
Articles

Languages

2016

Introduction: Reflections on the provision, organisation and management of social care in Ireland

Fiona McSweeney

Technological University Dublin, fiona.mcsweeney@tudublin.ie

Karen M. Smith Dr

University College Dublin, karenmsmith@ucd.ie

David Williams

Technological University Dublin, david.williams@tudublin.ie

Follow this and additional works at: <https://arrow.tudublin.ie/aaschlanart>

Recommended Citation

McSweeney, F., Smith, K. & Williams, D. (2016). Introduction: Reflections on the provision, organisation and management of social care in Ireland. *Administration*, 64(2), 1-6, 2016. doi:10.1515/admin-2016-0013

This Article is brought to you for free and open access by the Languages at ARROW@TU Dublin. It has been accepted for inclusion in Articles by an authorized administrator of ARROW@TU Dublin. For more information, please contact arrow.admin@tudublin.ie, aisling.coyne@tudublin.ie.



This work is licensed under a [Creative Commons Attribution-Noncommercial-Share Alike 4.0 License](https://creativecommons.org/licenses/by-nc-sa/4.0/)



DE GRUYTER
OPEN

Administration, vol. 64, no. 2 (2016), pp. 1–6
doi: 10.1515/admin-2016-0013

Introduction: Reflections on the provision, organisation and management of social care in Ireland

Fiona McSweeney

*School of Languages, Law and Social Sciences,
Dublin Institute of Technology*

Karen Smith

*School of Social Policy, Social Work and Social Justice,
University College Dublin*

David Williams

*School of Languages, Law and Social Sciences,
Dublin Institute of Technology*

This special edition of *Administration* is intended as a contribution to ongoing debates at a time when the policy and regulatory framework for social care in Ireland is undergoing significant reform. This reform is necessary in order to both rectify the deficiencies and gaps resulting from past failures as well as enhance capacity to address current and future demands. Future challenges will arise from economic, cultural and socio-demographic changes, but no doubt some will be due to the consequences (intended and unintended) of measures being put in place today or indeed due to failure by policymakers to act on certain issues.

Historically the provision of care services was largely the responsibility of families, communities and the religious. The gradual emergence of European welfare states was predicated upon the notion that support for those with unmet care needs was – in part at least – a public responsibility. In Ireland the care regime that developed from the nineteenth century was one in which the direct role of the state was significant but residual, limited to the provision of care to the most vulnerable. Until the latter part of the twentieth century this was mainly provided within large-scale ‘total’ institutions such as county homes, asylums, and reformatory and industrial schools. Domiciliary and community-based services for older people, vulnerable families and those with disabilities or mental health conditions were provided (if at all) through a mix of informal and voluntary provision.

From the 1960s the publication of a series of reports such as the *Commission of Inquiry on Mental Handicap Report* (1965), *Care of the Aged Report* (1968) and *Reformatory and Industrial Schools Systems Report* (1970), followed by the passage of the Health Act, 1970, contributed to the development of the current model of social care provision in Ireland. This has involved an increased role for the state in funding, coordinating and regulating services; a gradual (still incomplete) move away from an institutional model of care towards a more community-focused approach; the increasing influence of ‘social’ rather than ‘medical’ models of provision; as well as the ‘professionalisation’ of care-work as, over time, trained care workers replaced unqualified personnel.

The first training course provided to Irish social care workers was the Kilkenny Child Care Course, first delivered in 1971. The course was a response to the recommendations of the *Reformatory and Industrial Schools Systems Report* (1970), and hence was oriented specifically towards those working in residential child care. This was followed in 1974 by the Diploma in Child Care offered by what is now Dublin Institute of Technology. This course was soon replicated in Waterford and Sligo Regional Technical Colleges. As the sector has expanded beyond residential child care, with social care workers now employed in a wide variety of services for people with different needs, so too have the educational programmes. The provision of social care degree programmes has since expanded rapidly, with National Framework of Qualifications Level 7 and 8 programmes now being offered by over fourteen third-level institutions nationwide.

Various scandals over the years have drawn attention to the inadequate regulation of Irish care settings for much of the period

since independence. Since deficiencies in relation to services for children came to light earlier than those for other groups of service users, the regulatory framework for children's services was the first to be reformed. The Child Care Act, 1991, set out the framework for the provision, regulation and inspection of alternative care services for children, and provided a statutory basis for the provision of family support. The national standards subsequently developed set out for the first time a template for the provision of quality residential care services in Ireland. More recently, regulations and national standards have been adopted in respect of residential services for older people and for people with disabilities. The establishment in 1999 of an independent inspectorate with responsibility for residential services was a particularly important development in the field of Irish social care, and today the remit of the inspectorate – the Health Information and Quality Authority – includes residential services for older people and for people with disabilities, as well as residential services for children. Inspection reports across all sectors provide evidence that a number of residential centres are failing to achieve full compliance with national standards. As yet, a comprehensive regulatory system has not been put in place with respect to the care and protection of recipients of domiciliary care services.

It is not just the regulatory context of social care which has altered in recent years. Changes in relation to the funding of social care have led to the transformation of the mixed economy of provision, with a much larger role for the for-profit sector than hitherto. Social care provision in contemporary Ireland is now a complex mix of public, non-profit, for-profit and informal service providers. The move towards a mixed-market approach, coupled with challenging economic and fiscal conditions, has affected pay and conditions of social care workers, with short-term contracts and agency work becoming more common for new entrants to the profession. In addition, the adoption of managerialist principles in the organisation and delivery of social care services has influenced the role and professional autonomy of the social care worker.

Social care has struggled to garner recognition as a profession owing to a number of key issues, such as lack of an agreed job title, lack of statutory registration and the vocational status traditionally associated with the work. However, the last decade has seen developments which have attempted to address some of these matters, in particular the passage of the Health and Social Care Professionals Act, 2005, which provided for the establishment of the Health and Social Care

Professionals Council and Registration Boards for designated health and social care professions (CORU). This legislation has provided a protected job title for the work undertaken by social care practitioners and, through the establishment of CORU, the process of introducing statutory registration for all social care workers, as well as determining the minimum qualification levels required to legally license to practise as a social care worker, is currently in train. The role of CORU, the regulator for the professionals, is to protect the public by promoting high standards of professional conduct, education, training and competence. While the introduction of statutory registration has been generally welcomed as a progressive step for a profession which until now has been subject to limited oversight and regulation, there can be little doubt that it will raise challenges.

It is the continued debate around some of these issues and themes which provides the background to the articles included in this special edition, each of which in different ways sheds light on how best to respond to demands and challenges while prioritising the needs, interests and rights of service users. The opening article by Catherine Byrne offers a valuable overview and analysis of the continuous professional framework currently being developed for the social care sector in Ireland. With the complexity and diversity of the social care sector, the introduction of statutory registration and mandatory continuous professional development acts as a watershed moment in the professional development of social care work. Byrne focuses on the processes in place for the introduction of continuous professional development, and analyses some of the opportunities and challenges that this will present for individual practitioners and employers in the social care arena. The article concludes by examining international literature and research in relation to how best to implement models of compliance for social care workers in relation to continuous professional development and subsequently registration.

The issue of the marketisation of social care service provision in Ireland is a topic which has lacked debate over the last decade, and in her article Majella Mulkeen examines the policy context which has led to the development of the marketisation of social care services in Ireland, and draws on international literature to analyse the potential impact, focusing in particular on issues related to the quality of care provision as well as the employment conditions for social care workers. Given the relatively limited literature on this topic in the Irish context, Mulkeen concludes by calling for more research to be conducted in order to assess the impact of marketisation on the quality of service

delivery, the employment conditions for social care staff and costs to the state, arguing that this knowledge is necessary in order to evaluate the appropriateness of market solutions in social care service delivery.

Complementing concerns about marketisation, Cathy Jones and Catherine Smey Carston discuss the increasing disquiet about bureaucratisation in social care and the impact this has on the quality of service provided. In their article, they discuss how high-profile child abuse cases in both Ireland and the UK were the result of, and impacted on, how social care is practised and led. In particular, they draw attention to concerns that increasing bureaucratisation of social work and social care work has resulted in a focus on accountability and paperwork, hence endangering the ‘care’ and relationship-building that is central to social care practice. They examine different approaches to leadership, arguing that adopting a pedagogical leadership approach will facilitate social care managers in creating a collaborative and reciprocal relationship with staff that in turn will enable the reflection and continuous learning necessary to meet the aims of social care work.

Deirdre Byrne’s article reports on her research about food and mealtime practices in residential care centres for young people. Using a mixed-methods design and drawing on Coveney’s 2008 theory of ‘the government of the table’, she examines the tensions and challenges for social care workers in creating a homely environment for young people living in what is essentially an institutional setting. She concludes that, despite high levels of inspection and regulation in children’s residential centres, commensality is highly regarded and practised in residential centres. Social care staff identify mealtimes as an important aspect of creating homely environments in centres, as well as providing invaluable opportunities for relationship-building between staff and young people.

The article by Catherine Dempsey, Charles Normand and Virpi Timonen focuses on the area of domiciliary care provision for older people. Drawing on findings from a mixed-methods study, the arguments presented in relation to the provision of a more person-centred service are informed by views garnered from service users, as well as from workers providing care services. The findings presented are revealing in terms of the tension between the preferences of older people and the prevailing model of home help provision, which places workers under pressure to carry out specified tasks within a brief time period. In calling for a review of the ‘task-based’ model of care, the authors present a challenge to policymakers to rethink the provision of

services in a manner which places the needs and wishes of the service user at the centre of provision.

In relation to services for children and families, Irish social policy has long been criticised for prioritising protection over prevention and consequently neglecting family services, leaving most families reliant on informal supports. In their article on the Meitheal model of family support, Anne Cassidy, Carmel Devaney, Caroline McGregor and Fergal Landy examine the history of family support services in Ireland, drawing out the factors which shaped the Meitheal model of provision and identifying the lessons from the past and the challenges for the future. Important points emphasised in this article are the necessity of placing the child at the centre of family support work, and the effort and commitment required to do so.

Relevant to the increasing multicultural nature of Irish society, and thus of social care work, Gloria Kirwan and Deirdre Jacob discuss the issues facing Roma migrants to Ireland, in particular access to healthcare. They explain a particular model of service provision developed in Tallaght in South Dublin, which takes account of the marginalisation and deprivation experienced by the Roma community, promoting participation and inclusion by this community in the development and delivery of the healthcare service. While the article focuses on one particular migrant group, the community development model utilised, with its value of social solidarity, allows readers to consider the value of the approach taken in this case for other marginalised and oppressed groups.

We guest editors would like to extend our thanks to all of the contributors and to all of the anonymous reviewers, as well as those at the Institute of Public Administration, who kindly provided us with the opportunity to develop this special edition.