

2003-01-01

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Recommended Citation

(2003) "Letters to the Editor," *Irish Journal of Applied Social Studies*: Vol. 4: Iss. 1, Article 8.

doi:10.21427/D7PF18

Available at: <https://arrow.tudublin.ie/ijass/vol4/iss1/8>

Letters to the Editor

This is a new section and has been included at the request of several readers. The following letter was sent to me by an Irish Social Care graduate and speaks for itself. I have received permission from its author to include it in this volume.

Dr. Niall McElwee
Editor,
Irish Journal of Applied Social Studies.

Dear Dr McElwee,

I would like to answer a few questions which you pose in the editorial of the Irish Journal of Applied Social Studies 2:3 2001 (yeah, I know, some time later but still relevant, I assure you). Like yourself in your editorial, I write this from a personal perspective.

I am a Project Worker working with young people in the area of pregnancy and STI prevention. You asked the question, "*Why have Irish social care practitioners historically failed to get involved in the decision making process at the highest levels in this country?*" I believe there are many reasons why. Some of these reasons are "internal" reasons such as low self-esteem amongst workers, quite ironic really considering that so much of our work revolves around building the self-esteem of others. Some are "external" reasons or those which are, at present, not controlled by social care practitioners.

Why do social care workers lack self-esteem?

Thom Garfat's explanation was pretty spot on: "*Most of the care worker teams with whom I have worked, I would argue, are composed of hurt and often abused people. They frequently began with an experience of wanting to help and to be of value but over the years they were told they were unimportant, told what to do, told they didn't know what they were doing, were discounted, assigned to insignificance, etc. Additionally, supervision has consisted of criticism, correction and control. Not support and caring.*" (Garfat, 2001).

Add to that equation a temporary contract leading to job insecurity, and the knowledge that if you do challenge the status quo you are diminishing your chances in that interview for permanency.

Of course none of this is helped by the fact that you have had to explain exactly what your role is every time you meet that same social worker/psychologist (Ok, maybe the new recruits coming out of college may have a clearer understanding of social care but what about the vast majority of existing recruits?).

It would seem amusing (if it were not so scary) that social care workers, who have often the closest link with the client group are the least likely to have their voices heard by the authorities who claim “the child’s welfare is of paramount importance”.

Surely the Education System that allows graduates to enter a work environment without the adequate skills to deal with (and often totally ignorant of) the pitfalls of the profession, also have to take responsibility for their shortcomings.

Low self esteem amongst workers, I believe, leads to lack of participation in the decision making process within their own field, this may answer to some degree, poor participation at the highest levels of this country. The term horse before cart comes to mind.

I know, you know all of this already, well you’re the one that suggested putting words on paper (“*There are literally hundreds of social care practitioners who have insightful commentaries on their work. It is unfortunate however that we rarely see these in print.*” McElwee(2001) in IJASS Vol 2 No 3).

I mentioned earlier the existence of “external” reasons for poor participation. Let us take the example of the Community Child Care Worker (C.C.C.W.). Many of these practitioners work in a temporary capacity in a job where supervision is received from their line manager, usually the social work team leader, who is a member of a different profession often with a poor understanding of the exact background or role of the aforementioned community child care worker (Ryan, 2001). The C.C.C.W. is answerable to the Social Work Team Leader. There is no room for ladder climbing in this profession. In fact, there is no career structure. If you wish to stay in this profession you cannot be ambitious, or if you are, you must have a high frustration tolerance level. Perhaps the fact that some social care practitioners are members of a profession where decision making skills are ignored within the field in which they work would somewhat explain their reluctance at trying these skills out at higher levels. Again the term horse before cart comes to mind.

To your next question, “*why are social care students and practitioners so slow to submit articles to a journal (IJASS) that was established specially with them in mind?*”. Well, the answer to this question is really very simple in my opinion. Firstly, to the students. Being a graduate of the Diploma in Applied Social Studies, Athlone Institute of Technology, I can categorically state that the course work-load is such that the mere thought of submitting an article to the IJASS would send the average student into convulsions of guilt over the other three essay deadlines that have to be met. Of course it should be noted, this reason for not submitting articles does result in excellently qualified practitioners, (the term vicious circle comes to mind) which brings us to

the subject of practitioners not submitting articles. Even simpler. A residential care practitioner is quite often so totally exhausted and sometimes disillusioned after their twelve hour shift...need I say more?? This I believe is how it is, it is not however, how it should be.

And to the last question which I would like to address. (I said "would like") "*Why is there still such a resistance to academia and research from all too many practitioners when many of these practitioners have come through the third level training colleges?*" This question I cannot answer. However it does have relevance for me. I intend to undertake a PhD in Applied Social Studies next year and would appreciate some of your time to discuss the issue and the possibility of doing it through AIT. I completed my Certificate and Diploma in Applied Social Studies at AIT, and my Primary Degree and Masters Degree in Applied Social Studies at NUI Maynooth.

Finally, I would like to draw your attention to a finding of the MA thesis of Eileen O'Neill, who found that an important personality trait of residential care practitioners according to the three groups she studied, i.e. the client group, residential care unit managers and the staff themselves, was a sense of humour.

Yours sincerely

Maeve Gately

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