press.
- Brehm, S., Kassin, S. & Fein, S. 1999. *Social Psychology 4th Ed*. New York: Houghton Mifflin Company.
- Brehm, S., Greenberg, J. & Wright, R. 2003. *Motivational Analyses of Social Behaviour: Building on Jack Brehm's Contributions to Psychology*. New Jersey: Lawrence Erlbaum Associates.
- Brewer, M. B. & Crano, W. D. 2002. *Principles and Methods of Social Research*. New Jersey: Lawrence Erlbaum Associates.

- Brown, N. W. 1998. *Psychoeducational Groups*. London: Taylor and Francis Ltd.
- Browning, G., Halcli, A., & Webster, F. 2000. *Understanding Contemporary Society*. London: Sage Publications.
- Burke, G. 2006. 'Violence Against Social-care Staff; Examining the HSE Mid-West Area', in O'Connor, T. Murphy, M. (Eds.). *Social Care in Ireland: Theory, Policy and Practice*. Cork: Cork Institute of Technology Press.
- Burke, H. 1987. *The People and the Poor Law in the Nineteenth Century*. Dublin: Women's Educational Bureau.
- Burnard, P. 1992. *Communicate!* London: Edward Arnold Publishers.
- Burns, J.D. 1987. *The Social Dynamics of Self-Esteem: Theory to Therapy*. New York: Praeger Publishers.
- Byrne, J. & McHugh, J. 2005. Residential Childcare, in Share, P. & McElwee, N. (Eds.). *Applied Social Care: An Introduction for Irish Students*. Dublin: Gill and Macmillan.
- Byrne, L. 2000. *Practice Placement in Social Care Worker Education*. (Unpublished) Masters Thesis for Cork Institute of Technology.
- Cashdan, S. 1988. *Object Relations Theory: Using the Relationship*. New York: Norton.
- Chakrabarti, M. & Hill, M.(Eds.). 2000. *Residential Childcare; International Perspectives on links with Families and Peers*. London: Jessica Kingsley Publishers.
- Charles, G. & Gabor, P. 1998. *Issues in Child and Youth Care Practice*. Lethbridge: Lethbridge Community College.
- Chriss, J.J. 1999. *Counselling and the Therapeutic State*. New York: Aldine De Gruyter.
- Clarke, M. 2003. *Fit to Practice: The Education of Professionals*. Conference Paper. Cork: 2003 IASCE Conference.
- Clough, R. 2000. *The Practice of Residential Work*. London: Macmillan Press.
- Cohen, L., Manion, L. & Morrison, K. 2000. *Research Methods in Education*. London: Routledge Publishers.
- Coldrey, B. M. 2000. A Mixture of Caring and Corruption, Church orphanages and Industrial Schools. *Irish Quarterly Review*, Vol. 89, (7 -11).
- Colton, M. J. & Hellinckx, W. (Eds.). 1993. *Child Care in the EC*. Aldershot: Arena.

- Courtney, D. 2003. *Social Care Education and Training: Towards a National Standard, Welcome Address*. Conference Paper. Cork: 2003 IASCE Conference.
- Craig, S., Donnellan, M., Graham, G. & Warren, A. 1998a. *Learn to Listen; The Irish report of a European Study on Residential Child Care*. Dublin: Dublin Institute of Technology.
- Craig, S., Donnellan, M., Graham, G., Warren, A. & Kelleher P. 1998b. *Euro Arrcc (Care To Listen?) A Review of Residential Child care in Four European Countries*. Dublin: Centre for Social and Education Research.
- Cross, M. C. & Papadopoulos, L. 2001. *Becoming a Counsellor: A Manual for Personal and Professional Development*. London: Brunner-Routledge.
- Croton, J. 2000. The Assessment of Professional Competence in Pierce, R. & Weinstein, J. (Eds.). *Innovative Education and Training for Care Professionals*. London: Jessica Kingsley Publishers.
- Curry, J. 2003. *The Irish Social Services 4th Edition*. Dublin: IPA.
- Day, D. V., Halpin, S. & Zaccaro, S. (Eds.). 2004. *Leader Development for Transforming Organisations; Growing Leaders for Tomorrow*. New Jersey: Lawrence Erlbaum Associates.
- Deacon, B. 1997. *Global Social Policy*. London: Sage Publications.
- Denscombe, M. 2003. *The Good Research Guide 2nd Edition*. Maidenhead: Open University Press.
- Denzin, N. K. & Lincoln, Y. S. 2003. *Collecting and Interpreting Qualitative Materials*. London: Sage Publications.
- Department of Health. 1970. *Reformatory and Industrial School Systems Report*. Dublin: Government Publications Office.
- Department of Health and Children. 2002. *Social Services Inspectorate Annual Report*. Dublin: Government Publications Office.
- Department of Health and Children. 2004. *Social Services Inspectorate Annual Report*. Dublin: Government Publications Office.
- De Vaus, D. 1996. *Surveys in Social Research*. London: UCL Press.
- Donoghue, F., Anheier, H. & Salamon, L. 1999. 'Ireland', in Salamon, L., Anheier, K.H., List, R., Toepler, S., Sokolowski, W. & Associates, *Global Civil Society: Dimensions of the Nonprofit Sector*. Baltimore: The Johns Hopkins Institute for Policy Studies.
- Dooney, S. & O'Toole, J. 1998. *Irish Government Today*. Dublin: Gill and Macmillan.

- Doyle, P. 1989. *The God Squad*. Dublin: Raven Arts Press.
- Dryden, W., Horton, I & Mearns, D. 1995. *Issues in Professional Counsellor Training*. London: Cassell Publications.
- Elsdon, I. 1998. Educating Toward Awareness: Self-Awareness in Ethical Decision-Making for Child and Youth Care Worker. *Journal of Child & Youth Care*, 12, (3) 55-67.
- Eraut, M. 1994. *Developing Professional Knowledge and Competence*. London: Falmer Press.
- Fanning, B., Kennedy, P., Kiely, G. & Quin, S. 2004. *Theorising Irish Social Policy*. Dublin: University College Press.
- Faughnan, P. 1990. *Voluntary Organisations in the Social Services Field*. Dublin: Oak Tree Press.
- Fewster, G. 1990. *Growing Together: The Personal Relationship in Child and Youth Care*, in Anglin, J. et al. (Eds.). *Perspectives in Professional Child and Youth Care*. London: The Haworth Press.
- Fewster, G. 1999. 'Turning Myself Inside out: My theory of Me', *Journal of Child and Youth Care*, 13 (2), 35-55.
- Finnerty, K. 2005. 'Social care and Disability', in Share, P. & McElwee, N. (Eds.). *Applied Social Care: An Introduction for Irish Students*. Dublin: Gill and Macmillan.
- Foucault, M. 1980. *Power /Knowledge: Selected Interviews and Other Writings 1972 – 1977*. Brighton: Harvester Press.
- Freud, S. 1973. *New Introductory Lectures in Psycho-analysis*. London: Penguin.
- Frost, N., Mills, S. & Stein, M. 1999. *Understanding Residential Child Care*. England: Aldershot Publications.
- Gallagher, C. & O'Toole, J. 1999. Towards a Sociological Understanding of Social Care Work in Ireland, *The Irish Journal of Social Work Research*, Vol 2 (1), 69 -86.
- Gardiner, D. 1989. *The Anatomy of Supervision*. England: Macmillan Press.
- Garfat, T. 1989. 'Saying Hello', *Journal of Child and Youth Care*, 4 (2), v-viii.
- Garfat, T. & Ricks, F. 1995. 'Self-Driven Ethical Decision-Making: A Model for Child and Youth Care', *Child and Youth Care Forum*, 24(6), 393 - 404.
- Garfat, T. 1998. On-line discussion regarding the Relationship [online]. Child and Youth Care Network, Available from: <http://www.preetext.co.za/cyc-net>.

Garfat, T. 1999. 'Questions about Self and Relationship', *Journal of Child and Youth Care*, 13(2), iii –vi.

Garfat, T. 2003. *Some Thoughts on the Process of Becoming relevant to Social care Practice*. A talk prepared for the Resident Managers Association Conference. Dundalk: November 5th-7th 2003.

Garfat, T., McElwee, N. & Charles, G. 2005. 'Self in Social Care', in Share, P. & McElwee, N. (Eds.). *Applied Social Care: An Introduction for Irish Students*. Dublin: Gill and Macmillan.

Gauthier, P. 1990. 'Development of a new Approach to Emotionally Deprived Children and Youth' in Anglin, J. P., Denholm, C. J., Ferguson, R. V. & Pense, A. R. (Eds.). *Perspectives in Professional Child and Youth Care*. London: The Haworth Press.

Gilligan, R. 1993. Ireland, in Colton, M. J. & Hellinckx, W. (Eds.). *Child Care in the EC*. Aldershot: Arena.

Glasser, B. 1999. The Future of Grounded Theory, *Qualitative Health Research*, 9 (6), 836 -845.

Gogarty, H. 1995. The Implications of the Child Care Act for Working with Children in Care, in Ferguson, H. and Kenny, P. (Eds.). *On Behalf of Children*. Dublin: A and A Farmer Publications.

Goleman, D. 1998. *Working with Emotional Intelligence*. London: Bloomsbury.

Gould, C.C. 1995. Positive Freedom, Economic Justice, and the Redefinition of Democracy in Howie, J. & Schedler, G. (Eds.). *Ethical Issues in Contemporary Society*. Carbondale, USA: Southern Illinois University Press.

Goulding, C. 2002. *Grounded Theory a Practical Guide for Management, Business and Market Research*. London: Sage Publications.

Graham, G. 1997. Residential Childcare – Research Findings, in Herweg, D. & Diekmann, W. *Professional Theory for Social care Education*. International Congress: Hogeschool van Amsterdam.

Graham, G. & McGarry, B. 2002. *The Carework Portfolio - An Evolving learning Process*. Presentation to the IASC Conference April 2002.

Graham, G. 2003. The use of Life Space Interventions in Residential Youth Care, *European Journal of Social Education*, (33 -34).

Grimmer, A. 2004. Mandatory Personal Therapy for Therapists: Professional and Ethical Issues, in Morrissey, J. & Tribe, R. (Eds.). *Handbook of Professional and Ethical Practice for Psychologists, Counsellors and Psychotherapists*. New York: Brunner-Routledge.

- Hallstedt, P. & Hogstrom, M. 2005. 'Social Care: A European Perspective', in Share, P. and McElwee, N. (Eds.). *Applied Social Care*, Dublin: Gill and Macmillan.
- Hamachek, D. 1992. *Encounters with the Self*, 4th edition. New York: Harcourt Brace Jovanovich College Publishers.
- Hanlon, N., McWilliams, A. & Quinlan-Cooke, S. 2006. 'Practice Teaching and Learning in Social Care: Reflections on a Course Development', in O'Connor, T., Murphy, M. (Eds.). *Social Care in Ireland: Theory, Policy and Practice*. Cork: Cork Institute of Technology Press.
- Harrington, W. & Honda, G. 1986. 'The Roles of The Group Home Direct Careworker', *Community Mental Health Journal*, 22 (1).
- Hattie, J. 1992. *Self-Concept*. New Jersey: Lawrence Erlbaum Associates.
- Hawkins, P. & Shohet, R. 1989. *Supervision in the Helping Professions*. Milton Keynes: Open University Press.
- Hawkins, P. & Shohet, R. 2000. *Supervision in the Helping Professions Second Edition*. Milton Keynes: Open University Press.
- Hay, L.L. 2004. *I Can Do It*. United States: Hay House Publishers.
- Hayden, G. 1997. *Teaching About Values: A New Approach*. London: Cassell Publications.
- Healy, S. & Reynolds, B. 1998. *Social Policy in Ireland*. Dublin: Oak tree Press.
- Henkel, M. 1995. Conceptions of Knowledge and Social Work Education, in Yelloly, M. & Henkel, M. *Learning and Teaching in Social Work Towards Reflective Practice*. London: Jessica Kingsley Publishers.
- Horwath, J. & Morrison, T. 1999. *Effective Staff Training in Social Care; from Theory to Practice*. London: Routledge Publishers.
- Howie, J. & Schedler, G.(Eds.). 1995. *Ethical Issues in Contemporary Society*. Carbondale, USA: Southern Illinois University Press.
- Jarvis, P.1997. 'Learning Practical Knowledge' in Kydd, L., Crawford, M & Riches, C.(Eds.). *Professional Development for Educational Management*. Buckingham: Open University Press.
- JCSCP [Joint Committee on Social Care Professionals]. (nd). *Report of Joint Committee on Social Care Professionals*. Ireland: No publisher given.
- Jeffers, S. 1987. *Feel the fear and Do It Anyway*. London: Arrow Books.
- Johns, H.1996. *Personal Development in Counsellor Training*. London: Sage.

- Jones, P. 2005. *The Arts Therapies; A Revolution in Healthcare*. Hove: Brunner-Routledge.
- Jung, C. 1959. *Aion; Research into the Phenomenology of the Self*. London: Routledge.
- Jung, C. 1972. The Relations between the Ego and the Unconscious. *Two Essays on Analytic Psychology*. New Jersey: Princeton University Press. Vol. (7) 123-241.
- Kelly, G.A. 1991. *The Psychology of Personal Constructs, Vols. 1 and 2*. London: Routledge.
- Kennefick, P. 2003. 'Training the Person', *European Journal of Social Education FESET*, (4) 91 -94.
- Kennefick, P. 2006. 'Aspects of Personal Development', in O'Connor, T. and Murphy, M. (Eds.). *Social Care in Ireland: Theory, Policy and Practice*. Cork: Cork Institute of Technology Press.
- Keogh, P. 2001. *The nature and Extent of Workplace Violence Experienced by Social Care Workers*. Dublin: The Irish Association of Social Care Workers.
- Krueger, M. 1999. 'Presence as Dance in Work with Youth', *Journal of Child and Youth Care*. 13 (2) 59 -72.
- Kydd, L., Crawford, M, & Riches, C. (Eds.).1997. *Professional Development for Educational Management*. Buckingham: Open University Press.
- Lalor, K. 2003. *The Diversity of Practice Placement requirements of Social Care Courses in Ireland*. Conference Paper; IASCE Conference, Cork October 2003.
- Lalor, K. & Doyle, J. 2005. 'The Social Care Practice Placement: A College Perspective', in Share, P. & McElwee, N. (Eds.). *Applied Social Care: An Introduction for Irish Students*. Dublin: Gill and Macmillan.
- Lapsley, D. K. & Narvaez, D. (Eds.). 2004. *Moral Development, Self and Identity*. New Jersey: Lawrence Erlbaum Associates.
- Lawton, S. & Wimpenny, P. 2003. Continuing Professional Development: A Review, *Nursing Standard*, 17 (24), 41.
- Layder, D. 2004. *Social and Personal Identity; Understanding Yourself*. London: Sage Publications.
- Lewis, M. 1992. 'The Role of Self in Social Behaviour', in Kessel, F. R., Cole, P.M. & Johnson, D. L. (Eds.). *Self and Consciousness: Multiple Perspectives*. New Jersey: Lawrence Erlbaum Associates.
- Liberatore, R. 1981. Training Child Care Workers: Three essentials. Child and Youth Care Network. Available at <http://www.pretext.co.za/cyc-net>.

- Lindsey, M. 2002. 'Building a Professional Identity: the challenge for Residential Child and Youth Care', in Knorth, E. (Eds.). *Professionalism and Participation in Child and Youth Care*. Aldershot: Ashgate Publishers.
- Lomax, P., McNiff, J. & Whitehead, J. 1996. *You and Your Action Research Project*. New York: Routledge Publishers.
- London, M. 2002. *Leadership Development: Paths to Self-insight and Professional Growth*. New Jersey: Lawrence Erlbaum Associates.
- Lorenz, W. 1994. *Social Work in a Changing Europe*. London: Routledge.
- Luft, J. 1984. *Group Processes: An Introduction to Group Dynamics*. California: Mayfield Publishing.
- MacCunn, J. 1900. *Aspects of Ethics*. New York: Macmillan.
- MacKenna, P. 1999. 'Self: It all starts here', *Journal of Child and Youth Care*, 13 (2) 73 -90.
- Maier, H. 1979. The Core of Care, *Child Care Quarterly*, (8) 3.
- Maier, H.1981. 'Essential Components in Care and Treatment Environments for Children and Youth', in Ainsworth, F. & Fulcher, L. (Eds.). *Group Care for Children: Concept and Issues*. London: Tavistock Publications.
- Maier, H.1990. 'A developmental Perspective for Child and Youth Care Work' in Anglin, J.P., Denholm, C. J., Ferguson, R. V. & Pense, A. R. (Eds.). *Perspectives in Professional Child and Youth Care*. London: The Haworth Press.
- Mann-Feder, V. 2001. 'The self as Subject in Child and Youth Care Supervision', *Journal of Child and Youth Care*, 15 (2), 1-8.
- Mark, R. 1996. *Research Made Simple: A Handbook for Social Workers*. London: Sage Publications.
- Medel-Anonuevo, C., Ohsako, T., & Mauch, U. 2001. *Revisiting Life-long learning in the 21st Century*. UNESCO Institute of Education.
- McClure, B. 1998. *Putting a New Spin on Groups: The Science of Chaos*. New Jersey: Lawrence Erlbaum Associates.
- McElwee, N.C. & Garfat, T. 2003. 'What's in a Name? Exploring Title Designations in Child and Youth Care in Ireland', *Irish Journal of Applied Social Studies*, 4 (1), 5 – 20.
- McElwee, N.C. & Garfat, T. 2005. 'Self in Social Care' in Share, P. & McElwee, N. (Eds.). *Applied Social Care: An Introduction for Irish Students*. Dublin: Gill and Macmillan.

- McKeon, O. 2002. *Findings of the National Childcare Worker Survey*. Dublin: Department of Health and Children Joint Committee.
- McLeod, J. 1993. *An Introduction to Counselling*. Buckingham: Open University Press.
- Moore, D. 1997. *The Enhancement of Self-esteem in Early Childhood (3-6)*. Dublin Institute of Technology: Diploma in Applied Social Studies.
- Morrissey, J. & Tribe, R. (Eds.). 2004. *Handbook of Professional and Ethical Practice for Psychologists, Counsellors and Psychotherapists*. New York: Brunner-Routledge.
- Munn-Giddings, C. & Winter, R. 2001. *A Handbook for Action Research in Health and Social Care*. New York: Routledge Publishers.
- Murphy-lawless & Quin, S. 2004. 'Locating Irish Social Policy' in Fanning, B. Kennedy, P. Kiely, G. & Quin, S. (Eds.). *Theorising Irish Social Policy*, Dublin: University College Press.
- Norris, D. 1990. *Violence Against Social Workers: The Implications for Practice*. London: Jessica Kingsley Publishers.
- Norton, D.L. 1995. 'Education for Self-Knowledge and Worthy Living', in Howie, J. Schedler, G. (Eds.). *Ethical Issues in Contemporary Society*. Carbondale, USA: Southern Illinois University Press.
- NQAI .2003. *Determinations for the Outline National Framework of Qualifications*, NQAI: Dublin.
- O'Connor, T. 2006. 'Social Care Practice: Bringing Structure and Ideology in from the Cold' in O'Connor, T. Murphy, M. (Eds.). *Social Care in Ireland: Theory, Policy and Practice*. Cork: Cork Institute of Technology Press.
- O'Doherty, C. 2005. Integrating Social Care and Social Work: Towards a Model of Best Practice, in Share, P. & McElwee, N. (Eds.). *Applied Social Care: An Introduction for Irish Students*. Dublin: Gill and Macmillan.
- O'Neill, E. 2004. *Professional Supervision, Myths, Culture and Structure*. Dublin: Residential Managers' Association.
- Open University. 1975. *Making Sense of Society: Attitudes and Beliefs*. Milton Keynes: Open University Press.
- Page, S. 1999. *The Shadow and the Counsellor*. London: Routledge.
- Parry, P. 1999. 'Relationships: Thoughts on Their Origin and Their Power'. *Journal of Child and Youth Care*, 13 (2), 9 -16.
- Payne, M. 1991. *Modern Social Work Theory*. Basingstoke: Macmillan Press.

- Pierce, R. & Weinstein, J. 2000. *Innovative Education and Training for Care Professionals*. London: Jessica Kingsley Publishers.
- Phelan, J. 2003. Supervision levels. Unpublished Conference Paper Presented at the Residential Managers Conference 2003.
- Poirteir, C. (Eds.). 1995. *The Great Irish famine*. Dublin: Mercier Press.
- Potter, S. (Eds.). 2002. *Doing Postgraduate Research*. London: Sage Publications.
- Pringle, M. K. 1986. *The Needs of Children*. London: Routledge.
- Pritchard, F. & Whitehead, G. 2004. *Serve and Learn: Implementing and Evaluating Service-Learning in Middle and High Schools*. Mahwah: Lawrence Erlbaum Associates.
- Quin, S., Kennedy, P., Mathews, A. & Kiely, G. 2005. *Contemporary Irish Social Policy*. Dublin: University College Press.
- Raferty, M. & O'Sullivan, E. 1999. *Suffer the Little Children: The Inside Story of Ireland's Industrial Schools*. Dublin: New Island Books.
- Raferty, M. 2003. *Who Knew About Brother Tobin?*. The Irish Times, Saturday the 29th of November.
- Raymond, M. 1996. *Research Made Simple; A Handbook for Social Workers*. London: Sage Publications.
- Riche, P. & Tanner, K. 1998. *Observation and its Application to Social Work*. London: Jessica Kingsley Publishers.
- Ricks, F. 1989. 'Self-awareness Model for Education and Training in Child and Youth Care Work', *Journal of Child and Youth Care*, 4 (1), 33-41.
- Ricks, F. 1993. Therapeutic Education; Personal Growth Experiences for Child and Youth Care Workers, *Journal of Child and Youth Care*, 8 (3)17 -33.
- Ricks, F. & Charlesworth, J. 2003. *Emergent Practice Planning*. New York: Kluwer Academic / Plenum Publishers.
- Rogers, C. & Stevens, S. 1971. *Person to Person: The Problem of Being Human*. New York: Pocket Books.
- Rogers, C. 1974. *On Becoming a Person: a Therapist's View of Psychotherapy*. London: Constable Publications.
- Rogers, N. 1993. *The Creative Connection*. United States of America: Science and Behaviour Books Inc.

- Ryan, L., Hanlon, N., Riley, L. & Warren, A. 2004. *The Impact of Placements in Special care Units on Young People and Their Families*. Dublin: Special Residential Services Board.
- Samakosky, S. 1999. 'Making a Reflective Relationship-Based Decision: A Letter'. *Journal of Child and Youth Care*, 13(2) 1-4.
- Sarantakos, S. 2005. *Social Research 3rd Edition*. New York: Palgrave Macmillan.
- Schaffer, H. R. 1996. *Social Development*. Oxford: Blackwell Publishers.
- Schapira, S. K. 2000. *Choosing a Counselling or Psychotherapy Training: A Practical Guide*. London: Routledge.
- Schon, D.A. 1983. *The Reflective Practitioner*. London: Temple Smith.
- Schon, D.A. 1987. *Educating the Reflective Practitioner*. San Francisco: Josey-Bass.
- Share, P. & McElwee, N. 2005a. 'What is Social Care, in Share, P. & McElwee, N. (Eds.). *Applied Social Care: An Introduction for Irish Students*. Dublin: Gill and Macmillan.
- Share, P. & McElwee, N. 2005b. 'The Professionalism of Social Care in Ireland, in Share, P. & McElwee, N. (Eds.). *Applied Social Care: An Introduction for Irish Students*. Dublin: Gill and Macmillan.
- Share, P. & McElwee, N. (Eds.). 2005c. *Applied Social Care: An Introduction for Irish Students*. Dublin: Gill and Macmillan.
- Shealy, C. 1999. Ask a simple question, Get a Complex answer: Why "The Relationship" in Child and Youth Care is neither "Sentimental" nor "Bogus". *Journal of Child and Youth Care*. Vol. 13, (2)99 -124.
- Shulman, L. 1988. Groupwork Practice with Hard to Reach Clients: A Modality of Choice, *Groupwork*, Vol. 1, (1), 5-16.
- Silverman, D. 2000. *Doing Qualitative Research*. London: Sage Publications.
- Silverman, D. 2001. *Interpreting Qualitative Data 2nd Edition*. London: Sage Publications.
- Singleton, R. A. 2005. *Approaches to Social Research 4th Edition*. New York: Oxford University Press.
- Skovholt, M. 2005. The Cycle of Caring: A Model of Expertise in the Helping Professions, *Journal of Mental Health Counselling*, Volume: 27, (1), 82 -88.
- Sladde, L.R. 2000. 'The Light Goes On: Reflecting on the Principles of the Child and Youth Care Program (at Malapina University College)', *Journal of Child and Youth Care*, Vol. 14, (1), 2-3.

Smith, M. 2005. Off Target, *Child & Youth Care-Online; International Child and Youth Care Network*, 12, 83.

Sociological Association of Ireland. 2004. *Ethical guidelines of the Sociological Association of Ireland*. Retrieved from http://www.ucd.ie/sai/SAI_ethics.htm

Special Residential Services Board. 2003. *Definition and Usage of High Support in Ireland*. Dublin: Social Information Systems.

Stebbins, R. 2001. *Exploratory Research in the Social Sciences, Sage University Papers Series on Qualitative Research Methods, Vo. 48*. California: Sage Publications.

Stuart, C. A. 1999. Youth Who Attempt Suicide: Exploring Their Experience of Relationship. *Journal of Child and Youth Care*, 13, (2), 17-34

Task Force on Child Care Services. 1980. *Final Report to the Minister for Health: Task Force on Child Care Services*. Dublin: Government Publications Office.

Taylor, C. 2002. 'The Dialogical Self', in Hiley, D., Bohman, J. & Shusterman, R. (eds.), *The Interpretive Turn: Philosophy, Science and Culture*. New York: Cornell University Press.

Thomas, D. & Woods, H. 2003. *Working with People with learning Disability Theory and Practice*. London: Jessica Kingsley Publishers.

Thompson, N. 2002. *People Skills 2nd Edition*. New York: Palgrave Macmillan.

Thompson, R. A. 1996. *Counselling Techniques*. Washington: Taylor and Francis.

Trieschman, A., Whittaker, J. & Brendtro, L. 1969. *The Other 23 Hours; Child Care work with Emotionally Disturbed Children in a Therapeutic Milieu*. New York: Aldine de Gruyter.

Tsang, N. M. 1993. 'Shifts of Students Learning styles on a Social Work Course', *Social Work Education*, 12,(1), 62-75.

Tsang, N. M. 1998. Re-examining Reflection-a Common Issue of Professional Concern in Social Work, Teacher and Nursing Education, *Journal of Interprofessional Care*, 12,(1), 21-31.

UNICEF. 1997. *Children at Risk in Central and Eastern Europe: Perils and Promises*. Florence: UNICEF.

Vander Ven, K. 1999. 'You Are What You Do and Become What You've Done: The Role of Activity in Development of Self'. *Journal of Child and Youth Care*. Vol. 13, (2), 133 – 148.

- Ward, A., McMahon, L. 1998. *Intuition is not Enough: Matching Learning with Practice in Therapeutic Child Care*. London: Routledge.
- Weisman, V. 1999. Relationships: What is it we do... Is it what we do! *Journal of Child and Youth Care*. Vol. 13 (2), 125 -132.
- Westen, D., 1992. The Cognitive Self and the Psychoanalytic Self: Can we put Our selves Together?, *Psychological Inquiry*, 3 (1), 1 – 17.
- Wheelan, S. A. 1990. *Facilitating Training Groups: A Guide to Leadership and Verbal Intervention Skills*. Westport: Praeger Publishers.
- Whittaker, J.K. 1997. *Caring for Troubled Children: Residential Treatment in a Community Context*. New York: Aldine de Gruyter.
- Whitaker, P. 1997 'Changes in professional Development: The Personal Dimension' in Kydd, L. Crawford, M and Riches, C. (Eds.). *Professional Development for Educational Management*. Buckingham: Open University Press.
- Williams, D. & Lalor, K. 2000. Obstacles to the Professionalisation of Residential Child Care in Ireland, *Irish Journal of Applied Social Studies*, Vol. 2, (3).
- Winnicott, D. W. 1971. *Playing and Reality*. London: Routledge Publications.
- Wosket, V. 1999. *The Therapeutic use of Self; Counselling Practice and Supervision*. London: Routledge.
- Wylie, R. C. 1974. *The Self Concept, Vol. 1*. Nebraska: University of Nebraska Press.
- Yelloly, M. 1995. Professional Competence and Higher Education, in Yelloly, M. & Henkel, M. *Learning and Teaching in Social Work Towards Reflective Practice*. London: Jessica Kingsley Publishers.

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Appendix 1 Theoretical Contributions to Understanding 'Self'

Birth/Death or Work Dates	Theorist	Discipline	Contribution To Definition of Self:
	Delphi		'Know Thyself'
1596 – 1650 Birth -death	Descartes	Philosopher	'I think therefore I am', Descartes argued that the self relates to thoughts and cognitive factors.
1632 – 1704 Birth -death	Locke		Knowing is centre of self and is derived from all our experiences, and 'person' is the self with ability to think, reason, and reflect.
1711 – 1776 Birth- death	Hume		'I am a bundle of experiences', Hume argued that the self is not a thing, but a series of experiences.
1724 – 1804 Birth-death	Kant		We learn about empirical me, not pure sense of self, when we reflect our thoughts move from 'thinking mode into thought mode –not two selves just 'one self considered from two perspectives.
1808 – 1873 Birth-death	John Stuart Mill		When we think about self we use 'memory', therefore the self is the memory of self, presenting an associations viewpoint.
1890-1961 Birth -death	William James		The terms ' <i>self as known</i> ' and ' <i>self as knower</i> ' part of James' theory who presented four parts to the self; <i>body</i> ; a container for the self, <i>social self</i> ; receiving recognition from friends and family, <i>spiritual self</i> ; the reflective self that involves our thoughts and finally the <i>pure ego</i> ; a element of that we learn about through reflection (Hattie, 1992).
1902, 1912 work	Cooley	Sociologist	'The looking glass self', only part of his theory of self. Cooley believed that the pronouns 'I' and 'me' represents "our imagination of how one's self appears in the minds of others", under three distinctions: how we appear to others, how we appear to be judged by others" and the emotions evoked by this imagining.
1934	Mead		Theory of self related to others, introduced notion of <i>social self</i> . He also stated that the self <i>develops</i> , through our interaction with others.
1961	Wylie		Made distinction between <i>self as subject</i> and <i>self as object</i>

1979 -1989	Michael Lewis		Called the self as subject the <i>existential self</i> - the self as distinct from others, and the self as object the <i>categorical self</i> - .
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Date	Theorist	Discipline	Contribution to Understanding Self: Developed through relationship with Others
1942	Hyman		Differentiated between the groups a person uses for self-appraisal. This may not be a group they belong to.
1952	Kelley		Kelley expanded on Hyman's work, stating that the reference group had the power to appraise or dismiss.
1964, 1969	Sherif		The reference group is the group we aspire to relate to either physically or psychologically. Self is studied around attitudes, expectations towards people or objects (other people, values). Self not innate, and is developed through give and take with others.
1959, 1961, 1963	Goffman		Individuals take an active role in choosing a reference group, He stated that people are performers and characters and the self is a <i>performed character</i> , performing to the script and scenes of life. He discussed a third element, our presentation of self.
1979, 1983	Harrè		A person portrays roles, but those roles are not the person but is part of a 'cluster' of theories and perceptions that are held by those we encounter in certain social settings. Our <i>self-esteem</i> is two senses of self; personal and social. The <i>self-concept</i> for Harrè is related to strengths and weaknesses. <i>Self-understanding</i> is knowing strengths, weaknesses, abilities, values and beliefs in different situations.

Date	Theorist	Discipline	Contribution to Understanding Self:
1927 work	Adler	Neo-Freudian	The self is the 'screening mechanism' between the person and the environment. He saw conflict between self and other, where the self protects itself. A person will go to great lengths to protect her opinion of herself when confronted with situations that disagree with their perception of self. These beliefs about self are formed through interactions with others and is called ' <i>self-concept</i> '
1937, 1939	Horney	Neo-Freudian	The self has two reactions, one concerned with pleasure, the other with safety.
1953	Sullivan	Neo-Freudian	The self needs other people, if comments towards a person are poor, the feelings

			about self are low.
1950	Erikson	Neo-Freudian	Look at the <i>development of self / identity</i> , addressing question of 'Who am I'. Introduced eight stages (a) basic trust versus mistrust (first year of life); (b) autonomy versus shame and doubt (2nd year); (c) initiative versus guilt (pre-school); (d) industry versus inferiority (middle childhood); (e) identity versus role confusion (adolescence); (f) intimacy versus isolation (young adulthood); (g) generativity versus stagnation (prime of life); and (h) ego integrity versus despair (old age).
1959	Sigmund Freud		-Was concerned with self and other, principle theory ; <i>id</i> , <i>superego</i> and <i>ego</i> . Correctly translated 'It', 'I' and 'Above I' (Bettelheim). Id - tries to get pleasure and avoid pain (internal focus), Superego – ideal expectations influenced by outside, the Ego is the link between the two the real and ideal. -Lifelong struggle to help people know self, and wanted people to have rational control over unconscious
1950's	Psychoanalytic Theories of Self		-Self is whole person including body and mind - <i>self-esteem</i> depends on comparison between real and ideal, depends on achievement -Feeling towards others are bound to our feelings towards self -know yourself in order to integrate emotions with intellect -you need to become aware of dark forces (eg. Oedipus), to learn more about self and others
1976	Loevinger	Neo-Freudian	Ego is a process that is social and guided by reason and rational, the ego is what we think of as 'self'
1971 1977 1982	Kohut Samuels Goldberg	Neo-Freudian	Saw <i>self-esteem</i> as the ability to love yourself, (narcissism), this is hampered by poor material care and forms into a more realistic sense of self love in adulthood.
1971	Kohut		-As well as achievements, self is also

			influenced by values and ambition.
1962	Sartre	Existentialism	People make definitions, not become them, the self is a process rather than a thing.
1960-1982	Husserl Heidegger Kierkegaard	Existentialism	Self can only be understood by looking at the world that self exists in.
1961, 1969	Laing	Psychotherapist Influenced by Sartre	Self is 'What I am when the other is totally excluded' (Hattie, 1992: 28). <i>Self-identity</i> is the difference between being for self and being for others. Problems occur when the 'I' due to self-protection, represses from the 'me'. Self is related to discovery of self, not what others want self to be and not protecting what ought to be.

		Behaviourism	Limited contribution to understanding of self
1924, 1967	Watson	Behaviourism	We are the result of what we were born with.
1971	Skinner	Behaviourism	Human differ from animals due to self-awareness, "there is no self unless we think of self as a person" (Hattie, 1992: 30).
1977	Day	Behaviourism	"Self-development is a progress towards... being affiliated with a group where the occasion for negative reinforced behaviour rarely arises" Hattie, 1992: 31).
1972	Bern	Behaviourism	We know our attitudes and behaviours by observing our behaviour in different situations
1977	Bandura	Behaviourism	Introduced term <i>identification</i> , where we model behaviour of others. We evaluate self on standards, external and then internal <i>self-efficacy</i> .
1937, 1955	Allport	Combined Behaviourism & Neo-Freudianism	<p><i>The proprium</i>; all aspects (ours) that contribute towards inward unity and definition of self;</p> <ol style="list-style-type: none"> 1. use body senses for self-awareness 2. self-identity begins when child realises they are not other 3. sense of self as self-seeking interested in ego-enhancement, ego is extended through objects (what is mine, includes thoughts) 4. sense of self as rational agent; keeping person in touch with reality 5. sense of self-image, and the idealised image is a motivator 6. people are influenced by past but also

			influenced by planning for future 7. self as knower, a sense that correlates all the information received from the 'senses'.
1950 1951 1959 1989	Carl Rogers		'The aware self needs maintenance'. Most people want to become themselves not what people expect them to be 'self-denial'. Self is awareness of characteristics of 'I' and 'me', abilities, values and relationships with others and the environment.

Information obtained from Hattie (1992)

Appendix 2 Evolution of Childcare Services in Ireland

EVOLUTION OF CHILDCARE SERVICES IN IRELAND

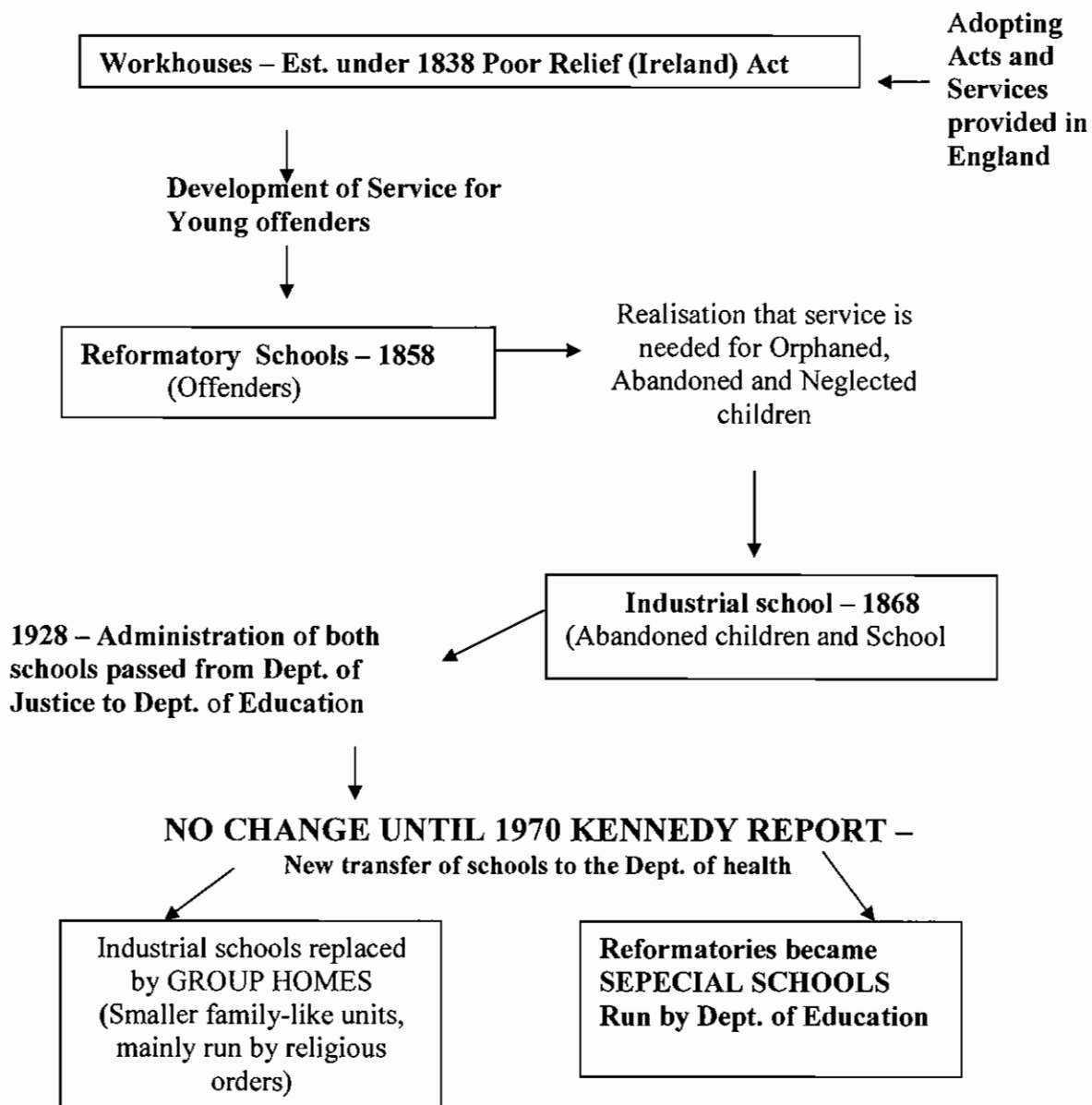


Figure 2
(Craig et al, 1998)

Appendix 3 Graduate Questionnaire

Practitioner Questionnaire

This questionnaire is part of a MPhil in Social Care. It is directed towards practitioners with a minimum qualification of the Irish Diploma in Applied Social Studies/ Social Care. Confidentiality is assured for any information provided.

SECTION 1: GENERAL INFORMATION

Male ☐ Female ☐

Age
under 20 ☐ 20-25 ☐ 26-30 ☐ 31-35 ☐ 36-40 ☐ over 41 ☐

1. How long are you working in your current employment

Under 1 year ☐ 1 to 2 years ☐
2 – 3 years ☐ Above 3 years ☐

2. Is your current post your first job yes ☐ no ☐
(If no please answer Question 3)

3. Please List the duration of **ALL** your previous social care employment
(e.g. 1. Residential, 1 yr 4 mts. 2. Community Carework 2 yrs 3mts.)

4. What Social Care/Applied Social Studies Qualification(s) have you obtained

National Certificate ☐ National Diploma ☐ Degree ☐ Masters ☐

5. Where did you obtain these qualifications (Please specify if different Colleges)

SECTION 2: TRAINING DETAILS

6. 'Self-development' as a term used within social care training means

(Grade the options from 1 =most preferred option, 6 = least preferred option).

Understanding
Yourself more

☐

learning about
your strengths
And weaknesses

☐

Learning how to
use the 'self'
in practice

☐

Understanding
People More

☐

Learning about
the service users

☐

Do not understand
the term

☐

7. In your own words what is **self-development**

8. I received self-development training during my Social
Care Education

Yes ☐ No ☐

9. If **YES** can you identify where you received Self-development training within your
course curriculum (Pick one or several boxes)

On Placement

☐

Groupwork

☐

Journal

☐

Creative Classes

☐

Counselling

☐

Other

☐

10. ***Out of 100%, what percentage of your training would you allocate to***
(the sum of the three training areas must add up to 100 you can give one area 0% or 100% if
applicable)

Theory

☐

Practice

☐

Self

☐

SECTION 3: PRACTICE DETAILS

(Please circle the number that represents your feelings towards the following statements
1 = strongly agree to 5 = strongly disagree)

	Strongly Agree				Strongly Disagree
11. Self development training is not necessary for Social care work	1	2	3	4	5
12. Knowing yourself well is essential for social care work	1	2	3	4	5
13. The self is the main tool in social care practice	1	2	3	4	5
14. You learned enough about yourself during your training to practice effectively.	1	2	3	4	5
15. You feel further self-development training is needed prior to practice	1	2	3	4	5
16. You feel self-development training should only occur post diploma, when you begin to work in the field.	1	2	3	4	5
17. You use your own upbringing and family experiences as your guide for practice	1	2	3	4	5
18. You often reflect on how you might have handled a practice situation better	1	2	3	4	5
19. You can treat people the same no matter what feelings they evoke	1	2	3	4	5
20. The relationship between yourself and the service user is the key to care work practice	1	2	3	4	5
21. You use your 'self' as a tool within your relationships with the service users	1	2	3	4	5
22. You think a lot about the reasons why you react	1	2	3	4	5

a particular way in different practice situations

23. You have often considered leaving the social care Profession 1 2 3 4 5

24. You often harbour resentment about a service user after the event is over 1 2 3 4 5

25. When the work effects you on a personal level you.
(Grade the options from 1 =most preferred option, 8 = least preferred option).

Go to Supervision ☐ Speak to a friend ☐ write in my Journal ☐

Go to Counselling ☐ Do nothing ☐ Let it inadvertently interfere with your relationship with the service user ☐

Speak to a Colleague ☐ Speak to a Colleague (outside Working hours) ☐

26. What is motivating you to remain in the social care profession
(Grade the options from 1 =most preferred option, 7= least preferred option).

Money ☐ The service users ☐ Colleagues ☐

Like the unit ☐ Enjoy the work ☐ Attending College ☐

None of above ☐

Thank you for completing this questionnaire, your support is greatly appreciated

Denise Lyons
Post graduate Student
DIT Department of Social Science

Appendix 4 Semi Structured Interview Themes

- 1. Presenting an understanding of self**
- 2. Exploring self and others**
- 3. Students meeting their own needs through training**
- 4. Role of therapy in social care education**
- 5. Factors necessary for self development training**
- 6. Assessing self training in social care education**
- 7. Impact of self development training on social care education**
- 8. Value of self development training**

Appendix 5 Email Discussion from Dr. Ricks and Dr. Garfat

Email Discussion: Dr. Ricks and Dr. Garfat

The following is the full transcription from a discussion on self-development within social care and child and youth care education. The discussion takes place by e-mail over a two month period. It is not defined as an interview within this study as it raised more questions than answered but the discussion provided a more in-depth analysis of the reality and implications of introducing direct 'self' training within social care. The discussion begins with my e-mail to Francis Ricks who was introduced to me in an e-mail by Thom Garfat.

Denise

My outlook on creating a training model on self for Irish Social Care Education was greatly influenced by your article on 'Therapeutic Education'. From what I gather the Therapeutic Education model needs to be applied to all areas of learning (theoretical and practical), teaching the students what is important in Child and Youth care Practice (by using their everyday problem or past experiences), in a way that is modelling CYC practice.

Initially, I felt that this made sense, the students are learning external frameworks/intervention/solutions that are not integrated into their own personal decision making framework, thus leaving them feeling unskilled when they need to make decisions in practice.

Then I wondered about the possibility of introducing this Therapeutic Education Model in Ireland. My first thought was the implication on the department around the selection of students, the selection and training of staff, not to mention them having their own awareness of self. In the area of training on the self, Ireland needs to walk before it can run, and this developmental milestone may be achieved through IASCE (Irish Association of Social Care Educators) gaining an understanding and confidence in the benefits of therapeutic education at a micro level, before they consider full curriculum and departmental changes. Reflecting on the possibility of considering therapeutic education at a macro level, fed back into my own feelings of wanting to stay small and 'safe' and this is something that I must reflect on further.

Coming from a practitioner background into academia, I find it difficult to research a topic without this process feeding back into practice. As a result, my thoughts are circling around the idea of combining the principles of Therapeutic Education to the subject area 'Creative Studies'. In the Irish education system creative studies is included as a core subject of the BA (Ordinary) in Applied Social Studies. Creative studies is beneficial as it enables the student to learn how to play through participation, enables them to gain skills to use in practice - Activity Theory in relationship development (Vander Ven, 1998), finally and crucially, encouraging an awareness of self. Applying the Therapeutic Model could provide a learning structure for increased self awareness, turning the learning from an adhoc, indirect practice into a transparent model that can be assessed, evaluated and redeveloped. The principles of the Therapeutic Model that may be transferable are the following;

1. Training is based on the individual learning needs of group members. (In Creative Studies, the groups are small -encouraging individual sharing in a safe environment).
2. Teaching what is important in a way that is important (I feel that the practice of relational CYC is relevant here where problem solving is part of the peer relationship, using activity as a way to relate to each other).
3. Self-awareness of the tutor. In my experience many of the Creative Studies Lecturers working around the Country are trained Creative Therapists who engaged in personal therapy as part of their training.

Francis

I still like the article (Therapeutic Education), as a matter of fact. What I might say at this point is something stronger about the need for faculty to be able to deal with students that have issues that will likely get in their way as child and youth care workers. I would also likely go further in spelling how some strategy for working with students. Along the lines of teaching 'mindfulness' (Ellen Langer, Mindful Learning) and well as "presencing" and making sure that students are competent in both. These two skill sets are critical for working together, whether it be with co-workers or with clients. Yes, I would take a stronger stand....which is why I like how you're thinking.....the path you are taking will not be easy. Other faculty will likely have difficulty with the concept. But, hey, who says life is an easy pathway? Thanks for catching me up...I have not read that article for 10 years! at least.

Thom

This [therapeutic education] requires that faculty have more than the traditional skills of typical faculty members] - Ricks, 1993

"I just came out of a meeting where it was said, "I don't know what self has to do with post secondary education." Ricks cyc-net April 2001

Regardless of the years between these two quotes, we see here the 'threat' and the 'response to the threat'. From what Denise says, the threat still exists, so how can one influence the response to be different? Self is not about 'head' - traditional academics is. But you see, Frances, in your earlier article you talked about the 'training' of cyc's, not the 'education' of them. Is this a part of the issue? Working with self is associated more with training - learning about self, more with education. Learning about 'doing' is different than learning how to do. Is it part of the solution then in the 'mandate'? And with 'newer' staff for whom a new idea is not a threat to an old way - of doing, and of being? I agree with Frances - it is a difficult path - and therefore, I would add, a worthy one.

Francis

It is all about **being**, although part of being involves doing. Hence the need to truly understand who we and others **be** in the moment if we are to co-create our future in the moment with awareness. Creation of self in the moment is the conscious manifestation of self while **being** in relation to other. This requires the knowing of **self** and **other** at a deeper level of understanding that involves an awareness of how we co-create each other

while being with each other and co-creating our future.....this is the essence of presencing. No small task. It's is very confronting to know that we co-create our messes with others! Tag, Denise, your turn!

Denise

In reference to Frances' point, it is my understanding that developing a deeper awareness of self and 'how we co-create each other', implies that another aspect to the workers awareness of self happens, while they are engaged with each other, within the working context. This is when the worker can observe themselves 'doing and being'.

This awareness may be limited unless there is a relationship, which takes time, thus is applicable only to graduates who are now working in the field. This awareness work is critical and must be adequately and appropriately supported, enabling the worker to feed this learning back into their decision making framework.

This raises the questions of a) can we provide a self-awareness model that influences the awareness of self to the point that the practice of being aware of self becomes 'unconscious' completely integrated into the self ?

b) Is this the role of Continual Professional Development -to participate in therapeutic supervision as you learn about your journey of self with other, as part of being a professional CYC worker?

c) Can we (educators) even think that far ahead especially when self-awareness is not valued as a core learning or training experience within many Social Care Courses (referring to work by Hallstedt and Hogstrom in Share and McElwee, 2005 *Applied*

Social Care.p.17 -42). Unsure of acceptance and role of self in the CYC curriculums, is very encouraged in the Netherlands.

Yesterday in a discussion with a colleague, Damien McLellan (a Childcare practitioner, consultant, psychotherapist and tutor on the MA in Therapeutic Childcare see Adrian Ward '*Intuition is not Enough*'). Damien also tutors on the 'Counselling and Social care Skills' course to 3rd Years, part of the Applied Social Studies Course (1 of the 7 subjects). Within that program Damien works with small groups and facilitates a group therapy experience, assessed through a personal journal.

Damien is a true believer of learning what is important in a way that is important, but due to the number of students can only meet each group 4 times a year. He compared this to his own experience of being a first year social care student in London when he received weekly psychotherapy group sessions, compared to the 4 sessions provided over 4 years of training (Carlow College). I think this highlighted the importance of starting a discussion around what is being done, particularly in light of what could be done... and the benefits to both the student and the people they will encounter.

Thom, with regard to your point about training versus Education, it appears that the curriculum is heading more towards the 'head' and the traditional academics which are 'easier' to examine. Both myself, and Damien assess our courses through the journal and when asking the student to reflect on what element of their training they can attribute to increased self-awareness, both courses are mentioned. But when reviewed by Academic boards the work is accepted but not openly encouraged. Our Taoiseach Bertie

Ahern said in his last election campaign, 'much done and much more to do !' reflects my parting thoughts on the 'training' of self

Denise

Thom, just another thought about training and education. I was reading the McElwee and Share chapter 'What is Social Care' in *Applied Social Care* (2005). They defined social care curriculum as 'education and training' without exploring these terms in greater detail. In my understanding; you can educate someone 'in' something but you need to train them to 'do' something. I think this is the debate... Applied Social care is moving more towards education, so where does training fit in especially when the 'educated' student is expected to 'do' in practice. Is the educational system fundamentally flawed? Awareness of 'Self' needs to be located within a training model, it is therefore understandable that the training of self is difficult to quantify within the Irish context.

Francis

The discussion about education and training may be an artificial and not very useful distinction in this field. Both involve learning! Perhaps they involve different kinds of learning....but is this really a necessary distinction for this line of work...one needs theory, one needs skills, one needs self awareness.....Education and training works for me! In the academy we teach lots of skills required for doing: chemistry, Child and Youth Care, psychology, education, earth and ocean sciences to mention a few. Science in particular teaches theory and skills sets required for doing! So..let's get on with it and stop trying to count the number of angels dancing on the head of a pin!

Perhaps a more useful discussion is what is the nature of learning required for child and youth care practitioners? I think the key will be the selection and training of staff and students. They will need to see the benefit of taking oneself in hand at every moment through an awareness of self and other, and see how they are being influenced in the moment. This requires an awareness of conscience for self and other and therefore requires more communication that leads to greater understanding of how 'we be' in the moment...and more importantly what is influencing how 'we be' in the moment.

This makes some people very tired and very sleepy. Secondly, I am not sure that therapeutic education is a good name for it...as it sounds too much like therapy...and that makes some people really nervous. When I was up island with my friends one of the friends confided that she was going to lose all of her upper jaw teeth. She was terrified and disappointed with herself for whatever reason. The three other women engaged in a discussion with her during which they shared their experiences and coming to terms with their aging process...throughout they made jokes and changed the affect that this woman was bringing to the subject (despair and loss). My point is this....the woman was herself a therapist, two other women were therapists, and the third was a woman who recently survived a near fatal accident and lost her walking capacity...but lived. The discussion went on for three days....there was compassion, respect, and the offering of different perspectives based on different beliefs and values. Was it therapy? No. Was it therapeutic? Yes. I think it was therapeutic because everyone was willing to play at a different level of understanding and appreciation of the other. It provided a shared

learning opportunity that was intensely personal. I left with bigger questions and wondering about 'where is this headed?'

This kind of discussion is an open inquiry into a little understood topic because the questions are unique and different for everyone. It is intensely personal for everyone. It is the perfect opportunity to be reminded that you don't know what is happening...but are willing to travel the path until you get a glimmer of what is being co-created. Even then, the next day brings deeper questions...and the process continues. Therapy, on the other hand, is driven by the need to know...to be the expert and to guide the client somewhere in light of the information and assessment at hand. Too soon young students glob onto information and technologies that they think they need to know and need to know how to use. Paradoxically they do! On the other hand, they need to learn how to probe deeper, to let go of the 'right answer', and be willing to work with the client to come up with something for 'this moment' knowing that the next session will result in different discoveries and solutions and resolutions. It's all temporary in light of the context, the players, and what is presented in this round. The next round will be different because everything is different.

This makes some people very tired and very sleepy. There is an inquiry called 'participatory inquiry'. I have done a review of this literature and wonder if good intervention isn't simply 'participatory inquiry' that allows for co-creation....the context might be planning research or it might be a therapeutic context.....or it might be at a resort

where people have come together to play bridge. Can we get ourselves and others to engage in real participatory inquiry....around everything we do? Should we?

Denise

Reading about your weekend experience, reminded me of the book 'women's way of knowing' where women chatted, explored and learned by reflecting and openly discussing their feelings/experiences. To provide a caring response requires an awareness of self and an ability to hold through listening. Also essential is the strength to hear what is being said. Thus listening is a difficult task, even when listening to a friend. I believe the ability to hear surfaces through counselling training and yet the ability to listen is deemed essential for CYC and SC workers. Training Groups where the learning of self is explored in a small group within a safe space is never too far from my thoughts, but it is very far from the reality of SC education.